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Reproductive Health in Quito, Ecuador

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Week One

My first week in Quito was very, very busy. Apart from figuring out how the program worked and how to get around the city (which I did on the fly - sans any official orientation) I had clinic every morning from 8-12, and Spanish class every afternoon from 1:30-5:30. After this I would rush home for dinner, and be so exhausted I would fall asleep almost right afterward! Luckily, I am living in the same homestay as Gabi, and she has been to Quito 3 or 4 times before, so she was able to help me figure things out.

My first week in clinic I was shadowing Doctora Guaman, a family practice doctor. We went to three different clinics throughout the week: a free government-run clinic, a very inexpensive private clinic for poor families, and a more upscale clinic that was bigger and had an emergency room and was more expensive. The first day, we were at the free clinic, and we spent the whole time with a family of six children plus the two parents. It seemed like a very different experience than going to a clinic in the US. They asked the parents and older children a lot of questions about whether they smoked or used drugs while the whole family was present. They all said no, but I wondered whether they would have given different answers in a more private setting. One girl had an inflamed tear duct (I think from all the air pollution in Quito), and Dra. Guaman told the family to take her to an eye doctor which would cost \$3, and gave them directions how to get there. The family said okay, but I got the feeling that they were not going to go, either because it was too much money or it was too difficult to get to.

This really emphasized the problems with access to health care that many of the poor people in Ecuador have. Then the kids left the room, and Dra. Guaman started talking to the parents about birth control. She asked them why they had so many children, and if they really wanted more. She pointed out it would be very difficult financially to support more children, and it would be difficult for them to find enough work. She suggested that they use condoms (which are available for free at the clinic, paid for by the government), but the man looked very upset at this idea. He said something I couldn't understand very well, but it sounded like he thought it would affect his testicles or make him impotent or somehow make him lose his manliness. Then Dra. Guaman suggested birth control pills (also available for free) and explained that they would only affect the woman, and wouldn't affect the man at all. The husband still looked upset at this idea, but they said they would think about it.

This really emphasized the issues with "machismo" that many poor Latin America families have that we talked about in class. The men want to always continue to have more children because they feel like they must demonstrate their manliness, and they feel threatened by birth control. But the families are extremely poor and do not have enough money to support more children, so this attitude leads to worse and worse poverty. I am not sure how to combat this issue, but it is definitely something that I will continue to think about.

At all of the clinics, I noticed that Dra. Guaman did a lot of patient education and gave a lot of family advice. She gave family planning advice, like in the example above, but she also gave many other types of advice. One time, she told a father that it was very important for him to have a close relationship with his teenage daughter, because otherwise she would feel unloved by a man and she might seek to find that love outside the house with a boyfriend. Then, the next thing you know, she could get pregnant (teen pregnancy seems very common here). She also gave a lot of advice about how to raise children, and how to make sure that the housework was split up so that the mother was not doing all of the cooking, cleaning, and other chores. I don't think this is the type of advice you would typically see an American doctor giving an American patient, but here it seems common. It is probably a good thing, since many people might not realize that these things are important, and the doctor is in a position where she is

highly respected and people might be more likely to listen and follow her advice.

All in all, my first week of clinic rotations was very informative. I started to get a good sense of how medical clinics work in Ecuador, and I learned a lot of useful medical vocabulary. I am looking forward to working in the maternity ward next!

Week Two

My second week in Quito, I worked at the maternity ward in the public hospital. It was a very different experience from last week! One of the first things I noticed was that all the women in the maternity ward were there by themselves, without any family members. This was completely the opposite of how it was in the clinics, where almost every patient came with at least one or two family members, and sometimes the whole family. When I asked one of the Ecuadorian students why the women were all alone, he told me it was because it was a public hospital and it was too crowded for any family members to come. He also told me that limiting the number of people they allow in the maternity ward reduces the chances of babies being stolen and sold either to rich families who are infertile, or as slaves or prostitutes! This was very shocking to me, but apparently it is a real problem in Ecuador.

Working in the maternity ward has gotten me more and more interested in health education, especially about sexual health and birth control. Many of the women there were younger than me (17 or 18 years old) and they have a separate clinic for pregnant women who are even younger! This situation, combined with my experience last week where I learned that men have a negative attitude toward birth control, is making me wonder even more how a birth control campaign that would be effective in third world countries could be created. I think that empowering women is an important first step, because I have also heard that women are often abused and because they are taught by the culture that this is "normal" they think they have no choice but to live this way.

In the maternity ward I saw several births, which I actually really enjoyed. Although they looked painful, they didn't actually bother me very much, and it was so nice to see the cute little baby and the mother looking so happy afterwards. I also sat in on a c-section one day, which was much worse than the normal births! I almost fainted halfway through and I had to go outside and sit down for a long time. Good thing I am not working in the surgery hospital next!

Week Three

My third week in Quito I worked at another Centro de Salud, which are the government-run clinics in the city. The first day I got there a little bit late because I got lost, and there were so many people crowded into the staircase to the second floor that I literally couldn't move and it took about 10 minutes of being pushed and squeezed to get up to my doctor's consultation room. When I finally got there, there was a girl waiting outside his office begging him to see her, even though I am pretty sure she didn't have an appointment. She seemed to know him from somewhere, and so he let her in for a few minutes (this seemed to happen several times in between patients who did have appointments). They talked for a while, and then he examined her fingers which were very swollen and she seemed quite upset. I was very confused, but later I asked one of the other doctors who said she has Lupis.

Soon, I found out that the doctor I was working with, Dr Barrera specialized in treating patients with hypertension and diabetes, and because he was so good this clinic had the best test results (with 75% of patients in the green or yellow zones) for these patients in the country! His method is to explain in a lot of detail what exactly diabetes or hypertension is to the patient, but in terms simple enough for them to understand. He then explains to them the "5 pillars of managing diabetes," which are Diet, Exercise, Medications, Medical Control, and Avoiding Complications. He has a handout on his computer with all this information, which he prints out and goes over in detail with the patient, drawing and writing in extra information as he goes. He then gives them another handout specifically about the diet they must follow. On it is a

large picture of a plate, divided into four quarters. In the first quarter goes meat, he says. It can be red meat, chicken, fish, whatever. In the next part goes salads and vegetables. In the next, legumes. And only in the last small part goes rice, or bread, or potatoes, or anything with carbohydrates. He also emphasizes that the patients must eat nothing with sugar, honey, or any sugar-based sweetener. Many of the patients complain that it is difficult for them to control their diet in this way because at home they live with the whole family (children, grandchildren, uncles, etc), and they must cook and eat all together. This is an interesting situation which I think is much less of a problem in the US, where people usually live with only one or two family members, and where other people in the family are usually more educated and understanding of the special needs of people with diabetes.

Dr Barrera also hosts weekly group meetings for his patients (Tuesday morning for patients with hypertension, Wednesdays for patients with diabetes). I think these are intended as a form of social support, and so that patients can learn disease management strategies and lifestyle tips from each other. Every other week he also gives an educational talk about a topic related to the disease (this week it was stress management and how stress can make diabetes harder to manage). At the end, all of the people who came got their blood sugar measured and written down in a book. I got to prick their fingers and put the drop of blood in the device, which was exciting because there is usually nothing I can do and I just sit and watch.

Now I am going into my last week, where I will be working at a women's health clinic. I can't believe it has already been almost a month!

Week Four

My last week in Quito I was working with an obstetrician at the Lion's Club Hospital. It was a lot less crowded than the public clinics, but still very affordable to the patients, I believe. They seemed to have a sliding scale pricing system, where some patients didn't have to pay anything if they didn't have enough money. We saw mostly pregnant women coming in for checkups, and women coming in for PAP smears. Again, the doctor was doing a lot of patient education, especially for the pregnant women, about how to eat right, exercise, avoid stress, etc., and about how these things were especially important during pregnancy.

One big difference between this hospital and the others I have been to is that since it is private, representatives from pharmaceutical companies were allowed to come in and sell their products. At least two or three times a day, someone would come in and give a short pitch about their company's new drug, and hand out a bunch of free samples to the doctor (and sometimes to me, too). I was a bit confused, because I know there is a law in Ecuador that doctors are only allowed to prescribe generics, but the doctor told me that if you work at a private hospital you are allowed to write a name brand as a "suggestion" underneath the generic name on a prescription. The doctor mostly gave away the free samples to patients when someone came in who needed something she had, which was nice, but I wonder if this lead the patients to think they needed to buy more of the same product, resulting in the drug companies making a profit.

In this clinic, it seems that birth control methods like the pill or the injection are much more popular. I am not sure whether it is just a different demographic, or whether this clinic in particular has a successful program for promoting birth control. Many more young women came in who said they were using one of these forms of birth control, although most of them already had at least one child and were sometimes as young as 16 years old.

They also have an interesting law in Ecuador where all pregnant women get a free HIV/AIDS test. If it comes back positive, they get free care to do everything possible to prevent the baby from being born with AIDS, which includes free antiretrovirals, a free c-section, free baby formula to avoid transmission through breast milk, and free psychiatric counseling. It seems

like a pretty good program designed to fight the spread of AIDS, which is a much bigger problem in Ecuador than in the US.

This was my last week and I got back to the US on Saturday night. Unfortunately, when I got back I found out one of my good friends is in the hospital for a few weeks because he got his by a motorcycle. I have been visiting him a lot, and it has been interesting to see the contrast between San Francisco General and the Ecuadorian hospitals. I have also gotten to keep practicing my Spanish since his family is from Honduras.