to be effective, science and religion must be in harmony.

**How has edutainment succeeded so far?**

It is difficult to say because the programs are relatively new. Moreover, there are limited resources, so setting up evaluating mechanisms is difficult. The only certain thing is that traditional approaches to the HIV problem are no longer good enough. From my experience in Uganda, it seems that even if edutainment programs succeed in conveying a behavioral change HIV message to youth, they will have a limited effect on behavior if they do not seek to transform society at large. If girls are expected to act in ways that render them vulnerable to HIV, if poverty continues to constrain the choices that young people make, and if a supportive home and school environment is lacking, no matter how effective HIV edutainment might be as a communication tool, its efforts will be in vain.

Leila Enhansi is a junior majoring in Human Biology. Originally from Kenya, she hopes to return to Africa to be of service in the field of public health and development.

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**A Blessing**

Vanya Choumanova

In the spring quarter of 2003-04 academic year, I participated in Stanford’s Overseas Studies Program in Santiago, Chile, where I had the incredible opportunity to immerse myself in a new culture. My explorations of the Chilean health care system through volunteering in a publicly funded orphanage and visiting patients in a cancer ward were two of the most meaningful experiences of my undergraduate career at Stanford University. These experiences motivated me to return to Chile and to carry out a research project through which I yearned to help patients in their struggle against breast cancer.

I obtained a URO Major Grant and went back to Chile in December 2004. During my four-week long stay in Santiago, I was able to build a very close relationship with both patients and doctors at the Breast Cancer Division at Hospital Barros Luco. By conducting interviews and using three psychometric scales (Mini-MAC, RCOPE, and FACT-Sp), I investigated how female Chilean cancer patients cope with breast cancer and how religion is used as a coping mechanism. The preliminary findings of the study demonstrate that religious coping is an essential coping mechanism for the majority of the informants. As one study participant reported, “Los únicos recursos que tenemos aquí son nuestras creencias y nuestra fe…La religión y la fe espiritual me ayudan a sobrellevar mi enfermedad.” (The only resources we have here are our beliefs and our faith. Religion and spiritual faith help me bear my illness.)

I was struck by the differences between the resources available to patients in the United States and Chile and how those differences affect patients’ coping mechanisms. In the Chilean public medical institution, patients did not rely on scientific technology or medication to be cured. Such resources were often absent or beyond the financial reach of patients. Instead, breast cancer patients at Hospital Barros Luco prayed, made offerings to Saints, and searched for spiritual help from their pastors as they hoped to recuperate. None of the study participants blamed God for their diagnosis with breast cancer. In fact, many of the patients even referred to cancer as a blessing, God’s way of allowing them to enjoy and value what is important in life.

Despite my enthusiasm and dedication to this research project, there were hurdles along the way, as should be expected for any domestic or overseas research projects. First, Spanish was not my native language. I understood the majority of what informants were telling me, but some valuable information was certainly lost in the interviews. Second, the quantitative portion of the study that I had carefully designed with the help of my research advisors at Stanford was foreign and difficult for some of the study participants. Finally, it was during winter break that I was in Chile; events at the hospital were not running as usual because of the Christmas holiday season.

Creativity helped me overcome these hurdles. I managed to complete the data collection. The investigation
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allowed me to satisfy the curiosity stemming from my personal and academic interests in the topic. However, most importantly, I developed a passion for the people. I cared for the patients as I care for my own family and friends. It was insignificant that I was a foreigner and a stranger. In fact, that made it easier for a lot of patients to share with me their deepest fears about their illness and their frustrations with the public health system. They trusted me and looked up to me as an educated woman who had the potential to make a change. Some of the women thanked me for listening to them; they thought the interviews were therapeutic especially since it was difficult for many of them to speak about cancer with family members.

After speaking to more than 30 breast cancer patients and the medical staff, I knew that I must devote my career to cancer eradication. As soon as I got back to the States, I established a connection with American Cancer Society. I sought help by expressing to American Cancer Society that the needs of this community were unmet, and that thousands of patients needed financial support to buy medication. Although my research experiences were life-altering, my work in Chile is just the beginning. I have listened to patients’ complaints, frustrations, and fears; now I have to take it upon myself and do something with that information. I did not go to Chile to conduct research so that I could complete my Honors thesis. I went to Chile with two missions: to make a personal connection with the community and to use my skills and knowledge in ways that are useful to that community. My trip to Chile has been a journey of self-discovery. In a way, it is my blessing.

Vanya Choumanova is a senior majoring in Human Biology and minoring in Spanish Language. A native of Bulgaria, she moved to the United States at age fourteen but quickly learned both English and Spanish through her bilingual and ESL classes in NY. Vanya would like to thank Dr. Cheryl Koopman, Dr. Ronald Barrett, and Dr. Stan Wanat for their advice, mentorship, and encouragement through all stages of the research project. Vanya plans to become an oncologist, but she would first like to carry out a public service project and implement a health education program in Hospital Barros Luco during her time off before medical school.

Breast cancer patients participate in occupational therapy and sell their arts and crafts at annual exhibitions. The money they raise is used to buy medications for cancer patients who cannot afford drugs.

Two teams of volunteers (Damas de Verde and Damas de Azul) offer emotional support in Hospital Barros Luco by sharing their personal experiences with breast cancer.