



# *Transcultural Nursing:* A Presentable and Unpresentable Experience in **CAMBODIA**

by Sharon K. Favazza, RN, MSN

As a young child, I carried around a girl doll. Like most girls, I dreamed of one day becoming a mother and having a daughter of my own. My first two children were boys. These blue bundles gave me unspeakable joy and happiness, but it was the birth of my only daughter that left me fulfilled. I believe some things in life are universal.



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*The morning began with a motorcycle ride into a local village outside Phnom Penh, Cambodia. Sandy, an Australian nurse, holds a mobile medical clinic each Saturday, inviting me to help her for the day. Upon arrival, approximately 30 people were waiting outside a makeshift clinic being held in a one-room church. Sandy was most comfortable examining adults and OB care. I prefer the Ped's. We made a good team. We saw the usual that day, including parasites, malnourishment, scabies, UTIs, and head lice. A 35-year-old woman came in complaining of lower abdominal pain. She recently had her tenth abortion. Husbands often seek sexual gratification outside the home. This young Cambodian feared that if she did not meet her husband's needs, he would look elsewhere. Birth control was unaffordable. At the end of the day, Sandy and I were told of a young mother who had given birth to a very premature infant just days before. Packing as many supplies as we could carry, the two of us climbed our way through one of Cambodia's largest slums, crawling over a wired fence before finding a row of metal corrugated two-room houses unfit for habitation. A young mother greeted Sandy, our translator, and myself before welcoming us in. It was a typical sweltering hot Southeast Asian day. We sat on the tile floor to remain cool. We would have done the same even if the family had furniture. The infant also laid on the tile; she had no bed.*

- excerpt from personal journal of **Sharon Favazza**

### **The Presentable**

As a missionary nurse for many years, I have learned the stark difference between the poor and that of the slums. Thus, I was not surprised to find a very premature infant lying on the floor. What caught my eye though, was that no bedding of any sort was found under the baby. I began the examination by asking the mother for the infant's name. Desperate eyes told that none was given. Both mother and baby's medical history were just as scant. This was the second child; the first a boy, brought both joy and respect to her husband. Too premature to suck on the mother's breast, this infant was a girl and, therefore, left to die. Removing a worn cloth that served as clothing, I assessed the infant carefully checking for complications that are commonly found among low-birth weight infants. The newborn was clean revealing the pride of a mother's first daughter. I complimented the mother on her excellent hygienic care. The rest of the examination was unremarkable. Our mobile clinic had no infant scale. It didn't matter though, as the baby would be classified as "very-low-birth weight." With the help of our translator, Sandy and I showed the mother how to feed her infant using a bottle with a premature nipple, as well as dispense vitamin drops. We also encouraged the mother to hold her infant often; to lay her on the mother's chest, hoping a bond would be formed. I prayed for both the infant and mother before Sandy and I left.

As I walked back through the slums, I immediately thought of my nursing education and how it profited me on this day. Certainly the empirical knowledge that I had gained helped me to give a thorough health assessment. *(Continued on page 56 ♡)*



My years of nursing in third-world nations also gave me confidence in delivering care through a translator. Yet as I stomped through the massive piles of rubbish, what left me feeling ill was not the stench that permeated the air, but the unrepresentable that lingered lowly in my heart. This indescribable situation left me groping for words. Silently, Sandy and I parted.

*We cannot remain oblivious to these events in our discourse or synthesize them into an emancipatory ending. A new form of discourse must emerge here as the unrepresentable keeps bursting forth in the midst of our life; a text that awakens a new form of solidarity between the local and the global community or between the presentable and the unrepresentable so to speak.* – Cameron, 2006

### **The Unrepresentable**

I knew that nursing theories and their models would be of limited use in extending care to such a desperate situation. I also knew that my hegemonic values and beliefs would offer little aid as well.

What I didn't know was how to provide for a family whose basic needs of food and shelter were scarcely met. How could I suggest this mother trust public healthcare when the nation was still reeling in from the effects of the Khmer Rouge and its extermination of thousands of 'imperfect' Cambodians. Where does a family who is socially and economically lower than 'poor' seek support? How can a predominantly Buddhist nation, which greatly values the sanctity of life, show little or no respect to others? Just a few miles from such extreme poverty lays a royal palace with a royal kingdom. Why has their influence not decreased Cambodia's persistently high incidence of both mother and child mortality rates?

These and other unanswered questions rolled through my mind that night. The next morning I made my way to a local store where I purchased bedding, newborn clothing, and additional formula for this mother's daughter. Hours later I was back on the plane to Thailand. It was a long two hour flight. I pondered if I had did anything more than simply relieve my own conscience or did my final action show a desolate mother that I heard her ineffable despair; perhaps even giving her hope of naming her only daughter.

May we all, "be attentive to the living through and the acting out of the unrepresentable in our midst" (Cameron, 2006).



I presented the above story during NSNA's 2012 MidYear Conference in San Diego. At the end of the Nursing Specialty Showcase, Vy, a Cambodian American nursing student came to the speaking platform with tears rolling down her face. She embraced me saying, "That was me!" Vy, herself, was born prematurely in Khmer Rouge and was assisted by a nurse. She went on to add,

*Ever since I was 5 years old, I have always wanted to be a nurse. My mom gave birth to me prematurely while she was in a Khmer Rouge, "work camp." Since my older sister did not survive these conditions, my mother was determined to keep me alive. Risking her life and mine, she fled to the Thailand border where we were placed in a refugee camp. I remember my mother telling me, "Vy, you were on your last dying breath and by a miracle of God, a nurse appeared and saved your life." I am very blessed to be alive today because of a nurse who unselfishly labored to give me another chance. I am in debt. My mission today is to unselfishly serve God and the community for the rest of my life. I want to be a pediatric nurse, giving newborns a chance to live. I hope that every child I touch will go on to live a fulfilled and joyful life as I have been blessed to do. I want to reassure Sharon that she gave that Cambodian mother hope and that premature baby life. If I can meet the nurse who saved my life, I would tell her that my life is fulfilled and I will serve humbly as nurse saving infants lives just as she did for mine. ∞*

## References

Cameron, B. (2006). Towards understanding the unrepresentable in nursing: Some nursing philosophical considerations. *Nursing Philosophy*, 7(1), 23-25. doi:10.1111/j.1466-769X.2006.00246.x

**Sharon K. Favazza**, MSN, RN served as a missionary/transcultural nurse for 16 years, working primarily in Indonesia, Thailand, and Germany. Her nursing passion has been coordinating and conducting medical clinics in diverse settings among many ethnic groups throughout the world. As a lifelong learner, Favazza is currently in her fourth year of doctoral nursing studies. Her desire is to prepare students to be competent transcultural nurses who integrate Christian care into their nursing practice. She is also an assistant professor of nursing at Azusa Pacific University, Azusa, California.

