Nutrition/Dietetics Internship Program

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Beyond the Textbook: Lessons in Nutrition, Equity, and Healthc are from My Internship in Kenya

My recent nutrition internship with International Medical Aid in Mombasa, Kenya, was nothing short of transformative. Throughout my three week internship, I had the opportunity to experience hospital rotations in the pediatrics, oncology, and ICU units, participate in community health clinics about hygiene and women's health, and participate in cultural treks that gave me an expansive view of Kenya and its healthcare system. This experience opened my eyes to new aspects of healthcare delivery, nutrition practice, and political and cultural dynamics that will forever impact my career in nutrition and my approach to healthcare equity and global health overall.

During my rotations at Coast Provincial General Teaching & Referral Hospital, I encountered a variety of nutrition-related conditions during my rotations in pediatrics, oncology, and the medical and surgical ICUs. The healthcare professionals I shadowed were working in an environment constrained by limited supplies and strained infrastructure despite having patients plagued by advanced malnutrition, dehydration, and complications resulting from infectious disease and poverty. However, I was most stricken by the lack of basic nutrition information from patients, especially during my rotation in the pediatric department. Formula feeding is very stigmatized in Kenya because breast milk is considered a safe feeding option for mothers battling with HIV/AIDS. Due to the stigmatization of formula feeding, mothers face excessive stress to ensure that their child is being fed properly, especially within the first six months of life. I saw many cases of children who were malnourished from the start of their life with symptoms such as muscle wasting, edema, weakened immune systems, and cognitive defects.

On top of the stigmatization of breast feeding, mothers often failed to have adequate knowledge of breastfeeding despite it being the predominant form of feeding for their infants. The other nutrition interns and I performed breast feeding information sessions to large groups of mothers in the pediatrics unit to inform them on the proper way to hold their child when breastfeeding, how to get the child to suckle, and more. Being able to educate patients is the first step in making a change so being able to do this felt very impactful.

Another example of limited access to nutrition education was during my rotation in the oncology department. Nutrition interns were given a pamphlet that outlined how to take care of yourself with cancer through methods like food, exercise, and sleep. While working in the oncology clinic taking the height, weight, and BMI of patients I left the pamphlet on the desk. An older man came in and shared that he had prostate cancer and had about six months left to live. He picked up the pamphlet and was immediately taken by the information inside. I told him he could keep it and he was incredibly grateful.

I wondered why he was not given a care guide like this alongside his diagnosis and if he had, would his outcome have been different?

Coming from America where the predominant nutrition related issues are obesity and chronic disease, I was shocked by the amount of kids facing food insecurity. According to UNICEF Kenya, "11 per cent of children are underweight, with four per cent wasted. Wasting and severe wasting are linked to increased and preventable deaths among young children," (UNICEF). This was very prevalent in the pediatrics ward at Coast General Hospital and with just one nutritionist for the whole ward, this posed a challenge. Treatment options for these cases included vitamin supplements such as F-75, F-100, AminoGuard, and more in addition to counseling patients on how to increase their caloric intake. I found it challenging to see that even though a patient may have the proper nutrition information, a lack of monetary stability didn't always make it possible for patients to have access to the food or supplements that they needed. This was new for me because in America, it is more common to have access and money to ensure that the changes a healthcare professional is providing can be implemented. Despite this, the problem solving techniques and resilience demonstrated by the medical professionals in these scenarios taught me that nutrition interventions can be creative and require deep contextual understanding.

Kenya's healthcare system operates under complex political dynamics. Areas such as Mombasa are historically underrepresented and underfunded. I saw firsthand how malnutrition in marginalized communities are deeply tied to such structural inequalities. For example, during my rotation in the surgical ICU, we saw a patient that needed liquid feed during his recovery from an Ileostomy because he was not able to properly break down micro and macro nutrients. These feeds were too expensive for him to purchase, however, so the nutrition team had to come up with a creative solution to this problem: Mala. Mala, fermented milk, naturally breaks itself down into glucose and galactose due to its enzymes. Therefore, Mala is very easy to digest and a cheap option for individuals who cannot afford the medication they need. This experience taught me that as a future nutritionist, it isn't enough to focus solely on nutrient science. I must understand, and whenever possible help improve, the political, administrative, and infrastructural systems that determine supply chains, health education, and equitable program implementation.

One unique experience that I had during my time in Mombasa was that I was present during a medical personnel strike. According to Daily Nation, "Doctors were promised salary adjustments and payment of arrears spread across different financial years, to be implemented in phases. However, the implementation has been plagued by delays, with healthcare workers pointing to bureaucratic inefficiencies and a lack of political will to honour the agreements," (Daily Nation, 2025). This leads to healthcare workers' payment being delayed and them not getting the money they need in time. Many

student nutritionists that I spoke with during my time at Coast General explained how even though you can be educated, it is extremely hard to get a job in Kenya. This is because it is necessary to have a connection to the place in which you are trying to get a job through family or status. This corrupt system leaves educated people working under-paying jobs and a shortage of healthcare workers overall. Political and structural issues directly impact a patient's access to care and this became evident during my time at Coast General. I found myself in a hospital lacking attending nutritionists, while hundreds of patients still needed basic care. This experience revealed the relationship between labor relations, government, and healthcare access and highlighted that effective nutrition care depends not only on clinical skills but also on policy stability and the rights of workers.

My experience at IMA was more than just clinical exposure. It provided me with the opportunity to participate in community outreach. Being a part of the Women's Health Clinic and Hygiene Clinic were some of the highlights of my time in Kenya. Co-leading information sessions to educate kids about their bodies and how to take control of their health was such a unique experience. We were able to tell how genuinely interested they were about what we had to teach them and how much this information meant to them. Although it was hard to see the lack of basic knowledge when it comes to hygiene and health, we were really able to make a difference in the lives of these individuals. A particular moment when I felt really affected was during my first Women's Health Information Session. While we were handing out menstrual pads, girls were taking multiple and hiding them under their chairs or in their desks in order to get more. Although this could be seen as a practical joke done by the kids, I took it as an indicator of just how limited resources are in this area and what a need there is for help. Cultural norms, oral tradition, and location all affect access to accurate health information and resources so being able to set the facts straight with these populations can make a great impact.

One thing that I was not anticipating to be such a challenge during the internship was the language barrier. While English is an official language in Kenya, many patients and community members are more comfortable speaking in Swahili. Communication required patience, empathy, and occasional translation support. I learned a greater message in this struggle, however. I learned that the basis of healthcare is always built on trust, mutual respect, and cultural humility. It is so important for nutrition professionals to be culturally competent and understand how to interact with those different from us because nutrition is such a personal topic. Things like religion, socioeconomic status, and environmental factors have a large impact on nutrition care and it is necessary to have a grasp on a patient's history before providing care. One thing that I found interesting was that on the front of each patient file was the patient's religion. Religion greatly affects how patients will respond to care in Kenya. For example, Muslim patients do not eat pork which is something that you would not want to overlook when having a conversation with a patient or creating their food regime. Even though I did

not fully understand each religion or tribe in Kenya, I learned that moving forward in my career it is necessary that I stay curious and aware of the differences in patients.

Before Kenya, public speaking was not one of my strengths. Although it is still not my favorite thing, my time in Kenya taught me to be a lot more confident in myself. From traveling halfway across the world on my own, to leading women's health information sessions, teaching about hygiene in schools, and having group discussions with nutrition professionals and interns my confidence improved exponentially. Teaching during health education sessions made me feel more confident in the field of nutrition as it combined nutrition science and food hygiene with community engagement. I learned to enjoy sharing health information with large groups of individuals which is something that I can definitely pursue in America especially as I get further along in my nutrition career.

Healthcare environments at Coast General Hospital showed me the power of resourcefulness and problem solving. I learned new techniques and ways of looking at nutrition issues that I would never be able to find in a textbook. I learned how to listen to patients and complete urgent and challenging tasks with limited and underwhelming resources. One example of this is how all medical records are hand written. Charting took much longer than it would in America because everything was done on pen and paper. There was also a plethora of missing information on many charts because they were not available to Coast General or they were just never updated. Additionally, I saw nutrition professionals pivot when supplements ran out. In the pediatrics ward, one of the main supplements for malnourished children ran out, F-75. The nutritionist swiftly found another supplement, F-100, that could be used instead with a few modifications. This taught me how to deal with contingencies that are bound to happen in the medical field and emphasized the importance of problem solving that I will carry into my future career.

My experience in Mombasa cemented my desire to become a nutritionist who also understands the social, political, and infrastructural drivers of nutrition. I envision a career that designs culturally adapted nutrition education for all individuals. It is important to recognize how factors such as funding inequities determine nutrition and healthcare access. In Kenya, there is a large difference between the public and private sectors of care. Public healthcare is government funded leading them to be understaffed, poorly equipped, and lacking supplies. Private hospitals have much better funding and facilities and they can handle more rare and serious cases of illness. According to a report from the Center for Human Rights and Global Justice, "While the wealthy may be able to access high-quality private care, for many, particularly in lower-income areas, the private sector offers low-quality services that may be inadequate or unsafe," (Center for Human Rights and Global Justice, 2021). It is unfair that individuals have to be wealthy in order to receive quality care.

If I had to sum up my nutrition internship with two words it would be life changing. I learned that science and medicine are only powerful when paired alongside cultural empathy, political awareness, and peer collaboration. I saw that structural inequities greatly affect lives, that clinical skills must be flexible, and that meaningful change often begins with listening, adapting, and teaching. Going forward, I will build a career that incorporates both nutrition science and health equity. I am committed to respecting culture, navigating resource limitations, and advocating for policies that ensure every community has access to the nourishment they need to not only survive, but to thrive. While Kenya is very different from America, these are messages that can transcend continents, languages, and lives.

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