

Feedback review on

Sexually Transmitted Diseases (STDs) Lecture

delivered by Mr. Raymond Ofori
at Holy Family Hospital, Nkawkaw
On October 16th, 2008

Review done by
Dr Kofi Amu-Darke
Of behalf of
Moteflife-UK audit team
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Introduction

Sexually Transmitted Diseases (STDs) have caused significant morbidity and mortality for years but the advent of the human immunodeficiency virus (HIV) have meant that whereas previously controlling STDs now ought to be a matter of high priority¹.

During the October 2008 Moteclife visit to Ghana, Mr Raymond Ofori, biomedical scientist gave a lecture on Sexually Transmitted Disease at the Holy Family Hospital, Nursing Training College on 16th October 2008. The lecture was opened to all hospital staff as well as students of the college. It was a lecture topic that had been suggested or requested by the students previously. It was well attended by the nursing students.

However, hardly any hospital staff attended. The following is an analysis of the returned questionnaires from those attending the lecture.

Background

Nkawkaw is a town situated roughly midway between Accra and Kumasi on the trunk road linking the first two cities of Ghana. The Holy Family Hospital is a District General Hospital run by the sisters of the Holy Spirit Congregation, headquartered in Holland². It plays a major role in the diagnosis and treatment as well as in managing the social consequences of HIV infections in the Eastern Region of Ghana³. As a result it has a dedicated unit with full time social workers to administer the antiretroviral therapy (ART), conduct home visits, education and counselling.

Holy Family Hospital has a Nursing Training College and the lectures on this trip were held at the College except for departmental lectures and demonstrations, which were done on the work floor. The timing for the lectures was often between 4.00pm – 5pm because that was when the use of the College lecture hall came to an end.

¹ **Assessment of STD management in Ghana, 2000** Health Research Unit, Ministry of Health, Ghana

² See Previous report By Rosemary Doogan on Moteclife website – moteclife.co.uk

³ Brugha R; HIV counselling and care programmes at the district level in Ghana. *AIDS Care*. 1994; 6(2): 129-37.

Relevance

The College on behalf of the students made the request for the lecture on STDs.

STDs – HIV link

The Holy Family Hospital, Nkawkaw does a lot in the diagnosis, treatment, and counselling and public education with regards to HIV in the Eastern Region⁴.

The attitudes and behaviours that are risk factors for STDs overlap with those that for HIV, e.g. having multiple partners or having a partner with multiple partners. Besides, STDs are known to facilitate the acquisition and transmission of HIV/AIDS. An untreated person with a sexually transmitted disease is between two to five times more likely to contract HIV if exposed⁵. On the other hand early detection and reduction of STDs prevalence had been associated with up to 42% reduction in HIV incidence over a two-year period⁶, in one study.

Training the trainers

The Holy Family Hospital, Nkawkaw, is also in the unique position of training health workers, i.e. nurses who function on the frontlines of this problem. Baseline research did by the Ministry of Health of Ghana, on the management of STDs, recommended continuing education for all health practitioners⁷ in order to improve the unsatisfactory and haphazard approach to STDs in Ghana.

There is documentation to confirm that because of the surrounding stigma, lots of patients with STDs, at least initially seek help from friends, pharmacies, the market and even traditional healers rather than come into the health system⁸. So, the role of health workers in the larger community in giving advice and education means that this knowledge is more likely than not to benefit the wider society even without a formal teaching or advisory role for most of the nurses.

⁴ Brugha R; HIV counselling and care programmes at the district level in Ghana. *AIDS Care*. 1994; 6(2): 129-37.

⁵ Wasserheit JN. Epidemiologic synergy: interrelationships between HIV and other STDs. *Sexually Transmitted Diseases* 1992; 19:61-77

⁶ Grosskurth H, Mosha F, Todd J et al. Impact of improved treatment of sexually transmitted disease on HIV infection in rural Tanzania: randomised control trial. *Lancet* 1995; 346: 530-536

⁷ Assessment of STD management in Ghana, 2000 Health Research Unit, Ministry of Health, Ghana. This research was funded by United States Agency for International Development (USAID),

⁸ Control of Sexually transmitted diseases- A handbook for the design and management of programs – AIDSCAP/Family Health International/ USAID

Demographics

The age group of the students makes the knowledge gained from this lecture very useful for themselves and their peers.

Most of the student nurses are females aged between 19 and 26 years old. In Ghana, routine data available to the Ministry of Health indicates that STDs represent a significant cause of morbidity, especially among women, aged 15 – 49 years⁹. General morbidity and the incidence of HIV are three times higher in women than men¹⁰

Agents of change

STDs like the HIV epidemic is driven by risk behaviours like multiple sex partners, misconceptions and misinformation. Addressing mis-information and misconceptions about STDs are the main ways of generating behaviour changes. The bulk of the students are young people who are the early stages of their professional and sexual life. As a result they are more amenable to behavioural change in terms of their professional approach to this subject and also in their personal lives than adults.

Therefore a request for information on this topic is an opportunity that deserves serious attention in a timely manner. Moteclife-UK, through the agency of Mr Raymond Ofori seems to have done just that.

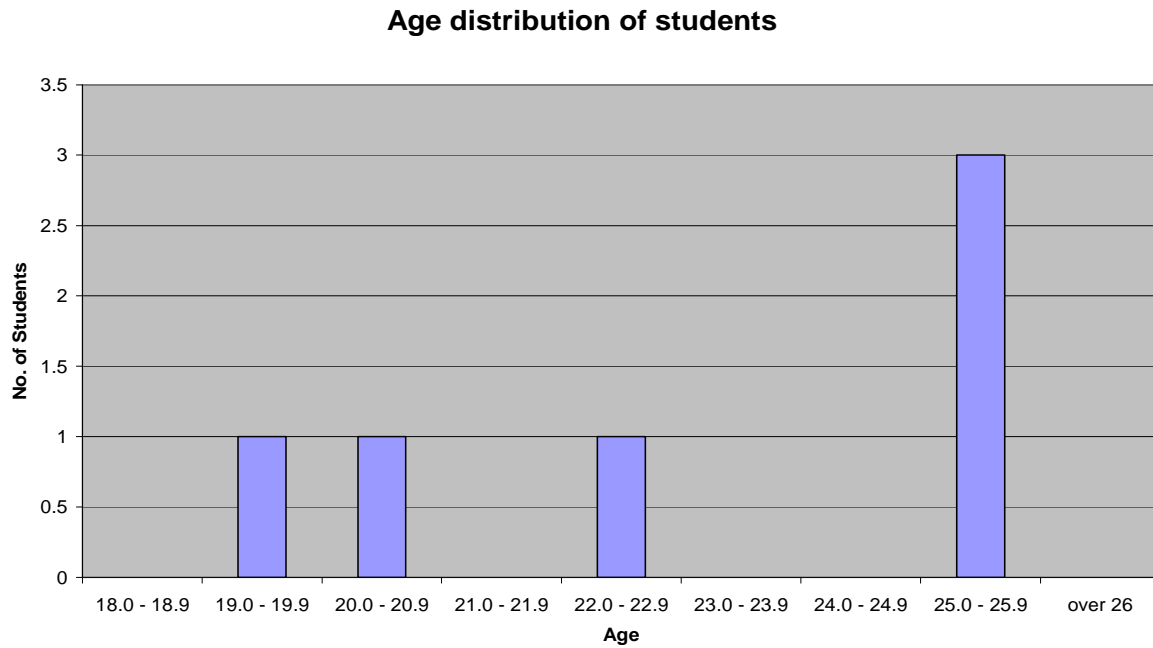
⁹ World Development Report 1993: investing in health. The World Bank. New York Oxford Press 1993

¹⁰ Shiyao Chao; Ghana: Gender Analysis and Policymaking for Development; World Bank Discussion Paper 403, World Bank Publications, 1999

Characteristics of lecture attendants

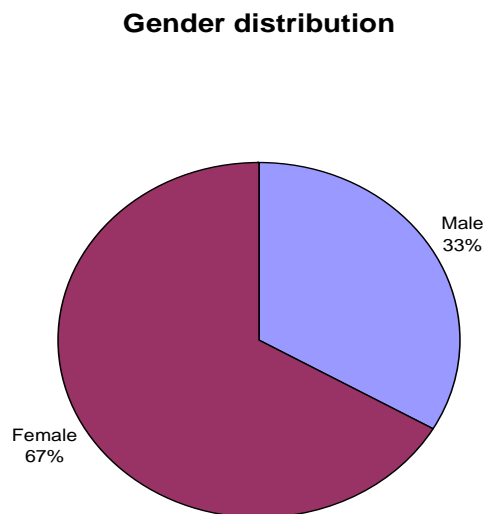
This lecture was attended predominantly by nursing students although it was opened to all medical staff. The students were aged between 19 and 26 years. See Fig 1 below.

Fig. 1



There were as twice as many female students as there were males. This is a reflection of the intake of Ghanaian nursing school in general. See Fig. 2 below.

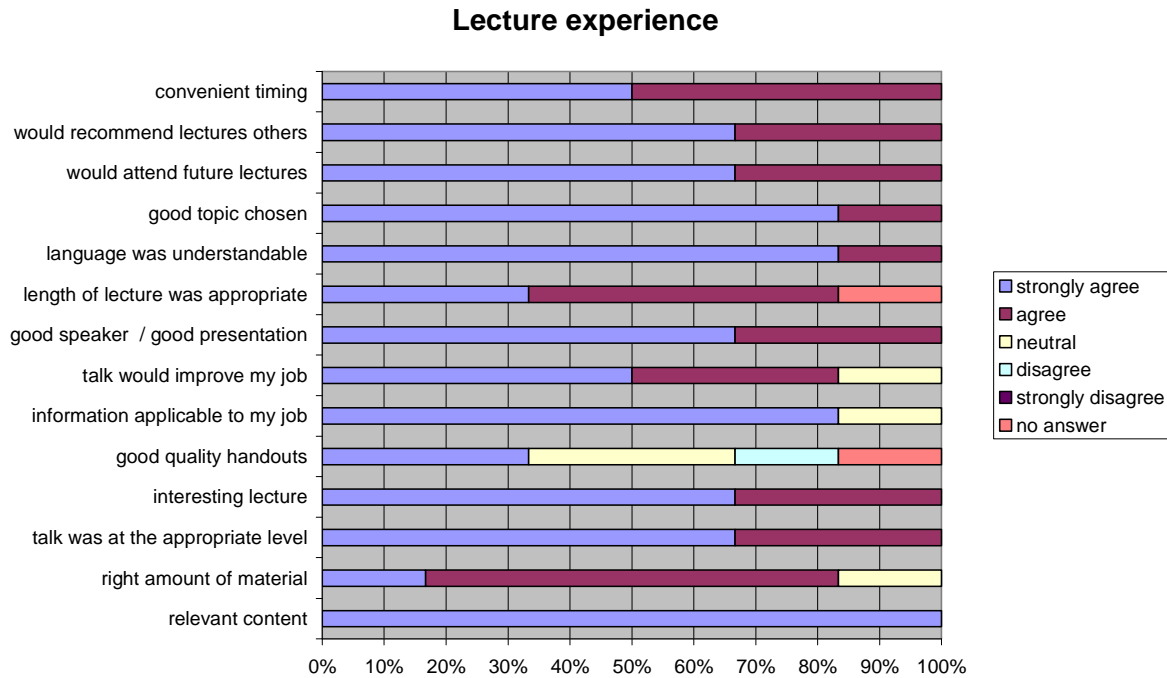
Fig. 2



Lecture Experience

Only six questionnaires were returned. Incidentally all the returned questionnaires came from second year students. This should be borne in mind with following analysis.

Fig. 3



All six respondents (100%) strongly agreed that the content of the lecture was relevant. All respondents agreed or strongly agreed that the timing was convenient. All six respondents agreed or strongly agreed that the lecture topic was a good one.

About 83% said that the lecture had the right amount of material and the same number of respondents said the lecture was of the right length. 15% (1 person) disagreed in either instance.

All 6 respondents strongly agreed or agreed that the language used was understandable. All six respondents strongly agreed or agreed that the talk was at the appropriate level and interesting. All six respondents would attend future lectures and would recommend Moteclife lectures to their colleagues. All 6 respondents strongly agreed or agreed that the speaker and / or the presentation were good.

About 83% found the information they received applicable to their work and said that the lecture on sexually transmitted diseases would enable them do their work better. In both questions the one person not agreeing was neutral.

Most respondents did *not agree* that any handouts given were of good quality. Only 33% percent agreed. Another 33% were neutral, one person disagreed and one person gave no answer to this question.

Comments and suggestions

Respondents were asked if they had encountered Moteclife-UK in any way previously before this trip. In addition they were asked to provide comments on

- (i) what they found particularly good about the lecture,
- (ii) how they thought this lecture could have been improved, and
- (iii) what other topics they would like to be covered

Prior experience of Moteclife-UK

All respondents had encountered Moteclife during one of their previous trips to Ghana. In all cases it was related to a previous lecture activity.

What was particularly good about this lecture?

Respondents commended the “timing and delivery” of the lecture on sexually transmitted diseases. There were comments that the presenter’s explanations were very “understandable” and the one person commented that it increased her knowledge of STDs “totally”.

What could have been improved?

On the questions as to what aspects of this lecture could have been improved, there were suggestions for handouts to be given prior to the lecture and to let the slides remain on the screen much longer to “enable note-taking”.

Future lecture topics

The following are the topics that the respondents would like to be covered in the future.

1. Breast cancer
2. Malaria
3. Breast feeding
4. Fibroids
5. Sickle cell disease
6. Cardiovascular system (no particular aspects were suggested although this suggestion came up several times)

Conclusions

The very low number of returned questionnaires makes it very difficult and inappropriate to draw any generalisations from this particular review. This writer was present at the lecture and knows for a fact that it was well attended. The response, as evidenced by the great number of questions, after the lecture was impressive. I am at a loss as to why so few questionnaires were returned.

However, in Ghana, issues regarding sex are often shrouded in secrecy¹¹ and the stigma associated with STDs means that a public discourse on this matter is not an easy undertaking, even granted that the Ghanaian youth are becoming increasingly westernised in their attitudes and behaviours. Be that as it may, the lecture was timely and relevant and obviously met a need of the students.

The issue as to when lecture handouts are to be given in relation to the timing of the lecture itself, the writer believes, should be left mainly to the discretion of any particular lecturer. However, lecturers may need to tell students in advance if they are going to get the handouts later on.

In this instance as with most lectures on this trip the handouts were left on the school computers to be printed by those who felt the need for them. They simply did not have the handouts prior to the lecture. Future questionnaires should be modified when students do not have the handouts.

The lecture on sexually transmitted disease here, especially at the request of the student body was appropriate, relevant and timely.

¹¹ Control of Sexually transmitted diseases- A handbook for the design and management of programs – AIDSCAP/Family Health International/ USAID