Gonorrhoea Prevention in Youth: Health Promotion Essay Sample

Study resource. Use for planning and comparison only. Do not submit this sample as your own work.

This health promotion assignment is based on Gonorrhoea a Sexual health Infection (STI) in young people aged 15-24 years in Sandwell. A poster will be used to help educate young people to reduce the rising prevalence of gonorrhoea. The poster will contain evidence regarding the rising cases of gonorrhoea and provide young people with evidence-based strategies for preventing gonorrhoea and maintaining responsible sexual practices, by focusing on secondary interventions using the health belief model. The assignment will also examine the advantages and disadvantages of using the health promotion models and identify the community stakeholders that will be involved in multidisciplinary team collaboration for the project. Finally, challenges encountered by the multiagency team will be explored followed by an extensive evaluation of the outcome of the health promotion methods.

The public health issue of concern is Gonorrhoea. This is a sexually transmitted disease caused by a bacterium known as Neisseria gonorrhoea (Unemo et al., 2019). The presence of gonorrhoea can be diagnosed by taking a sample of urine or discharge from the penis, vagina, rectum or mouth (Mackenzie and Cathrine, 2016). Men are more asymptomatic with gonorrhoea compared to women. Gonorrhoea is a fundamental public health concern since it is highly infectious, with detrimental consequences on an individual, if left untreated (Unemo et al., 2019). Furthermore, gonorrhoea is becoming increasingly developing resistance to conventional antibiotics, leading to detrimental clinical outcomes in individuals and populations (Unemo et al., 2019).

According to the World Health Organization, there were approximately 87 million new cases of gonorrhoea in 2016, with a majority of the cases reported in adolescents and young adults between the ages of 15 and 49 (WHO, 2022). In the United Kingdom, there were 57,084 cases of gonorrhoea in the year 2019 (Public Health England [PHE], 2022a). However, the greatest incidence of the disease was recorded in 2019, at 70,922 cases. Young adults aged 15-24 years record the highest annual rate of gonorrhoea with 386 cases per 100,000 persons. There are also higher infection rates in men compared to women with a male-to-female ratio estimated at 1.8:1 (PHE, 2022a). In comparison to the national statistics, Sandwell has higher rates of gonorrhoea. Between 2019 and 2020, the incidence of gonorrhoea in Sandwell increased by 2.2% and was more prevalent in young people aged 15-24 years (PHE, 2022b). The most common complications of untreated or poorly managed gonorrhoea in the UK include; pelvic inflammatory disease (PID) ectopic pregnancy and infertility (Fairly et al., 2017). In males, gonorrhoea may also lead to epididymitis that culminates in the painful swelling of the testicles. The key drivers to the rising prevalence of gonorrhoea are complex and multifactorial. They include; irresponsible sexual behaviour (unprotected sexual activity, and multiple sexual partners), inadequate access to healthcare services and the emergence of an antibiotic-resistant strain of gonorrhoea (Fairly et al., 2017). Lack of education regarding safe sexual practices also contributes significantly to the rising prevalence of the infection. Some individuals also have genetic variations that increase their susceptibility to developing the infection. Furthermore, gonorrhoea is more prevalent among homosexual men and black ethnicity is characterized by socioeconomic deprivation (Bignell et al.,

2006). The rise in the number of sex workers has resulted in a subsequent increase in rates of gonorrhoea compared to homosexuality and ethnic minorities (Bignell et al., 2006).

The selected health promotion resource for the target population is an educational poster that raises awareness regarding the risks and consequences of gonorrhoea while promoting prevention techniques such as responsible sexual behaviour. The poster would be developed with simple and clear language and captivating graphics through would appeal to the group while educating them (Denford et al., 2017). A poster is selected because it is a cost-effective but efficacious mechanism of disseminating health promotion education to large audiences ((Narido and will, 2010 pp 176-177). The poster is underpinned by the health belief model which asserts that individuals are more likely to indulge in health-promoting behaviours if they regard themselves to be at significant risk of a health problem (Neuberger & Pabian, 2019). Therefore, the poster will promote awareness of the serious risk of gonorrhoea among young people and establish the need for testing, treatment and safe sex practices (Neuberger & Pabian, 2019). A poster also condenses health information and customizes it to meet the specific needs and preferences of young adults. In Sandwell, posters can be displayed in schools, community centres, clinics, public spaces, pubs and social media platforms where young people regularly visit and obtain information and services (Rowe, 2009). Furthermore, the poster will be uploaded and shared on social media platforms that young people visit and obtain information (Frankein et al., 2006). A study conducted by Denford et al., (2017) showed that educational interventions such as the use of posters aimed at young people improved their knowledge of responsible sexual behaviour, leading to a reduction in the rates of STIs.

The core aim of the health promotion resource (educational poster) is to provide comprehensive education to young people aged 15-24 in Sandwell against gonorrhoea by increasing patient awareness about the risk, transmission routes, and preventive practices (PHE, 2022b).

To display educational posters to at least 25 schools, community settings, college youth centres and clinics in high-risk areas as indicated by the Sandwell gonorrhoea infection rates by the end of 6 months.

To educate at least 75% of the target group (young people aged 15-24 years) to identify the risks of gonorrhoea, transmission strategies and prevention practices by the end of 12 months.

To decrease the rates of new gonorrhoea infections in the target group by 25% by the end of 12 months, as reported by the community health unit.

By the end of 18 months, at least 85% of sexually active young people (15-24) who have been sexually active in the preceding 12 months will have access to adequate testing and treatment for gonorrhoea as reported by the community health unit.

The health promotion approach utilized is the socio-ecological model, which is founded on the understanding that health outcomes are influenced by a wide range of factors including individual behaviour, interpersonal relationships, societal factors and community (Sibeudu, 2022). The model was selected because it acknowledges the interconnected and complex nature of factors contributing to gonorrhoea, leading to a multifaceted and comprehensive approach to health promotion. The socio-ecological model is advantageous the because it allows for the implementation of target interventions at multiple levels, leading to a more effective and sustainable approach that acknowledges the power structures and the social determinants of health (Sibeudu, 2022). One of the key challenges of the socio-ecological approach is that it

requires significant interdisciplinary collaboration and coordination that be difficult to attain. Furthermore, the model may not effectively address the individual factors that may influence behaviour change such as motivation, beliefs and attitudes. The behaviour change selected for the health promotion resource is the Theory of planned behaviour (TPB) which maintains that an individual's behaviour is influenced by their subjective norms, attitudes and perceived behavioural control (Sibeudu, 2022). The theory was selected because it offers an invaluable framework for comprehending the cognitive and affective influencers of behaviour in young people, leading to a more targeted approach to behaviour during change interventions. One of the key limitations of the TPB is that it does not account for external factors such as environmental or social influences on behaviour (Sibeudu, 2022). Furthermore, it assumed that individuals have full responsibility or control of their behaviour. The two theories are complementary frameworks that can be applied in tandem, leading to a robust and targeted approach to sexual health education in young people, to prevent gonorrhoea (Sibeudu, 2022).

The health promotion message to the target group through an educational poster is focused on fostering safer sexual practices and increasing awareness regarding the risks of unprotected sexual intercourse (Simon, 2019; Craig, 2018). The core message that will be relayed is that the use of condoms during sexual activity is among the most effective mechanism for preventing gonorrhoea and other STIs. The resource also highlights the relevance of regular testing, safe sexual practices (staying in mutually monogamous relationships) and seeking medical attention. Research shows that the use of condoms, regular testing, timely treatment and responsible sexual behaviour is effective in decreasing the disease burden in the community and averting further transmission. An educational poster is more effective compared to other community-based interventions such as mass media campaigns because it delivers information in a captivating, engaging and accessible way to young people (Mckellar and Silence, 2020). Furthermore, a poster is cost-effective and can easily be disseminated in schools, recreational centres and community centres (Hasanica et al., 2020).

Various stakeholders will be comprehensively involved in the development, delivery and receipt of the intervention against gonorrhoea including healthcare professionals (nurses, community health nurses and sexual health clinics), Educators (teachers and school nurses) and community health advocacy organizations. The health professionals will provide knowledge, skills and expertise in the development of the educational resource (PHE, 2022). Furthermore, nurses will provide patients with education on gonorrhoea and offer the poster as an accompaniment. Sexual health clinics can also provide free condoms to the target population to promote responsible sexual behaviour. Educators such as teachers and school nurses will distribute the educational poster to schools, local colleges and other educational settings (Nwokolo et. al., 2022). They will also provide education to young people on responsible sexual behaviour for gonorrhoea prevention. Community organizations can also ensure at-risk populations such as young people from marginalized communities. The multi-agency collaboration will lead to opportunities for the effective delivery of the intervention through the pooling of knowledge, skills, and human and financial resources. Collaboration aids in ensuring the intervention is customized to meet the holistic needs of the target population and increasing the reach of the intervention by promoting delivery in multiple settings (PHE, 2022). Nonetheless, multidisciplinary collaboration may lead to challenges such as miscommunications, differences in professional goals and cultures, funding constraints and power imbalances that can impact its effectiveness. The government of the UK has been criticised that its lack of support from the clinic and non-clinic staff working as stakeholders in

communities (NHS, 2018). The interdisciplinary stakeholders have been critically analysed and identified based on their skills and expertise, experience with target populations and potential reach to vulnerable populations. The involvement of these stakeholders can ensure the ultimate resource is effective, relevant and accessible to young people.

Evaluation is an essential component of health promotion that fosters comprehensive assessment of the effectiveness of interventions and seamless identification of improvement areas. To evaluate the impact of the resource against the SMART goals, a mixed-method approach will be used. Quantitative data collected encompass, the number of individuals who have received the poster, the number of young people who have received sexual health advice and the number of presenting for gonorrhoea testing and the number of gonorrhoea cases reported. Qualitative data collected will include feedback from young people through open-ended surveys and focused group discussions involving health professionals, educators and leaders from community organizations. Evaluation will aid in ensuring the intervention is cost-effective and demonstrative of the value of the health promotion intervention to all relevant stakeholders.

The health promotion assignment developed a health promotion intervention to educate young people (aged 15-24) about gonorrhoea to promote sexual health and reduce the incidence of gonorrhoea. The assignment met the learning outcomes for the module by identifying a public health issue of interest as gonorrhoea, critically appraising theoretical concepts and frameworks, developing a health promotion poster through multidisciplinary collaboration and evaluating the impact of the poster against SMART goals through a mixed-method approach. The work has provided invaluable insights into the development and evaluation of health promotion interventions.

References

Bignell, C., Ison, C. A., & Jungmann, E. (2006). Gonorrhoea. Sexually transmitted infections, 82(suppl 4), iv6-iv9. https://doi.org/10.1136%2Fsti.2006.023036

Craig, L., & Senior, E. (2018). Public health: PART 1 making every contact count. British Journal of Nursing, 27(22), 1318-1320. https://doi.org/10.12968/bjon.2018.27.22.1318

Denford, S., Abraham, C., Campbell, R., & Busse, H. (2017). A comprehensive review of reviews of school-based interventions to improve sexual-health. Health psychology review, 11(1), 33-52.

Fairley, C. K., Hocking, J. S., Zhang, L., & Chow, E. P. (2017). Frequent transmission of gonorrhea in men who have sex with men. Emerging infectious diseases, 23(1), 102.

Hasanica, N., Ramic-Catak, A., Mujezinovic, A., Begagic, S., Galijasevic, K., & Oruc, M. (2020). The effectiveness of leaflets and posters as a health education method. Materia socio-medica, 32(2), 135. https://doi.org/10.5455%2Fmsm.2020.32.135-139

Lopez, L. M., Otterness, C., Chen, M., Steiner, M., & Gallo, M. F. (2013). Behavioral interventions for improving condom use for dual protection. Cochrane Database of Systematic Reviews, (10). https://doi.org/10.1002/14651858.cd010662.pub2

McKellar, K., & Sillence, E. (2020). Teenagers, sexual health information and the digital age. Academic Press. https://doi.org/10.1016/B978-0-12-816969-8.00003-5

Morgan, M. K., & Decker, C. F. (2016). Gonorrhea. Disease-a-Month, 62(8), 260-268. https://doi.org/10.1016/j.disamonth.2016.03.009

National Health Service (2018) Available at: https://www.hee.nhs.uk/sites/default/files/documents/Sexual%20health%2C%20reproductive%20health%20and%20HIV%20workforce%20scoping%20project%20report%20Final.pdf (Accessed: 9th July 2022).

Neuberger, L., & Pabian, M. (2019). Understanding motivations for STI testing: Comparing presenters and non-presenters using the theory of planned behavior and health belief model. Florida Public Health Review, 16(1), 10.

Public Health England (2022) Summary Profile of Local Authority Sexual Health Sandwell. Available at: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2022/E08000028.html?area-name=Sandwell#stis (Accessed: 02 June 2022).

Public Health England (PHE,b) (2022) Summary Profile of local authority Sexual Health Sandwell. Available at: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2022/E08000028.html?area-name=Sandwell (Accessed: 19 July 2022).

Public Health England (PHEa) (2022) Sexual and Reproductive health Profile (Gonorrhea). Available at: https://fingertips.phe.org.uk (Accessed: 19 July 2022).

Rowe, N. (209) Academic and Science. Switzerland: Finlans Pello.

Sexually Transmitted Diseases Surveillance 2020 (2022) Available at: https://www.cdc.gov/std/statistics/2020/overview.htm#Gonorrhea (Accessed: 28 June 2022).

Sibeudu, F. T. (2022). Health Promotion. In Primary Health Care. IntechOpen.

Simon, S. (2019) The Hidden Affliction. Rochester, Medical and Scientific History.

Unemo, M., Seifert, H. S., Hook III, E. W., Hawkes, S., Ndowa, F., & Dillon, J. A. R. (2019). Gonorrhoea. Nature Reviews Disease Primers, 5(1), 79. https://www.nature.com/articles/s41572-019-0128-6

Willis, K., Daly, J., Kealy, M., Small, R., Koutroulis, G., Green, J., ... & Thomas, S. (2007). The essential role of social theory in qualitative public health research. Australian and New Zealand journal of public health, 31(5), 438-443.

World Organisation (2022) Available at: https://www3.paho.org/hq/index.php?option=com_content&view=article&id=14872:sti-gonorrhea&Itemid=3670&lang=en (Accessed: date 19 June 2022).