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Global Health Scholars Program- Health care standards for children 59 months and younger in Abonse,
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My Experience

Our main project for this site was to perform a Strengths, Weakness, Opportunity, and Threats (SWOT) analysis based on the health of children aged 59 months and younger in the rural village of Abonse. Our analysis was broken into three different sections: health care access, socio-cultural influences, and environmental conditions. My main responsibilities during the month were centered around our survey project, meaning I was responsible for conducting household surveys with my fellow group members, analyzing the results of the surveys, establishing new questions for surveys, attending nightly debriefings, shadowing attending rounds at the regional hospital, presenting gifts to our sponsors, and being actively engaged in discussions based on observations. Our plan was to walk around the village and introduce ourselves to the families before asking them our questions. Following a welcoming ceremony conducted by the village elders, we were welcomed into the area and given permission to pursue our surveying. On our first Monday in Abonse we set out into the village and began our surveying with our translators. I was part of the health care access sub-group, and my surveying group included a member from the environment sub-group and one from the socio-cultural group to make sure all our bases were covered. We headed up to the very top of the village and began our surveying there. For a little background, our surveys include questions like “if your child were to become ill and need further care, what steps would you take?”, “what is your main source of water?”, and “what

are your thoughts on traditional healing methods?" All of this information will help us form a better understanding of the care children in the village receive. Our surveying was as follows: we went out in the morning for four hours, regrouped at the hostel, evaluated and modified our questions in an attempt to dive deeper, then surveyed for 2 more hours at night before dinner. Our questions were constantly updated and reworked and we went out in an attempt to really explore the influences of health. My group managed about 4 surveys a day with families from varying levels of socio-economic status and number of children. The health-care access group also had the chance to interview the local "nurse" Justina at the Community-Based Health Planning and Services (CHPS) compound to determine her thoughts on the health care the children receive.

While we were in the village, we had the opportunity to attend a health education outreach program led by Justina in a neighboring community. Justina leads these programs once a month with various topics; June's topic was Family Planning. This is also the time that the children of the community are weighed and given their vaccinations. For child weighing a scale is hung from a nail in a tree and the children are placed in these canvas-bag type objects. They are hung from the scale, sort of like when you weigh vegetables at the grocery store. I actually got to help place the children in their little canvas bags to get weighed. One tiny little girl went up with her mother and younger sibling to be weighed and receive her Vitamin A. As she was walking back to her seat I waved at her, she stopped, and then hesitantly approached me. We spent the remainder of the morning holding hands while I did everything in my power to make her smile or laugh without success. I learned from her mother that her name was also Rebecca. The only other real thing I know about her is that she weighed 11 kg and is around 3 years old. She was, and is, a very small child. I asked her multiple times what her name was and how she was doing (Twi: "wo din de sen?" "wo ho te den?" respectively) with no answers. By the time we left the outreach, I wanted nothing more than to spend the rest of the day with her, if only to find a way to make her smile. She did hug me when we left, and I truly haven't stopped thinking about her since. She reminded me of why global health is important, and why I came to Africa: to help, in any way.

Overall, the village of Abonse was quiet and calming. The people in the hostel were nice and helped us as best they could amidst our



Rebecca and Rebecca holding hands during an outreach

fumbling Twi and weird American ways. Koforidua was not quite as calm or quiet, but just as incredible. The people at the Regional Hospital were so wonderful and cared for us so well. I think having the chance to move from one type of environment to the other was a key role in our immersion and overall joy during the month.

Learning Achievements

The learning achievements I experienced centered around serving in a different environment than one I have ever been in or could have imagined. The main issue is how to provide adequate care when resources may be less than what I am used to. Justina is able to treat minor ailments and malaria at the CHPS compound, but beyond that she has to refer them onto a more advanced clinic or hospital. She explained to us how it can sometimes be a struggle when a patient is in need of care, but she cannot help and the family is unable to transport the patient to the clinic.

I also learned more about the Ghana health system, through explanation and direct observation. The health system there is based off a tiered system, and patients are referred up to higher levels based on needs. We were able to watch this process while in Koforidua and assist with patients who were referred from outside villages to the Regional Hospital.

I learned how to strength my ability in attempting communication when there is no shared language. I don't remember a time when I became frustrated at the lack of understanding between me and whoever I happened to be talking too. As I said before, the effort I made to communicate I Twi was met with smiles and laughter, and an appreciation for attempting to share the language. The people we interacted with on a daily basis would attempt to teach us new words and phrases to further our understanding and share in our excitement as we were successful in communication.

Program Strengths



*Spirit of Life scholar
Rebecca Blade
on a balcony in the
hostel in Abonse*

Though “Africa-time” is very much a way of life, our entire schedule for the month was organized extremely well. I always knew what the plan was, for each day, the entire week, and the whole month. That added a sense of comfort to my trip, which I appreciated. The connections Penn State has with Mount Crest and the Koforidua Regional Hospital are clearly very strong, and we were well looked after while there.

Program Weaknesses

While our schedule was very well planned, I think too much time was allotted in certain places and not enough time in others. We were able to leave the village of Abonse slightly earlier than planned after we had completed all of our tasks, but it took some compromising with our translators and local elders. If we had not been allowed to leave, I do not know what we would have done for the remaining 3 days, because we had no other assignments or tasks that needed to be completed.

Impact

A. This trip strengthened my belief that I would like to work with underserved populations, either domestically or abroad. I don’t want people just to suffer because they were born in an area where there is no clinic or anyone to help them. Good health, and healthcare, is a universal right and where you’re born shouldn’t deny you that.

B. My time spent in Ghana emphasized that in my professional career, and personal life, I want to be patient. It can be frustrating when a patient is seen at clinic with a very obvious late stage disease. It is easy to question why they waited so long and why they even bothered to show up at clinic at the point.



GHSP Ghana group on a hike in Koforidua

Patience would help to remind me that everyone has a story, and accusing them of neglecting their own health will not cause forward progress. Patience can help me to “meet in the middle” to move forward and offer the best care I can. It also helped me to realize that while I may know a decent amount about health and the proper steps to take in ensuring my health, others do not have that knowledge. By remaining patient, there is a learning opportunity available in every patient I meet.

Journal Entry

6/11/2017

Yesterday, we had the opportunity to go to a breast cancer outreach screening event, organized by Richard and Dr. Foster from the Eastern Regional Hospital.

It was so incredible. They provided educational pamphlets, and taught the women how to do self-examinations. The goal of the screening was to reduce the fear of mastectomy and choosing life

over beauty. It does seem like there is a large stigma of women losing their breast, being less of a woman. I think we have a somewhat similar thought in America, but to a less extreme. Women in America will still opt for treatment whereas here they don't.

But I learned how to give a breast exam, which was really good to learn in this setting. Dan and I were partnered together in our little tent and took turns examining each woman (and one man!) that came to be screened. Throughout the whole screening, there were 6 positive screens that needed further follow up; Dan and I found 5 positive screenings. We had a 23-year-old girl come in, who said she felt a lump. She was in school and hadn't picked a course yet, and she was shy. And scared.

She reminded me of me, when I was 22 and found a lump for the first time.

On her exam, her lump felt exactly like me, so I'm 99% sure she is going to be okay- but it's still frightening when your own body rebels against itself and you can't stop it, can't fight it without the help of medicine. And even then you might not win. She has an appointment in Koforidua on Friday, which is 6 days away, for an ultrasound to determine if it's benign. My ultrasound appointment was 3 hours later on the same day. I knew within 8 hours of my initial screening whether it was benign or something more concerning. I cannot imagine waiting an entire week before knowing, but there are no trained ultrasound technicians in the village. So she has to wait.

Even though it's sometimes difficult to navigate, I am thankful for the resources available to me, whenever I need them, in the American Health System. I think if the country of Ghana had a similar availability of resources and ability, they would be able to provide similar- if not better- care than we receive in America.