Pubertal Communication between School Nurses and Adolescent Girls in Nigeria

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Goals and Objectives

Session goal:
• to describe the communication process that exists between the school nurse and adolescent girls on pubertal changes in Nigeria.

Session objectives:
The Learner will be able
• to describe the contents of pubertal communication that occurs between the school nurses and adolescent girls in Nigeria.
• to identify the challenges encountered by school nurses in the course of communicating with the adolescents
Introduction

• After the home, the school represents the second most influential environment in a child’s life.

• Limited information available on puberty and sex is buried in biology and integrated science/basic sciences courses

• Link has been found between adequate information during puberty and reduction in teenage pregnancy in other countries (Jimmy et al., 2011; UNAIDS, 2012)
Introduction

• In Nigeria sex education in schools is yet to be introduced due to the country’s socio-cultural background, religious belief and political systems. (Jimmy, Abeshi, Osonwa, Kalu, Uwanede & Offiong, 2013).

• In Nigeria sex education is still seen as a taboo to be talked about as a result of several misconceptions

• Hence, the need to explore pubertal communication between the school nurse and adolescent girls
Statement of Problem

• Poor involvement of families in sexual education resulted in early sexual initiation, unprotected sex and increased teenage pregnancy (Ugochukwu et al., 2011).

• Several physical and psychological problems have been linked with this period if not well handled (Mitra et al., 2013).

• Teachers do shy away from certain aspect of adolescent reproductive health. (Aktar et al., 2014)

• Little empirical studies exist on the involvement of school nurses in providing pubertal information in Nigeria
Objectives of the study

• to examine the contents and methods of pubertal communication provided by school nurses to adolescent girl

• Assess the knowledge possessed by adolescent girls on pubertal changes

• Identify the challenges faced by school nurses when communicating with adolescent girls on puberty
Hypotheses tested

• There is no significant relationship between adolescent girls’ knowledge and frequency of communication of pubertal changes by the school nurses

• There is no significant association between selected socio demographics (age, parental educational level) and adolescent girls’ knowledge of pubertal changes
Conceptual Framework - Berlo’s model (1963)

**School nurse (Sender)**
- Characteristics of the school Nurse
  - Years of experience, Age, Knowledge, belief, school culture, school management

**Content (Message)**
- Physical, emotional, cognitive changes
- Menstrual hygiene, Self breast examination, Contraception, Teenage pregnancy prevention, STIs

**Channel (Method and Medium)**
- Individual & Group, Classroom teaching Demonstration
- Verbal means, Posters, Pamphlet, Audio visual display, Pictures

**School adolescent girls (Receiver)**
- Age, Previous knowledge of pubertal changes,
- Societal belief & system
- Family characteristics (parental educational level, age, class)
Methodology

• **Research Design** - Descriptive mixed-method design

• **Research setting** - Private secondary schools in Ile-Ife, Osun State, Nigeria.

• **Sample Size determination**: Cochrane’s sample size formula \( (n=Z^2pq/d^2) \)

• **Sample Size** = 420 adolescent girls \([384 + 36 \ (9\% \ attrition)]\), 10 school nurses

• **Sampling Technique (multistage)**:
  - 3 Local government Areas were randomly selected
  - 5 private secondary schools were purposively selected
  - random selection of arms of classes
  - Systematic random selection of girls with interval of 3.
Methodology (ctd.)

- Purposively selection of school nurses

- **Research Instruments**: Questionnaire & Interview guide.

- **Validity** by Face and Content methods

- **Internal consistency**: Cronbach’s Alpha (0.9)

- **Ethical Clearance**: IRB from Institute of Public Health, OAU, Ile-Ife Nigeria

- **Informed consent from parents and assent from respondents**

- **Analysis** – SPSS Version 20, descriptive & Inferential (Chi-square & Spearman’s rho correlation),
  - ATLAS ti 7 software with content analysis
  - Level of significance = P ≤0.05
## Results

### Table 1: Socio demographics

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<tr>
<th>Variable</th>
<th>Adolescent Girls</th>
<th>School Nurses</th>
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<tr>
<td>Age range (years)</td>
<td>10 - 18</td>
<td>22 - 43</td>
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<tr>
<td>Mean age</td>
<td>14±1.66</td>
<td>31.4±6.04</td>
</tr>
<tr>
<td>Highest age range</td>
<td>10-14 (67.9%)</td>
<td>20-39 (90%)</td>
</tr>
<tr>
<td>Age at onset of puberty (years)</td>
<td>Below 9 – 88.3%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>9-12 - 9.28%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13-15 – 2.38%</td>
<td></td>
</tr>
<tr>
<td>Months of experience</td>
<td>-</td>
<td>4 - 180</td>
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Some topics were avoided (Jimmy et al., 2013; Farih et al., 2014)

Knowledge vs frequency of communication ($r = -0.099; p = 0.043$)

**Fig 1: Contents and Frequency of Communication**
Fig 2: Methods of Communication
Fig 3: Medium of Communication
Knowledge vs maternal, paternal educational & grade levels

\( \chi^2 = 20.61; p = 0.008 \)
\( \chi^2 = 27.55; p = 0.001 \)
\( \chi^2 = 31.85; p = 0.000 \)

(Sahar et al., 2015)
Qualitative results

• The findings from the interviews showed that the communication took place majorly verbally

  “We teach them orally and sometimes we demonstrate to them” (Middle aged school nurse)

• The school nurses also reported that pubertal communication do not occur frequently.

  “The school does not make it part of the school work but since I have interest in it, I do it but not really regular or often” (Middle aged school nurse)
Qualitative results (ctd)

• Challenges encountered by school nurses include topic censorship by school management, time constraint and non-availability of teaching/visual aids (Jimmy et al., 2013; Aktar et al., 2014, Farih et al., 2014)

• “I don’t have any virtual materials to explain about these changes or teach them well and in depth” (young adult school nurse)

• Majority of the adolescents girls and nurses suggested that pubertal education be included in the school timetable.
Conclusion

• Pubertal communication do not cover certain aspects of pubertal and reproductive health; some topics were intentionally avoided;

• School adolescent girls have good knowledge of pubertal changes

• Positive relationship exist between their knowledge level and school nurse communication on pubertal changes;

• Several challenges were encountered by the school nurses in the course of the communication.
Recommendations

• Availability of educational aids made accessible to school nurses at the school clinic for pubertal education

• Inclusion of pubertal education into the extra curriculum activities in schools coordinated by the school nurse

• Revision of the country school curriculum with inclusion of pubertal and sexual contents taught by school nurses.
Implication for school nursing

• Effective communication is an integral aspect of the school nurse responsibility towards the adolescent girls.

• Provision of frequently planned and explicit pubertal-age appropriate educational programs by school nurses.

• Use of well understood methods and media in providing the information

• Serving as support system for the adolescent girls during the period.
References


References


THANK YOU FOR YOUR ATTENTION