

EXPERIENCES OF SCHOOL HEALTH NURSES ON THE PROVISION OF GUIDANCE TO THE ADOLESCENTS IN THEIR DECISION-MAKING ABOUT REPRODUCTIVE HEALTH IN OGUN STATE, NIGERIA

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ABSTRACT

School health nurses have a responsibility to guide adolescents in their decision making about reproductive health. This is necessary because studies have established that risky decision-making in reproductive health accounts for a large proportion of adolescent mortality. Adolescent reproductive health entails unprotected sex, unsafe abortion, and HIV/AIDS. Guiding adolescents in their decision making about reproductive health is an adaptive role of school health nurses which requires they are prepared to take up the role. The purpose of the study was to explore the experiences of school health nurses on the provision of guidance to adolescents in their decision making about reproductive health. This is an exploratory, descriptive and contextual study. The study took place in the secondary school environment. Qualitative research approach was used for the study. The participants for the study were purposively selected from among school health nurses and adolescents. Semi-structured interviews and focus group discussions were used to obtain data for school health nurses and school adolescents respectively. Interview guide was developed to direct the questions during the interview sessions. The data collected was transcribed in verbatim, and inductive content analysis which entails which entails coding, and organizing the texts into meaningful sub categories and categories to form themes, was employed. The findings from the data showed that what school health nurses provide is not proximate to guidance rather some form of health talk which has no bearing on decision-making process of adolescents in reproductive health. Findings further show that they lack adequate skills and the knowledge of processes involved in guidance. Furthermore, there is a reflection of poor communication between school health nurses and adolescents which eliminated the trust and confidence school health nurses needed to gain in adolescents before dyadic guidance session could take place. School health nurses need to move beyond their formalized roles toward adaptive and proactive ones as this helps in further evolving a true professional status. Their contributions toward reducing adolescent mortality can

be harnessed through the provision of adequate guidance to adolescents in their decision making on reproductive health, and this requires that they are knowledgeable in how guidance in reproductive health can be carried out effectively.

Keywords: Adolescent Mortality, Unprotected Sex, Unsafe Abortion.

INTRODUCTION

School nursing “ is defined as the specialized practice of professional nurses that advances the well-being, academic success, and lifelong achievement of students, facilitating positive student responses to normal development, promoting health and safety, intervening with actual and potential health problems, providing case management services, and actively collaborating with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning” (National Association of School Nurses, 2011: 1). The implication of this definition is that adolescent reproductive health remains one of the focal points of school health nurses. In Nigeria, the National School Health Policy recognizes the role of school health nurses in the provision of health to the members of the school community (Federal Ministry of Education, Nigeria, 2006a: 27). Adolescent reproductive health focuses on issues such as unwanted pregnancy, harmful practices, unsafe abortions, Reproductive Tract Infections (RTI), Sexually Transmitted Infections (STIs), HIV/AIDS, gender-based violence, infertility, malnutrition, anemia, cancer and accessibility to information, education, and rehabilitation

(Panda & Sehgal, 2009: 445). Some studies show that adolescents' risky sexual behaviours are commonplace globally (Pilgrim (2012: 5). Risky sexual and reproductive behaviours are associated with young people, and these risky behaviours include: an early start to sexual activity, sex with many partners, low and inconsistent use of condoms, use of drugs and alcohol, anal sexual intercourse and oral sex (Imaledo et. al. 2013:1). Adolescents who can think through their options and consider the consequences of potential courses of action should be less likely to opt for health-threatening behaviour (Wolff & Crockett, 2011: 1607). The National Policy on the Health and Development of Adolescents and Young People in Nigeria emphasizes that one of the key strategies for the implementation of the policy is the provision of access to a comprehensive range of adolescent-youth-friendly information, counseling and health services, including school health services (Federal Ministry of Health, 2007: 13). The findings on the effectiveness of school health nurses regarding the provision of guidance to school adolescents show that school health nurses have not been able to live up to expectations in this direction (Akpabio, 2010:21). The need to explore the experiences of school health nurses, and school adolescents who are the direct beneficiaries of this crucial service became highly essential as this will afford the researcher to know the true picture of the practice situation.

MATERIALS AND METHOD

The Qualitative research approach was used in collecting and analyzing data collected from the school adolescents in selected secondary schools. Qualitative research is a means of discovering knowledge through the exploration and understanding the meaning individuals or groups attach to phenomena (Creswell, 2009: 4). Eight schools were purposively selected from Ijebu Ode Local

Government Area of Ogun state of Nigeria for the study. The sample comprised eight school health nurses and thirty-six adolescents who were also purposively selected. Purposive sampling is a form of qualitative sampling. The focus of the qualitative sampling is the theoretical depth as it aligns with the purpose and goals of the study; its size cannot be predetermined and the information from previous observations can determine its choices (Abrams, 2010: 541). The adolescent participants whose age range was between 12 and 17 years were selected in line with the Nigeria National Policy on Education. Those who had been interacting or consulting school health nurses on reproductive health were selected from all the levels in both junior and senior arms of the secondary schools involved in the study, i.e. from junior secondary one through senior secondary three. Semi-structured interviews and focus group discussions were used to elicit information from school health nurses and adolescents respectively.

Participants were fully informed of the research aims, and potential benefits and disadvantages. At no time did the researcher make the participants feel coerced to participate in the study, or to be unduly persuaded by the promise of a reward. The research participants were made aware risks that may occur as a result of their involvement in research. Informed consent requires that this information is transparent and in language which the participant can understand (Royal College of Nursing, 2009: 4). Information was verbal and written, and time was provided for the participants to consider their involvement in the study and to ask questions. Confidentiality and anonymity was ensured, and this was provided and maintained by concealing the identities of all participants during and after the data collection phase. The audio tape recording was kept secure by passwording the file. All confidential data were

stored in a locked cabinet which can only be accessed by the researcher. Pseudonyms were used instead of participants' names, in analysing the data.

The researcher adopted the inductive grounded approach method in analyzing the data. The data analysis strategy for this study is constant comparative analysis. The strategy entails selecting a piece of data (one interview, one statement, one theme) and comparing it with others to see if it exhibits either the same similarity or difference, in order to develop ideas of possible relationships between various pieces of data. Data collected was transcribed in verbatim from the audio tape. The audio tape was played several times pausing it where necessary in order to fully capture the content of the recordings. The data was coded for further analysis. Data obtained during the data collection phase are segmented into categories, those categories are labelled with a term (Cresswell, 2009: 186). The coding procedure is in phases, and each phase has steps that represent the activities that must be undertaken in order to arrive at themes (Aurebach & Silverstein 2003).

RESULTS

The data analysed generated two themes with a sub-theme each.

Theme 1: Skills and processes

Skills and processes emerged as the one of the themes. The skills are needed for the provision of guidance. These are regarded as guidance skills while the processes involved logical stages and steps that must be followed for guidance to be successful.

Sub-theme: Lack of adequate guidance skills and understanding of processes

Some of the school health nurses claimed that they do guide adolescents in their decision-making in reproductive health. However, upon probing on how they provide the guidance, the

responses given did not really indicate that they possess the skills needed for guiding adolescents in their decision-making about reproductive health, or that they understand what is involved in these guidance processes:

“We used to tell them that it is transitional state, there are things you notice in your body. We encourage them to engage in personal hygiene, for those that are menstruating, we do tell them to be focused that there is time for other things later.”

Another school health nurse's responses supported their lack of adequate skills needed for guiding adolescents in their decision making about reproductive health

“That one comes under the counselling matter. You know, when I was telling you about how I do guide them under health, I made mention of menstruation, and under that, I do go into details concerning the boys because that is why we have some girls that... there is what we call VVF, when it is not the right time for them to have pregnancy, and because of that menstruation that has begun, when they do go about with boys or they have friends that do something of such, they would have to follow them and don't forget, I told you earlier on that some of them want to have independence, they want to do things on their own way. So, I do tell them, they don't have to follow those people and that whatever they were given by their parents, they should be content with it. Boys will tell them I want to give you money, and there are some logic they use in order to have intercourse with them, but when they have this sex education, they would know the implication if they should go into such act, they would quickly remember that Mummy nurse said we should not do this or that with boys. And definitely, when pregnancy sets in they won't be able to complete their education. Pregnancy is one of the hindrances to learning, so I do tell them that, and I have been guiding those concerning boys.”

Extracts from other school health nurses further reveal their lack of skills in guiding adolescents in their reproductive health.

“Hmmm...I do that...whenever any of them comes to me, I would say they should let me know before taking any decision. Hmmm...okay... (Long pause) Hmmm... I do tell them that...”

“In that angle (sic), I sit them down to tell them the effects of their complaint, you know. If something of such should happen, you will be pregnant. So, the best solution is to ignore men or their call of that person, and make a special report.” Some adolescents do receive health talk. Their principals, teachers, and parents should be involved in health talk. The school health nurses should be given a chance to talk to students once or twice in a week.”

“Decision making...ehh... all we do here is health education, it is only God that guides but all we do is to health educate them. This is the right thing to do. These are the superstitions, don't do it, then you should be mindful of those people young are playing with the peer group, so they should not make friends with those people that would lead them astray that would say let us to go to a boyfriend, ours is to tell them, theirs is to take and put into practice. She should be mindful of what they wear, they should be content with what they have, anything their parents give them, they should be content with because if you are not content maybe that boy or man has given

her fifty naira some time ago, you know, the girl may think he wants to give her something else, and may fall a victim.”

The extracts above exhibited poor knowledge of guidance and its process for adolescents' decision-making in reproductive health. The responses indicated that the nurses had shortcomings regarding the task of guiding adolescents in their decision-making. Most of the responses were a function of the school health nurses' individual previous experiences, especially those from an acute care background:

“I used to lecture them because I have made...I used to give them health talk, I used to put them through. There are some that...most of them do not have knowledge about it. Hmmm... the health talk focuses on diet food and nutrition, personal hygiene, adolescent, puberty and maturity stage, and for the girls, I give talk on genital and oral care.”

The above response shows that there is no clear pattern of guidance for adolescents by the school health nurses. The school health nurses tended to lump issues together. Reproductive health was not given much prominence in their responses. In a situation where topics or issues are conflated in the way the responses reflect, these issues may be treated or addressed superficially, with little or no impact on the adolescents that constitute the target group.

Table 1:

Themes and sub-themes generated by the data

Theme	Sub-themes
Skills and processes	Lack of adequate skills and understanding of processes for guiding adolescents in decision-making on reproductive health
Interpersonal communication	Poor communication between school health nurses and adolescents

Theme 2: Interpersonal communication

This is the kind of communication that is reciprocal in nature, and it allows for building of confidence and trust among partners. It is desirable in the health context as it allows for collaboration, mutual relationship and cooperation between the clients and caregivers. This communication is therapeutic in nature as it promotes and enhances the process of healing or creates an enabling environment for the effective guidance of clients. Communication between partners is known for being characterised by mutual trust, regard, sincerity and commitment, and also partaking in common aims and concern (Freyder & O'Toole, 2000: 19).

Sub-theme: Poor communication between school health nurses and adolescent students

This is the only sub-theme that arose from the theme, and it is evidenced in the responses of adolescents which indicates that the relationship between the school health nurses and adolescents was poor. The responses from some of the adolescent students lend credence to the status of the sub-theme:

“He squeezes his face, and this scares us away.”

“He is not friendly with students.”

The above extracts show that the school health nurse in question was not friendly towards the students. One of the students said that “he squeezes his face”. This is a form of communication, a non-verbal form. It is stronger than a verbal one when it comes to communicating one's feelings and emotions. The students would not feel encouraged to get closer to the nurse. The nurse is a male nurse and may appear a bit paternalistic in the way he relates with students. Students might sometimes see him in the role of father, and those whose fathers are tough and have instilled fear in them may relate to the nurse as they would to their father. This may explain the tendency to steer clear of him, let alone seek guidance on reproductive health issues. The

second extract seems to indicate the same trend as the first one. The students have gauged his countenance and body language as unwelcoming and unfriendly. More responses from adolescents further reflect the poor relationship between adolescents and the school health nurse.

“Hmmm... Some people have been saying that nurses are harsh.”

“We feel shy in coming to her because we did not know whether she is a strict person or not.”

The above two excerpts show that there is poor communication between these school health nurses and adolescent students because their responses were based on an assumption the public have long held about nurses, that they are harsh, abusive and intolerant. The onus is surely on nurses to dispel these impressions by opening the lines of communication through which students can more easily reach out to them. Good communication allows for openness, and allows both parties to clarify issues of mutual interest. In achieving this, the school nurse has to show that he or she possesses the required skills. When the school health nurse allows students to express themselves freely, a good kind of partnership may develop.

“We don't really have the confidence in coming to her.”

“I am not sure she gives such services, anyway, if one approaches her maybe, she would do it. Even going to her for minor cases, not to talk about this, the way she attends to one, the way she talks shows you are on mile one, while she is on mile twelve. Many are not encouraged.”

Lack of confidence is obvious in one of the responses. Confidence is an integral part of relationship building between a caregiver and client. The absence of this may create doubt as to the genuineness of the interactions. Trust and confidence find their expression in the kinds of confidential services rendered by school health nurses to adolescents. Adolescents would like

to seek reproductive health services in an environment that ensures privacy and from health professional they can trust. This may be as a result of the fact that they are still subject to adult scrutiny and thus may want to avoid embarrassment. They will prefer to seek guidance from a caregiver who can accord them dignity and respect and will not be judgmental in their opinions on decisions about the choices made in their reproductive health.

DISCUSSION

Guidance aims at understanding one's strengths, limits and resources, achieving maximum development of an individual, and addressing various challenges confronting an individual. The act of guiding uses certain information about an individual, and then harmonizes it with specific knowledge based on the expectations of the person (Borgen, 2002: 332). Decision-making in reproductive health by adolescents is one of the challenges facing them as entity group and guidance is required for this. School health nurses, in providing guidance to secondary school adolescents, are expected to possess certain qualities. These may include awareness of self, sincerity, a caring disposition, knowledge and ability to interface with others effectively, especially adolescent students, and the ability to exhibit the trust needed for good guidance activities (Mwamwenda, 2004: 356). The author argues that knowledge as an attribute may only be derived from the combination of training acquired in that respect, and experience garnered over time as individuals play the role of guide. School health nurses need to be well equipped in acquiring skills needed for effective guidance and acquire knowledge of the subject matter which forms the bedrock of the guidance activities.

Studies have found that confidentiality is critical to adolescents in their health seeking behaviour about reproductive health services.

In a study in New Zealand secondary schools, adolescents' choice of utilization of school health services was informed by the degree of confidentiality that can be enjoyed by them (Buckley, McDonald, Mason & Gerring, 2009: 29). It has also been found that adolescents would want to move away from any situation in which they feel uneasy, and so will choose services where confidentiality can be guaranteed (Smith & Stepanov, 2014: 42). The study on young people's views on the role of the school nurse in the United Kingdom found that confidentiality was identified as a critical factor that attracts young people to health services. They further indicated that they want school nurses who exhibit a sense of care and empathy to their needs (Council, 2011: 19).

CONCLUSION AND RECOMMENDATIONS

School health nurses lack adequate knowledge and skills needed for guiding adolescents in their decision-making about reproductive health. This gap in skills required shows that school health nurses require an intervention programme that will assist them in discharging this function effectively.

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