

**ANALYSIS OF COMMUNICATION ABOUT PUBERTAL CHANGES
BETWEEN SCHOOL NURSE AND ADOLESCENT GIRLS IN SELECTED
PRIVATE SECONDARY SCHOOLS IN ILE-IFE**

BY

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OSUN STATE NIGERIA.**

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DEDICATION

This thesis is dedicated to ALMIGHTY GOD, who by His favour kept me and by divine wisdom guided my footsteps. I am forever grateful.

And to all the members of my family for their consistent endurance and prayers throughout my period of study

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ABSTRACT

School nurses play significant role in communicating reproductive health information to adolescent girls especially during pubertal period which could help make the period less confusing. However, the role of school nurses in such capacity in Nigeria has received limited attention which this study set out to achieve. The study explored the communication process on pubertal changes that occurred between the school nurses and school adolescent girls with a view to investigate the content, methods and media of communication as well as identified the challenges encountered by the nurses in the course of communicating with school adolescent girls on pubertal changes.

A descriptive sequential mixed method was adopted for the study. A multistage sampling technique was employed to select 420 adolescent girls from five purposively selected private secondary schools in three local government areas of Ile-Ife. All ten (10) school nurses working in the selected private secondary schools were selected for the qualitative aspect of the study. Inclusion criteria include adolescent girls aged 10-18 years schooling in the selected schools with school clinics and school nurses. A self-developed and validated questionnaire and interview guide were used for data collection. Reliability co-efficient of the instrument was found to be 0.97. Quantitative data was analyzed using descriptive and inferential statistics (Spearman rho correlation and chi square), while qualitative data was subjected to content analysis using software Alpha 7 ti.

Results revealed that the school nurses and school adolescent girls has a mean age of 31.4 ± 6.0 and 13.6 ± 1.7 years respectively. The result showed that communication on pubertal changes is

not regular and frequent as 46.4% of the school adolescent girls were educated about physical body changes once in a session by the school nurses, 16.2% were taught about menstrual hygiene once a month while, 47.6% and 44.3% were never informed about sexual abstinence and teenage pregnancy prevention respectively. Frequency of school nurses' communication was found to significantly influence the school adolescent girls' knowledge of pubertal changes ($r=-0.099$; $p=0.043$). Group teaching was used to teach 40.5% menstrual hygiene while 40% were taught physical body changes using classroom teaching. Body odour (84.8%), vaginal itching (81.7%), emotional counseling (77.9%) and dysmenorrhoea (65.9%) were the major pubertal health complaints. Good knowledge of pubertal changes was observed among 80.7% of the school girls. Significant association was found between the adolescent girls' knowledge of pubertal changes and maternal educational level ($p=0.008$) and paternal educational level ($p=0.001$). Content analysis of the interviews revealed major challenges encountered by school nurses to be time constraint, topic censorship by the school management, and non availability of teaching/visual aids.

The study concluded that efforts should be made to promote school nurses involvement in pubertal education through the full implementation of the national policy on school health in order to promote the sexual and reproductive health of school adolescents.

CHAPTER ONE

1.1 Background to the Study

Health is considered as a personal and social value and in view of different nations, it has been considered as the most important and obvious rights and human needs. In line with achieving health, all the countries pay attention to all different groups of society. Among these groups, adolescence is of special importance (World Health Organisation, 2010). Adolescence is broadly understood as a period of physical, psychological and social maturity from childhood to adulthood. It is a time of rapid physical, cognitive, social, and emotional maturity as youngster prepares for adulthood. It represents the most crucial transition combining a general life adventure with a series of specific changes (World Health Organization, 2010). The major change is in this period which is so important and is considered as the turning point of adolescents, is puberty (Mitra, Nosrat, Golam-Reza & Hossein, 2013). Hamburg (1997) in Adegoke (2001) explained that adolescents have very special and distinct needs, which can no longer be overlooked and the development that takes place is generally uneven, in that physical maturity (puberty) may well be achieved in advance of psychological or social maturity. Monitoring and evaluating the effect of puberty on adolescent girls is very crucial because today's young girls are tomorrow's mothers and this can will determine their ability to play a key role in health status of themselves and community around (United Nation Children's Fund (UNICEF), 2001; Mitra et.al., 2013)

Studies have shown that mothers or families sometimes do not fully prepare their adolescent girls to face onset of puberty due to either embarrassment or ignorance or life commitments (McNeely, Nonnemaker & Blum, 2007; Sommer, 2009; Almuneef & Minhas, 2012). Studies

have shown that most of parents, educators and adolescents are not aware of health issue during puberty; whereas youths confront with many questions due to physical and psychological changes in this period and naturally they have many physical needs must be answered to (Abioye-Kuteyi,2000;Busari,2012).Many a time, parents cannot understand the challenge and pain their children go through in this process and often put the responsibility of informing their children on the shoulders of teachers who may ignore it as well and send them back to the parents(Mitra et.al.,2013). In such situation, this could result in getting the information from classmates, siblings, street talks, and mass media which could will lead to wrong or incomplete information and misunderstanding of the situation. Due to this unmet need, these adolescents can create problems for themselves and their parents and this put their physical, psychological, and social health at risk, which in turn could also affect the quality of their education (Almuneef & Minhas, 2012).

The school environment has been described as one of the unique settings for children and adolescents to learn and to live, as well as offering resources for promoting their health and development. Student's health status is directly related to his or her ability to learn, learners with unmet health needs have a difficult time engaging in the educational process, Wolfe (2006). Complications and problems of puberty era are easily preventable and health education is the most important and basic step in prevention and removing problems of this stage. The family and school are major two institutions that have the highest influence on formation of health behaviors in adolescents. In fact, behaviors of adolescents are a reflection of these two institutions' performance and both school and family should participate in educating puberty issues to youths (McNeely et al., 2002; Sommer, 2011). Schools have major role in education of

pubertal issues and are in charge of adequate preparation of adolescent girls for puberty after the family.

Evidence suggests that girls and boys are not receiving adequate guidance during the transition to adulthood, with girls lacking sufficient information on how to manage menses successfully in school (Abioye-Kuteyi,2000;Sommer,2009) and how to navigate sexual pressures from male peers and older men (Bearinger, Sieving,Ferguson &Sharma,2007).Therefore, targeting school girls at the time of adolescence is an appropriate strategy since it is the time when most of them feel curious to know about their bodily changes and most active learning phase takes place at this stage. It is incumbent on the education sector to make sure all learners are prepared for these changes. This may need the involvement of school health care provider usually the school nurses who can provide the needed information as well as provide health care for the various physical and psychological challenges of puberty (National Association of School Nurses, 2010).

However, studies have shown that few out of the numerous government owned secondary schools in the countries can boast of a school clinic (Ademokun, Oluwakemi, Osungbade & Obembe, 2014). Statistics from the National Study of the School Health System in Nigeria by Federal Ministry of Health and Federal Ministry Education in collaboration with WHO in 2003 and a statement of Federal ministry of health reported that only 17% out of schools in the country have school nurses (National School Health Policy, 2006) and those available were found in private owned schools (Ademokun et al.,2014).The study further explained that few out of the public schools in the country can boast of a first aid box which they described as being poorly equipped with necessary material to provide first aid care and this is usually given by the health teacher(Ademokun et al., 2014).Other studies carried out in the local area of the country also documented that few schools have school clinics and the ones available have several

shortcomings such as inadequate staff, unavailability of drugs and poor attitude of the staff (Omobuwa, Asekun-Olarinmoye & Olajide, 2012). It is therefore important for the government to

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