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A Phenomenological Study on The Understanding of Adolescent Decision-Making About Reproductive Health by School Nurses in Ijebu Ode Local Government of Nigeria

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ABSTRACT

This study examined the understanding of adolescent decision-making in their reproductive health making by school nurses. School nurses are expected to provide guidance to the adolescents in reproductive health to help them make informed decisions. Adolescence is a transitional stage imbued with a lot of intrigues and risks. These risks, sometimes, if not well managed may disrupt the process of growth and development of adolescents. The school nurses need to understand how the adolescents make their decision as this will enable them to discharge their professional duties effectively. The study adopted an exploratory, descriptive, and contextual qualitative design aimed at revealing what school nurses understand about how adolescents make decisions in reproductive health. The setting of the study was Ijebu Ode Local Government of Nigeria. The semi-structured interviews were conducted on the school nurses, school teachers, and the school health coordinator, while focus group discussion was used with school-based adolescents. Data analysis employed inductive content analysis. The subthemes that described the understanding of adolescent reproductive health decision-making by school nurses were inadequate knowledge of the concept of adolescence, and lack of adequate knowledge of reproductive health. The study concluded that school nurses would require an intervention programme in this direction.

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Introduction

School nursing is an essential component of nursing services. It aims at addressing the concerns of children in the schools, especially, the adolescents. Adolescence is a critical stage as it entails changes in the physical and socio-emotional dimensions which have their concomitant risks and prospects [1]. It is often seen as complex stage where one exits immaturity for adult life which is imbued with the aspirations and expectations of developing the potentials and achieving financial independence [2]. Evidence abound that adolescents are usually not well organized for this stage, and their decisions regarding their reproductive health may not produce the desired positive outcomes, and the collateral damages could be highly impactful as such, they need to be well guided in their decision making. School nurses are specialists that provide protective and promotive student health that facilitate normal development, and advances in academic success [3]. The school nurses need to understand the patterns of decision-making by adolescents, and their nuances in order to be in a vantage position towards making an appropriate intervention. The extant literature reveals that school nurses lack adequate understanding of adolescent decision-making process in their reproductive health [4]. Against this backdrop, this study was committed towards exploring the understanding of school nurses about how adolescents make their decision about their reproductive health in Ijebu Ode Local Government Area of Nigeria.

Research Question

What understanding of how adolescents make their decisions on reproductive health do school health nurses have in Ijebu Ode Local Government Area of Nigeria?

Material and Methods

The data collection methods used in this study were semi-structured interviews and focus group discussions. The semi-structured interviews were conducted on the school health nurses, school teachers, and the school health coordinator, while focus group discussion was used with school-based adolescents. The semi-structured interview is a means of eliciting information from the participants using a set of predetermined, open-ended questions which cover the areas of interest in the study [5]. The researcher has more control over this kind of interview than he/she would have over an unstructured interview. Using the semi-structured interview requires the researcher to develop, in advance, an interview guide that will be used toward shaping the process [5]. The focus group is a technique used in research to obtain information through group interaction [6]. The researcher embarked on the transcription of the data immediately after a few interviews. This helped a great deal in keeping track of the interviews, in that important issues and activities relating to particular interviews could be recalled. Data collected in the field through individual interviews and focus group discussions were transcribed 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 field notes were typed up, and the contents which were topic based were integrated into the main transcripts for data comprehensiveness. In coding the data, the approach developed by Aurebach and Silverstein was adopted by the researcher [7]. The coding procedure has three stages, and each phase has sub statements that constituted the steps that represent the activities that must be undertaken in order to actualize the coding.

The stages and their steps are as follows

1. Making the text manageable

Step A: Explicitly state your research concerns and theoretical framework.

Step B: Select the relevant text for further analysis. Do this by reading through your raw 89 text with step 1 in mind.

1. Hearing what was said

Step C: Record repeating ideas by grouping together related passages of relevant text.

Step D: Organise themes by grouping repeating ideas into coherent categories.

Results

This research question explored the school health nurses' knowledge and understanding of how adolescents make their decisions in reproductive health. Only one theme emerged in respect of this question and this centres on the issue of knowledge. Three sub-themes emerged from this main theme and they are as follows: inadequate knowledge of the concept of adolescence, lack of adequate knowledge of reproductive health, and poor knowledge of adolescent decision-making processes in reproductive health.

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| Theme | Sub themes |
|-----------|--|
| Knowledge | Inadequate knowledge of the concept of adolescence Lack of adequate knowledge of reproductive health Poor knowledge of adolescent decision-making process in reproductive health |

Having necessary knowledge is critical to school health nurses in order to be able perform the role of guiding adolescents in their decision making on reproductive health. The knowledge of how the adolescents make their decision in reproductive health is a prelude to coming up with a guidance support. Knowledge is described as a belief which is regarded as the truth and allows for justification (Hunt, 2003: 100). Jong (1996: 106) delineated four types of knowledge as these include:

Discussion

The first sub theme arising from this theme is the inadequate knowledge of concept of adolescence. School health nurses need to understand this concept very well before they can offer quality services to the individuals found in that stage. The disarticulated responses from the school health nurses offer some credible support to the school health nurses' poor knowledge of the concept of adolescence.

Okay, adolescence is a transformation from child hmmm... What would I call those children? child.... Anything above children level hmmm! Till then, till adulthood. You know, after adolescence, we move to adulthood. That is why I used 22 years the other time. So, adolescence is interval between the children stage and the adulthood (School 1 nurse)

You can say a boy or a girl at the end of childhood, and the beginning of the adulthood. The age range is between 12 and 18 years. But when it comes to adolescent, they want to take that decision themselves, they don't want anybody to guide them (School 8 nurse)

I may say adolescent is someone between the age of 13 and 18 years. There are some changes that happen to them physically and emotionally. It is a period of time when changes occur from childhood to I don't know how to put it It is a period of transition in a child. Let me say from childhood to adulthood (School 3 nurse)

Their responses clearly show that the knowledge of adolescence concept is not enough as to help them understand the intricacies associated with the stage. They demonstrated a scanty knowledge of physical development as they could not fully describe the features comprehensively. There were inconsistencies regarding the span of the period as some indicated that it terminates at 22 years while some said 19 years, and while some others anchored it on 18 years. They also exhibited the scanty knowledge on transformation that takes place during adolescence. The description was bereft of hormonal changes which set up series of physiological actions that inform the changes leading to puberty. The school health nurses were unable to describe the cognitive development that takes place during that time. This stage witnesses an upsurge in intellectual activities, and the ability of the individuals to engage in elaborate reasoning. The school health nurses mentioned freedom from control of their parents, and decision making as some of the features of this stage, however, they fell short of explaining the rationale for such features. They were unable to situate adolescent developmental activities in any of the contemporary perspectives such as psychoanalytic theory, psychosexual theory, cognitive theory and biological theory. Sexual identity or role transition is one of the features of this stage. Identity development in adolescence encompasses sexual identity formation, sexual exploration (kissing, intercourse or dreaming), and these help in negotiation of autonomy and intimacy [8]. Development between male and female adolescents is disproportionate as the female adolescent grows faster than her male counterparts. The females exhibit primary sex characteristics (growth of internal sex organs), and then secondary sex characteristics (pubic hair, breast buds). There is spurting in growth; hallmark of which is menarche. While the boys' primary sex characteristics are expressed in form of growth of the testes and penis followed by spermarche, and finally, the spurt [9]. Adolescents' cognitive development finds its expression in complex abstract thinking. This is described by Piaget as a formal operation i.e., a more advanced form of rationality with attendant cognitive role of possibilities [10]. Knowledge of the concept of adolescence is captured under conceptual knowledge which is needed to build the school health nurses for further knowledge especially, the procedural type. Adolescents constitute the pivot around which the school health nurses activities revolve. Adolescence is a stage of transition hence the school nurses' knowledge of it will assist in the planning of care for the individuals in the stage. Lenz posits that the adequate knowledge of the concept will enable school nurses to provide anticipatory guidance, health promotion, disease prevention and health maintenance activities to adolescents [11]. The knowledge obtained from training school may not be as elaborate as to take into consideration all the necessary strands

of the concept of adolescence. From their responses, all the school health nurses are registered nurses who possess basic qualifications in nursing with no additional training tailored toward the knowledge of adolescent development. A study on sexual health toward meeting adolescents' needs provide a corroboration to this assertion. The findings reveals that the nurses working in key sexual health services tend to be registered nurses whose knowledge of adolescent development is limited thereby leading to compromised adolescent care [12]. Limited knowledge of adolescent development will lead to poor sexual health services. It has been demonstrated that school nurses with deficient skills in children and adolescents' progress and problems were unable to have accurate assessment of the developmental landmarks of adolescents [13].

Lack of adequate knowledge of reproductive health.

Reproductive health is one of the areas school health nurses should demonstrate their competence in view of their roles and responsibilities as enunciated in the National School health Policy [14]. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes [15]. The aggregate of responses of the school health nurses on what reproductive health is reflect their poor knowledge and understanding of the issue. One school nurse responded as follows:

... are you talking about the menstrual... (Long silence before answering) [School 8 nurse]

The above response followed some pause or silence. The silence as depicted shows that the participant was short of what to say as an answer to what reproductive health is about. The school health nurse indexed reproductive health as menstruation which is just its fractional part. The health talk on menstruation did not portray imparting any knowledge concerning how the students could determine their safe periods toward guiding against unwanted pregnancies even though they claimed that their health education activities have sex education component. The focus on menstrual hygiene was further buttressed by the responses from another school health nurse.

We tell them about menstrual care, we tell them things to be expected as they are growing up, you know, the other time I said they are transforming from childhood to hmm...; ours is just to go there and give the health talk (School 1 nurse).

Menstruation is a monthly shedding of blood from the female reproductive tract. It is part of the reproductive process of humans. Indexing reproductive health by menstruation was an attempt to diminish what reproductive health represents. None of the school health nurses could give apt description of reproductive health; however, some were able to demonstrate some of the vital components of adolescent reproductive health.

We give health education to students in relation to their reproductive system. Then, how they can prevent unwanted pregnancy, sexually transmitted diseases (School 1 nurse).

In spite of this knowledge demonstration, a good number of them were less familiar with those components and what adolescent reproductive health encompasses. This, in essence, shows that they have not been well trained in handling reproductive health issues. The responses of other school health nurses provide some support to the fact that they were not knowledgeable enough about reproductive health issues.

... Reproductive health...I don't think ... Hmm... (No answer) [School 2 nurse]

Reproductive health! (Remaining silent) ... it is based on transition and changes that occur. It ... I can only say is just a stage of transition (School 3 nurse)

Reproductive health... has a large definition... But I will quickly say is transformation from childhood to adulthood that is reproductive health in which the students will attain certain age to become adult. This reproductive issue, some will get to the period of their menarche (School 4 nurse)

Reproductive health is about a male and female having relationship together to give birth to young ones. It is about how male and female relate to give birth to young ones (School 5 nurse)

Reproductive health... reproduction is a means of reproducing... and health is a state of physical, social and mental wellbeing. If you are not healthy, you would not be okay sexually. So, reproductive health is health mixed with reproduction? (School 7 nurse).

The responses offered by the school health nurses were borne out of the meaning and understanding they constructed as to what reproductive health stands for, and which, invariably, inform their activities in reproductive health. Their construction was, by no means, a reflection of what the conceptual knowledge denotes. Adolescent reproductive health is an offshoot of reproductive health, and attracted the global attention for the first time during an International Conference on Population Development in Cairo [16]. The conference directed its efforts toward promoting reproductive health, and by extension, adolescent reproductive health. Adolescent reproductive health focuses on addressing issues that could constitute ill health to the adolescents such as unwanted pregnancies, unsafe abortion, sexually transmitted infections including HIV/AIDS, and all forms of violence and coercion [17]. Poor knowledge of the central issues adolescent reproductive health addresses will compromise prompt responses of the school health nurses to their expectations. Finding from a study on nurses-midwives' attitude toward adolescent sexual and reproductive needs in Kenya and Zambia show that the nurses-midwives frowned on activities involved in the adolescent reproductive health ranging from masturbation, contraception to abortion while the nurses-midwives with more education and those who had received continuing education on adolescent sexual and reproductive issues were more receptive and showed better understanding of the essence of adolescent reproductive health [18]. The school health nurses' inadequate knowledge of adolescent reproductive health as indicated in their responses may result in sub-standard services rendered to the adolescents in their respective school environment.

Poor knowledge of adolescent decision-making process in reproductive health. This is the third sub theme that emerged from the theme (knowledge). Adolescent decision making is a complex issue. Their decision-making process is different from that of adult as it entails some risks. The pervasive aura of invulnerability precipitates them to experiment on a lot of things especially the risky ones, and their propensity to be adventurous is high. The responses of school health nurses on their understanding of how adolescent make their decisions moved toward the direction of its lack of adequate knowledge.

Some of them make their decision based on discussion made with their friends or silence... (School 1 nurse)

Most of the time, they are always under the influence of peer

pressure. They don't really communicate. They trust their own circle. They trust their own circle so much so that they make decisions under the influence of peer pressure (School 3 nurse)

The above responses did not reflect the process of decision making by adolescents in their reproductive health rather the influence of peer group on decision making was highlighted. Peer influence is one of the factors that modulate the decision making of adolescents. The responses did not indicate the point or level at which peer influence will factor in during the decision making. Some segments of the excerpts emphasize that adolescents believe or have trust in their friends. The explanation on this was not offered thereby leaving an impression that they were only aware of the influence of peers but did not understand why adolescents prefer or placing their trust in peer group, rather than their immediate family members. It has been found that one of the developmental tasks of individuals during adolescence is to disaffiliate from family and seek recognition among the peers. Individuals who are from a dysfunctional family tend to be more porous to peer influences in their decision making, and they tend to exhibit the same sexual behaviour their peers are associated with [19]. The neuro-biological explanation for peer influence has to do with how the changes in reward processing system on adolescents' risk taking. Peer related stimuli sensitize the reward system to respond to the reward value of risky behaviours. The stimuli become activated as a result of a prolonged association with peers [20].

Further responses on how adolescents make their decision on reproductive health show that the school health nurses are bereft of this knowledge. Some responses overtly underscored this assertion, while some were subtle as they attempted to provide plausible explanations.

The knowledge I have? I am not a counsellor; we have counsellor in the school (School 8 nurse)

No answer. I don't think I know that (School 2 nurse)

Silence, not really (School 6 nurse)

The responses above showed that those school health nurses did not have an idea of adolescent decision-making process. This is a function of the fact that the roles they mainly perform have to do with formalized tasks. As noted earlier in the discussion of the findings of this study, school health nurses undertake responsibilities that are more routinized in nature. These are predictable tasks with which they have been identified. The role of guiding adolescents on their decision making on their reproductive health falls within the domain of adaptive prescription which arises as a result of changes in technology, changes in the needs of consumers, and new trends in social and health concerns. There was a need to be responsive to the adolescent risky decision making which has led to the increase in mortality and morbidity arising from poor choices in their reproductive health. This has compelled the stakeholders and researchers to look beyond the regular provision of sex education, and reproductive services which only increase their awareness and prevention of sexually transmitted infections through the provision of contraceptive materials but do not actually address their decision making which is regarded as one of the vital life skills. Life skills are activities that help individuals to adapt and cope productively with the demands and challenges of life.

Some responses captured the efforts of the school health nurses at attempting to reason out what decision making was all about. Incidentally, they could not go far with it.

There are some students that students that are sexually... I have forgotten. This promiscuity of a thing... But then we need to call them to order on that... We explain to them... The effect of ... preventive measure (School 4 nurse)

I think decision making is when someone says this is the way I want to do my things (School 5 nurse)

Decision making...for one to make an informed choice, may be after counselling or you to decide on what to do...eh...so... that is decision making, you decide on what to do on your own (School 7 nurse)

In the course of explaining decision making process among the adolescents in reproductive health, the responses of some of the school health nurses were disharmonized. One, for instance, may find it difficult to link decision making to promiscuity in the context of the responses provided by one of the school health nurses. Some other responses may be seen in the light of decision-making; however, they lacked depth and focus. The aggregate of the disjointed responses is a clear demonstration of lack of adequate knowledge of adolescents' decision-making process in their reproductive health. Understanding the process of decision making requires that the individuals are well grounded in its knowledge and the process. Decision making entails choosing from a pool of options or alternatives toward a particular action based on some given criteria or strategies [21]. Adolescent decision making involves a lot of risks and outcome of which may be devastating. A risky decision involves a choice which its end result may not be too positive for the decision maker.

Conclusion

The outcome of this study indicated that school nurses did not really have a grasp of how adolescents make their decisions on their reproductive health. The import of this is that school nurses will not be able to discharge their professional duties toward adolescents in the area of reproductive of health. The findings of this study will further sensitize them as to how to respond to the sexual reproductive needs of adolescents.

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