



## The preparation of child health nurses in sexual health education: An exploratory study

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### SUMMARY

There are very high rates of pregnancy and sexually transmitted infections in the teenage population in Scotland. The Scottish Government recommends that child health nurses working alongside education professionals should be addressing these issues. The aim of this study was to explore the nature, type and experience of educational provision student nurses gain during their undergraduate programme to help them deal effectively with the sexual health needs of children and young people with whom they are involved.

Thirteen students from two third year cohorts of a child health pre-registration nursing programme took part in this qualitative, phenomenological study. Focus groups ( $n = 2$ ) were undertaken to gather data and to develop emerging themes. Four themes are reported: “greater knowledge and expectations” “variation in practice affects the variety of experience” “sexual health should be part of the role” and “need to be better prepared”.

The students reported on their previous experiences of sex education and about differences in practice whilst out on a variety of placements. Most of the students believed that delivering sexual health education to young people was the nurse’s role however there appeared to be a consensus that they did not have sufficient knowledge of sexual health to achieve this.

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### Introduction

Many policy imperatives state that nurses should be tackling the issues around sexual health. “A Scottish Framework for Nursing in Schools” (Scottish Executive, 2003) clearly documents the nature of the nursing service that should be delivered to children and young people in Scottish schools. It recommends that nurses working in schools should support teachers in the planning, implementation and delivery of sex education programmes. “Respect and Responsibility: strategy and action plan for improving sexual health” (Scottish Executive, 2005a,b) states that it is vital that sex and relationships education is supported by accessible health services for young people and recommends that NHS Education for Scotland will, in conjunction with practitioners, develop training and resources to enable the further extension of nurse-led sexual health services in primary and secondary care. “Delivering a Healthy Future: An Action Framework for Children and Young People’s Health in Scotland” (Scottish Executive, 2007) suggests that NHS staff working with children should have access to diverse, tailored education, which needs to start pre-qualification and continue throughout their professional career.

### Background

Scotland along with the rest of the United Kingdom continues to have one of the highest rates of teenage pregnancy in Western Europe (Scottish Executive, 2007). The target, set by the Government, is to reduce the pregnancy rate by 20% (per 1000 population) in 13–15 year olds from 8.5 in 1995 to 6.8 by 2010 (Scottish Executive, 2007). Due to the continuing rise of teenage pregnancies and rates of sexually transmitted infections (STIs), much work has been conducted regarding interventions in the prevention of teenage pregnancy and improved sexual health education for young people. ISD (2006) states that the rate of teenage pregnancies has risen for those under 20 years of age from 55 in Scotland in 1994 to 59 per 1000 in 2006 and in England and Wales from 59 to 60 per 1000. The Health Protection Agency’s Annual Report (2006) compares statistics from 1998 and 2006 of all new STI episodes seen at Genito-Urinary Medicine clinics in the United Kingdom. It states that new cases of HIV have risen from 1540 in 1998 to 5949 in 2006, genital Chlamydia infection 48,726 to 121,986, Ano-genital warts 70,291 to 89,838 and Syphilis 139 in 1998 to 2680 in 2006. The Scottish Executive (2005a,b) funded a national health demonstration project, Healthy Respect, which was set up following the White Paper on Health (Scottish Executive, 1999) to look at ways of supporting young people to make positive choices about their sexual health and wellbeing. The

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delivery of Sexual Health and Relationship Education (SHARE) in Scottish schools, even although it sits within the curriculum, is dependant to some extent on the importance the school places upon it. It is normally conducted by class teachers in primary school and by guidance teachers in secondary school. These teachers will work alongside School Nurses and other professionals who work with young people in the field of sexual health. SHARE training (a six day course) is delivered by Health Scotland and is available for all of these professionals.

## Literature review

The initial review of the literature was undertaken by searching the key databases of CINAHL, MEDLINE and British Nursing Index. A variety of search terms were used individually and in combination. These included: sex education, health promotion, nursing, children and young people, nurse education and pre-registration curriculum. The search time-frame spanned 10 years (1997–2007). It was predominantly UK literature, which was accessed in an attempt to look at the issues from a national perspective.

Scottish Executive policies (2003, 2005a,b) have consistently asserted that School Nurses should be actively involved in the promotion of a positive approach to sexual health and relationships although it is acknowledged that there is a need for adequate preparation for the role. One way of achieving this was the development of closer links between schools and the expertise available from health services.

Child Health nurses are involved in young peoples' sexual health services and require appropriate education to enable them to relate to young people. Chambers et al. (2002) study suggested that health professionals should be sufficiently educated to be more sensitive in relating to young people, however, where and how this type of education and training is to be achieved is not addressed. However with only 33% of young people responding to the first round of the postal questionnaire and 25% to the second, the sample used in this study cannot be considered as representative. Other studies identified that the teaching of sex education should be multidisciplinary to include School Nurses (Baraister and Wood, 2001). This study explored the barriers to multidisciplinary sex education in schools but could have researcher bias as both researchers were involved in the provision of sexual health education in the area and this may have influenced their interpretation of the data.

Findings from a study looking at the role of student nurses and sex education identified that there needs to be a curriculum for nurses that facilitates inter-professional learning to enable them to acquire the knowledge and skills for health promotion practice (Holt and Warne, 2007). This was a small scale exploratory study to explore how student nurses in one university prepare for this health promoting role in practice so their findings cannot be generalisable. Another study by Treacy and Randle (2004) concluded that more education and training was required for student nurses to effectively begin to address sexuality in their client group. This qualitative study explored nursing students' attitudes towards the sexuality of children with special needs ( $n = 8$ ) in their third year of a Masters Nursing programme. The students felt that they needed more lectures on sexuality in childhood and that this should take place within their nursing programme. The fact that this was a small sample size, which lacked diversity decreased the transferability.

Studies by McFadyen (2004) and Whitmarsh (1997) showed that 75% ( $n = 126$ ) of School Nurses are actively involved in teaching sex education to school pupils and require to develop their skills to enable them to fulfil their role. The first of these studies was conducted using a postal questionnaire to School Nurses

throughout Scotland, however there was sample bias, as two NHS trusts did not respond. The sampling of the second study ( $n = 40$ ) was self-selecting and therefore was not considered to be truly representative of the School Nurse population with the belief that only those who were motivated responded.

As we are all sexual beings with a need to express our sexuality, sexual health is an important issue when working with children and young people and is often seen as a taboo subject (Glasper and Richardson, 2006). It is therefore necessary for child health nurses to be sensitive to the young person's needs and uneasiness around their sexuality. Although, the literature which has been reviewed states clearly the role of child health nurses in delivering sexual health education, there are no empirical studies which indicate whether child health nurses are adequately prepared within their programme for the challenges of providing sexual health education, promotion, advice and support to children and young people.

This study aimed to explore the nature, type and experience of educational provision student nurses gain during their undergraduate programme to help them deal effectively with the sexual health needs of children and young people with whom they are involved. A qualitative, phenomenological study was undertaken in order to achieve this. The decision was taken to explore the views of third year student nurses undertaking a three year pre-registration child health nursing programme. It was believed that by this stage of their programme, they had received most of the theoretical and practical input and would have the most to contribute to the study.

## Method

### Design

The aim of the study was to explore the student nurse's lived experiences of the nature, type and experience of educational provision they gained during their undergraduate programme therefore the phenomenological method was used. A phenomenological approach to qualitative research is thought to be a rigorous, critical and systematic investigation of phenomena (Bryman, 2008). The goal of phenomenology is to describe the lived experience and for the purposes of this study this will be the input the student nurses have received in their programme to enable them to deal with the challenges of sexual health issues in practice.

### Ethical considerations

The prospective sample was year three students on the pre-registration child health nursing programme. At the time of recruitment the students were re-assured that no harm would come to them, that there was a risk that the topic may cause them some discomfort, that data collection would take no more than 1 h, that they were free to withdraw from the study at any time and that participation or non-participation would not affect their progression on the course. To ensure confidentiality of data, students were informed that the data would be anonymised, stored in a secure place to which only the researcher would have access and be destroyed on completion of the study. Ethical approval was granted from the University Faculty's Ethics Committee prior to commencement of the study.

### Sample

Purposive non-probability sampling was used to recruit the participants for the study. A participant's information sheet was distributed to the students in two cohorts following which, they

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