Attitudes and Beliefs of
Parents, Teachers and School Nurses
Towards School-Based Sexual and
Reproductive Health Education
Programs in Oman

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Outline

1. Introduction
2. Methodology
3. Results
   1. Qualitative
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4. Discussion and Conclusion
1: Introduction

Role of Sexual and Reproductive Health Education (SRHE) programs globally:

Policy & Guidelines:
- WHO (2018, 2006); UNSCO (2018); Public Health Agency of Canada (2008); USA Sexuality Information and Education Centre (2008).

Health & Disease:
- Chin et al., 2012; Kirby et al., 2011; UNESCO, 2018; WHO Europe, 2010.

Parental:
- Grossman et al., 2014; Kirby & Miller, 2002; Turnbull et al., 2008.

Adolescent period:

Established in many secondary schools internationally:
Introduction

Middle East + Oman:
- No school-based SRHE programs
- Culturally and socially sensitive
  (DeJong et al., 2005; Jaffer et al., 2006; Oman MOH, 2010; Roudi-Fahimi & El Feki, 2011)
- Influence of Media & Role of parents and school in SRHE
  (Alquaiz, Almuneef, & Minhas, 2012; Farrag & Hayter, 2014; Gańczak et al., 2007; Jaffer et al., 2006; Oman Ministry of Education, 2015; Oman MOH & WHO, 2012, 2013)
- 100 new HIV cases annually (50% + in young people aged 20–35 years)/Viral hepatitis

Studies regarding school-based SRHE programs:
- Mainly conducted in Iran
  (Roudsari et al., 2013)
- Using small sample sizes and singular design
- Female nurses, female teachers and of mothers

Reproductive Health Knowledge, Attitudes and Behaviours of Adolescents in the Middle East:
- Most adolescents lack knowledge on HIV/AIDS, STIs and other sexual health matters.

Islamic Sexual and Reproductive Health Belief and Practices:
- A high prevalence of premarital sexual activity.

(Oman (Jaffer et al., 2006; Oman MOH & WHO, 2005, 2012; Oman MOH, 2010); United Arab Emirates (Gańczak et al., 2007); Kingdom of Saudi Arabia (Alquaiz et al., 2012); Iran (Mosavi, et al., 2014; Tavoosi, Zaferani, Enzevaei, Tajik, & Ahmadinezhad, 2004; Yazdi et al., 2006)
Research Aim:
Examine the attitudes, and beliefs of parents, teachers and school nurses regarding school-based SRHE programs in Oman.

Theoretical Framework:
Social Cognitive Theory, adaptation of the psychological model developed by Bandura (1977; 1986; 2001)

2: Methodology
**Sampling Approach**

**Phase 1**
- 3 key stakeholder groups:
  - female school nurses
  - teachers (male and female)
  - parents (mothers and fathers)

- FGDs
  - 7 Homogenous focus group discussions guided by a pre-piloted set of semi-structured interview questions

- Convenience sampling approach:
  - 5-9 persons in each group drawn from two public pre-secondary schools grade 5-10 (one boys' school and one girls' school)

**Phase 2**
- Convenience sample (n=250 parents)
  - Drawn from Phase 1 two public pre-secondary schools grade 5-10

- Self-administered questionnaire; survey sample size formula (confidence level of 95%, confidence interval of 5%; n=800)

**References**
- Phase 1: Creswell, 2009; Kirby et al., 2007; McKay et al., 2014; Roudsari et al., 2013
- Phase 2: Creative Research Systems, 2007; Fink, 2003; Oman: Jaffer et al., 2006; Mabry et al., 2007; Oman MOH & WHO, 2012; Creswell & Clark, 2007; Fink, 2003; Fink, 2009

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**Interview Guides and Instrumentation**

**Phase 1**
- WHO "Topics for Individual In-Depth Interviews and Focus Group Discussions: Partner Selection, Sexual Behaviour and Risk Taking" (Ingham & Stone, 2002)
- Modification through a review of relevant Middle East literature
- Content validated and used by researchers in MENA + SE Asian countries
- Assessed by Oman Ministry of Education
- Content Validation: assessed by two independent assessors

**Phase 2**
- Quantitative self-administered questionnaire:
  - "Survey on Parent Attitudes towards Sexual Health Education" (Weaver, Byers, Sears, Cohen & Randall, 2002)
- Modification from Phase 1 result + Middle East literature (Annotated Survey)
- Assessed by Oman Ministry of Education
- Assessed by two independent assessors
- Content validated + internal consistency of 0.86 (Byers et al., 2008) and 0.90 (Byers & Sears, 2012) + SRHE studies
- Items after modification ($\alpha=0.80$)

**References**
- Phase 1: Iran (Mohammadi et al., 2006; Mosavi et al., 2014); China (WHO, 2015); India (WHO, 2015); Kenya (WHO, 2015); Nigeria (WHO, 2015); Tanzania (WHO, 2015); Thailand (Sridawruang et al., 2014)
- Phase 2 RHE studies: (Advisory Committee on Family Planning, 2008; Byers & Sears, 2012; Byers et al., 2008; McKay et al., 2014)
Data Analysis

Phase 1

- Thematic analysis: NVivo qualitative research software
- FGD data was transcribed, identified, reduced and coded and categorised into themes.
- Within group analysis + cross groups analysis
- Rigor: Credibility, transferability, triangulation and conformability

Phase 2

- Statistical package for social sciences (SPSS) version 24.0
- Descriptive statistics including mean and standard deviation (SD)
- Parametric statistics including t-test + ANOVA (A Post Hoc test)

References Phase 1: (Braun & Clarke, 2006; Cresswell, 2007; QSR International, 2015; Carey & Asbury, 2012) + Rigor: (Hoskins, 2004; Lincoln & Guba, 2005, 1985)

Ethics ...

Approved October 2015

1. RMIT Science Engineering & Health College Human Ethics Advisory Network (CHEAN) (Reference No. BSEHAPP 40-15)
2. Oman Ministry of Education
3: Results

Phase 1: Qualitative Results

Table 4.3.1: Parents’ Data: Themes and related subthemes

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-Themes</th>
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<tbody>
<tr>
<td>1. Support for School-Based SRHE in Oman</td>
<td>Benefits of school-based SRHE programs for adolescents…adolescents do not know</td>
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<td></td>
<td>Parents’ attitudes toward content of SRHE programs…current sexual health information is superficial and biologically related</td>
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<td>Adolescents’ sources of sexual and reproductive health information…bad friends, social media, and smartphone</td>
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<td>2. Designing SRHE Curriculum</td>
<td>The attitudes of parents toward aligning SRHE programs with Islamic beliefs</td>
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<td>The attitudes of parents toward appropriate age for SRHE programs…should be started gradually</td>
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<td>The attitudes of parents toward appropriate person to teach SRHE programs…needs to be conducted by qualified educators</td>
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<td></td>
<td>Teaching approaches for SHRE programs…use of books, CD, lectures, and videos, and involve parents</td>
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<td></td>
<td>Sexual and reproductive health topics</td>
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<td>3. Personal Facilitators and Barriers</td>
<td>Attitudes of parents toward discussing sexual matters with opposite genders…feeling shy discussing with opposite genders</td>
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<td>Parents’ perceptions of sexual discussion as a socio-cultural taboo</td>
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<td>Parents’ attitudes toward Islamic religious views of SRHE programs…Islam does not conflict with SRHE</td>
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<td>4. System Facilitators and Barriers: Need for Support</td>
<td>Parents’ perceptions of system facilitators and barriers toward delivering SHRE at home…personal lack of knowledge, lack of time, and the need for SRHE training.</td>
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Phase 1: Qualitative Results

Parents

The attitudes of parents towards aligning SRHE programs with Islamic beliefs

• “I agree with introduction of school-based SRHE programs for Omani adolescents... However, we should know about the content of these programs. It should match with Islamic religion and beliefs” (M2).

• “The person who delivers SRHE should consider the beliefs of Islamic religion” (F6).

The attitudes of parents toward appropriate person to teach SRHE programs

• “I think that SRHE should be conducted using specialized educators who receive a SRHE training” (M6).

• “Specialized educators who have sexual health skills and knowledge should conduct SRHE” (F1).

Phase 2: Sample of Quantitative Results

241 questionnaires were returned (125 mothers and 116 fathers)
Two of fathers’ questionnaires were excluded/N = 239 (final response rate = 95.56%).

SRHE should be provided in the schools

SRHE should be matched with Islamic rules and regulations.
Phase 2: Sample of Quantitative Results

Sexual and reproductive health education that is appropriate for adolescents’ age and developmental level should start in:

- There should be no sexual and reproductive health education in schools
- Grades 1–4
- Grades 11–12
- Grades 5–10

The quality of SRHE parents had provided to their adolescents.

I have adequate scientific information to provide SRHE for my adolescents.
Discussion and Conclusion

• New research findings on school-based sex education (first-time baseline data)

• The strong parental, school teachers and school nurses support for introduction of school-based SRHE programs

• Islamic beliefs
• Gender Issues
• Need for Support (SRHE training)

• Reducing risky sexual behaviors among adolescents (STIs and adolescent pregnancy)

• Implications for future efforts to change policy: Creating a secondary school-based SRHE policy
OUTPOINTS: Experiences and Workshops

Completed Post-Graduate Courses:
1. Research subjects: Research Method, Independent Study and Evidence for Practice
2. Melbourne University/Public Health subjects: Sexual and Reproductive Health, Sexually Transmissible Infections and Health Policy

RMIT Workshops:
1. Completed Both Research Integrity and Human Research Ethics models
2. HDR induction sessions
3. Methodology seminar
4. Human Research Ethics Workshop
5. ASMR Victoria Student Research Symposium
6. HDR Millstone seminars
7. Nivo and Statistical workshops

Academic Experiences:
1. 2014-present: Lecturer, Adult and Critical Care Department, College of Nursing, Sultan Qaboos University, Oman.
2. 2014: Member, Research and Ethics Committee, College of Nursing, Sultan Qaboos University, Oman.
3. 2014: Member, Clinical Simulation Committee, College of Nursing, Sultan Qaboos University, Oman

Academic Education:
1. 12/2013: Master of Advanced Nursing Practice (MANP), University of Melbourne, Australia.
2. 12/2012: Post Graduate Diploma of Nursing (Critical Care), University of Melbourne, Australia
3. 2010: Certificate of confirmation of successful completion of Nursing Internship Training Program for a period of six months, Mr Master University in Hamilton Ontario, Canada.
4. 07/2009: Bachelor of Nursing (BSN), College of Nursing, Sultan Qaboos University, Muscat, Sultanate of Oman.


SELECTED REFERENCES:
