

Outline

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









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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:

• CDC, 2013; Kirby et al, 2011; Public Health Agency of Canada, 2008.

Established in many secondary schools internationally:

• Bleakley, Hennessy, & Fishbein, 2006; Ingham & Hirst, 2010 UNSCO, 2018.





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

(Oman AIDS Organisation, 2015; Oman MOH & WHO, 2018).

Studies regarding schoolbased SRHE programs:

- Mainly conducted in Iran (Roudsari et al., 2013)
- Using small sample sizes and singular design
- Female nurses, female teachers and of mothers





Introduction



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.

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)

Islamic Sexual and Reproductive Health Belief and Practices:

A high prevalence of premarital sexual activity.

(Farahani, Cleland, & Mehryar, 2011; Mohammodi et al., 2006; Mohtasham et al., 2009; Vakilian, Mousavi, & Keramat, 2014)







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 semistructured 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 presecondary 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

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 (α=0.80)

References Phase 1: Iran (Mohammodi et al., 2006; Mosavi et al., 2014); China (WHO, 2015); India (WHO, 2015); Kenya (WHO, 2015); Nigeria (WHO, 2015); Thailand (Sridawruang et al., 2010)

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 ttest + 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

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Phase 1: Qualitative Results



Themes	Sub-Themes
1. Support for School- Based SRHE in Oman	Benefits of school-based SRHE programs for adolescentsadolescents do not know Parents' attitudes toward content of SRHE programscurrent sexual health information is superficial and biologically related Adolescents' sources of sexual and reproductive health informationbad friends, social media, and smart-phone
2. Designing SRHE Curriculum	The attitudes of parents towards aligning SRHE programs with Islamic beliefs The attitudes of parents toward appropriate age for SRHE programsshould be started gradually The attitudes of parents toward appropriate person to teach SRHE programsneeds to be conducted by qualified educators Teaching approaches for SHRE programsuse of books, CD, lectures, and videos, and involve parents Sexual and reproductive health topics
3. Personal Facilitators and Barriers	Attitudes of parents toward discussing sexual matters with opposite gendersfeeling shy discussing with opposite genders Parents' perceptions of sexual discussion as a socio-cultural taboo Parents' attitudes toward Islamic religious views of SHRE programsIslam does not conflict with SRHE
4. System Facilitators and Barriers: Need for Support	Parents' perceptions of system facilitators and barriers toward delivering SHRE at homepersonal lack of knowledge, lack of time, and the need for SRHE training.



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).



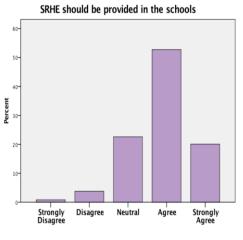
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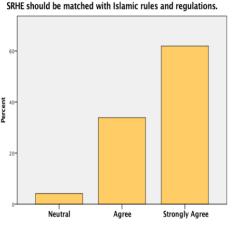


Phase 2: Sample of Quantitative Results



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



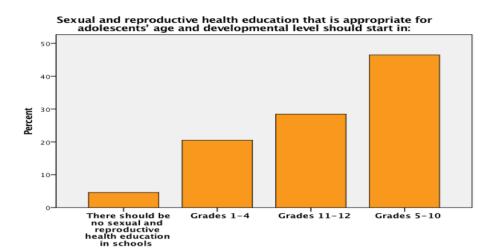






Phase 2: Sample of Quantitative Results





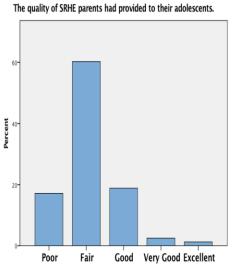




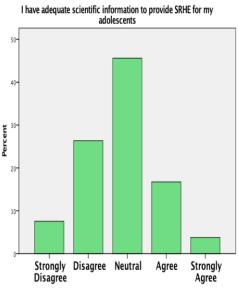
Phase 2: Sample of Quantitative Results

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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)





Discussion and Conclusion



- Reducing risky sexual behaviors among adolescents (STIs and adolescent pregnancy)
- Implications for future efforts to change policy: Creating a secondary school-based SRHE policy





OUTPUTS: 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. Nvivo 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
- 2010: Certificate of confirmation of successful completion of Nursing Internship Training Program for a period of six months, Mc Master University in Hamilton Ontario, Canada.
- 4. 07/2009: Bachelor of Nursing (BSN), College of Nursing, Sultan Qaboos University, Muscat, Sultanate of Oman.

Licensures: 2011-present: California, U.S RN license 07/2009- present: Oman RN license



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