ISLAMIC PARENTS' ATTITUDES AND BELIEFS TOWARDS SCHOOL-BASED SEXUAL AND REPRODUCTIVE HEALTH EDUCATION PROGRAMS IN OMAN.

<u>Omar Alzaabi</u>^{1, 2}, Margaret E. Heffernan ³, Eleanor Holroyd ^{4,5} and Mervyn Jackson ⁶

School of Health and Biomedical Science, RMIT University, Melbourne, Australia, Alzaabi8@yahoo.comm; Department of Adult Health and Critical Care, College of Nursing, SQU, Muscat, Oman; College of Business, RMIT University, Melbourne, Australia, margaret.heffernan@rmit.edu.au; Auckland University of Technology, Auckland, New Zealand, eleanor.holroyd@aut.ac.nz; School of Nursing and Midwifery, Aga Khan University, East Africa; Discipline of Psychology, School of Health and Biomedical Sciences, RMIT University, Melbourne, Australia, merv.jackson@rmit.edu.au

Background: School-based sexual and reproductive health education (SRHE) programs play an important role in reducing adolescents' sexual risk behaviour and promoting health and well-being. There is limited evidence regarding the attitudes and beliefs of parents toward implementation of school-based SRHE programs in Islamic cultural settings. The aim of this study, underpinned by Social Cognitive Theory, was to examine the attitudes and beliefs of Omani parents, school teachers and school nurses regarding school-based SRHE programs.

Methods: A mixed-method was applied in this study. In phase one, school nurses, teachers, and parents were invited from 15 urban public pre-secondary schools to participate in seven focus group discussions. In phase two, a convenience sample of 250 parents comprising an equal number of mothers and fathers of children aged 12 to 14 years (grades 7 to 9) was drawn from two urban public pre-secondary schools. They were invited to complete a paper-based self-administered questionnaire in Arabic language.

Results: Four major themes were emerged from the thematic analysis: 1) support for school-based SRHE in Oman, 2) designing SRHE curriculum, 3) personal facilitators and barriers, and 4) the need for support. Findings revealed the majority of parents (72.8%) supported school-based SRHE programs providing it incorporated Islamic scriptural rules and regulations but there was some opposition. Almost all parents supported comprehensive age-appropriate SRHE being taught to students aged 10 to 15 years including topics perceived as controversial in Omani culture. Most parents, teachers and school nurses reported that the lack of sexual health knowledge and the need for SRHE training.

Conclusions: Our conclusion proposes that the evidence of strong support for SRHE programs can facilitate education policy, SRHE curriculum decision-makers and school healthcare-providers in Oman, other Middle Eastern countries and countries with Muslim immigrant populations.

Acknowledgments: All authors contributed to finalizing the manuscript. The authors do not have any financial or nonfinancial competing interests for this review. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. Acknowledgement is given to the Oman Ministry of Education and Omani Schools who supported this study. We also thank the parents, school nurses, and school teachers who participated in this study.

Human Subjects Approval Statement: Ethical approval was obtained from the RMIT University Science Engineering & Health College Human Ethics Advisory Network (Reference No. BSEHAPP 40-15) and from Oman Ministry of Education.