

# Preparing for growing up

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In Glasgow, a health education project currently involving 18 secondary schools has been developing over the past four years. It covers aspects of physiology, sexually-transmitted diseases, contraception, childbirth, and parenthood. The sessions take place in the Glasgow Royal Maternity Hospital, thereby introducing the pupils to the hospital staff whom they will later meet as adults.

A number of years ago, a group of Home Economics teachers from secondary schools in Glasgow worked to produce a Parentcraft programme. In September 1979 the Glasgow Royal Maternity Hospital, based in the Eastern District of the City, was approached by one of these teachers with a request for a midwife to visit her school and co-operate with the teaching staff in presenting relevant parts of this programme to some of the 14-year-old girls. The girls in the school had been asked what questions they would like answered, and the following list of queries was produced:

- Why should anyone attend an ante-natal clinic?
- How soon can a doctor confirm pregnancy?
- Will your doctor tell your family if you don't want him to?
- What is the latest time for pregnancy termination?
- How can smoking, drinking, and drug-taking harm an unborn baby?
- Why are girls immunised against German measles?

- At what stage of development of an unborn child do ears, eyes, and nails appear?
- What makes babies look like their parents?
- Can you choose what hospital you want to go to, to have a baby?
- Is having a baby very painful? Can you get pain-killing injections during delivery?
- Can your husband or mother come with you to the clinic or be at the delivery?
- What is meant by "breach birth" and "section"?
- Is breast-feeding best?
- What is VD, and how do you get it?

It was thought by the Divisional Nursing Officer and her nursing staff that there was more than enough material here for a hospital-based programme, and the suggestion was made that the pupils should visit the Parentcraft Department for a series of talks and discussions.

The Eastern District of the Greater Glasgow Health Board, in which the

Royal Maternity Hospital is based, had at that time (1980) an infant mortality rate and an illegitimacy rate that gave cause for concern.

### The first programme

A four-week programme was discussed and agreed by senior nursing staff, the school teacher involved, and a consultant obstetrician. The programme included prenatal clinics, foetal development, pregnancy, delivery, breast feeding, family planning, and sexually-transmitted diseases.

The girls visited the Parentcraft Department for four 1½-hour sessions. The subjects discussed were well-received by the pupils, and they appeared to enjoy visiting the hospital and not to be overawed by it. The teaching and nursing staff involved with the programme monitored the girls' response to the course and their retention of the information. All agreed it was potentially a successful venture and wished it to continue.

By January 1980 the Health Education Officer for the Eastern District became involved, visiting secondary schools within the Area and offering them the opportunity of taking part in the programme. As a result, a further three schools joined in. The pupils, all girls aged 14-15 years and of low academic ability, were to join the programme during their Home Economics period. As a result of continuing discussion with teachers, a specific programme consisting of five weekly sessions was formulated.

The content was:

1. Family planning.
2. Sexually Transmitted Diseases.
3. Pregnancy: signs and symptoms.
4. Labour: signs and symptoms.
5. Breast-feeding, and a tour round the wards.

### Extending the scheme

By the end of 1980 baby bathing had been included, which extended the programme to six weeks. The girls enjoyed the opportunity of learning within the

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hospital environment; it enabled them to see the midwife as approachable and the hospital as less formidable, which, it was hoped, would encourage them as future mothers to seek help and advice.

During this year, boys in the schools were asking their teachers if they, also, could visit the hospital, and in June 1981 a group of boys attended on their own. This pilot scheme was of short duration, as the midwives felt that the talks were not suited to the boys' needs; however, as more schools wished to send mixed groups, a change from "mothercraft" to a wider health education programme was suggested. It was necessary, therefore, for the midwives and Health Visitors to liaise more closely to ensure that the topics in the programme would not overlap with any existing health talks. During the discussions, the following points were raised against the current programme:

1. The girls were idolising babies, without understanding the responsibilities of parenthood.
2. It was felt that the girls would not return, when they became prospective parents, to participate in parentcraft education.
3. The midwives involved felt the topics were not all relevant to the adolescent's needs.

### A revised programme

In 1982, with the agreement of Health Visitors and teachers, the following pro-

gramme was devised. It was hoped these subjects would be relevant to both sexes:

#### Week 1 Personal hygiene.

Puberty: male and female.

Discussion. Film *Boy to Man* and/or *Girl to Woman*.

#### Week 2 Relationships: normal boy-girl.

Film: *Loving and Caring*. This was to promote discussion.

#### Week 3 Contraception: methods available (sample of pills, coils, etc.).

Film: *Responsibilities*.

#### Week 4 Sexually Transmitted Diseases: gonorrhoea, syphilis, non-specific urethritis, thrush, and herpes.

Film: *Half a Million Teenagers* or *VD Attack Plan*.

#### Week 5 Pregnancy: signs and symptoms.

Emphasis on importance of early antenatal care.

Film: *First Days of Life*.

Drugs, smoking, alcohol, and solvents.

Their effects on the mother and unborn child.

#### Week 6 The first week of a baby's life.

This included a visit to wards, and a baby-bathing demonstration.

Evaluation.

With the introduction of this new programme, and the number of schools increasing, the midwives felt the need for further education and guidance themselves; since many had not spoken to schoolchildren before, these talks were commenced with some fear and trepidation. With the help of the Health Education Officer, who was of great assistance in advising on visual aids, and of the teachers, who discussed teaching techniques, the midwives felt more confident. The visual aids were invaluable, dealing well with some of the more embarrassing moments – the midwives frequently being put on the spot by the precocious pupil! This, in turn, helped to educate the midwives, making them more aware of how little the teenagers knew about their bodies and their function.

Many hours were spent by the Midwifery Sisters of the Parentcraft Depart-

ment digesting current medical information relating to the programme (especially smoking, drugs, solvent abuse, and their effects). Visiting various clinics in the area, and reading the teenage magazines and problem pages, were an essential part of the midwives' education. With this increasing information and knowledge, the Parentcraft Sisters assembled guidelines

### Towards "future fitness"

With the help of the Health Education Officer, the Parentcraft staff arranged many in-service periods for discussing the content, aims, and objectives of each weekly session. The importance of using simple language with the school pupils needed to be stressed and demonstrated. These discussions proved to be of great value to midwives interested in the health education programme, enabling them to participate in the programme and enhance their job satisfaction. Most of the staff enjoyed their new role after the initial awkwardness had passed. Some, hoping for greater informality, cast aside uniforms in favour of more casual wear, but the pupils preferred to see the staff in uniform: it made them appear less like their teachers, but maintained the professionalism necessary.

The experience of the past three years has led to a gradual change in the programme, the emphasis being far more on the importance of future fitness for the pupil and any future generations. These changes have been with the full approval of parents, schools, and health workers.

The present programme (1984) is shown in the separate display overleaf.

All the sessions in the present programme are informal, and pupil participation is encouraged. This helps the pupils to appreciate the problems and difficulties of adolescence. Films, many of which are outdated and old-fashioned, are used far less, but the short programmes from the ITV series *Living and Growing* are of great value in explaining the subject and promoting discussion.

There are now 18 schools involved in the Health Education programme. Of

### The current Health Education programme

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| Week 1 | Introduction to midwife, and description of programme.<br>Discussion about health and hygiene, present and future.   |
| Week 2 | Basic male and female anatomy and physiology.<br>Changes at puberty.<br>Video: <i>Living and Growing</i> series.   |
| Week 3 | Relationships: discussion about all aspects of childhood and adolescence, with particular emphasis on stable relationships prior to a sexual commitment.   |
| Week 4 | Pregnancy: signs and symptoms.<br>Importance of early ante-natal care.<br>Where to go for advice.<br>Options available for the pregnancy.<br>Discussion about the effects of smoking, alcohol, and drugs on oneself and on the unborn baby.      |
| Week 5 | Birth control: methods available.<br>Discussion about the advantages and disadvantages of different types of contraception.  |
| Week 6 | Sexually Transmitted Diseases.<br>Types of disease, and treatment available.<br>Effects on the body and on offspring if they are not treated.<br>Where treatment may be obtained.<br>Film: <i>VD Attack</i> or <i>Half a Million Teenagers</i> . |

these, two are special schools with learning difficulties, and one takes girls suffering from some home and relationship problems. All these secondary schools, which are located in the Glasgow Eastern District, have been referred to the hospital by the HEO or have contacted us directly on hearing of the programme.

#### Arrangements with the schools

Before participating in the health programme, the teachers concerned are invited to the hospital, where the Parentcraft staff discuss, in an informal way, the optics to be included. The teachers involved are usually from the Home Economics department, or are guidance teachers.

The information given to each school is summarised here:

1. Each school is allocated one hourly session per week.
2. The group can be of single or mixed sex, and the maximum number is 15 pupils.
3. The group usually consists of 14- and 15-year-old pupils, although this is left to the individual school to decide.
4. The school provides its own travel arrangements.
5. All schools must advise parents and obtain consent for their children to attend the hospital and participate in the Health Education programme.

When a school decides to participate in the programme, the designated Nursing Officer and midwife visit the school. The

Health Visitor Nursing Officer in charge of the schools programme is notified, and she may arrange to attend at the same time. The topics discussed are:

1. The specific programme, with general discussion.
2. Details of the group, and any special problems (e.g., poor family relationships).
3. Starting dates, holidays, etc.

Every year, all teachers with pupils participating in the Health Education programme are invited to the hospital to discuss with the Health Visitors and Parentcraft staff any difficulties experienced and any suggested changes in the programme. These informal meetings are very useful, since they help the hospital staff to evaluate the necessity for this important education to continue. All schools have expressed their continuing support.

On one occasion, a mixed group was sent back to school for misbehaviour. The teacher immediately contacted the parents, suspended the pupils for abusing the privilege, and cancelled further sessions for the term. The remaining pupils consequently sent their errant "friends" to Coventry. In due course it was discovered that the ring-leaders of the suspended group did not belong to the school at all, but had joined the group on the way, wanting to know what went on at Rottenrow, where the hospital is located! This is the only incident involving difficult pupils that we have experienced.

The location of the Parentcraft Department requires the pupils to pass through the pre-natal clinics. Our pregnant mothers have never voiced any complaints about the school children, although some members of the non-nursing staff question the wisdom of having these 'scruffy' children in the hospital.

#### Conclusion

It is not possible to say how successful this Health Education programme is. Girls of 16 are still becoming pregnant, but to our knowledge the course participants

have not experienced unplanned pregnancies.

The pupils are made more aware of all facilities available (doctors, clinics, and so on), and feel that they can seek help and advice. The parents of the pupils feel less awkward and embarrassed, so that some discussion is generated at home.

In the first year, 1980, some 500 pupils received a certain amount of parentcraft education. By the end of the 1984 school year, 3,500 pupils will have attended the Glasgow Royal Maternity Hospital. It is hoped that we have helped stimulate them to understand adulthood, to question and improve their apparent low expectation of life, and to educate their offspring so that they may enjoy better health.

#### Acknowledgments

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