

SOCCER AND SEX EDUCATION

A Community Based Nursing Approach

Derrick Ntungwe
Internationally Educated Nurse

Outline

- Introduction
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- Strategy
- Assessment
- Planning
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- Result
- Discussion - Q & A

Introduction

- This experience shows the impact of the work of nurses in our communities. I am sure many of us impact lives through these programs in our practice.
- Following the presentation we will have time to share thoughts on:
 - What have we learned from this?
 - Is this experience transferable?
 - Can we apply it in our context of practice?

Problem

- Having seen a lot of girls regretting, ostracized and wasted in the community because of teenage pregnancy
- Day after day, dealing with critically ill children, high mortality, because parents are young and poor,
- Reflecting on my kid sister who got pregnant at 15 and we have not been unable to get her back to school, I was hurt and developed the urge to act.

World map of Adolescent Birth Rate

- <http://chartsbin.com/view/3352#.VGoNuY2XYwk.ema>
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Strategy

- In the search of a solution, I consulted a community Organizer who advised me to use what the community like most in finding a solution,
- Cameroon is a soccer nation, the game is highly celebrated by almost every Cameroonian,
- In the community, a tournament was organised every long school break,
- After consulting various parties, I was convinced a soccer tournament might be the strategy we were looking for.

Assessment

- 60% of children that were rushed in to the hospital emergency unit, at a critical stage of ill health, had teenage mothers between 16 and 21.
- Most of these young mothers dropped out of school after getting pregnant.
- Due to cultural implication of pregnancy before marriage, they were ostracized.
- They had little or no assistance from either parent or state, nor did they have a source of lively hood.

Assessment

This situation lead to increased poverty, misery, child mortality/morbidity etc. in the community.

This is the reason for coming late with children to the hospital

Assessment

Further assessment revealed;

- Cultural restriction limits parents from talking about sex to children, resulting in unsafe sexual practices
- The community was located at a crossroads which connected 4 major towns, hosting many businesses. So many people spent night for business and travel. They paid girls for sex. This increased promiscuity.

Assessment

- Criminal abortions statistics in the hospital were highest in October and February, while deliveries amongst the age group were highest in June and September. Implying that these pregnancies happen in August/September and January coinciding with school break
- Others groups had identified this problem and carried out related programs.

Diagnosis

- Increased Rate of Unwanted pregnancy, child Morbidity/Mortality, poverty related to deficit knowledge about Sex education amongst young girls in the community.

Planning

- Collaboration:

Stake holders; youth groups/leaders, the district health service, nurses/doctors, ministry of social service, community organiser and peer educators, nongovernmental organizations (NGO) and agencies.

- Clarified: the strategy

- Determined: modalities for effective implementation.

Planning

- The main aim was to use the tournament to create an audience and educate the community in general with much emphasis on young girls about sex Education,
- To reach out to those who have special needs and link them to support organizations.
- We publicized the games through flyers, charts, T-shirts, peer group meetings, sound system etc

Implementation

- The games were scheduled on Sunday for 8 weeks (8 games).
- With assistance from other nurses, doctors, counsellors and in collaboration with the district health service, we trained peer educators to help in sex education through one-to-one meeting or during the soccer games.
- These educators were young girls who demonstrated leadership skills.

implementation.

- Flyers, chart, and T-shirts were distributed during the tournament to create more awareness.
- Games were animated with a sound system and at each half, the game was stopped for 5 minutes to give a brief health talk

Implementation

- More health education was given during half time. Specific messages included: Practice safe sex, unwanted pregnancy ruin your life, HIV kills, Use condoms when having sex, mothers should educate young about sex education, etc.
- Support organizations and agencies positioned their tables in various corners of the field to counsel and provide available help to those in need,

Evaluation

- At the end of the tournament,
 - a. 200 kids had school cost covered one NGO,
 - b. 4 single mothers had business package from world wisher.
 - c. Some people made financial deposited to the two hospitals in the community to cover emergency cost for 50 critically ill children.
 - d. Many girls were counselled and given the psychological support needed.

Evaluation

- Moreover everybody that took part in running the tournament Volunteered, thus the program meet it required objectives.
- This technique could apply to many community based projects because it involved everybody in the search for solutions.

Discussion

- What have we learned from this?
- Is these experience transferable?
- Can we apply it in our context of practice?

Female Soccer game in Cameroon

- https://www.youtube.com/watch?v=zCDoGRD8_eY