

ORIGINAL RESEARCH ARTICLE

Experiences of primary health care nurses regarding the promotion of sexual reproductive health communication with grandparents in Tshwane District, Gauteng Province

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Abstract

A qualitative, descriptive contextual design study was conducted to explore and describe the experiences of primary health care nurses regarding the promotion of sexual reproductive health communication with grandparents in Tshwane District, Gauteng Province. A non-probability, purposive sampling was used to select 12 Primary Health care nurses based in the Primary health care facilities within Tshwane District. An in-depth interview was used to collect data and Giorgio's five (5) steps were followed during data analysis. Ethical consideration was adhered to by ensuring confidentiality, anonymity, and privacy. All participants signed the consent form to indicate their willingness to participate in the study. Findings of the study revealed the following themes: Primary health care nurses (PHCNs) experiences of sexual and reproductive health communication, and PHCNs experiences of factors facilitating sexual reproductive health (SRH) communication. From the findings it can then be concluded that PHCNs understand facilitating factors to promote open communication with grandparents regarding SRH. (*Afr J Reprod Health* 2024; 28 [1]: 53-64).

Keywords: Grandparents, grandchildren, sexual reproductive health communication, primary health care nurses

Résumé

Une étude contextuelle qualitative et descriptive a été menée pour explorer et décrire les expériences des infirmières de soins de santé primaires concernant la promotion de la communication sur la santé sexuelle et reproductive avec les grands-parents dans le district de Tshwane, province de Gauteng. Un échantillonnage non probabiliste et raisonné a été utilisé pour sélectionner 12 infirmières de soins de santé primaires basées dans les établissements de soins de santé primaires du district de Tshwane. Un entretien approfondi a été utilisé pour collecter les données et les cinq (5) étapes de Giorgio ont été suivies lors de l'analyse des données. Des considérations éthiques ont été respectées en garantissant la confidentialité, l'anonymat et la vie privée. Tous les participants ont signé le formulaire de consentement pour indiquer leur volonté de participer à l'étude. Les résultats de l'étude ont révélé les thèmes suivants : les expériences des infirmières de soins de santé primaires (PHCN) en matière de communication sur la santé sexuelle et reproductive, et les expériences des PHCN sur les facteurs facilitant la communication sur la santé sexuelle et reproductive (SSR). À partir des résultats, on peut alors conclure que les PHCN comprennent les facteurs facilitant la promotion d'une communication ouverte avec les grands-parents concernant la SSR. (*Afr J Reprod Health* 2024; 28 [1]: 53-64).

Mots-clés: Grands-parents, petits-enfants, communication sur la santé sexuelle et reproductive, infirmières en soins de santé primaires

Introduction

Primary health care nurses (PHCNs) play a crucial role in communicating sexual reproductive health with grandparents. The reason being that many families are headed by grandparents¹, which emerged due to various societal factors namely death of both parents and urbanisation which result in grandparents resuming parental roles for their grandchildren who may be teenagers. As such,

grandparents are expected to have open communication regarding sexual and reproductive health and rights SRHR issues which in other cultures it is a taboo to discuss about it. Numerous taboos which surround sexual reproductive health creates barriers for PHCNs to openly communicate with grandparents. Communication is a socio-cultural exercise that is necessary between grandparents and grandchildren in grandparent-headed families^{2,3}. Globally, grandparents are faced

with a variety of sexual reproductive and health (SRH) problems which affect their grandchildren such as teenage pregnancy, unsafe abortions, sexual transmitted infections (STIs) including human immune deficiency virus (HIV) and acquired immune deficiency syndrome (AIDS)^{4,5}. Communication within the GPF is viewed as a priority, as families need to converse openly about SRH issues. As such PHCNs are the corner stone in disseminating SRH information to grandparents. Literature suggests that acknowledging open communication about SRH reduces risky behaviours among sexually active individuals^{6,8}. Despite the available suggestions, it is documented that the communication between PHCNs and grandparents regarding SRH it is still a challenge^{9,10}. This might have been influenced by lack of protocols and guidelines to direct PHCNs on how and what to communicate.

For example, the previous strategies on Millennium Development Goals (MDGs) aimed at improving people's lives excluded SRH. However, women's health activists advocated for SRH to be included in the Sustainable development goals (SDGs) which succeeded the MGDs^{11,12}. In addition, SDGs are an opportunity for the expansion of the goals to be achieved by year 2030. One of the priorities of the SDGs is to improve the SRH communication among health care providers and users. Therefore SDG 5 aims to ensure universal coverage of SRH and communication. These will be achieved through community participation¹¹⁻¹³. Moreover, several authors confirmed that communication regarding SRH involving the community including grandparents is vital and is perceived as a protective factor which has a positive impact towards SRH promotion^{8,15,16}. In addition, PHCNs perceive open SRH communication as a strategy that can be used to address SRH related challenges within the grandparent headed families. In this regard, PHCNs are compelled to provide SRH information to grandparents. However, PHCNs are experiencing discomfort in communicating SRH issues with grandparent which makes it difficult to promote SRH services. Other experiences of PHCNs involves shortage of staff which hinders SRHR communications¹⁷⁻¹⁹. It was therefore, important to explore and describe the experiences of PHCNs regarding sexual

reproductive health communication with Grandparents in Tshwane district.

Methods

The current study employed a qualitative, descriptive contextual research design. The design enabled the researcher to engage in dialogue with participants to explore and describe the experiences of PHCNs regarding the promotion of SRH communication with grandparents in the selected primary health care (PHC) facilities of Tshwane District, Gauteng province.

Setting

The study was conducted in selected PHC facilities of Tshwane district, Gauteng Province. City of Tshwane also known as CoT is the largest metropolitan municipality comprising of seven (7) regions, 105 wards and 210 councillors. It is a multicultural area with diverse languages that are prevailing namely: Setswana, Sepedi, Sesotho, isiZulu, isiXhosa, isiNdebele, Tshivenda, Afrikaans, and English. The participants who took part in this study spoke Sepedi, Setswana, and English but chose to communicate in English. The participants were found in their working environment and the environment was non-threatening and the participants were relaxed^{20,21}. Consulting rooms were identified as the appropriate place where interviews were conducted.

Population and sampling

The population consisted of PHCNs who were working in selected PHC facilities of Tshwane district, Gauteng province with two years' experience. A non-probability, purposive sampling method was used to select the twelve (12) PHCNs as they interact with clients daily and poses vast knowledge of the phenomenon under study. Five (5) PHC facilities were purposively sampled from Tshwane district.

Inclusion and exclusion criteria

Primary health care nurses based in the PHC facilities of Tshwane district with two years of experience and willing to participate in the study

were included. Those with less than two years of experience and refused to participate in the study were excluded from the study.

Access to participants

Primary health care facilities were identified from a list of health facilities on the City of Tshwane (CoT) database. PHCNs were recruited from five (5) PHC facilities in Tshwane District. A written request was submitted to the authorities prior to scheduling appointments with relevant authorities, including individual PHC managers. The researcher was well conversant with the location of each clinic identified for the study. Tshwane district was viewed as an ideal data collection field because it was relevant for the study. The researcher managed to gain entry into the sites that were deemed suitable for the study after permission was granted by the relevant authorities, namely the University of Pretoria (UP) and CoT Research Committees. Appointments were secured with facility managers of the identified facilities to request permission to conduct the study in the identified clinic. They were informed about the granted permissions by all the relevant authorities, and they also granted permission. The facility manager assisted with the identification of suitable participants.

Pilot study

A pilot study is a prerequisite for the successful execution and completion of a research project²⁰. A pilot study was conducted to refine the data collection tools. The researcher conducted interviews with two PHCNs who met the inclusion criteria from another PHC facility which was not selected for the main study. The outcomes of the pilot study assisted the researcher on how to pose interview questions which made it easier during the main data collection. The results of the pilot study were not included in the main study.

Data collection

Data was collected from the participants after obtaining their written consent through an individual in-depth interviews. Interviews were conducted in English being the language that the participants preferred. An interview guide was developed based on the researcher topic. One central question was formulated. *What are your*

experiences regarding sexual and reproductive health communication with grandparents”? The interview guide assisted the researcher in ensuring consistency because all the participants were asked the same questions which were followed by probes and the use of communication skills to produce rich data. Data was collected in the selected PHC facilities. The interview lasted for 30-45 minutes, and an audio recorder was used to capture individual interviews as participants were sharing their experiences with their consent. Data was collected till data saturation was reached by the twelve (12) participants. Data collection lasted for a period of three months.

Data analysis

In qualitative research data collection and data analysis occur simultaneously and it was a labour-intensive activity²². In qualitative researcher, data takes the form of narrative material as the verbatim dialogue between the researcher and participants, field notes and observations that were done during the data gathering process^{20,23}. After data collection the recordings were transcribed verbatim in preparation for data analysis^{24,25}. Giorgis five steps were used to analyse the gathered information. The researcher listened to the recordings and reading the written data from the transcripts repeatedly to have a good understanding of the data. The researcher remained neutral during data collection and analysis with a belief and disbelief of the existence of the phenomena under study. Data analysis process was conducted manually and that allowed the researcher to immerse in the data^{20,21}. An independent coder assisted with the coding of data. The researcher, the supervisors and the independent coder discussed and reached consensus about the themes (essences) and the sub-categories (constituents) regarding the findings²⁷.

Measures to ensure trustworthiness

To enhance quality of the study there were strategies that were implemented based on Lincoln and Guba's criteria (1985). Credibility of the study was enhanced by opting for purposive sampling, data saturation, prolonged engagement, triangulation, member checking, peer review and debriefing, reflexivity including the researchers credibility and authority^{20,23,27,28}. Dependability and confirmability

was enhanced through transparency of the methodology, data analysis and conclusions; the use of the independent coder, triangulation whereby multiple data collection methods were used, use of multiple participants. Transferability was enhanced through collection and provision of a detailed description of data from multiple sources until data saturation was reached and participants were selected based on the inclusion criteria^{20,23}. The researcher ensured that she does not influence the understanding of the participants regarding the phenomenon under study. Transcribed verbatim responses from participants enhance authenticity of the study^{27,29}.

Ethical consideration

The researcher applied the Belmont's report which contains the ethical principles and guidelines for the protection of the participants. The University of Pretoria Ethics Committee (Protocol 45/2020) granted ethical approval. The Tshwane Research committee granted permission as well as clinic managers. The ethical principles that were followed in this study include: autonomy, privacy, confidentiality, informed consent. All individual participants signed consent forms to indicate their willingness to participate in the study. Participants were given information regarding the study and their rights to participate in the study. An information leaflet was issued to individual participants and the leaflet contained the contact numbers of the researcher and the supervisors for any clarity seeking information prior to data collection. The participants were informed about anonymity and their names, or any identifying information were not used in any report. Interviews were conducted in the consulting rooms which enhanced privacy. In this study the researcher was the main data collection instrument.

Results

Profile of the participants

Table 1 presented the profile of participants who were selected purposely to participate in the current study.

Table 1 denotes that twelve (12) PHCNs working in the PHC facilities in City of Tshwane (CoT) District participated in this study. All the PHCNs were stationed at PHC facilities and

rendered first level care to the Community of City of Tshwane. All participants were females and one (1) was a male. This is in line with the historical background of nursing, as nursing was portrayed as a female dominated profession since in the era of Florence Nightingale^{30,31}. The majority had more than two (2) years of experience, which signifies level of expertise in provision of information regarding SRH promotion. The oldest participant was 61 years whilst the youngest was 26 years old. A study by Hlongwa *et al*³² revealed that younger health care providers are more likely to promote SRH services as opposed to their older colleagues. All the participants have undergone Primary health care training except two (2) participants who are not PHC trained.

The main themes that emerged from the analysed data namely: PHCNs experiences of SRH communication and PHCNs experiences of factors facilitating SRH communication. For each theme there were sub-categories that were identified as depicted in Table 2.

Theme 1: PHCNs experiences of SRH communication

One of the essences that emanated from the study was the PHCNs experiences of SRH communication which the participants perceived as beneficial to the prevention of SRH related problems. This is important in ensuring health promotion, disease prevention leading to improved wellbeing of the family as stipulated in SGD 3.

Sub-Category 1.1: PHCNs experiences of benefits of promotion of SRH communication

PHCNs perceived SRH communication as a strategy that will assist in the reduction of SRH related health problems. Open communication creates awareness and empower grandparents and grandchildren to engage freely on sexual reproductive related topics. One of the participants said that they are going to provide information to improve grandparents and grandchildren's knowledge thus engage in SRH matters without any fear. On the same note another PHC nurse indicated that empowerment of the families will assist in reducing sexual offence crimes that are occurring in the communities. PHCNs shared the benefits of promotion of SRH communication as follows:

Table 1: Profiles of participants

NUMBER	PARTICIPANTS	AGE	GENDER	NO OF YEARS IN PHC FACILITY	PHC TRAINED YES/NO	AREA	INTERVIEW AREA	NO OF CHILDREN
1.	M (PHCN1)	49	M	18	Yes	CoT	Work	3
2.	PS (PHCN2)	61	F	7	Yes	CoT	Work	2
3.	M (PHCN3)	41	F	5	Yes	CoT	Work	2
4.	KM (PHCN4)	36	F	3	Yes	CoT	Work	3
5.	SM (PHCN5)	49	F	5	Yes	CoT	Work	3
6.	M(PHCN6)	59	F	32	Yes	CoT	Work	3
7.	M (PHCN7)	29	F	4	Not yet	CoT	Work	1
8.	TN (PHCN8)	37	F	4	Not yet	CoT	Work	1
9.	TVB(PHCN9)	29	F	6	Yes	CoT	Work	0
10.	TM (PHCN10)	37	F	11	Yes	CoT	Work	2
11.	SH (PHCN11)	37	F	7	Yes	CoT	Work	1
12.	T (PHCN12)	26	F	4	Yes	CoT	Work	0

Table 2: Themes and sub-categories of Primary Health care nurses

NO	THEMES	SUB –CATEGORIES
1.	PHCNs experiences of SRH communication	PHCNs experiences of promotion of SRH communication. PHCNs experiences of family SRH communication
2.	PHCNs experiences of factors facilitating SRH communication	2.1 Grandchildren’s SRH knowledge from other sources 2.2 PHCNs competency 2.3 PHCNs collaboration and referral to other stakeholders

“Open communication will assist to reduce teenage pregnancy and early sexual relations including HIV and AIDS” (PHCN 1).

“Communication is having point of reference as charity begins at home. One can also relate to the topic based on her own experience. Being a good role model, it will be easy to guide your grandchildren” (PHCN 8).

‘Benefits of talking openly about the sexual reproductive health prolongs the youthful lifestyle of the grandchild if you talk about everything that concerns peer pressure, sex part, family planning, risks of being pregnant.....’ (PHCN 11).

The participants cited the importance of open SRH communication between grandparents and grandchildren as the crucial step that will assist both grandparents and grandchildren to make informed decision making on SRH related matter.

Sub-category 1.2: PHCNs experiences of family SRH communication

PHCNs verbalised that grandparents as sole guardians of their grandchildren are expected to guide their grandchildren through open SRH family communication. The below quotes were shared by the PHCNs:

‘Then the grandparents will be called in and discuss in front of the grandchildren that they are sole guardians of this child, because if you don’t guide this child at home the child will be guided at the streets, and I don’t think that’s what you want.....’ (PHCN 1).

‘We usually invite the grandchildren and the grandparents together so we can give the grandparents information so they can also understand what’s going on.....’ (PHCN 3).
PHCNs were delighted seeing grandparents and

grandchildren accessing and utilising services that are rendered at the PHC facilities.

'I am happy because seeing clients coming to the clinic seeking help or information. The grandparent will just say sister this one has started dating it means they want me to introduce the topic' (PHCN 7).

'As a nurse I identify those who need help and sit with them ask questions without being judgmental so that they can open. (PHCN 8).

PHCNs emphasize the importance of grandparent's guidance on communication about SRH issues with their grandchildren. Open SRH communication is perceived as the cornerstone of a healthy family on matters affecting health promotion.

Theme 2: PHCNs experiences of factors facilitating SRH communication

PHCNs experiences of factors facilitating SRH communication emerged as the second essence of the experiences of PHCNs on promotion of SRH communication within the grandparent headed families. Three (3) sub-categories emerged from the analysed data namely: grandchildren's SRH knowledge from other sources, PHCNs competency and PHCNs collaboration and referral to other stakeholders.

Sub-category 2.1: Grandchildren's SRH knowledge from other sources

PHCNs confirmed that the knowledge that grandchildren acquire of SRH from other sources namely the school, social media including peers makes their lives little bit easier when they communicate with grandparents. PHCNs reported that they are relieving because grandparents have learned some of the information from grandchildren as depicted by the below quotes:

'.....its better these days because they get information from school, so we just rub stamp on what they have heard from their grandchildren from school and provide clarity..... (PHCN 1).

'True we just need to reinforce what their grandchildren have learnt at school' (PHCN 7).

Other participants concur that there are other sources that provide SRH related information as depicted below:

'You know with social media in place, it has brought a platform where it becomes easier as a

grandparent to discuss about sexual reproductive health, like for an example; you ' (PHCN 1).

The findings of the study revealed that there are other sources that plays a vital role on dissemination of SRH information to the grandchildren however PHCNs indicated that they have to add what grandparents have heard from their grandchildren from school and provide clarity where needed.

Sub-category 2.2: PHCNs competency

The findings of the study revealed that some participants found it very hard to discuss SRH topics with grandparents as opposed to PHCNs who went for PHC training. Participants further appreciated the training and workshops that they underwent which improved their competency on SRH promotion as confirmed by the below quotes:

'What I can say is back then, there were some topics that were even harder to discuss about but with the changes that came in, I see those that are coming back from PHC trying to sit down and discuss the status of the things they do at home and longing to see things being different' (PHCN1).

'But for me it was not difficult to do it since I have done my PHC training I have only worked with TB and chronic until right now I am working with SRH. So can provide the necessary information.....' (PHCN 3).

'I have acquired knowledge from the Community Nursing subject that I did at the college and furthermore, we are being send for courses or programmes. We are really empowered' (PHCN 7).

Some of the participants revealed that they did not have any challenges but ensured that no client leaves their consulting rooms without SRH information. The indicated that SRH service has improved even though there are those who are still having an attitude towards SRH promotion and communication. However, the availability of young nurses made it easy to manage SRH communication with grandparents so that they in turn teach their children as confirmed by the below quotes:

'No, I do not have any challenges, hence I am saying like giving SRH information regarding family planning to grandparents. In most cases, I am the one who introduces family planning in my consultation room so that grandparents do not leave without that information, hence they will assist they grandchildren to make informed decision....' (PHCN 5).

'It has improved, even though there is some who are still like that but mostly now we do have young nurses that's why I'm saying they are the ones managing the youth, so a lot has improved even with the older ones because we do go for training.' (PHCN 6).

The participants indicated that they were fortunate to work with youths who attended youth programmes and ensured that they are actively involved in information sharing on SRH topics. This strategy created a very big difference and improved youth's access to the health facilities. Participants shared their experiences below:

'The fortunate part is I was privileged to work with the youth, going to where they gather and discuss whatever topic that they have according to their programme and we coming to the clinic, there's a very big difference.....' (PHCN 1).

'Though there are those health care providers who are incredibly good dedicated and doing their job with passion. They ensure that the client is treated with respect regardless of the age. In case they request any service from the clinic appropriate information is provided' (PHCN 8).

The findings further revealed that workshops and in-service training are provided to assist the PHCNs with knowledge to be able to handle any challenging situation:

'.....even though there is a great improvement on our attitude because we are being in-serviced or developed on how to treat our clients meaning customer service.....' (PHCN 7).

'I think the workshops, in-service training also assists us with new developments that we can apply to our daily work' (PHCN 11).

The findings of the study revealed that PHCNs are managing difficult topics related to SRH when communicating with grandparents. Despite the sensitivity of the topics, PHCNs are expected to provide health information to grandparents and grandchildren to lead a healthy lifestyle. It was evident from the study PHCNs benefitted from workshops, in-service training and the PHC programme for their professional development which further led to improved attitudes to SRH promotion.

Sub-category 2.3: PHCNs collaboration and referral to other stakeholders

The participants in this study experienced collaborative efforts in addressing SRH issues and these efforts were evidenced by referral of grandparents and their grandchildren to other sectors. Collaboration is perceived as a continuation of care with an ultimate goal of resolving all health care issues including SRH related challenges for treatment or information sharing as depicted in the below quotes:

'.....so mostly I refer them, they used to be accompanied by their grandparents to family planning so when they want to terminate, they don't want to be disappointed.' Otherwise, when it is a teenage pregnancy, we refer to social worker for further investigation.....so that the social worker can intervene' (PHCN 7).

The involvement of the health promoters and clinic committees also plays a vital in the SRH promotion whereby they assist information sharing and in campaigns to disseminated health related information to all clients including grandparents visiting the health facilities and during campaigns as reflected in the below quotes:

'We have health promoters, who help us in planning and conducting these events to reach out to people. They have committees such as clinic committees and they come with other people of which some of them are sponsors who assist them with open days' (PHCN 9).

The study revealed that PHCNs collaborate with other stakeholders in order to facilitate an effective referral system to deal with SRH related challenges. The active role played by School health nurses also assist with identification of SRH problems amongst school going children and refer them appropriate and also conduct awareness campaigns that gear towards empowerment of all school going children and the engagement of teachers and grandparents on SRH related matters that affect the grandchildren (adolescents).

Discussion

This study aimed to explore and describe the experiences of PHCNs regarding promotion of SRH

communication between grandparents and grandchildren in Tshwane District, Gauteng province. The study revealed the crucial role played by PHCNs in promotion of SRH communication within grandparent headed families. PHCNs acknowledge their role as first level of contact with clients including their role in the provision a variety of health care service such as sexual reproductive health care at the PHC level^{6,33,34}. In support of SRH promotion, several authors revealed that engagement of grandparents in SRH related topics creates an awareness of their fundamental health^{34,35}. From the above statements, the findings reveals the role played by PHCNs in SRH service delivery, which is beneficial in the creation of an enabling environment for grandparents. Furthermore, SRH communication increase access and full utilization of the SRH service which is a positive outcome which assist in provision of information on contraception, emergency contraception, condom promotion, termination of pregnancy including the prevention of gender-based violence^{2,15}. In addition, it was evident that knowledgeable teenagers can avoid risky sexual behaviours thus lead a healthy life which contribute to the reduction of incidences of teenage pregnancies, STIs including HIV and AIDS, unsafe abortions. Subsequently, role modelling was acknowledged as another crucial factor as teenagers copy what their parents do. As such, communicating and giving grandparents SRH information was crucial in reducing the risky sexual behaviours of their grandchildren.

The participants indicated that open SRH communication between grandparents is beneficial in ensuring the SR wellbeing of their grandchildren. As such, it was evident in the current study where grandparents accompanied their grandchildren to the PHC facilities to seek SRH information and services. This is in line with the world health organisation's definition of SRH as a state of physical, emotional, mental, and social well-being to sexuality^{36,37}. Open communication is used as a point of reference where topics are based on the participants own lived experiences even though SRH is still perceived or viewed as a private matter. Participants alluded that grandparent, as guardians or parents are perceived as health promoters who are expected to instil good SRH norms and values during socialisation of their grandchildren^{15,38}. Grandparents as sole guardians are expected to

engage with their grandchildren on SRH topics and ability to make informed decisions. In addition, Wallbaum *et al*³⁹ alluded that grandparent's participation in their grandchildren live is perceived as a source of joy and pride which offer them a chance to assist in the promotion of a healthy lifestyle. The findings of this study revealed that despite challenges that are experienced by grandparents regarding SRH communication, they are encouraged to engage in open SRH communication with their grandchildren for this strategy to yield a positive impact on the prevention and reduction of SR related problems in Tshwane District. SRH communication is perceived as a health promotion strategy that enhances healthy lifestyle standard^{40,41}. As such, in the current study, health promoters were invited especially during campaigns to empower the community including grandparents with information such as teenage pregnancy at its prevention. This strategy empowered grandparents so that they talk openly with their grandchildren about SRH.

The participants revealed that there were other sources that provide SRH information to grandchildren namely peers, radio, television, including social media. These sources made communication between grandparents and PHCNs regarding SRH information easier. Web based platforms have been applauded for being instrumental to SRH knowledge of adolescents because young people learn a lot about SRH^{38,42}. However some of these information may be incorrect³⁸. Therefore, PHCNs were to correct such information as grandparents were still viewed as the key source of SRH information for their grandchildren because they ensure that correct information is provided^{2,3,40,43}. Formal education and initiation schools were found to be another source of SRH communication.

The study further revealed that some PHCNs were not competent with technical skills, knowledge, and attitude to sufficiently facilitate SRH communication. In view of the findings there is a need for competent PHCNs to manage SRH related problems and this can be achieved through the implementation of continuing professional development (CPD), in-service training and workshops⁴⁴. In addition, some participants indicated that SRH was a difficult topic to deal with because of its sensitive nature. The findings of the study further revealed that although nurses interact

with clients daily some still feel that there is still a need for further training in SRH. Capacitation of PHCNs plays a crucial role in SRH promotion in the PHC facilities which may take the form of workshops, in-service-Training⁴⁴. posits that inclusion of SRH communication in the SRH module will equip the PHCNs to boost their confidence and attitude towards SRH provision. Conveyance of information to grandparents to create awareness about SRH contemporary issues and the legislative frames that are in place assist in resolving SRH related matters.

The participants highlighted that a multidisciplinary approach strengthen SRH promotion in Tshwane district. Therefore, PHCNs must collaborate with other stakeholders and be aware of the referral systems that have a duty towards SRH promotion. Subsequently, creation of awareness regarding several legislative frameworks that have been promulgated to manage SRH challenges for individual, family and the community will assist in making informed decision and enhancing community participation and involvement on health-related matters^{45,46}. It was also evident that access to SRH information must be consistent and co-ordinated at all levels of health care delivery and a study by⁴⁷ affirms that PHCNs are central to enhancing accessibility of SRH services. This will further enhance the achievement of the sustainable development Goal (SDG) three through collaborative efforts among all stakeholders. The multidisciplinary approach was stipulated in the Integrated school health policy (ISHP) (2012) namely community participation, learner participation, legislation which serve the best interest of SRH promotion for individuals, families, and the community. The intersectoral collaboration between several departments namely: Department of Health, Department of Basic Education, Department of Social Development, Department of Justice, have been identified as key role players in the promotion SRH and prevention of SRH related problems. These efforts will also assist in the reduction of gender-based violence, risky sexual behaviours, teenage pregnancy including STIs^{2,15}.

Limitation

Irrespective of the positive results that was yielded by this study there are limitations that were observed and are highlighted below:

Promotion of sexual reproductive health communication

The study was conducted at City of Tshwane District (CoT) district, Gauteng province as such the results cannot be generalized to other districts and provinces. Transferability of the results is limited to the data that was collected from one area (district).

Recommendations

- Grandparents to be targeted to enhance their communication skills for dissemination of effective SRH information.
- Implementation of CPD should be fast-tracked to enhance SRH promotion within PHC facilities.
- Review of SRH modules to include SRH communication, benefits, strategies, identification of challenges and mitigations actions.
- More time should be provided to capacitate allow engagements with grandparents who need SRH information and availability of teaching materials in the language that they understand.
- Shortage of staff should also be addressed to ensure that enough staff is available to offer SRH information to grandparents.
- Intersectoral collaboration to enhance SRH promotion and prevention of SRH related challenges or problems.

Conclusion

PHCNs were aware of their crucial role in SRH promotion to encourage open communication between grandparents and grandchildren to reduce SR related problems. It was evident from the current study that SRH information that grandchildren got from other sources enhanced the communication between PHCNs and grandparents. PHCNs were collaborating with other members of the multidisciplinary team such as social workers and involved health promoters in SRH communication through awareness campaigns. Although others were not confident in communicating SRH due to lack of knowledge, some PHCN were empowered through training to provide SRH information to the community including grandparents.

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Competing interests

None

Declaration

The authors declare that there is no financial or personal relationship(s) which may have inappropriately influenced them in writing this article.

Authors' contributions

CLM, the project leader and was involved in conceptualisation, data collection, analysis and report writing, MDP was a Promoter to the student on conceptualisation, literature search, data collection, analysis, report writing and finalisation of writing the article; ITR and MMR were co-promoters to the student on data collection, analysis, report writing, drafting and finalisation of article writing.

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