Outcome of Nurse-Led Counselling on Girl-Child Resilience among Vulnerable Families in Iwo, Osun State

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Abstract
The girl-child often faces limitations in life, such as parents' preference for boys, less access to quality education and other social health needs. Previous studies have reported the perceived low status of the girl-child and harmful practices are unabating. This study was designed to evaluate the outcome of Nurse-led counselling on girl-child level of resilience to cope with family challenges among vulnerable families in Iwo, Osun State. Determination and endurance ability was scaled as negative (11.00 – 32.99), neutral (33.00 – 46.99), and positive (47.00 – 55.00), adaptability and recuperation as negative (6.00 – 17.99), neutral (18.00 – 25.79) and positive (25.80 – 30.00). Data were collected at baseline (P0) and at 16 weeks (P1), 32 weeks (P2) and 42 weeks (P3). Data were analysed using descriptive statistics, Chi-square and ANOVA at $\alpha_{0.05}$*. Age was IG 13±1.00 and CG 13±1.50 years. At P0, determination of IG and CG ranked negative (28.90±5.50 and 28.38±6.10). A significant change occurred at P2 and P3 in IG (41.36±10.90, 43.78±11.60) than CG (34.98±8.30, 36.96±9.00). Endurance was negative at P0 in IG (28.80±5.60) and CG (30.80±5.50) but a significant change was observed at P3 in IG (47.52±11.20) compared to CG (36.85±8.90). Adaptability was higher in CG (16.38±1.90) than IG (14.22±4.40) at P0, but at P1 CG had (18.12±1.90) and IG (16.92±5.80). The IG score was significant at P2 (21.00±5.04) and P3 (24.60 ±5.90) compared to CG (18.42±1.94) at P2 and (19.74±2.00) at P3. Recuperation was negative (15.78±3.30) in IG, and CG (17.52±4.00), neutral in IG (20.34±4.50) at P1, P2 (22.26±5.10) and high at P3 (25.38±6.50), negative in CG at P1 (17.88±4), P2 (18.42±5.00) and neutral (19.26±4.90) at P3. Resilience in IG on determination was low at P0 (2.63±0.50) and normal at P3 (3.98±1.00). Resilience in IG on endurance was low at P0 (2.71±0.50), but significantly high at P3 (4.32±1.00) compared with CG (3.35±0.80). Resilience on adaptability in CG was higher at P0 (2.72±0.50) than IG (2.37±0.40), but significantly increased in IG at P3 (4.10±1.00) while CG was 3.29±0.80. Resilience on recuperation was low in IG and CG at P0 [IG (2.63±0.6), CG (2.92±0.70)] but normal at P3 [IG (4.23±1.10), CG (3.21±0.80)]. Nurse-led counselling intervention improved participants' resilience in determination to succeed, increased their endurance capacity. It enhanced their adaptability*

and quick recuperation in difficulties. Nurses should adopt the interventions when handling issues related to resilience in girl-child from vulnerable families.
Keywords: Girl-child, Health-needs, Nurse-led Counselling, Resilience, Preference

Introduction

The development of a child is varied and dynamic in process in which the distinctive, abilities, skills of the individual and the characteristics of a narrower and wider environment continually interact with each other which invariably influence them. Challenges faced by children are now changing with times, such as increasing urbanization, political violence, shifting family structures, and reducing the supply of adequate food. This research work pays certain attention not to problems such as disabilities or mental illness in children, but to changes in which children become victims to bullying. In a cultural environment that promotes conquest, there is a great burden of vulnerability. In most Nigerian cultural settings, it is believed that women are regarded as the second most important personality or are not been considered as importance. This practice has been in existence for a long time, and its outcome constitutes a psychological configuration of a "limited state" in females, particularly those with limited social, economic, physical, psychological, and educational abilities. As these persist in fragile societies of ours, interest in resilience has grown over the last few decades (Alabi, 2012).

A girl child is often threatened with limitations in the early stages of life, from childhood to adulthood. The alleged low status is redirected in the deprivation of foremost needs and rights, harmful attitudes and practices, such as preference for sons, early marriage, female genital mutilation, domestic abuse, sexual exploitation, less access to education and related social problems. At the "Fourth World Conference on Women held in Beijing in 1995, persistent discrimination against girls and violations of their rights were identified as one of the 12 critical areas of concern that the government and the international community urgently needed to work on". The Millennium Development Goals on Gender Disparity, Sustainable Development Agenda, Education for All (EFA), Africa Agenda 2063, and so on have stimulated the participating countries to implement policy documents in different countries. The National Policy on Education (2016) speculates that every Nigerian child, irrespective of gender, has a right to equal educational opportunities. A number of treaties and conventions, such as the 1948 Convention on the Rights of the Child and the 1990 World Conference on Education for All, have confirmed the right to education. Relatively these programmes focus on protecting the rights of girl children, most especially among vulnerable families. In recent times, these efforts have been unproductive as the prevalence of absenteeism and out-of-school activities of girl children as well as those involved in child labour on an increasing rate. Universally, children work like slaves, begging for alms on the streets, toil under the sun in fields and plantations, working day and night in shops and factories to make ends meet (World Health Organisation, 2021).

Statement of the Problem

Millions of children all over the world lose their lives to preventable events; some are deprived educational and never enjoy the ecstasy of childhood due to the various forms of abuse they encountered at their tender age (World Health Organisation, 2018). Gartland, et al., (2019) asserted that more than one in four children are exposed to intimate partner violence. United Nations (2017), affirmed that 28 million children suffer from wars and conflicts, with traumatic experience and hardships in due time. One in 10 Australians lives lower the internationally accepted poverty line, almost one-quarter of whom are dependent children, and indigenous families have a much higher accumulative burden of early life stress and social adversity, including intergenerational trauma. Action for the Rights of Children (ARC, 2009, 2012) emphasised that the experience of such difficult situation can have significant impact on the well-being of children. Large number of vulnerable children often leaves school due to unforeseen circumstances in which they are exposed to. Specifically, they suffer increased psychological distress such as depression, anxiety and low self-esteem (Kepa, et al., 2008; Heisig, and Reich, 2018).

Purpose of the Study

The purpose of this study is to determine the effectiveness of Nursing-Led counselling strategy in enhancing the Girl-Child Resilience among Vulnerable Families in Iwo, Osun State. Also, to see the difference between the performance pattern of the child girl resilience among vulnerable families after being exposed to treatment and those that are not exposed to treatment.

Research Question: What is the difference in the performance of Girl-child in the experimental group and the control group?

Research Hypothesis: There is no significant main effect of Nursing-led Counselling strategy in enhancing the Girl-Child Resilience among Vulnerable Families in Iwo, Osun State.

Methodology

Iwo Local Government was used for the study while the pilot study was done in Osogbo Local Government Area. Iwo was purposefully selected because it is one of the local governments with the highest number of out of school children in Osun State (Osun State Ministry of Education Reports, 2016). The Iwo Local Government is located in the Osun West senatorial district of the state. It has four districts: Molete, Okeadan Gidigbo, and Isale Oba. It covers an area of 202 km^2 and its headquarters are located in Iwo with other adjacent villages. Iwo's local government is bound to the:

North - Ejigbo and the Ola-Oluwa Local Government
South - Local governments of Lagelu and Afijio (Oyo State)
East - Ayedire and the Ayedaade Local Government
West - Ejigbo and the Ola-Oluwa Local Government

Iwo is an urban rural community with (75%) Muslim, (20%) Christians, and (5%) traditional worshippers (Egungun).

The Muslim community also has the highest number of women in purdah in south western Nigeria (side line discussions after 2006, Nigeria Census and Head count). According to the researcher, this accounts for the highest percentage of out-of-school girl children in purdah, as they must hawk to support their mothers' finances.

It is also the headquarters of the Osun West Senatorial District with ten local governments: Iwo, Aiyedire, Ola-oluwa, Irewole, Ayedade, Isokan, Ejigbo, Egbedore, Ede North and Ede South. It is also the seat of the Federal Constituency comprising the local governments of Iwo, Aiyedire and Ola-Oluwa. Iwo also has four districts: Oke-Adan and Molete in the south west and Gidigbo and Isale Oba in the north east of the town.

The inhabitants of Iwo are mainly farmers and butchers. The butcher trade brings a large number of Iwo people to places such as Lagos, Port-hacourt, Kano, Abuja, and even to neighboring West Africa countries such as the Republic of Togo, the Republic of Benin, Ghana, among others. The act gave them the name Iwo Eleran Alapata. In addition, small percentages are civil servants, clergymen (Islam and Christianity), entrepreneurs and artisans, among others.

Study Instruments

The socio-demographic schedule/proforma: The face and content validity of the instruments were measured through a thorough peer review, literature review, statistical analysis and research supervision. Their suggestions were used to modify the instrument. The reliability of the study was conducted among vulnerable girls (age 10–15 years) in selected schools in Egbedore Local Government. To ensure the instrument's reliability, we used 10% of the study population for the pilot study. This means that 15 separate questionnaires were administered to vulnerable girl–children (age 10–15) in selected schools in Egbedore Local Government, and the results collected were used to determine the coefficient of equivalence. Cronbach's alpha was >0.5 for all variables.

The accuracy of the measurement tools was also validated prior to their use by adequate training of research assistants and teachers in the counselling process and by comparing the yielded value before and after the intervention period with other alternative tools in order to assess their consistency. The research design and the multi-staged randomization process helped to ensure both the internal and external validity of the study. Using a test-retest approach, the instrument was also pretested in some private schools in Egbedore Local Government Area, and the results were used to modify the instrument.

Ethical Considerations:

An introductory letter to the Ethical Board of Ministry of Education Osun State was collected from the department of nursing, University of Ibadan, Ibadan. Written and verbal approval was obtained from the Ministry of Education to the principals of the schools used to

conduct the research and interact with the students. The schools, through their principals, played the role of reaching out to the target parents through PTA meetings, as demonstrated during the preliminary interactive phases. Respondents were informed that participation in the study was voluntary and purely for academic purposes. In the questionnaire, a column was created for their signature or thumb printing to indicate their willingness to participate in the study. In addition, a telephone call was made to parents to confirm the willingness of parents to allow their children/wards to participate in the exercise.

Data analysis

All questionnaires were reviewed by the researcher to determine the range of responses for each question. Therefore, a coding guide was developed for both open-ended and closed-ended questions, and all questions were coded and summarized. Statistical package for social sciences (SPSS) version 24 windows was used to enter data. Quantitative data analysis using descriptive and inferential statistics was employed to generate relevant frequency tables and charts. Furthermore, ANOVA and chi-square tests were used to determine the relationship/association between different variables and hypotheses at a degree of freedom of 0.05.

Research Question: What is the difference in the performance of Girl-child in the experimental group and the control group?

Results

Table: Mean Performance Between IG and CG for Level of Determination Pre and Post Intervention

		INTERVENTION				CONTROL			
S/N	STATQ	IG P0	IG P1	IG P2	IG P3	CG P0	CG P1	CG P2	CG P3
1	Determine to recover	2.55±0.4	3.52±0.6	4.16±1.1	4.17±1.	2.45±0.4	2.62±0.5	2.9±0.7	3.1±0.8
2	Used humor to help me through	2.44±0.4	3.66±0.8	4.06±1	4.02±1	2.65±0.5	3.04±0.8	3.02±0.7	3.24±0.8
3	Believe I could recover	2.92±0.5	3.9±0.9	4.03±1	4.31±1	2.83±0.6	3.21±0.8	3.57±0.8	3.87±0.8
4	Focus on my remaining abilities	2.71±0.5	3.63±0.8	4.07±1	3.74±0.9	2.54±0.4	2.93±0.7	3.29±0.7	3.4±0.8
5	Figured out how to do my daily activities	3.24±0.8	3.9±0.9	3.81±0.9	4.36±1.1	2.67±0.5	2.85±0.6	3.15±0.7	3.24±0.8
6	I gave up trying to recover*	2.53±0.4	3.8±0.9	3.63±0.9	4.22±1.1	2.45±0.4	3±0.8	3.09±0.7	3.25±0.8
7	I found the energy to do what I had to do	2.44±0.4	3.58±0.6	4.02±1	3.77±0.9	2.55±0.4	2.74±0.5	2.9±0.6	3.26±0.8
8	I saw challenges as an opportunity	1.88±0.4	3.45±0.8	3.38±0.8	3.43±0.9	1.82±0.2	2.92±0.7	3.05±0.7	3.23±0.8
9	Was determine to regain my prior functional ability	2.81±0.7	3.43±0.8	3.54±0.9	3.75±0.7	2.58±0.6	3.13±0.8	3.55±0.8	3.64±0.9
10	I learned from it	2.53±0.4	3.11±0.8	3.09±0.8	4.05±1	2.84±0.5	2.95±0.7	3.21±0.7	3.5±0.8

11	I have not wanted to even do my usual activities	2.88±0.7	3.22±0.8	3.56±0.9	4.05±1	3±0.8	2.86±0.7	3.2±0.7	3.28±0.8
	TOTAL	28.9±5.6	39.16±8.7	41.36±10.3	43.78±11.2	28.38±5.5	32.23±6.6	34.98±7.8	36.96±8.9
	SCORE	2.63±0.5	3.56±0.8	3.76±0.9	3.98±1	2.58±0.5	2.93±0.6	3.18±0.7	3.36±0.8
		NEG	NEU	NEU	NEU	NEG	NEG	NEU	NEU
	REMARK	LR	NR	NR	NR	LR	LR	NR	NR

STATQ= Statement Question, IG= Intervention group, CG= Control group, P0= baseline, P1= Phase one, p2= Phase 2,= phase 3, LR= Low Resilience, NR= Normal Resilience, Neg= Negative, POS= Positive, NEU= Neutral

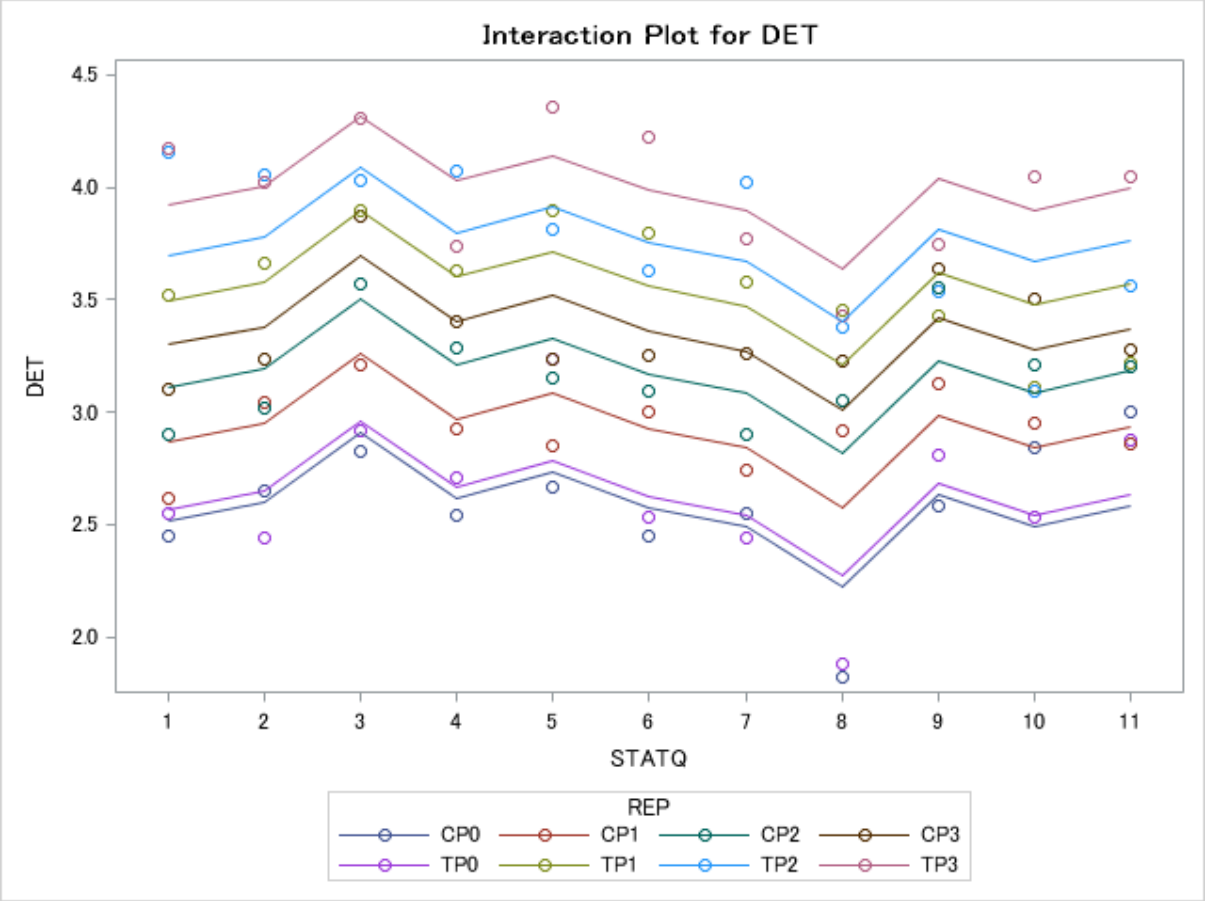

Figure 1 : Interaction plot of CG and IG level of determination
Source: Field Work 2025

Interaction plot of CG and IG level of determination that with the therapeutic setting like professional counselling, girl children's' determination can be increased by allowing her time to engage in explorative events without being judged.

Research Hypothesis: There is no significant main effect of Nursing-led Counselling strategy in enhancing the Girl-Child Resilience among Vulnerable Families in Iwo, Osun State.

Table 2: Analysis of variance for level of determination to succeed among CG and IG

Source of variation	DF	Sum Square	Mean Square	F Value	Pr > F	CV of t	LSD
REP	7	20.4123	2.91604	53.34	<.0001		
STATQ	10	2.2714	0.22714	4.15	0.0002***		
Total	17		0.05467			1.99444	0.2332

Analysis of variance (ANOVA) (Table 4.3) showed that differences observed among the control and the intervention group pre and post intervention was highly significant (p=0.002). ANOVA also showed a significant difference in the mean score for both groups in their level of determination to succeed; (F=4.15, t=1.9, Least significance difference LSD= 0.23)

Recommendations

Based on the findings of this study the following recommendations are made that:

1. Ensure access to equity healthcare services including reproductive health services for girls and women.
2. Conduct community awareness campaigns to promote the importance of girl child education, health and wellbeing.
3. Establish monitoring systems to track progress and identify areas for improvement.
4. Conduct evaluation studies to assess the effectiveness of interventions and inform future programming

Conclusion

In conclusion, it has been discovered that vulnerability thrives more in families and on girl child reared by foster or single parent. Also, the work revealed that nurses know counselling methods is not enough to assume they have built or equip themselves with the needed skills required for counselling. The study exposed this gap before the intervention and showed marked improvement after the intervention. Again, involvement of teachers and school counsellors clearly showed that there are huge benefits in partnering relevant stake holders in stabilizing resilient children to remain focused. Girl child resilient could be sustained with good counsellling to the girl children given necessary support, conducive environment and understanding. In the final analysis, it was discovered that counselling done with the girl child yielded more fruitful results than the ones done for the girl child. This is highly necessary to have the needed impact and the desired results.

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