

DIPLOMA OF CHILD HEALTH RESEARCH PROJECT

A QUALITATIVE STUDY ON THE NEED FOR AGE-APPROPRIATE ADOLESCENT HEALTH CARE IN ALOTAU PROVINCIAL HOSPITAL

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VENUE: Hilton Hotel – Conference Room

DATE: 08/09/22

INTRODUCTION

- **Adolescence:** The period in human growth and development that occurs after childhood and before adulthood, from ages 10 – 19 (World Health Organization)
- There are nearly 1.2 billion adolescents (10 – 19 years old) worldwide¹
- The number of adolescents is expected to rise through 2050, particularly in low-and middle-income countries (LMICs)¹
- The adolescent population makes up 22.7% of the total population of Papua New Guinea (PNG)²
- The World Health Organization (WHO) estimates that one-third of the total disease burden in adults is associated with the conditions and behaviors initiated during adolescence¹

- The care of sick adolescents admitted to hospitals in PNG is shared between pediatric and adult medical units³
- Children with chronic conditions, i.e. congenital or acquired heart diseases, neuro-developmental disorders, asthma, etc.. need consistent long-term follow up and care²
- The programs currently in place to address issues affecting adolescents are very limited³
- Literature reporting on the experiences of young people indicates that inappropriate environments and negative attitudes of staff have an adverse effect on their experience (***Steinbeck and Brodie, 2006; Viner, 2007***)

AIM

This study aims to explore the perceptions of adolescents towards the quality of health care received, in Alotau Provincial Hospital.

OBJECTIVES

1. To explore the experiences of adolescents admitted to a ward or receiving out-patient health services in Alotau Provincial Hospital
2. To determine the health concerns or issues faced by adolescents receiving (out-patient / in-patient) health care in Alotau Provincial Hospital

METHODOLOGY

- Study Design: **Qualitative-observational study**
- Location: **Alotau Provincial Hospital**
 - **In-patient services:** Paediatric ward, Internal Medicine ward, Obstetrics & Gynecology ward, Surgical ward
 - **Out-patient services:** Paediatric consultation clinic, Paediatric TB clinic, Antenatal clinic
- Duration: **26/04/22 – 11/08/22 (5 months)**
- Sample: **Purposive Sampling Method**
 - **Inclusion Criteria:** adolescents (10 – 19 years of age) admitted to the wards, or receiving out-patient treatment in Alotau Provincial Hospital
 - **Exclusion Criteria:** adolescents who are hearing-impaired, and adolescents with learning or perception difficulties

- Data Collection:

- Face-to-face semi-structured interviews carried out with participants, in the presence of parent and/or guardians for those < 18 years of age.
- Single researcher – medical officer or medical student directly transcribing or recording and transcribing verbatim
- Contextual data was obtained from the participants' medical charts and/or clinic books
- Ethical consideration: An informed consent agreement was signed by the participant or guardian prior to the interviews.

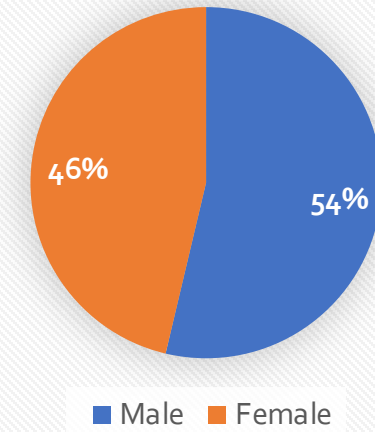
- Data Analysis:

- Participant answers were entered into a Microsoft Excel Spreadsheet
- Thematic analysis (Patton and Cochran, 2002)
 1. Read and annotate transcripts
 2. Identify themes
 3. Developing a coding scheme
 4. Coding the data

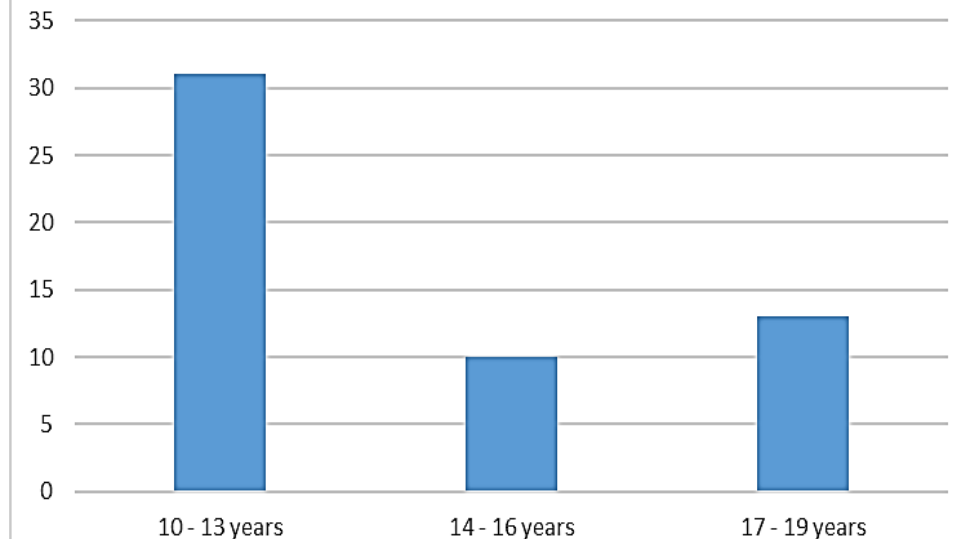
RESULTS

- Total: **54 participants**
- Pediatric Unit: 70% (n=38)
- Internal Medicine Unit: 4% (n=2)
- Obstetrics & Gynaecology Unit: 15% (n=8)
- Surgical Unit: 11% (n=6)
- Parent/Guardian present: 78% (n=42)

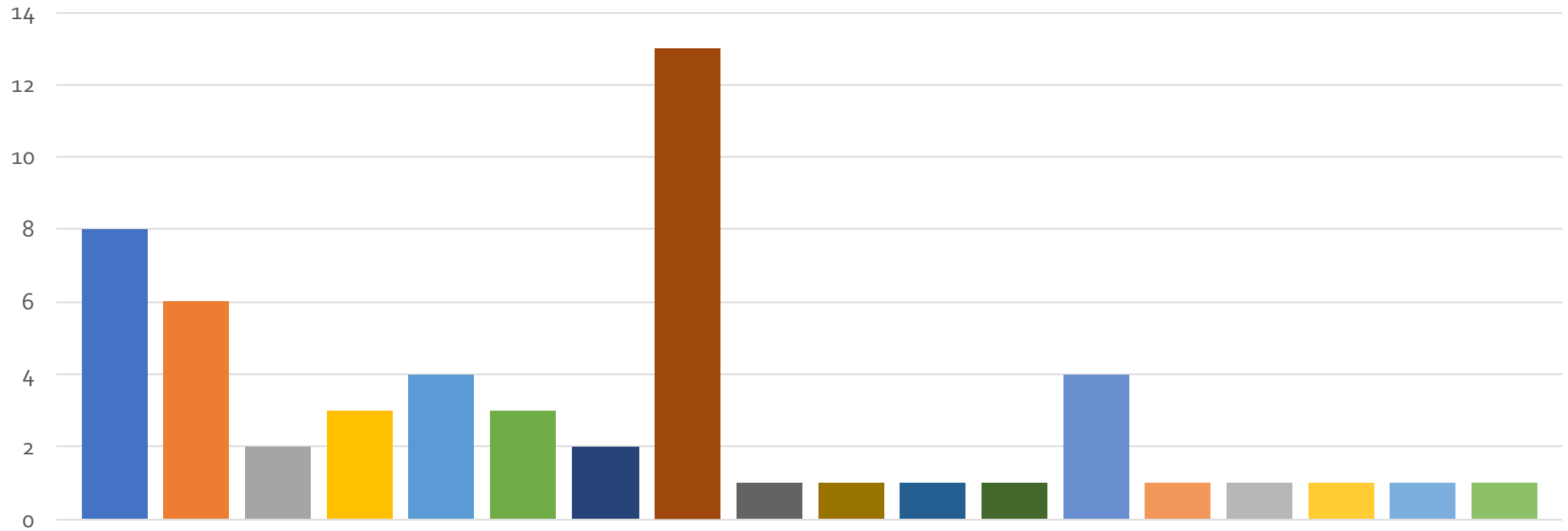
Gender Distribution



Age Distribution

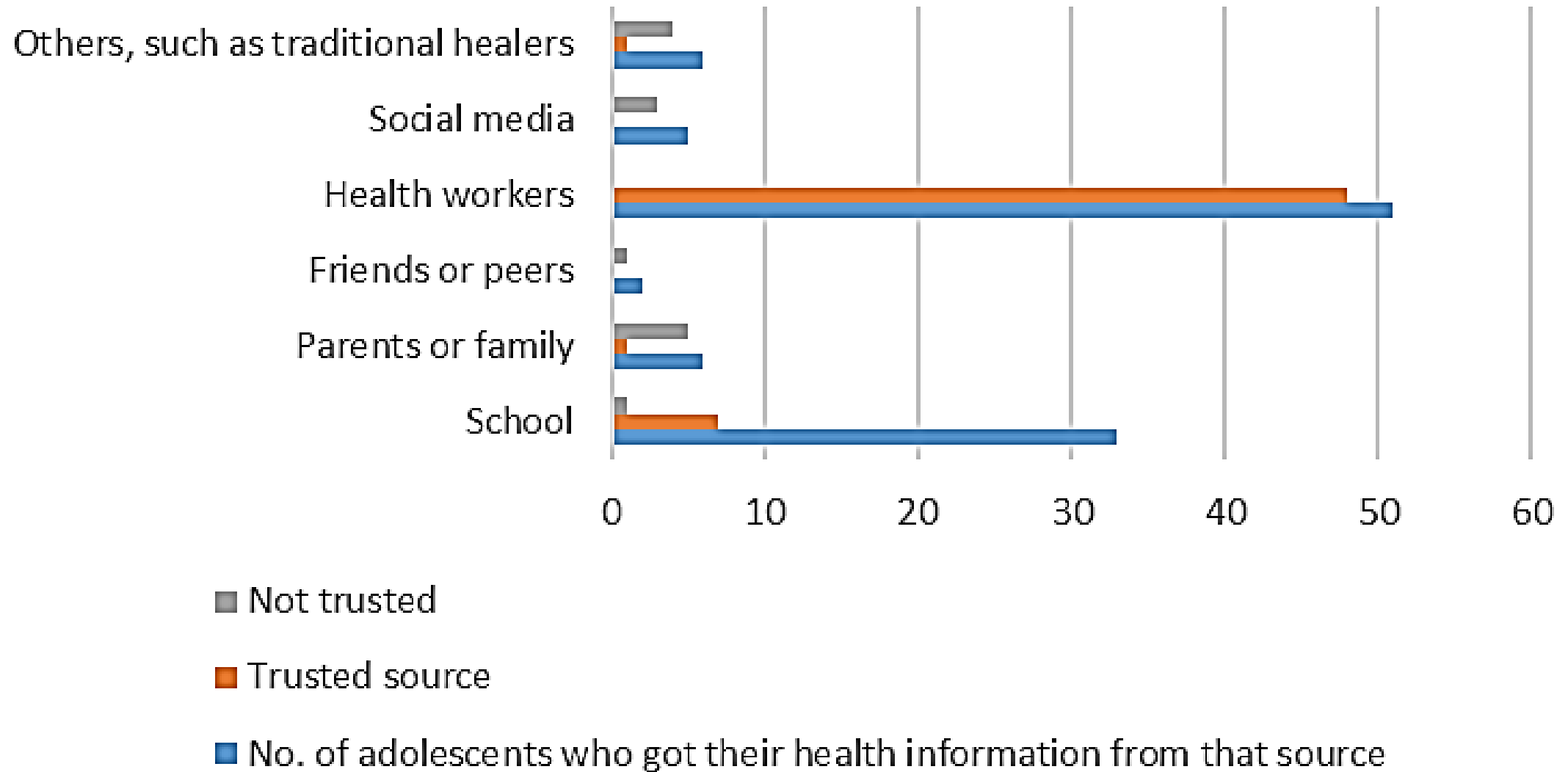


Disease Burden



- Rheumatic Heart Disease ■ Congenital Heart Disease ■ Hypo/Hyperthyroidism ■ Bleeding Disorders
- Malaria ■ Lipoma/Cyst ■ Trauma ■ Tuberculosis / HIV
- Epilepsy ■ Asthma ■ Antenatal ■ Incomplete abortion
- Normal Vaginal Delivery ■ Un-supervised delivery ■ Abscess ■ Nephrotic Syndrome
- Acute Bacterial Meningitis ■ Others

Sources of Health Information



Domains Assessing the Quality of Health Service

1. Experience in the Ward/Clinic

A. FIRST IMPRESSION

1. Happy/Relieved (n=12)

“I felt encouraged, and at ease because I knew I was going to get better” (P18. Male, 19)

2. Comfortable (n=7)

“Staff are OK. I feel comfortable” (P46. Female, 10)

3. Scared / Anxious (n=26)

"I was scared, because it was my first time in a big hospital. I didn't know what was going to happen. I asked my mum a lot of questions" (P02. Male, 13)

"I was scared, I didn't want the nurses to give me injections and the doctors to cut me" (P48. Male, 12)

"My father died from TB, and my younger brothers and sister have TB. I was worried the doctors will tell me I have TB too" (P22. Male, 15)

4. Indifferent (n=6)

"I'm already used to hospital/clinic visits" (P12. Male, 15)

5. Sad/Unhappy (n=3)

"I felt upset, I'm tired of re-admissions" (P05. Male, 13)

B. STAFF ATTITUDE

1. Friendly and respectful (n=52)

“The nurses and doctors were friendly and talked nicely to me... made me feel less scared” (P27. Male, 14)

2. Demeaning (n=5)

“I sometimes feel like they (nurses and doctors) talked to me, like I am a small girl” (P41. Female, 17)

3. Unfriendly (n=2)

“Generally, the staff were kind of mean” (P45. Female, 16)

C. PARTICIPATION IN CARE

1. **Appropriate (n=42)**

“The doctors told me I have a heart problem, so I have to keep coming back for reviews”
(P28. Female, 10)

2. **Moderate (n=4)**

“They (doctors and HEO) did explained little bit only to me, but they talked mostly with my bubu” (P49. Female, 12)

3. **None (n=8)**

“They (doctors and nurses) did what they needed to do, I just observe and follow orders”
(P53. Female, 12)

D. PATIENT INTERACTION

1. Comfortable around older/younger patients (n=37)

“I feel alright staying with other children. They don’t bother or disturb me” (P05. Male, 13)

2. Uncomfortable around older/younger patients (n=17)

“There’s a sense of discrimination that makes me feel uncomfortable” (P44. Female, 18)

2. Participant Preference for Health Services

Peer-focused / Adolescent-friendly setting (n=44)

“I would prefer being around my same age group because we can talk and make friends... More comfortable stay in the ward” (P33. Male, 18)

“The clinic always gives preference to the babies and small kids. If those my age had our own clinic, we wouldn't be made to wait so long...” (P34. Female, 11)

3. Main Health Concerns

1. **Sexual Reproductive Health (n=7)**

"I never planned to get pregnant, I didn't know about contraceptives or how to get them"
(P41. Female, 17)

"I didn't know about sexually transmissible infections" (P44. Female, 18)

2. **Violence (gender-based) and injury (n=4)**

"I am a victim of gender-based violence / sexual abuse" (P11. Female, 18)

3. **Mental health disorders (n=10)**

"she usually cannot take part in some school activities or social activities due to her illness"
(Po6. Parent of Female, 11)

"sometimes I'm sad because I take care of myself" (P25. Male, 13)

"I don't know if I will be able to finish school because I will have a baby to look after now"
(P38. Female, 18)

4. Health Care Priorities (n=9)

“There should be more places that offer counselling services for girls like me” (P38. Female, 18)

“More awareness should be done in schools and the community on sexual reproductive health and women’s rights & laws” (P44. Female, 18)

“The school should be made aware of my child’s condition” (P14. Parent of Female, 13)

“More health awareness, especially to local health centers, then the community; on adolescent health concerns and issues... Mental health disorders, non-communicable diseases...” (P47, Parent of Male, 13)

DISCUSSION

- Adolescents described having more negative (n= 35) first impressions of the hospital setting. A similar study done in the United Kingdom (Clift et al. 2007) found that anxiety played a huge role in the participants' experiences.
- Experience in the hospital (ward or clinic) generally noted to be positive, in terms of staff attitude (n=52) , participation in care (n=42), patient interaction (n=37). In contrast, a more recent study in the UK (Dean and Black. 2015) found that young people reported staff attitude to be varied towards them and there was a lack of family-centered care in the adult wards
- In regard to adolescent health concerns and priorities:
 - The Gaps in community program and service-based responses to young people's sexual, reproductive and maternal health are well documented in PNG⁸
 - Focus on disease prevention and health promotion³
 - Previous research has shown that peer support is a principal need for hospitalized adolescents and has recommended that adolescents should be accommodated with other individuals of a similar age (Norwich Union, 2001; Platt, 1959; Royal College of Paediatric and Child Health, 2003; Viner and Keane, 1998). The adolescents in this study highlighted peer support as a principal issue, which was considered to have been lacking in the experiences of most of the participants.

LIMITATIONS

- Implementation of data collection method – availability of researcher
- Participant and Researcher Bias

RECOMMENDATION

- Multi-disciplinary research team / peer-review
- Participant review
- Different data collection method

CONCLUSION

This study shows that adolescents are able to perceive the need for adolescent-friendly health services and advocate for improvement in the quality of health care received.

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- Staff of Disease Control Center (Alotau Provincial Hospital)
- Staff of Internal Medicine Unit (Alotau Provincial Hospital)
- Staff of Surgical Unit (Alotau Provincial Hospital)
- Staff of Obstetrics & Gynecology Unit (Alotau Provincial Hospital)
- Staff of Medical Records Department (Alotau Provincial Hospital)

REFERENCES

1. Lehtimaki S, et al. *Adolescent Health – The Missing Population in Universal Health Coverage*. World Health Organization /Unicef/ PLAN International / International Association for Adolescent Health / The Partnership for Maternal and Child Health / Child Health Initiative / UN Major Group for Children and Youth / UNFPA. 2020. Available from: <file:///F:/Adolescent%20Clinic%20%20Research/The%20Missing%20Population%20in%20Universal%20Health%20Coverage.pdf>. [Accessed 16th September 2021]
2. PNG National Department of Health – Government of Papua New Guinea. *National Health Plan 2021 – 2030*, Volume 1 – Policies and Strategies. Papua New Guinea; 2021. Available from: file:///F:/NHP%202021_2030%20DRAFT.%20over%2019%20June%202021.pdf. [Accessed 31st March 2022]
3. PNG National Department of Health and Pediatric Society of PNG. *Papua New Guinea Child Health Policy and Plan 2021 – 2030*, 3rd ed. Port Moresby, Papua New Guinea; 2015. Available from: <file:///F:/PNG-Child-Health-Policy-and-Plan-2021-2030-3rd Edition FINAL.pdf>. [Accessed 6th July 2021]
4. Steinbeck K, Brodie L (2006) Bringing In The Voices: A Transition Forum for Young People with Chronic Illness or Disability. *Neonatal, Pediatric & Child Health Nursing* 9(1): 22–6
5. Viner R (2007) Do Adolescent Inpatient Wards Make a Difference? Findings from a National Young Patient Survey. *Pediatrics* 120(4): 749–55
6. Clift L, et al. (2010) Adolescent’s Experiences of Emergency Admissions to Children’s Wards. *Journal of Child Health Care*. 11(3) 195–207
7. Dean L, Black S (2015) Exploring the Experience of Young People Nursed on Adult Wards. *British Journal of Nursing* 25 (4): 16–23
8. Bell S, et al. (2018) Youth-centered Research to Help Prevent and Mitigate the Adverse Health and Social Impacts of Pregnancy amongst young Papua New Guineans. *Reproductive Health Matters* 26 (54): 5 – 12.
9. Patton M Q, and Cochran M (2002). *A Guide to using Qualitative Research Methodology*. Medecins Sans Frontiers