

# 'I THOUGHT IT WAS JUST A PIMPLE'

A study examining the parents of Pacific children's understanding and management of skin infections in the home

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# Study Background

- ❖ Pacific children are more likely to be admitted to hospital for bacterial skin infections than non Pacific (Hunt, 2004; O'Sullivan et al., 2011).
- ❖ Increased to 2.9 and 4.5 times respectively, between 2000 - 2007 (O'Sullivan et al., 2011)
- ❖ Skin infections; one of the leading causes for acute hospital admissions of Pacific children yrs 2000-2006 (Craig et al, 2008)
- ❖ Skin infection complications for Pacific children: include death, paraplegia, dialysis (Hill et al., 2001; Miles et al., 2005)

Limited information is known about the management and preventative measures of skin sores in the homes.





## Aims & Objectives

To describe and explore Pacific parents' knowledge and understanding of managing simple skin sores at home prior to secondary infections which required hospital admission.

- ❖ To identify knowledge and understanding of skin care by Pacific parents
- ❖ To describe first aid resources and treatments available and practiced in the homes
- ❖ To inform the development of appropriate resources or other health education materials





## Research design

Descriptive qualitative methodology, informed by Pacific research frameworks of *Fa'afaletui* (Tamasese et al, 2005) and the metaphor of *Kakala* (Helu-Thaman, 1992)

Semi-structured interviews with 11 mothers of Pacific children aged 15 years and under who had been admitted to hospital for skin infection

Ethical approval from the Central Region Ethics Committee





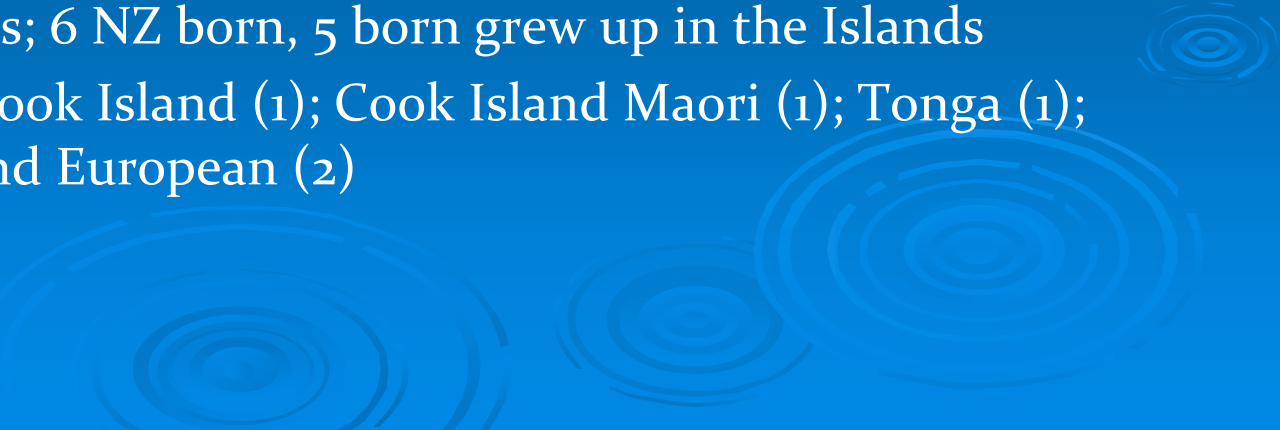
# Findings

## Participants' demographics:

### Children

- ❖ 11 Pacific children age 3 months – 15 years:
- ❖ 5 females, 6 males
- ❖ 2 attend preschools, 5 primary schools, 2 college students, 2 cared by grandparents
- ❖ All live with parents; 2 live in household of 3 people, rest live in household of between 4 – 7 people

### Mothers

- ❖ mean age 33yrs; 6 NZ born, 5 born grew up in the Islands
  - ❖ Samoan (5); Cook Island (1); Cook Island Maori (1); Tonga (1); Tokelau (1); and European (2)
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# Events leading up to the hospitalisations

General well being satisfied before admissions. First admissions for 8 children; 2<sup>nd</sup> admissions for 3, unrelated to skin infections

Unexplained changes on children's skin, flea bites, 1 injured toe. ....  
redness, rash, pimple,

Nine children were seen by GPs prior to admissions. Of these nine, four saw the GP once and five saw the GP two or more times.

Two children sought traditional medicine when conventional treatments failed

Three children were referred to the Accident and Emergency (A&E) by the GP and six were taken by the parents as children's condition deteriorated.





# Children's hospital diagnosis and care received at home

Admitting diagnosis	Home interventions	First Aid Kit
1) <b>Orbital Cellulitis</b> (chickenpox)	<b>Calamine lotion/pinetarsal</b>	<b>No</b>
2) <b>Insect bites</b>	<b>Herbal leaves, sea water, cream from chemist</b>	<b>No</b>
3) <b>Cellulitis calf</b>	<b>Chemist solutions</b>	<b>No</b>
4) <b>Cellulitis toe</b> (Diabetes type1)	<b>Wound cleansed with salty water (home made solution)</b>	<b>No</b>
5) <b>Infected nappy region</b> (Staph aureus)	<b>Vaseline</b>	<b>No</b>
6) <b>Periorbital cellulitis</b>	<b>Applied mild pressure with thumb to the affected eye</b>	<b>No</b>
7) <b>Cellulitis leg</b> (strep pyogenes)	<b>Ointment &amp; bath</b>	<b>No</b>
8) <b>Groin abscess</b> (staph aureus)	<b>Ointment, pamol &amp; traditional herbs</b>	<b>Yes</b>
9) <b>Bollous impetigo</b>	<b>Water cleansed, mother attempted to burst blister</b>	<b>Yes</b>
10) <b>Cellulitis buttock</b>	<b>Dressed chemist material/product</b>	<b>Yes</b>
11) <b>Orbital cellulitis</b>	<b>Drop of breast milk; Eye cleansed with warm flannel Mild pressure applied on affected eye</b>	<b>No</b>



# Themes and subthemes

## Parents in action

- ❖ Recognising and monitoring the signs and symptoms
- ❖ Parents initial responses to the signs and symptoms

## The search for healing and cure

- ❖ Going back and forth
- ❖ Children's health deteriorated rapidly

## Household Activities

- ❖ Family history of skin sores
- ❖ Impact of mothers' beliefs on treatment

## Health Information for parents

- ❖ Limited access to skin infection information
- ❖ Mothers want to learn more







## Participants voices.....

I'd say Sunday, I noticed a spot on his back and I thought it was just a pimple and I took him to Kohanga on Monday and he had more spots, like he grew a few more...(Mother #1, infant)

It happened very fast. It was a big bubble on his leg, it was all red, he was crying, he had a fever so we took him straight to A & E and they admitted him. They said that oral antibiotics is not going to work ... (Mother #7, toddler)

.....his father rang the local clinic and tried to make an appointment but was told that they couldn't get in because they didn't have many doctors and would take two weeks. He didn't accept that so we went down and he demanded to see a nurse at least or someone who could see our son's bites (Mother #9, toddler)

I applied them [pamol & cream] for 2 days but no change. I took her to the fofo Samoa to see if there was something to draw the pus out in case we take her in [hospital] and make her very sick..... (Mother #8, toddler)



# Discussions

## Implications: Primary Health Care

- ❖ Primary health care nurses should be more vigilant in their assessment and the follow up of children with skin sores
- ❖ Health literacy is a barrier to understanding health issues – hence the importance of appropriate health resources
- ❖ Utilisation of qualified Pacific nursing workforce in the community
- ❖ Treatment effectiveness & adherence
- ❖ Consider parents understanding, different cultural practices and beliefs



# Recommendations

- ❖ Comprehensive study to verify results in this study
- ❖ Explore perspectives, events and actions from multiple stakeholders on children's presentations
- ❖ The need to establish the effectiveness of the available health resources for Pacific families
- ❖ Information on skin care to be included in the Well Child Tamariki Ora – Health Book





# **Fa'afetai - thank you**

**The parents and children who volunteered  
their time to tell their stories**

**The nurses who helped with recruitment**

**The Health Research Council and Victoria  
University who funded the study**

**Dr Margaret Southwick**

**RPH, Hutt Valley - conference attendance**

