Tongan Mothers In New Zealand, A Well Child Health Project Essay, Research Paper

INTRODUCTION

Over the last few decades, the backbone of monitoring child health has been the use of growth chart and childcare records (King, M. 1978). These have been more widely used in developing countries than in developed countries because of lower accessibility of health services. Since the universal promotion of Primary Health Care in 1978 (WHO/UNICEF, 1978), there has been an increase in the investment on child health monitoring, albeit insufficient, especially in deprived communities of both developing and developed countries.

In New Zealand, monitoring of child health have been systematically developed through Plunket and Public Health nursing services (MOH, 1998). The focus has been the use of Well Child Health book (WCH). Over the years, the WCH book have developed from growth monitoring using weight, height and age to a comprehensive booklet to cover growth monitoring, immunization, nutritional status, records of sickness episodes and other reasons for use of health services. The latter version has also included health promotion materials for mothers and health care workers.

The wide use of the WCH book has not been accompanied by stringent research to assess its efficacy. That is, the book has been widely used but to date no research have demonstrated that the health of children using the book is better than those not using the book. Much of the work done has been focussed on the utilization and coverage.

This project is a pilot study qualitatively assessing the use of the WCH book among Tongan mothers. There is no ethnic specific data available to examine ethnic specific aspects of use of the WCH book among communities wherein English is a second language. This study will also contextualise the knowledge, attitude and practice of the WCH book of Tongans in Auckland.

The research objectives were:

+ To explore Tongan mothers attitudes towards the Well Child Health book and it’s usefulness

+ To develop recommendations for better utilization of the Well Child Health book by Tongan mothers.

What is Well Child Health book?

It is an information book about health and development of child. This book is for the mother to keep and use for your child. It is part of the Well Child – Tamariki Ora Program. The program helps parents and caregivers keep children well by providing:

+ Support

+ Information and advice and

+ Regular health checks as your baby grows.

All children develop at different rates. Your child will have her own state of wellness and health.

The Well Child-Tamariki Ora checks is done by a nurse, doctor or midwife who has been specially trained to do immunization and child screening checks of babies and children.

The Well Child-Tamariki Ora health workers include midwives, nurses, doctors, community health workers, dental therapists and vision-hearing testers. These health workers are all there to help you bring up a healthy happy child.

METHODS

Five Tongan mothers in the Auckland area were selected to take part in this research. Convenience sampling method was used, as they were easy to be recruited, likely to participate and respond and near at hand (Bowling, A. 1997). Moreover, there is no language problem. These mothers were recruited during a Pacific consultation for maternity review in Auckland. Having identified their names, they were then approached about the research, which they were all happy to participate. Names, phone numbers and addresses were taken so I could contact them for the interviews. The youngest respondent was 21 and the oldest was 38 years old. Of the five mothers, one was a single mother and the rest were all married. Geographically, one respondent was from Pakuranga; one from Otahuhu and the other three respondents lived in Mangere.

Contact was made and time was arranged for the interview. Each prospective participant was met and explained about the research at their own place. An information sheet (information sheet enclosed) outlining the research project and what is involved was given to these respondents. Two of the respondents needed the information sheet and consent forms explained and translated into Tongan.

Once consent had been obtained, a face to face interview was undertaken. The interview were semi structured (Robson, C. 1993). The interview began with an introductory talk in which thanks was extended to them for their participation, explaining the project briefly, explaining the consent form and confidential issues, explaining her right to ask questions, withdraw herself or any information from the study (Robson, C. 1993). When all the above issues were dealt with, the respondent was asked to sign the consent from (consent from attached). Questions asked were related to these areas:

+ Understanding of WCH book

+ Usage and usefulness of the WCH book

+ Duration of use and why stopped

+ Recommendations

An open-ended question for each area was prepared in order to get a checklist for the interview (Robson, C. 1993). Probing questions to clarify answers and to cover the area followed each main question (Bowling, A. 1997). Each interview lasted around 30 – 45 minutes and took place at the participants; home. All interviews were undertaken in the participant’s first language (Tongan) and audiotaped with the consent of the participant. There was no objection at any point in time about being audiotaped. Relevant facts were also noted during the interview, which would help clarify specific issues.

Audiotaped interviews and notes were transcribed into English. During the analysis stage, the information from the transcription was first categorized according to the main areas (David, R.T. 1996). Then the frequency of each datum was counted in order to get quantitative data set of the research. Data, which go together, are grouped so as to develop sub-categories under the main categories. Repeated scrutinizing the quantitative data set (David, R.T. 1997), the recorded tape and the transcription helped to do a qualitative data analysis, which is described in the research finding section.

RESEARCH FINDINGS

Research findings are presented under these main headings:

1. Understanding of WCH book

2. Understanding of usage of the book

3. Usefulness of WCH book

4. Duration of usage of book

5. Barriers to using the book

6. Recommendations

1. Understanding of WCH book

According to the research findings, 3 of the 5 participants had a very good understanding of the book. One had a fair idea of what the book was about and one participant had no idea of what the book was used for except for immunization records. The five participants had different level of understandings, which depended a lot on who and how the information was explained to them.

1.1 Where the WCH book was given

Four of the participants said that the book was given to them at the hospital before they left the hospital. One of the participants got given the book at home when the nurse visited the next day after being discharged. The respondent said:

I saw the nurse giving the book to one of the mothers. When I left I wasn’t given a book and I was worried and concerned that something might happen to baby and I wouldn’t know what to do especially when this is my first baby.

1.2 Who gave the book?

All the five participants mentioned that a nurse gave them the book. One responded:

I was not sure what sort of nurse gave me the book because they all looked the same and they were all nurses to me.

Another respondent said:

There were so many nurses there, I was not sure whether they were ma’uli (midwife), doctor or just a Pink nurse (trainee nurse in Tonga), you know what I mean eh! All I know I got given a book by a nurse.

1.3 Explanation of the book

All five participants mentioned that there was minimal explanation about the book by the nurse. The degree of explanation ranged from here’s the book, go and read it to assuming that we all know about the book. Three of the participants spoke fluent English, and the other two had very little understanding of the English language. One respondent said:

The nurse came and gave me the book and said, this book is for baby, take it home and read about it. Before I said anything she had walked off. I was too shy to call her again in case she gets angry with me.

Another respondent said:

The nurse said to me take to Plunket for her needles and she will tick, tick, and tick. All I understood was the Plunket and the tick, tick, and tick bit. Fortunately my mother was home to help me with baby but not the book. The Plunket nurse came and did just that, tick tick, ticks.

All the participants mentioned that the most they heard from the nurse was about baby’s growth and immunization and no further explanation.

2. Understanding of the Usage of the book

All the respondents were aware that the book was to be used for the baby for some reason or another. The degree of use varied from record to resource and immunization.

2.1 As record

All the respondents mentioned and understood the book as keeper of records for the baby. One respondent said:

I use it to keep all the records of my baby’s activities. I’ve kept a diary since I was 13 years old, I know it is good and I want to do the same for my baby.

Another respondent said:

The only time I use this book for is to keep a record of my baby’s immunization when I go to the Plunket or the family doctor.

2.2 As resource

Majority of the respondents mentioned that the book has plenty of information about baby’s growth, first aid, nutrition that any mother or caregiver could look up if they need any information and still feel comfortable at the end. One respondent said:

As a first time mother, I feel good and confident that I can look up any information I need for my baby when no one is around until nurse comes.

Another said:

Even though I don’t understand or speak much English, I feel ok when I see the pictures in the book until the nurse comes.

2.3 To confirm information

One respondent in particular said:

I have my family to support me and I use this book as a way of confirming what my family tells me about my baby. I am young and sometimes they tell me things that are old to my way of thinking. I use the book to keep the balance.

3. Usefulness of the WCH book

All the participants mentioned that the book is very useful once you understand. Two of the participants who had little understanding of English said:

3.1 For me

Although our English is not very good, we know that the book has lots of information for me and my baby which are useful in order to keep my baby healthy.

3.2 For my baby

One respondent said:

This is my Bible. I take it with me whereever I go. I feel safe with it because it’s just so useful; it has everything I would need if my baby were not well.

Another respondent said:

I don’t have my mother with me all the time, so this book is good for me. I don’t feel lost and I don’t have to rely on my family for every thing to do with my baby’s health.

4. Duration of use of book

All the participants had varying time of usage ranging from 0-5 years. Majority of the participants mentioned that they religiously used the book for their first baby only. Being a first time mother, you just want to do everything right for the baby, come second baby and the rest, you loose that novelty because it’s the same thing over again. One respondent said:

It’s the same old thing, why bother using the book. I am an old hand at it now.

Another said:

There’s nothing new, so I’ll just use it for the immunization; at least my baby’s immunization record will be kept up to date.

Another said:

I stopped using the book after my first baby. I know that my Family Doctor was keeping a record of my baby’s health etc which is exactly what I’m doing. Why should I do the same when my Doctor is doing it for me, beside I pay her enough so she should. So I’ve stopped using the book since my second baby and I have four children now.

5. Barriers to using the book

While all the participants agreed that the book is useful and an asset to the mother and child, there were aspects of the book they did not quite like which made them stopped using the book.

5.1 Size

There was mixed feelings about the size of the book. For the mothers with 2-4 children, they felt the book was too thick and unnecessary extra weight to carry around especially when it’s the same thing. One respondent said:

It’s just too bulky. Sometimes I cannot fit it in the nappy bag so it gets left behind.

Another said:

It is much too thick for us mothers with many children because there’s nothing new in it. It should be smaller in size for mothers with second, third babies etc.

5.2 Content

All the participants stated that the content is fine for first time mothers but felt that it is boring and monotonous for second time round mothers. One said:

I would like to see something different. It is boring looking at the same thing day in day out.

Another said:

There is no specific Tongan illness like “mavaeua” (natural closure of the fontanels) or “tapitopito” (umbilical hernina) or “makehekehe” (winding condition). If some of the Tongan illnesses or conditions had been included in the book, then I would use the book more often.

5.3 Presentation

Majority of the participants liked aspects of the book. All stated that they did not like the cartoon type pictures and the dull colors. One said:

I want to see the real thing. I want real baby pictures instead of the cartoon type, and I’d like to see more bright colors used.

5.4 Language

All participants stated that the WCH book should be translated into Tongan. Those that could understand English felt very strong about it. The few that could not speak English well were adamant that if the book had been translated into Tongan, they would have understood and used the book more often and more importantly more effectively to ensure their baby is healthy and stay healthy. One said:

I swear if the book was written in Tongan, I guarantee my child would have been more healthily because I would have read and understood what the book was about and give my best to my baby.

6. Recommendations

1. Awareness program for hospital nursing staff on full and clear explanation about the WCH book and its use.

2. Using real baby pictures and events.

3. Use bright colors to attract attention.

4. Reduce size of book for mothers with two or more children so that its not boring and repetitive.

5. Include specific Tongan childcare practices and illness common to them and to other ethnic groups.

6. A separate card system for immunization records.

7. Keep the WCH book at the clinic.

8. Use of ethnic specific interpreters for better understanding.

DISCUSSIONS

The five Tongan mothers selected for this research were willing and keen to talk about the WCH book They talked openly about their perceptions and experiences both as a mother and a caregiver. They were very keen to share their likes and frustrations about the use of the book. Although the majority of the participants had a clear understanding of the book and usage, a few had little understanding which was mainly due to minimal explanation by the nursing staff at the hospital and more importantly the language barrier.