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# Primary health care management challenges for childhood atopic eczema as experienced by the parents in a Gauteng district in South Africa

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## ABSTRACT

The goal of this study was to explore and describe the experience of parents regarding the primary health care (PHC) management of their children's atopic eczema in a Gauteng district. A qualitative, explorative, descriptive, contextual embedded single case study design was employed. Data were collected through semi-structured individual interviews, field notes and direct observation until saturation occurred; analysed according to Tesch's steps of descriptive data analysis. Trustworthiness and ethical measures were used and were employed.

Three themes were identified. Management challenges, the second theme with sub-themes: drug management, knowledge levels of PHC clinicians, health education and financial challenges, will be discussed.

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## 1. Introduction

### 1.1. Background

Atopic eczema (AE) is a common disease in most countries (Odhiambo et al., 2009). According to the World Allergy Organization (WAO), allergic diseases, of which AE is one, are on the rise worldwide and 20–30% of the world's population suffers from an allergic disease (Manjra et al., 2005; Pawankar et al., 2008). There is not much data on AE prevalence in South Africa. Two South African studies, one in Cape Town and one

in Limpopo Province, indicated a prevalence of AE in adolescents at around 19.5% (Wichmann, Wolvaardt, Maritz, & Voyi, 2007; Zar, Ehrlich, & Weinberg, 2004). Neither South African statistics for younger children (0–14 years) with atopic eczema nor Gauteng statistics for this condition are available.

Allergies can manifest in different ways and at any age. The most common allergic diseases are AE, asthma, allergic rhinitis and allergic conjunctivitis. During the first years of life, eczematous and gastrointestinal symptoms usually predominate in a typical atopic child. Asthma and allergic rhinitis and/or allergic conjunctivitis tend to develop later. This is the

Abbreviations: PHC, primary health care; PHCC, primary health care clinician; CAE, childhood atopic eczema; AE, atopic eczema; WAO, World Allergy Organisation.

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so-called 'atopic march' (Johansson et al., 2001; Manjra et al., 2005).

There are different criteria that could indicate a child has atopic eczema. The PHCC should suspect AE if the child presents with the features of atopy, using one of the available sets of criteria, such as Hanifin and Rajka (1980) or the UK working party diagnostic criteria for AE (Williams et al., 1994).

### 1.2. Problem statement

Childhood atopic eczema has a significant effect on the patient and family. The physical and emotional effect that CAE has on the well-being of the patient and the family has been widely researched (Barnetson & Rogers, 2002; Carr, 2009; Lewis-Jones, 2006; Meintjes & Nolte, 2015; Su, Kemp, Varigos, & Nolan, 1997; Van Onselen, 2009). Further AE is often undertreated, despite the disabling effect it has on the quality of life of the patient (Carr, 2009; Manjra et al. 2005). In a survey done by Oilatum® Junior in the United Kingdom for the national Eczema Society (NES) it became clear that parents of children with AE suffered due to too little information, treatment and support received from the PHCC (Spink, 2009). In her practice as specialist dermatology nurse in the United Kingdom, Van Onselen (2009) found that parents were frustrated during their first appointment with her, because they have not previously been accorded the time for support and information. There is no study found on how PHC management of CAE is experienced by parents in Gauteng. Although AE is a condition that is regularly seen in PHC facilities in Gauteng, there are no statistics kept on the number of patients seen with atopic eczema (children and adults).

There are many treatment guidelines for CAE in the world. In South Africa there is a management guideline for the management of atopic dermatitis available that mainly focuses on medical doctors (Green & Sinclair, 2014) and a consensus document on CAE that provides management guidelines (Manjra et al., 2005). The Standard Treatment Guidelines and Essential Drug List (EDL) (Department of Health, 2008) is the protocol that needs to be followed by the PHCC in the public sector in treating patients for various conditions, including AE. The treatment protocol in the EDL gives limited guidance on management of CAE to the PHCC, especially when compared to the CAE consensus document for South Africa. The question arose: How do parents experience the PHC management of CAE?

### 1.3. Research objective

The objective was to explore and describe how parents experience the PHC management of CAE in the public sector of a district in Gauteng.

### 1.4. Definition of key concepts

**Atopy:** The WAO defines atopy as "a personal and/or familial tendency, usually in childhood or adolescence, to become sensitized and produce IgE antibodies in response to ordinary exposure to allergens, usually proteins. As a consequence, these persons can develop typical symptoms of asthma, rhinoconjunctivitis, or eczema" (Johansson et al., 2004).

**Eczema** is a chronic inflammatory skin disorder that develops mainly in early childhood (Hofer & Leung, 2002; National Institute for Health and Clinical Excellence (NICE), 2007), but could also develop in adulthood for the first time (Heyl & Swart, 1990)

**Childhood:** According to the Children's Act no 38 of 2005 (Department of Health, 2006), a child is a person under the age of 18. In this study, childhood will refer to children 0–14 years of age.

**Primary health care:** PHC in South Africa is the first level of health care. According to the African National Congress' National Health Plan for South Africa (ANC, 1994) PHC forms the central focus for health services. In the public health sector of a district of Gauteng, PHC is mainly rendered at clinics or community health centres by PHCCs.

**Primary health care clinician (PHCC):** In the context of this study, a PHCC is a nurse registered with the South African Nursing Council (SANC) as a general nurse, as well as a community health nurse, who is preferably also registered with an additional qualification in Clinical Nursing Science, Health Assessment, Treatment and Care (South African Nursing Council, 1997: Regulation 48). This group of PHCCs was the focus of the study, although medical practitioners who hold a Bachelor's qualification in Medicine and Surgery (MBChB) and work full or part-time in a PHC facility could also be part of the research as they follow the same treatment guidelines as the nurse PHCCs.

**Parent:** "A father or mother, one who begets or one who gives birth to or nurtures and raises a child" (The Free Dictionary, <http://www.thefreedictionary.com/parent>). The parent in this study is the mother or father of a child with AE.

**Experience:** "An event or a series of events participated in or lived through." (The Free Dictionary, <http://www.thefreedictionary.com/experience>). The lived experience of parents with a child suffering from AE is explored.

**Management:** "Coordinated care and advocating for specified individuals and patient populations across settings to reduce costs, reduce resource use, improve quality of health care and achieve desired outcomes". (The Free Dictionary, <http://medical-dictionary.thefreedictionary.com/management>). In this study management refers to the way a child with AE is treated on the PHC level.

### 1.5. Contribution to the field

One of the rationales for this study was to provide parents an opportunity to describe how they experience the PHC management of CAE. In exploring the phenomenon in this case study, insight was gained on how parents experience PHC management of CAE in the public health system of South Africa.

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## 2. Research design and methods

### 2.1. Design

The study was qualitative, explorative and descriptive with the aim to explore and describe the experience of parents of

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