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Experiences of Indonesian Mother Managing Preschool Children's Acute Abdominal Pain in Taiwan



Chiu-Lien Tseng RN, MSN^a, Chu-Yu Huang RN, PhD^b, Jeong-Hwan Park RN, PhD^c, Hung-Ru Lin RN, PhD^a, Shu-Yuan Liang RN, PhD^a, Su-Fen Cheng RN, PhD^{a,*}

^aSchool of Nursing, National Taipei University of Nursing and Health Sciences, Taipei City, Taiwan, R.O.C.

^bDepartment of Nursing, Cedarville University, Cedarville, OH

^cDepartment of Nursing, Chosun University, Dong-Gu, Gwangju, South Korea

Received 5 April 2014; revised 25 July 2014; accepted 3 August 2014

Key words:

Acute abdominal pain;
Preschool children;
Cross-cultural care;
Pain management

The aim of this study was to understand the Indonesian mothers' experiences of managing preschool children's acute abdominal pain. The descriptive qualitative research design comprises semi-structured interviews with 11 Indonesian mothers. The qualitative content analysis revealed three themes, including (1) insight of abdominal pain, (2) "inheritance of the strategies for assessment of management for abdominal pain from the family of origin", (3) "obstacles and insights related to cultural differences". The results presented that pain management was affected by family, environment, cultural background and religious beliefs. Healthcare providers should provide culturally competent pain management care for the patients of difference nationalities.

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TRANSNATIONAL MARRIAGE HAS become a common phenomenon as the society becomes global (Ko, 2012; Merali, 2008). According to Department of Household Registration Affairs (2014), transnational marriages in 1998 accounted for 7.16% (not including Mainland China, Hong Kong, and Macau) of total marriages, and reached 15.47% in 2004. To deter con crimes and violations resulting from fake marriages, Ministry of Foreign Affairs strengthened the interviews of foreign spouses abroad in 2005, as a result, transnational marriages rapidly declined to under 10% (Department of Household Registration, 2014). In Taiwan, the transnational couples typically involve female spouses from Southeast Asia, with Indonesian being the second largest population. The primary responsibility of these female spouses is to bear children. Most of them become

pregnant within 1 or 2 years, which forces them to face child-care issues in a country with different cultural and religious beliefs (Tai & Chung, 2002). As the Indonesian mothers who are involved in transnational marriages with Taiwanese spouses and reside in Taiwan (referred to as "the Indonesian mothers") care for their children, these mothers use Indonesian values, beliefs, life styles and stereotypical ways of child-care (Liang & Wu, 2005). Folk medicine and religious rituals may be used as they attempt to alleviate their children from pain (Dewi, Petpichetchian, & Songwathana, 2007). These Indonesian mothers are characterized by younger maternal age, limited linguistic communication ability, lower educational level and lacking in child rearing experiences and knowledge, which result in their uneasiness in child-care (Chuang, Shu, & Huang, 2013; Hwang & Chang, 2003; Shu, Chuang, Lin, & Liu, 2008). Furthermore, their lower socioeconomic status and limited social resources contribute to the unawareness and inability to access and utilize healthcare resources. Hence, issues on healthcare

* Corresponding author: Su-Fen Cheng, RN, PhD.
E-mail address: sufen@ntunhs.edu.tw.

arose among these Indonesian mothers in transnational marriages. One example of the healthcare issues that these mothers encounter as the care-providers for their children is acute abdominal pain.

Pediatric acute abdominal pain is a common pediatric chief complaint, and is one of the primary reasons to seek medical treatment in the pediatric population (Dryden, 2005; Oakes, Anghelescu, Windsor, & Barnhill, 2008; Zisk, Grey, MacLaren, & Kain, 2007). Acute pain may bring negative impacts on children including limited physical activities, decreased willingness and capability to participate in self-care, and diminished quality of life, and further impact children's reactions toward pain in the future (Grunau, Holsti, & Jeroen, 2006; Koh, Harrison, Palermo, Turner, & McGraw, 2005). Pain alleviation in children closely relates to the parental perceptions and assessment of their children's pain intensity and behavioral manifestations of pain (Pillai-Riddell, Horton, Hillgrove, & Craig, 2008; Pillai-Riddell & Racine, 2009). The assessment, expression and meaning of pain may be influenced by parental psychological, social and cultural factors (Batista et al., 2012; Finley, Kristjansdottir, & Forgeron, 2009; Melzack, 1999). Particularly, differences in cultural backgrounds and ethnicity contribute to diverging perceptions and description of pain intensity, which impact the relationship between healthcare providers and patients, and the quality of pain management (Batista et al., 2012; Chen, 2004). In other words, management of pediatric acute abdominal pain is closely related to the care provider's cultural backgrounds and ethnicity.

In most cases, children seek support and care from their mother as they experience pain (Berk, 2013). Because of the limitations in comprehension ability, language capability and vocabularies, infants and younger children rely on their mother to communicate with healthcare providers regarding pain (Lin, 2012; Pillai-Riddell, Stevens, Cohen, Flora, & Greenberg, 2007). In general, mothers' cultural backgrounds, religious beliefs, and life styles influence their child-rearing practices, health beliefs, health behaviors, willingness to seek medical assistance, and expressions/vocabularies of pain (Pillai-Riddell & Racine, 2009; Taveras & Flores, 2004). In addition, mothers' perceptions and interpretations of pain affect not only their children's reactions toward pain but also the healthcare providers' assessment of their children's pain. Such impact of cultural background on mother's care for children may be found among the Indonesian mothers who are involved in transnational marriages with Taiwanese spouses and currently reside in Taiwan. Without a clear understanding of the cultural differences between Indonesia and Taiwan, and the Indonesian mothers' influences on their children's reactions toward pain, healthcare providers will be unable to obtain accurate pain assessment of the children for effective pain management. However, the current literature in Taiwan on the topic of transnational marriage tends to focus on the foreign spouses' adjustment and their children's learning and educational issues (Chen, Lee, Yu, & Huang, 2005; Chuang,

Chen, & Shu, 2013; Chung, Wang, & Chen, 2006; Hsieh, 2007). No research study addressed the Indonesian mothers' experiences of managing their children's acute abdominal pain. Therefore, it is critical to understand how the mothers manage their children's abdominal pain in the context of cultural differences resulting from their transnational marriages. Therefore, the purpose of this study was to understand the experiences of managing pre-school age children's acute abdominal pain among the Indonesian mothers.

Method

Study Design

A descriptive qualitative research design was used as the research method to understand the experience of the Indonesian mothers managing their children's abdominal pain.

Participants

A total of 11 Indonesian mothers participated in the study. Using purposive sampling and snowballing sampling, the participants were recruited from a pediatric unit in a regional hospital in HsinChu, Taiwan. These sampling strategies were selected due to the specificity of the population being Indonesia mothers involved in transnational marriages, and the difficulty of locating the potential participants. The selection criteria includes: (1) mothers with experiences of caring for their children (aged 3–6 years) while hospitalized for acute abdominal pain, (2) Indonesian female spouses of transnational marriages who reside in Taiwan, and (3) able to communicate with Mandarin, Taiwanese or Hakka. Potential participants who satisfied the selection criteria were recruited to participate. The participants were invited to refer friends who met the selection criteria to the researchers. The researchers then approached the potential participants for participation. Recruitment of participants continued until data saturation was achieved. Recruitment stopped after the 11th interview since the researcher noticed the occurrence of repetitive themes with no emergence of new data.

Data Collection

Data collection was conducted from August to December 2009. A semi-structured interview guide was used for the one-on-one in-depth interviews. The interview guide was developed based on the modified Children Pain Experience Interview Guide (Cheng, Foster, Hester, & Huang, 2003) (Table 1). Interviews were scheduled at the time of the participants' convenience. Throughout the interviews, the researchers observed the participants' nonverbal expressions and established a comfortable atmosphere to decrease the participants' anxiousness. By the end of each interview, the researchers summarized the interview contents and verified with the participants whether the content

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