Oral Health In Young Australian Aboriginal Children

Posted on August 24, 2019

Research Team And Reflexivity

The research on “Oral Health in Young Australian Aboriginal Children” is quantitative research on the perspective of parents of parents on oral health. It was conducted by Angela Durey, Dale McAullay, Bill Gibson, and L.M. Slack-Smith. The authors are experts in research, having conducted several studies on health-related research. Angela Durey McAullay is an Associate Professor at the University of Western Australia in the Department of Dental School. She has published in academic journals related to Anthropology, Rural Health, and Racism in healthcare settings. However, Angela Durey has a PhD from E.Cowan. McAullay is also an associate professor at the University of Western Australia and has a PhD. McAullasy has been an associate professor for several years, and therefore, he has a wealth of experience in research on health-related issues. Louis M. Smith is an associate professor at Washington University and has published books and academic journals in the field of health and journalism. Bill Gibson is a PhD holder and an associate professor in the School of Economics at the University of Massachusetts.

In brief, the authors who participated in this study have PhD in different fields and associate professors in different universities in Australia as well. It is, therefore, to make the research more valid and reflective of the condition of Oral Health affecting young Aboriginal Children. The researchers were both male and female. It is evident the research team was very competent since they are experienced and skilled professors drawn from various institutions of learning. Critical analysis revealed that almost all the authors have published other articles, journals, peer reviews, and books in different fields of study. For instance, Angela Durey has published books that are used in school for health training and other journals.

It is revealed that the relationship was made between the researchers and the group prior to the study. It was done to make sure that there was a good network and understanding among the team. It was also necessary so that the objectives and goals of the study were made clear to the participants to address any kind of misperception which could have affected the study. It is established that the team met and agreed on the goals and briefed the group drawn from the Aboriginal community on the intended study, goals, achievable, main objectives, and reason for conducting the study among Aboriginal children.

However, the participants did not know much about the researchers beyond the reason for conducting the research. It is evident that the research team only visited the region and was introduced to the team by healthcare provider officials, which included Aboriginal heads of nursing practitioners. It is

important to note that Aboriginals are Indigenous Australians who still practice their traditional healthcare system, and the community is culturally tied and believes in their way of life; therefore, the researchers had to understand aboriginal ways of healthcare provision and conduct, and it is why they had to be introduced to the team of other healthcare professions from the community.

The interview report indicates there are no negative activities in the field, especially among the participants. However, there were some misunderstandings with some of the participants, which is normal for the kind of study that was being conducted. The participants, the viewer, and the interviewers worked in collaboration to make sure that the best result was delivered and the content of the result was kept. It was reported that the interest of the interviewers was to understand the healthcare provision system within the Aboriginal community and the persistence of oral healthcare despite the heavy funding by the government. The interviewers also wanted to know whether there are other factors that are cultural or traditional tied to the dental problems in the Aboriginal community since most children have oral-related diseases, and understanding any cultural links would help in addressing the oral-related health issues affecting the Aboriginal children.

Study Design

The research was conducted using qualitative research design, it is therefore, means the study design is qualitative design (Ospina, 2014). According to Ospina (2014), qualitative design research is a method of research where a problem is developed into a question and then asked the participants. The study was conducted in a group of women drawn from Aboriginal and nonaboriginal backgrounds. This was done to make sure that both perspectives are brought into the research so that there can be a proper understanding.

Methodological Orientation And Theory

The study was conducted based on ethnography in order to understand the Aboriginal culture and practices that can be related to oral health. As stated by Brewer (2014), ethnography is the analysis of the culture or social practices of a community through observation and participation. It is usually done through observation and asking questions, and notes are taken. However, the research was conducted using both ethnography and group theory, where women were asked questions regarding the health of their children and the kind of care they usually provide to children. The importance of using the two methodologies is that the researchers were able to get the perspectives of parents and also observe the cultural and social practices of Aboriginals so they can study and understand the oral health of young Aboriginals in Australia (Genzuk, 2015).

The study was sampled using purposive techniques. Purposive sampling is the method of sampling where the selection of participants is based on the characteristics of the population and the objectives of the study (Tongco, 2013). Since the study focused on children, it was important to select women as

participants. Therefore, women were used, and the selection was based on whether a woman had a child and gave birth recently. First, the study was conducted through group discussion, in which fifty-one women from Aboriginal and non-original countries participated, along with one interviewer. The group discussion occurred within the health center so that even healthcare providers could provide their opinions as well. It is also noted that two healthcare providers from aboriginal and non-aboriginal communities also participated in the group discussion.

The purpose of the group discussion was to understand the perspective of women regarding oral health among aboriginal and nonaboriginal so that a comparison could be drawn based on mothers' opinions. In order to have a comprehensive discussion, 9 group discussions were held, and 51 people from the Aboriginal community participated (N=51) (Durey, McAullay, Gibson, & Slack-Smith, 2017). However, the participants were first approached through telephone, where they were invited for a meeting at the health center, where the discussion took place. The second meeting was face-to-face, where the participants were briefed on the intended study, and they were requested to participate in the discussion. Prior to the discussion, each participant was given a questionnaire with about five questions to answer, which was collected after the group discussion.

In total, fifty-one (51) people participated in the study, both from the Aboriginal and nonaboriginal communities. However, the number of people who were approached for the study was sixty-five, but only fifty-one agreed to participate. In short, fourteen people refused or declined to participate in the study. The people who refused to participate noted that they had some commitment which had to attend while others did not have interest to participate and did not a reason to participate on the study. The people who refused were left to proceed, and the rest who agreed to participate gathered in a room for discussion.

The data was collected from homes and clinics. This is because the interviewer wanted the perspective of women who are mothers and can be found easily at home. The data related to health records were collected from healthcare facilities, while personal views of mothers were collected from home, and the group discussion allowed the interviewer to analyze the response and create an understanding of issues that affect oral healthcare among the Aboriginals. However, during the group discussion, the health care provider (nurse practitioner) was present, though she did not participate actively, so her presence cannot influence the findings of the study (Palinkas, Horwitz, Green, Wisdom, Duan, & Kimberly, 2015).

It is important to make sure that the demography reflects the composition of the community so that the findings or results of the study can reflect the general opinion of the society. According to William Gray (2014), the participants should be grouped based on age, education level, and whether has a child or not. It provides a reflective opinion that represents the majority of residents or the community (Williams S & Gray, 2014).

Data Collection

The study data was collected through questionnaires, and each participant was expected to answer the questions and then return. All questions were to be collected, and nobody was allowed to leave the building with questionnaires or take the questions home and resubmit the following day. All questions were answered, and questionnaires were submitted before participants left the building. Data collection is the process of collecting an opinion through questionnaires, interviews, and or observation (Lynch & Jamieson, 2017). Since the study focused on opinion, a questionnaire was the best method used by the researchers to conduct the study. The questions asked have already been piloted since the researchers have drafted them and practiced them to make sure that they are up to standard. The data collected were relevant to the research question, and therefore, they were used to answer the research question properly. The objective and goals of the study were properly answered and met using the data collected.

Most importantly, the process of discussion was recorded for the purpose of references and analysis. The interviewers made sure that all points or opinions were captured well for clarity and for the record. The notes were also taken during the interviews and discussions to make sure that all points were well gathered for use. The entire interview process took approximately 4 hours for all groups. This is because each person was given an opportunity to speak, and questions were also asked to provide a clear understanding. The data were saturated because all the participants had to hand over a copy of the questionnaires after the discussion. The notes gathered from the discussion were also there in plenty, and this saturated the data. The data were handled with, and each data was put in its rightful place and properly marked to avoid confusion.

Analysis And Finding

The data collected was analyzed using software called SPSS. SPSS is statistic software used for the analysis of numerical numbers or data collected from the field. It provides an advanced platform for the analysis of data. With the SPSS, the researcher provided a code whereby data was only keyed in one by one and then analyzed by just a click of the mouse. The participants provided feedback, which was used for the analysis of data, and therefore, it made the process of data analysis to be quick. The theme of the study was properly presented to make the analysis of data easy and faster. The data was analyzed, and through analysis, each result obtained was verified and analyzed based on the data presented and the findings. The interviews were independently analyzed so that the theme could be identified, and the research team did this.

However, the consistency between the data presented and the findings was realized since it was almost 98% reflective of what was presented in the data and the findings obtained. It is important that the findings were generated, and a lot of keenness and attention was taken to avoid minor errors that could be identified with the final findings (Browne, Varcoe, & Long, 2015). The major theme

presented in the findings reflected the opinion of the majority of Aboriginals. It was discovered that limited education among the Aboriginals and discrimination witnessed across healthcare facilities are the main reasons why most Aboriginals do not seek medical attention, and this makes it difficult to completely cure oral health problems that affect Aboriginal children.

The minor themes such as the affect of cultural practices to the healthcare provision, aboriginal social life were ignored and they did not interfere with the main theme which was the "Oral Health in Young Australian Aboriginal Children." The main theme was then presented and analyzed to find out if the findings and the data presented matched before the final result was written.

References

Brewer, J. D. (2014). *Ethnography.* Guildford and Kings Lynn: Great Britain by Biddles

Limited.

Browne, W., Varcoe, F.-G., & Long, W. (2015). Self-reported oral health among a community

A sample of people experiencing social and health inequities from a study was used to enhance equity in primary healthcare settings. *BMJ Open*, 2-38.

Durey, A., McAullay, D., Gibson, B., & Slack-Smith, L. (2017). Oral Health in Young

Australian Aboriginal Children. *Clinical and Translation research*, 2-45.

Genzuk, M. (2015). A SYNTHESIS OF ETHNOGRAPHIC RESEARCH. *http://www-*

bcf.usc.edu/~genzuk/Ethnographic_Research.pdf , 2-45.

Lynch, S., & Jamieson, H. (2017). Diet and anthropometry at two years of age following an oral

Health promotion programme for Australian Aboriginal children and their carers: a randomised controlled trial. *British Journal of Nutrition*, 2-45.

Ospina, S. (2014). Qualitative Research. (G. S. Goethals, & J. MacGregor, Eds.) *Encyclopedia of*

Leadership, 2-45.

Palinkas, L. A., Horwitz, S., Green, C., Wisdom, J., Duan, N., & Kimberly, H. (2015).

Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Adm Policy Ment Health*, 5-35.

Tongco, D. C. (2013). Purposive Sampling as a Tool for Informant Selection.

http://journals.sfu.ca/era/index.php/era/article/viewFile/126/111, 2-34.

Williams S, J., & Gray, M. (2014). Oral Healthcare studies. *Review of Indigenous oral health. Retrieve*, 2-34.