

Experiences of Adolescents with Type 1 Diabetes in Palestine: Exploring challenges to Diabetes Care.

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BACKGROUND:

1. Type 1 diabetes (T1D) is one of the most common chronic diseases of childhood.
2. Adolescents are a vulnerable group that faces multiple challenges in caring for diabetes.
3. Access to health care services impacts glycemic control, HRQOL and prevention of complications among patients with diabetes.
4. Access to health care services is a well-established problem in Palestine.
5. This study aimed to explore the factors challenging access to diabetes care among adolescents with T1D in Palestine.

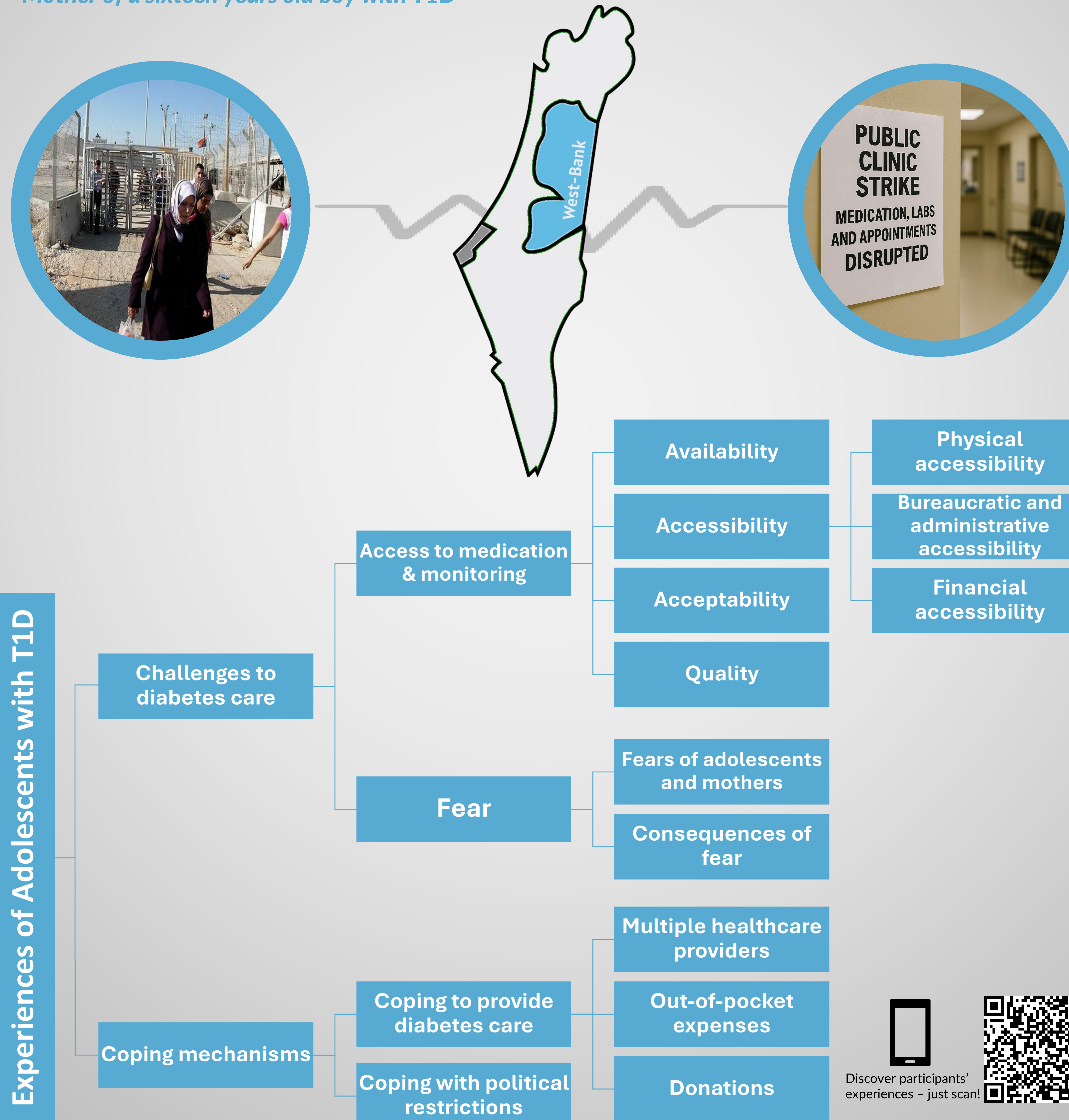
METHODS:

1. **Design & Setting:** Qualitative study using semi-structured interviews conducted at Northern West-Bank clinics.
2. **Time frame:** March-May 2023.
3. **Population:** Adolescents with T1D aged 14-18 years (Diagnosed for at least 6 months before the interview)
4. **Measures & outcomes:** interview guide questions inquired about; diabetes care actions, Challenges to access diabetes care during recent healthcare providers strikes and political restrictions.
5. **Analysis:** content analysis performed using MAXQDA software.



“When the pens are not available at the public clinic, we must buy them from pharmacies. The pharmacy in our village does not provide insulin pens, we must go to the city to get them”

Mother of a sixteen years old boy with T1D



RESULTS

1. **Participants:** 16 adolescents (10 ♀, 6 ♂), mean age **16 yrs**, mean diabetes duration **6.4 yrs**
2. **Domains Identified:**
Challenges to Diabetes Care
Coping Mechanisms (see tree of codes for themes)
3. **Main Findings:**
 - **Barriers:**
Accessibility & Availability → most frequently reported
Acceptability & Quality → less frequent
 - **Physical Accessibility:** Checkpoints, roadblocks, invasions
 - **Bureaucratic and administrative accessibility:** Public clinic strikes disrupting medication dispensing, labs, appointments
 - **Availability:** Shortage of Insulin pens, routine tests, glucose monitoring devices & strips.
 - **Fear:** Fear and worry were linked to political violence, causing glucose level fluctuations and concerns about providing care during invasions or closures.
 - **Coping mechanisms:** Adolescents and their mothers showed remarkable resilience despite occupation-related challenges.

DISCUSSION & CONCLUSION:

- **Complex Barriers:** Adolescents with T1D in Palestine face multi-level challenges to accessing effective, adolescent-oriented care.
- **Structural Constraints:** Ongoing occupation restricts movement and indirectly worsens health system and economic barriers.
- **System-Level Solutions:**
 - Rotate pediatricians, endocrinologists, and specialists across clinics to expand access.
 - Build integrated care networks including mental health professionals and nutritionists for comprehensive support.
 - Decentralize diabetes services through mobile clinics and telehealth to overcome movement restrictions.
 - Strengthen insurance schemes and outsource services to address shortages.
 - Develop emergency plans to minimize the impact of strikes and reduced working hours.
- **Family & Advocacy:** Empower adolescents and their families to advocate for better care and rights.
- **Research & Future Directions:**
 - Quantify healthcare access barriers and measure their impact on outcomes.
 - Explore other care dimensions including nutrition and physical activity.
- **Key Message:** Future efforts to improve diabetes care must address structural barriers at policy, system, and community levels.

