

## RESEARCH ARTICLE

# THE DIABETES CAMP EXPERIENCE OF ADOLESCENTS WITH TYPE 1 DIABETES



Josefina E. Florendo, EdD, RN<sup>1</sup>

## Abstract

Diabetes (DM) camps were established as an intervention for children with Type 1 diabetes to promote self-care and coping with the rigors of its management. Previous studies found camps to be significant to children with chronic illness but needs continued exploration. Using phenomenology, this study aimed to contribute to the effort of determining the impact of DM camps on adolescents with Type 1 diabetes. Data was gathered from 7 purposively selected participants and 1 FGD. Analysis was done to deduce essence of the experience and 9 themes emerged from the accounts of the participants. This includes: missing home, camp acclimation, discovering control of diabetes, life changing experience, acceptance of having diabetes, boosting self-efficacy, developing camaraderie. I am like any other kid and camp as refuge. The themes describe the camp experience of adolescents with type 1 diabetes, its impact and recommendations for possible enhancement of camp programs. Learning about diabetes and its management were among the experiences gained. As adolescents they went through the course of discovering themselves, building relationships and attaining some sense of independence.

**Keywords:** *Diabetes camp, adolescent, Type 1 diabetes, camp experience, phenomenology*

## Introduction

Diabetes (DM) camps were established as an intervention for children with Type 1 diabetes. It was conceived to promote self-care and coping with the rigors of the management of this condition. In the Philippines, existing literature on diabetes camps generally centered on the description of its programs and activities (Healthy Advocacy, 2013). The studies about camp experiences, on how it contributes to the quality of life and changes it brought to the campers were mostly done in the United States and Australia. Cheung, et al, (2006) found social support to be valuable while Békési, et.al, (2011) reported that children and adolescents with cancer, diabetes and juvenile idiopathic arthritis gained health related quality of life and enhancement of their self-perception. Ramsing (2006) likewise found camps to help in DM management and build self-esteem. Hunter, et.al, (2006) pointed out that camps are significant to children experiencing chronic diseases but had not been given due attention. Winsett, et.al,(2010) recommended continued exploration of the influence of diabetes camps and

<sup>1</sup> Faculty, Far Eastern University Institute of Nursing. Mail correspondents to josefinaflorendo@gmail.com

the need to identify the benefits of camp attendance to attain self-efficacy.

This study aimed to contribute to the understanding of the diabetes camp experience of adolescents with type 1 diabetes particularly in the Philippine setting. Adolescence is a critical period of growth and development. The physiologic, psychological and behavioural changes that occur as part of this period presents added demands on the adolescent and a chronic condition like diabetes can profoundly affect. Looking into the experience of adolescents who attend diabetes camps shed light to the question of what is the diabetes camp experience for an adolescent with type 1 diabetes.

Exploration of the lived experience in diabetes camp particularly among Filipino adolescents provided a clear perspective of the phenomenon. It gave valuable information to promote understanding of the experience and its impact. The attainment of the purpose of the diabetes camp can be seen in the result and used as a basis to enhance camp programs.

## Methodology

The qualitative research approach was utilized in the study specifically phenomenology. It is the study of "the individual's life world, as experience rather than as conceptualized, or theorized. Phenomenology aims for a deeper understanding of the nature or the meaning of everyday experiences (Munhall, P. 2012). The approach brings out the experience and perceptions from the perspective of the person. It looks at how an individual is looking at things and thus allows a deep, clear and veracious description of an experience to be obtained (Husserl, 1982 as cited by White, 2009; Behnke, 2011).

This was made possible by purposively selecting key informants or participants based on specific characteristics. First is that they have type 1 diabetes and have attended a diabetes camp. They are

adolescents and have attended the diabetes camp when they were aged 13 to 19 years old. However their age during the time of the interview was variable. This allowed information of the experience to be gathered from different perspective. The participants also did not have any communication disabilities and were willing to share their diabetes camp experience. There were 7 individual participants and 8 in the focus group discussion who contributed to the completeness of the data collected. Table 1 shows the profile of the participants in terms of age and gender.

**Table 1: Participant Information**

Interview			Focus Group Discussion		
Participant(P)	Gender	Age (years)	Participant (F)	Gender	Age (years)
P1	F	25	F1	F	15
P2	M	16	F2	F	16
P3	F	19	F3	F	17
P4	F	16	F4	M	13
P5	F	17	F5	M	14
P6	F	15	F6	F	14
P7	F	14	F7	F	16
			F8	F	15

Data collection commenced after acquiring permit to conduct the research from the Ethics Review Board and approval to implement the study from the diabetes camp director. For the participants, an informed consent was obtained from the parents of adolescent and from adult participants prior to the interview. The young participants were likewise asked for an informed assent and their right to refuse even if their parent agreed was emphasized.

The face to face interview was used in gathering rich information about the phenomenon. An interview guide consisting of open ended questions helped in conducting the interview and focus group discussion. The interaction with the participants was captured with a digital audio recorder. Field notes were also be used to document the data gathering process. This helped separate the participants' ideas from my own. Prior to the implementation of the study, I wrote my personal thoughts and reflections on the focus of my research.

The interviews were conducted in accordance to the choice, safety and convenience of the participants. Six took place in their home and one in the counselling room of an outpatient health care facility where they seek consultation. The schedule of the interview was by appointment. A focus group discussion (FGD) was conducted after the interviews to triangulate the data gathering method. According to Wilkinson (2003) FGD helps to further deepen understanding of the experience by stimulating memories, disclosures and discussions.

Transcription of the interaction with the participants was done soon after each interview. This enabled the identification of gaps in the information gathered. Completion or filling up of missing pieces was obtained in the succeeding interview of the participant. An improvement in the conduct of the next interview was made possible by this process. Data collection was continued until no new information was obtained or until the point of saturation was reached. The copy of the transcription was also shown to the participants to determine if it captured the description of their diabetes camp experience.

Responses of the participants in Tagalog were translated into English and retranslated back to Tagalog to ensure the essence of the statements is not lost.

Analysis of data was done concurrently with data collection. The statements of the participants in the transcription were read and re-read to capture the essence of the description of their experience. Codes were used to group statements conveying particular thoughts and ideas. Emergent themes were identified and then discussed. The process of analysis was conducted by three researchers. I did the analysis with two other trained diabetes nurse educators who are adept in doing qualitative research. They did the analysis individually and then conferred with each other regarding the results. Points of difference were discussed until agreement or consensus was reached. The result of the analysis was shown to the participants to confirm if it is their lived experience in a diabetes camp that was described.

### *Ethical Consideration*

The principles of Ethics guided the conduct of this study. Utmost consideration of the welfare of the participants was a priority as well as the assurance of the absence of risk and harm.

The only possible harm, though perceived as negligible, can emanate from the collection of data. It may have caused some inconvenience because of the time they gave for the interview session and anxiety of being interviewed about their personal experience. The questions that were asked may also have caused some mental strain and recall of feelings or emotions felt during the camp. It may have made them feel embarrassed, uncomfortable or even upset because they shared something personal. Although the research presented minor risks, this however was given utmost attention. They were informed of the foreseen risks. Also their rights were protected and treated with respect at all times. Their privacy was ensured and all information they disclosed was used for research purposes only. The participants' anonymity was maintained with the use of codes. It was emphasized that they can decide which information to provide and they can also withdraw anytime (Philippine Health Research Ethics Board Ad Hoc Committee (2006).

The data was kept in file in a personal computer accessed using a password known only to the researcher. A back up CD copy was stored under lock and key. The files will be deleted and all hard copy shredded 6 months after the completion of the final paper.

### *Establishing Trustworthiness*

The goal of this research work was to accurately describe the experience of the participants. As a diabetes nurse educator, I have served as a camp volunteer and facilitator since 1998. This has given me the opportunity to observe and develop trusting relationship with those who have attended the diabetes camps. However, to minimize my personal ideas, I reflected on my personal thoughts about the focus of this study and kept a field journal for noting my points of view.

The process helped identify biases I may have and to limit its effect. Triangulation was also employed in the process. There was variability in the profile of the participants and consideration of the similarities as well as the differences in the collected data. The transcription of the interview was likewise shown to the participant to determine accuracy and completeness of the information.

Analysis of data was done by three researchers. They did the analysis individually and points of difference were discussed until this was settled. The result of the analysis was shown to the participants to confirm if it is their lived experience in a diabetes camp that is described.

## Findings

The result of the processing of the data gathered from the interview of 7 participants and 1 focus group discussion is the researchers' understanding of the experience. Table 2 presents the 9 themes that emerged from the processing of the data collected from the participants. These evolved from the different categories and subthemes deduced from the specific statements gathered during the interviews and focus group discussion conducted. Processing of the interview results, which were started after each interview, was done separately from of the FGD data. Similar categories and subthemes surfaced from the analysis done. Statements from the interview and focus group were placed together under the same

**Table 2.** Themes of the diabetes camp experience of adolescents with type 1 diabetes.

Themes	Subthemes	Categories
Missing Home	Homesickness	Being away from family Homesickness
Camp Acclimation	Initial adjustment	Adjustments needed Getting to know others
	Fitting-in Dealing with camp limitations	Fitting - in Limitations of camp resources
Discovering Control of Diabetes	Learning about DM and its management	Basic diabetes management Understanding diabetes Answered questions
	Learning from sharing and with fun	Learning from sharing Learning while having fun Incidental Learning
Life Changing Experience	Dawning of Realizations	Others like me Eye opener Dm not a hindrance Change in perception Pursue dreams Seeing DM differently Finding support from others
	Disciplining oneself	Changes in handling oneself Desire to be in control Being able to mingle Disciplining oneself Doing self-care Developing independence
Acceptance of Having Diabetes	Acceptance while learning Acceptance with knowledge	Acceptance while learning Acceptance with knowledge
Boosting Self-Efficacy	Receiving recognition	Receiving recognition
	Gaining confidence	Gaining courage Reflecting on learning Being proud of oneself
Developing Camaraderie	Cherishing moments together	Missing absent friends Seeing old and new friends Cherishing moments together
	Beyond the illness	Beyond the illness
I am like any Other Kid	I feel normal	Feel normal I am not different
Camp as a Refuge	Extending togetherness	Camp duration too short Enjoying oneself Experiencing excitement
	One big family	Felt like family Be with people who understands Memories worthkeeping Escape from reality

themes which are: missing home, camp acclimation, discovering control of diabetes, life-changing experience, acceptance of diabetes, boosting self-efficacy, developing camaraderie, I am like any other kid and camp as a refuge.

Nine themes emerged from the processing of the data collected from the participants. These evolved from the different categories and subthemes deduced from the specific statements gathered during the interviews and focus group discussion conducted. The themes are: missing home, camp acclimation, discovering control of diabetes, acceptance of diabetes, boosting self-efficacy, life-changing experience, developing camaraderie, I am like any other kid and camp as refuge.

### Key Themes

**Theme 1: Missing Home.** One of the themes identified by the participants was the experience on the initial days at the camp. This was missing home. Children may have some anxiety when they leave home for an extended period of time. The unfamiliar camp environment, the new faces, and desire for the "old and familiar" may led to the feeling of homesickness. Among the statements that express this theme include:

"...Siempre po kapag nasa dorm kung minsan, medyo na ho-homesick po kasi nakaka miss din po pagmalayo ka sa pamilya mo...nakaka miss po talaga..."  
(...There are times when I am in the dorm that I feel a little bit homesick because when you are far from your family, you miss them...you really miss them...)

Being away from home for the first time and from the people they care led to their expressed feelings of missing home. This, however, does not seem to be evident in most of the participants.

**Theme 2: Camp Acclimation.** The initial exposure to the camp is reflected in the themes camp acclimation and missing home. As individuals they went through facing something new. Camp acclimation is the experience of initial adjustment to the camp environment. It was a time period when

there were new campers to get to know, the need to fit-in and camp facility limitations to deal with. Initial adjustment was indicated by:

" Kasi bago so syempre hindi alam kung ano ang gagawin ko doon and yung first time ko po kasi wala akong kakilala wala pang kaibigan kaya parang feeling ko innocente pa ako...bagong place na gagalawan ko".  
(...Being new there[camp] so I really did not know what I would do and being there for the first time I did not know anyone, I did not have friends yet so I sort of felt lost in this new place where I am at...)

Another subtheme that emerged was dealing with camp limitations. Verbalizations include:

" Magkaroon pa nang maraming electric fan kasi super init po lalo na ang camp eh summer nagaganap...siguro po yung mahirap nasa una lang po, yung pag-aadjust po because of the water, kasi sa gabi nawawalan ng tubig."  
(Have more electric fans because it's so hot, more so because the camp is held during summer...perhaps the difficulty is only at the start, you need to adjust because of the water, because there is no water at night...)

They also experienced fitting-in :

"Pag nasa camp may nangunguna, parang mga sosyal yun... tapos ikaw parang tahimik ka lang. Parang meron silang grupo na hindi ka "in"...mayroon silang kung sino lang ang kasama, yung feeling ko".  
(At the camp, some stands out, seems to be feeling important...then here you are just being quiet. I felt that there is a group where you do not feel you belong... they have selected members only.)

Their experience upon arrival at the camp commenced with the need to acclimate themselves. There was a period of adjustment to the social and physical environment. This may be an expected occurrence for anyone who is situated in a new place which was experienced by these young individuals. Leaving the comfort of home to

go and live in another place no matter how short it may be, they brought their own ways with them. The camp made them experience different feelings and reactions. Nervousness and sense of uncertainty was felt.

### **Theme 3: Discovering control of Diabetes.**

According to the American Diabetes Association (2012), camp environment provides opportunities for the acquisition of skills in managing diabetes in a constructive atmosphere. It allows them to come together, share their experiences and learn. In a similar light, discovering control of diabetes was part of the knowhow gained by the participants. Attending the camp facilitated their learning of basic diabetes management. This was a common expression among all participants.

There was learning about diabetes and its management:

*"Ang daming nabigay... mas na intindihan ko ang diabetes, mas naintindihan ko kung bakit kailangan mag inject mag prick."  
(There were many things given...I got to understand diabetes better and why I need to inject and prick.)*

*"Natututo akong mag-inject, mag carbo counting, treat hypo and hyperglycemia at pano maiwasan ito. Dahil po sa natutunan ko sa camp... yun mga dapat gawin para iwasan complication..."  
(I learned how to inject, do carbo counting, treat hypo and hyperglycemia and how to avoid them. Because of the learnings at the camp... the things that needs to be done to prevent complications...)*

And learning came was with fun and some were from sharing. Among the responses that were given includes:

*"I was able to meet a lot of different people. You get to know their different perspective about Diabetes, how they manage it, and a lot more"*

*"It's the games, because it's like hitting two birds with one stone. You're having fun at the same time learning in a very interesting way".*

*"Yung time na parang maglalabas ng mga salolobin yung mga campers. Kasi mas na o open yung eyes mo sa experiences ng ibang tao tapos na re-realize mo na ah we have the same experience or ay mas iba ...grabe pala na experience ni ate...kaya gayun so naintindihan mo na okey na pala yung ginagawa ko kaysa sa ginagawa nila "*

*(The time when the campers disclose their inner thoughts/feelings because it helps open your eyes through the experiences of others and you realize you went through the same experience or how different one's experience is... or how bad the experience of an older camper was... you get to know that you are doing fine compared to how the others are...)*

Gaining knowledge and understanding of what diabetes is specifically type 1 are among the factors important in its management. The participants' claimed learning the importance of monitoring, how to inject, to do self-monitoring of blood glucose and carbohydrate counting. They gained understanding of the disease from sharing of fellow campers and diabetes educators. The learning process had been enjoyable and fun filled. The camp served as a venue for young individuals afflicted with the condition to acquire the knowledge and skills basic for diabetes related self-care.

### **Theme 4: Life-changing Experience.**

The experience was found to be life-changing. The theme emerged from two subthemes, dawning of realizations and disciplining themselves. The learning and insights gained or the discovery of control of diabetes led the participants to have certain realizations about things that affect their lives. One predominant response was the realization that there were other young people like them with diabetes.

*"...Yung camp ay isang eye opener. Binuksan nito ang aking kaalaman tungkol sa diabetes..."*

*(...The camp is an eye opener. It opened my knowledge about diabetes...)*

*"...Tapos na experience ko po na hindi ako nag-iisa, marami pala kami, marami po na may type 1 diabetes"*

*(I experienced that I was not alone, there are many of us with type 1 diabetes...)*

"Attending camp taught me that you are not isolated just because you have diabetes, there are also children who suffer and younger than me".

They described changes in their everyday life because of their camp experience. One participant claims:

"Parang nabigyan ng second chance to complete my life kasi since nung nagka diabetes ako parang nabawasan ako ng konti sa buhay pero when I came here sa camp I feel so complete kasi may nalaman ako tungkol sa sakit ko".

*(It was like being given a second chance to complete my life because it seemed that I lost a part of my life when I had diabetes but when I came to the camp I felt sense of completeness because I learned about my illness.)*

"They found that diabetes care is not that difficult...Akala ko nung una mahirap magka diabetes pero dito ko naturan po ako, akala ko maraming bawal pero dito natutunan ko hindi pala".

*(...Initially I thought it was difficult to have diabetes but I was taught, I thought there were so many things not allowed but I learned that this was not true.)*

Someone stated:

"I managed to live a normal life just like other kids and I'm able to do stuffs that brings out the best in me."

Disciplining oneself was also among the subthemes found to be experienced by adolescents with type 1 diabetes. A participant mentioned:

"Natutunan kong maging independent, kasi nasanay akong kasama ko lagi mama ko na laging nagpapaalala at nagbibigay ng gamut ko...pero dahil sa camp natutunan ko na kahit umalis ako mag-isa, kaya ko na"  
*(...I learned to be independent because I am*

*used to having my mother with me all the time and she constantly reminds and gives my medicines...but because of the camp, I learned that I could manage by myself.)*

"Natutunan ko para maging independent.. alamin ang actions ko at bakit nangyayari sa akin".

*(I learned to be independent...I should know my actions and why it is happening to me...)*

The exposure of the participants to the camp environment where other young individuals like them were present provided them the chance to gain insights about themselves. The experience gave them a wider perspective about diabetes and its management. This experience altered how they saw themselves and their future. The camp atmosphere has made the participants see themselves and their situation from a much better perspective. The environment favoured the development of independence and allowed the campers to make choices and own their actions.

### **Theme 5: Acceptance of having diabetes.**

Another theme that emerged was acceptance of having diabetes. This was however not an experience shared by many of the participants. Its importance as a part of the camp experience however cannot be discounted.

#### *Acceptance while learning*

"...nakita ko doon na yung mas bata sa akin na medyo matagal ng na diagnose, na magaling at marunong nang magmonitor at mag-inject. Marami na rin silang alam sa diabetes... Dahil doon unti-unti kong na-accept ang aking diabetes"

*(I saw children younger than me who were diagnosed for a longer period and were good and knowledgeable in monitoring and injecting. They also know a lot more about diabetes... because of this, I slowly accepted my having diabetes.)*

"Every camp na na-attend ko gave me different experiences and learning na nakatulong para ma-accept ko ang diabetes at mga challenges nito"

*(Every camp that I attended gave me different experiences and learning that helped me to accept having diabetes and all its challenges.)*

#### Acceptance with knowledge

*"I became more knowledgeable about my care and was able to understand and accept it wholeheartedly".*

*"Noong natututo ako, naiba yung pamumuhay naming. Noon araw di ko pa matanggap na mayroon akong diabetes."  
(When I learned, our life changed. In the past, I could not accept that I have diabetes.)*

The experience of acceptance was gained because of the knowledge about diabetes and the management they learned to perform. Having a clear grasp of what is happening to oneself through the educational activities implemented in the camp favored the process of acceptance of one's situation.

**Theme 6: Boosting Self-Efficacy.** A boost in the participants' confidence was also felt during their exposure to the diabetes camp. This emanated from receiving recognition for achievements during camp activities.

#### Receiving recognition

*"Every camp is memorable pero yung naging best camper ako yun po talaga nag-stand out. Wow may award pa lang ganito at sa akin ibinigay".*

*(Every camp is memorable but when I became the best camper, this was most memorable. Wow there is an award and it was given to me...)*

*"Yun din pong nag-'Darna' ako noong super heroes ang theme, kahit hiyang hiya, push pa rin. Nagsuot pa rin ako noon ng costume ko. Push pa rin. Nanalo po ako ng best costume noon".*

*(It was the time when the theme was superheroes and I was "Darna", even though I was so embarrassed I still went on. I wore the costume. I won the award for best costume...)*

#### Gaining Confidence

*"Natututo makipagkaibigan kasi po sa bahay po wala po makipagkaibigan sa sakín gaano."*

*(I learned to make friends because at home, very few wanted to befriend me.)*

*"As a camper, siguro yung camp siguro yun din ang nagbigay sa akin ng lakas ng loob na mag mounteneering..."*

*(As a camper, I guess it was the camp that gave me the courage to undertake mounteneering...)*

*"The camp was able to give me confidence and other values that I could use not only for a short time but for a long time. It taught me not to be shy or lower my self esteem because I'm a diabetic. Instead, I should be proud and strong because other normal people don't know what our struggles are."*

Though not all the participants experienced a boost in their self-efficacy, this is another positive outcome of attending a diabetes camp. Confidence emanated from the encouragement, reflection of their learning and being proud of oneself because of what they go through as adolescents with diabetes is not easy. The recognitions they were given during camps attest to their capabilities.

**Theme 7: Developing Camaraderie.** It was a unanimous expression by all participants that it was the friendship that matters. They missed friends who could not attend the camp but were also excited to see old and new friends.

#### Cherishing moments together

*"Yung relationship nila sa isa't isa...kasi kung may problem yung isa yung grupo yun pwede nilang tulungan yung hindi nakaka relate so para sabay-sabay umangat... sabay-sabay natututo."*

*(It is the relationship with each other...if one would have a problem, one who could not relate, the group can help so every one would move up at the same time...they all learn together.)*



"Yung last night po ng camp, yung bago umalis. I che-cherish mo po yung last hours na makakasama mo sila parang ang tagal ulit bago magsama-sama...nandoon yung time na nagku-kwentuhan na lang kami, nagsasalo-salo sa snacks na binili."

*(It's the last night in the camp just before departure. You will cherish the last hours you spent with each other because it will take a while before we will be together again...there are times we would tell stories and share snacks we bought.)*

" Campers' camaraderie ... the bonding during teaching learning activity...the staff...."

#### Beyond the illness

"...Hindi lang po yun tungkol sa sakit kung di pati yung tao."

*(It's not just about the illness but about the person.)*

"...Later on para sa next camp hindi pala sila kasama... ay hindi pala siya kasama kasi hindi siya na-inform, tapos yung iba dahil namatay na yung mga ganon so yun yung medyo malungkot... ay hindi sila nakasama sayang naman yung experience na dati tayo yung magkakasama tapos ngayon ...ah wala pala... yun po yung nakakalungkot."

*(In the next camp, others will not be there... so he/she is did not join because they were not informed or some died already which is rather sad... so they will miss the experience... before we were together now ... now no more... that is what makes it saddening.)*

The camp experience was beyond illness, it is about people. What pervades the camp experience was more than the anticipation of seeing fellow campers. It was the bond of friendship that has been developed among them. They cherished the moments of togetherness. It went beyond the campers but included the staff as well. A lasting closeness developed in just a few days of being with each other.

**Theme 8: I am Like Any Other Kid.** The feeling of being different or like an "odd ball" can be deduced from the statements of some participants. However what stands out is the feeling of being normal or just the other adolescents. The subthemes I feel normal and I am not different speaks of how their camp experience contributed to their thoughts and feelings.

#### I feel normal

"Nagkakatuwaan lang kahit may sakit tayong lahat. We feel normal with each other, di parang nandon sa ating mga bahay, we feel na parang were trying to... nagpapanggap lang tayong maging normal...".

*(We are having fun even if we are all sick. We feel normal with each other unlike at home, we feel like we're trying to pretend to be normal...)*

"Tapos yun din para kaming normal na mga batang naglalaro naghaharutan"  
*(We, too are like normal children playing and fooling around.)*

"Naramdam ko na normal lang ako. Hindi ko naiisip na diabetic ako pag nasa labas ako. Pag- kakain at mag i- inject ko na lang ma-iisip na may diabetes nga pala ako."

*(I feel I am normal. I do not think about having diabetes when I'm outside. It is only when I eat and inject that I am reminded that I have diabetes.)*

#### I am not different

"Hindi kami unique parang katulad din kami ng iba, ng ibang batang walang sakit... na normal... katulad din kami nila. Ang pagkaka-iba lang siguro may iba lang kaming ginagawa, may extra activity na ginagawa na hindi nila ginagawa".

*(We are not unique, we are just like every child who is not sick... who is normal... we are like them. The difference perhaps is that there are other things that we need to do, we have extra activities that they do not do.)*

"Doing all these activities empowered me to believe that I am not different to normal individuals without diabetes. In fact, it gives me a proud feeling na despite my diabetes I can do almost everything like a normal person or even better."

"Hindi mo kailangang isipin na iba ka.... Doon talaga sa experience nakuha ko lto sa experience sa camp"...  
(*You should not think you are different... it was really the experience I got from the camp.*)

The adolescents in this study felt a sense of difference as a result of having diabetes. The management regimen of diabetes made them feel as if they were odd or different from the rest. The feeling that they desire to be just like any other kid is strongly felt in the camp. All of their fellow campers have diabetes and they all have to adhere to the same regimen which is a normal part of their everyday life within the camp. According to them, the additional things that an adolescent with diabetes does do not make him or her different from the rest. At the camp they felt they are normal.

**Theme 9: Camp as a refuge.** Though there was no direct statement about the camp being a refuge for these adolescents with type 1 diabetes, their description of the camp experience speaks of this theme. The camp served not only as a venue for learning about diabetes and its management but became a home for them. The experience they had during camp made almost all participants felt the camp duration to be too short. It was an expression of the desire to continue or prolong what is share amongst them with in the camp.

#### *Extending togetherness*

"Yung araw mas matagal po sana yung camp kasi po pag 5 days parang bitin...parang nakakamiss bitin po yung pagsasama-sama namin. Parang hindi pa masyadong kilala ang isa't isa kung kailan pa malapit na ang uwian saka palang niyo nagiging close...so mas ma-mimiss ko po".  
(*To extend the camp duration because 5 days*

*is not enough...we will miss our being together. It seems that we still do not know each other well enough and it's when we are about time to go home that we become close.. so the more I will miss it.*)

"Yung number of days nga ng camp, dapat ma extend pa para mas enjoy...para mas makilala pa namin isa't isa kasi parang bitin pag 3 – 4 days lang". "Nakaramdam po ng lungkot kasi sandal lang ang pasasama"  
(*The number of camp days should be extended so more time to enjoy...to get to know each other better because 3 to 4 days is not enough. We feel sad because of the short time we are together.*)

"Have more camp days for more bonding, more activities. The longer the better and age limit be extended."

#### *One big family with memories worth keeping*

"It feels like a home actually. At first it was awkward but then when you learn to open yourself to other people and share their feelings by then it was like a family."

"I guess it's about the relationship made between the DEs (Diabetes Educators) and us because they are more like big brother/sister for us and they treat us like their younger siblings, they give advices, jokes and share their hobbies and talent"

"At saka po sa camp pakiramdam na parang isa kayong pamilya na nagtutulong-tulong".  
(*Also in the camp we feel we are like one family who help each other*)

"...also it made me realize that I'm not the only one who is travelling in this journey. the camp support us diabetics. We are not alone in this unique journey".

"Memorable experience kasi sa mga campers and activities" and "memorable yung mga ano... moments at mga tinuturo nila"

(*Memorable experience because of the campers and activities and the things they teach us.*)

"Nakakalimutan naming mayroon pala kaming lahat ng diabetes...pag nandoon ako nakakalimutan ko lahat. I forget everything and what I remember is what happens sa camp".

*(We forget that we all have diabetes... when I'm there I forget everything and what I remember is what happens in the camp)*

The desire for the extension of being together and the feeling of belonging to one big family was experienced. Several participants saw the people they were with in the camp as siblings. They felt support and complete understanding. The games became the source of joy while anticipation of what the camp holds for them gave the participants a sense of excitement. There were also memories worth keeping about the camp. The memories stemmed from various situations. There were different activities and people that made it worthy of remembering for them.

## Discussion

The diabetes camp experience was an episode in their life the participants desired to prolong and go through repeatedly. The reason seems to be beyond learning about diabetes and how to be in control. Although there was initial adjustment, this did not last. Apparently a few days is needed for young people to adjust being away from home and in a camp. Muchnick (2012) stated they are eventually able to cope with the help of camp staff and support systems coping require some effort but in a supportive camp environment adjustment will not be difficult.

Winfree, Williams, & Powell (2002) emphasized "for more than 150 years, summer camps have been shown to be a supportive and beneficial environment for youth, especially for children and adolescents facing a variety of medical conditions".

The camaraderie, the bond of friendship and the caring environment together with the feeling of being like everyone else is a very pleasant sensation. The advantages of the diabetes camp to children with diabetes are cited such as gaining confidence

and establishing friendships (Von Wartburg, 2007). A sense of belonging was felt within the diabetes camp. This seems to be the experience they want to hold on to. The diabetes camp became their refuge, a place of respite from the stress of the outside world where they felt they were seen as an odd ball. This seems to imply the need for measures to further strengthen the self-perception of adolescents with type 1 diabetes about themselves and to determine the role of the diabetes camp. It would be difficult to change views of other people. The change should be from within them. To see and accept themselves as they are. They need a strong self-perception as they live with other people who may not understand them.

Of significance also was the acceptance of having diabetes occurring during camp. It occurred in two ways. One is through understanding of the disease while the other way was seeing others like them with diabetes. It is reasonable to assume according to the American Diabetes Association (2012) that adolescents have benefited not only from the camp experience but also for being in an environment where the norm is to have diabetes. Exposure to a diabetes camp facilitated acceptance of having diabetes. The study of Misuraca, et al done back in 1996 was the only study found that had results that suggest that summer camps have an important bearing on achieving acceptance of the disease. Cushner-Weinstein, et.al, (2007) in their study on camp benefits stated that "camps give children and adolescents the resources to change their feelings about their condition and the opportunity improve their quality of life". This may suggest the need to expose adolescents with Type 1 diabetes soon after diagnosis to hasten possible acceptance of their condition favoring self-adjustment needed.

Personal development specific to diabetes related self-care was also achieved. These adolescents do not only have inherent challenges of development but also need to manage diabetes (Hill & Sibthorp, 2006). Sense of independence on the rigors of diabetes management and self-efficacy were among the positive outcomes gained from the experience at the camp. A significant

improvement in knowledge and self-management of the disease was noted at the end of the camps in the study by Semiz, et.al.,(2000). They were given the opportunity to assume care for themselves and make decisions. Bialeschki, et al (2007) stated that most children perceive the camp experience to be enjoyable but together with the pleasurable aspect of camp, findings of studies reveal additional developmental outcomes to be positive which includes skill building among others. It requires an environment that allows choice, perspective taking, and rationale provision (Sheldon, Williams, & Joiner 2003). Summer camps serve as alternative setting of Diabetes Self-Management Education (DSME) for children and adolescents with Type 1 Diabetes Mellitus (T1DM). DSME is the cornerstone of care for all individuals with diabetes who desire to realize successful health related outcome (Tumini, Anzellotti, Chiarelli, 2003). It allows these youth to learn, grow and handle their illness (Ramsing & Sibthorp, 2006). Muchnick (2012) further stated that "campers experience the companionship of other children and acquire skills that improve self-confidence, increase self-reliance, enhance the ability to cooperate with others, and, hopefully, a greater awareness of life that is larger than one's self. Hopefully, the acquisition and refinement of such skills will contribute in positive and significant ways to the child's adjustment and will carry over into his/her adult years". The need for camp staff to be equipped to contribute to the development of adolescents holistically as individuals as they promote learning about diabetes and its management should be considered.

**Conclusion and Recommendations:** Existing literature have found camps to be significant to children with chronic disease but not given attention and continued exploration of its influence and benefits was recommended. In contribution to the furtherance of the effort, this study aimed to contribute to the understanding of the diabetes camp experience of adolescents with type 1 diabetes in the Philippines and thus provide a clear perspective of the phenomenon.

The participants in the study were able to provide opulent amount of information of their stay in a diabetes camp. The findings led to the conclusion that the experience is beyond what the camp was conceptualized to provide adolescents with type 1 diabetes. Learning about diabetes and its management were among the experiences gained but there was more than this. The adolescent lived through a life changing experience and found the camp to be their refuge. As adolescents they went through the course of discovering themselves, building relationships and attaining some sense of independence.

Gaining insight on what this young people went through can help guide camps to focus on how they can provide better support to adolescents in the implementation of camp programs.

In the light of the result of this study, the researcher presents the following recommendations for the enhancement of the camp experience of adolescents with type 1 diabetes.

1. Training of camp staff and facilitators on child development and counseling to enable them to conceptualize programs that will not only promote knowledge and skills development on diabetes but for the holistic development of the individual.
2. Determination of how the camp can address to the enhancement of self-perception as adolescents with chronic illness.
3. An assessment of the camp's social and physical environment to identify areas of improvement to further the quality camp experience.
4. A study on the acceptance of having type1 diabetes specifically the role of the camp in the process.
5. Further exploration of the experience be done among campers attending camps in Visayas and Mindanao to gain a more comprehensive perspective of diabetes camp experience in the Philippines.

### About the Author

**Josefina Eugenio Florendo, EdD, RN** is a regular full time faculty of the Far Eastern University Institute of Nursing handling subjects in the BSN program and Graduate School. She is a trained Diabetes Educator and served as president of the Association of Diabetes Nurse Educators of the Philippines from 2013 – 2015. She is also the secretary of Rainbow Camp Foundations, Inc., an NGO providing self-management education to children with Type 1 diabetes. She earned her EdD degree major in education administration at Far Eastern University, Manila.

### References

- American Diabetes Association (2012). Diabetes Management at Camps for Children with Diabetes. *Diabetes Care*, 35(1) 72-75.
- Behnke, E. (2011). *Husserl Edmund: Phenomenology of Embodiment*. Retrieved from <http://www.iep.utm.edu/husspemb>.
- Békési, A., Török, S., Kökönyei, G., Bokrétás, I., Szentes, A. & Telepóczy, G. (2011). Health-related quality of life changes of children and adolescents with chronic disease after participation in therapeutic recreation camping program. *Health & Quality Of Life Outcomes*, 9(1) 43-52. doi:10.1186/1477-7525-9-43.
- Bialeschki, M. Henderson, K., & James, P. (2007). *Camp Experiences and Developmental Outcomes for Youth*. American Camp Association. Retrieved from <http://www.researchgate.net/.../6017471>.
- Cheung, R., Cureton, V. & Canham, D. (2006). Quality of life in adolescents with type 1 diabetes who participate in diabetes camp. *Journal of School Nursing*, 22(1) 53-58.
- Cushner-Weinstein, S., Berl, M., Salpekar, J., Johnson, J., Pearl, P., Canry, J., Kolodgie, M., Scully, A., Gaillard, W. & Stephen, L. (2006). The benefits of a camp designed for children with epilepsy: Evaluating adaptive behaviors over three years. *Weinstein Journal: Epilepsy & Behavior*, 10(2007) 170-178.
- Guide to Research Ethics. (2003). Academic Health Center – University of Minnesota Center for Bioethics. Retrieved from [http://www.ahc.edu/img/asset/26104/Research ethics](http://www.ahc.edu/img/asset/26104/Research%20ethics).
- Hill W. & Sibthorp J. (2006). Autonomy support at diabetes camp: a self determination approach to therapeutic recreation. *Therapeutic Recreation Journal*, (40)2 107-12.
- Hunter, H., Rosnov, D., Koontz, D. & Roberts, M. (2006). Camping Programs for Children with Chronic Illness as a Modality for Recreation, Treatment, and Evaluation: An Example of a Mission-Based Program Evaluation of a Diabetes Camp. *Journal of Clinical Psychology in Medical Settings*. 13(1) 64-67.
- Misuraca, A., Di Gennaro, M., Lioniello, M., Duval, M. & Aloï, G. (1996). Summer camps for diabetic children: an experience in Campania, Italy. *Diabetes Research and Clinical Practice*. 32(2) 91-96.
- Muchnick, B. (2012). How to Help Your Child Have a Great Time at Camp. Retrieved from <http://www.campparents.org/expert>.
- Munhall, P. (2012). *Nursing Research: A Qualitative Perspective*. Ontario, Canada: Jones & Barlett Learning.
- Philippine Health Research Ethics Board Ad Hoc Committee (2006). *National Ethical Guidelines for Health Research*. Retrieved from [www.ethics.healthresearch.ph](http://www.ethics.healthresearch.ph).
- National Health and Medical Research Council (2014). *National Statement on Ethical Conduct in Human Research. and Ethical Review and research involving only low or negligible risk*. Australian Government. Retrieved from [https://www.nhmrc.gov.au/\\_files\\_nhmrc/file/guidelines/ethics/human\\_research/NS\\_low\\_risk\\_flow\\_chart.pdf](https://www.nhmrc.gov.au/_files_nhmrc/file/guidelines/ethics/human_research/NS_low_risk_flow_chart.pdf).
- Ramsing, R. (2006). Support for Adolescents with Diabetes. *Western Scholar*. 6(2), 30-31.
- Ramsing, R. & Sibthorp, J. (2006). Predictors of Autonomy Support at Diabetes Summer Camp: A Self-Determination Theory Approach. *Research in Outdoor Education*. (8)1 61-162.
- Semiz, S., Bilgin, U., Bundak, R. & Bircan, I. (2000). Summer camps for diabetic children: an experience in Antalya, Turkey. (37)4 197-200.
- Sheldon, K., Williams, G. & Joiner, T. (2003). *Self-Determination Theory in the Clinic Motivating Physical and Mental Health*. Retrieved from [alepress.yale.edu/book.asp?isbn=9780300095449](http://alepress.yale.edu/book.asp?isbn=9780300095449).
- Tumini, S, Anzellotti, M. & Chiarelli, F. (2003). Camps for children with T1DM. Ateneo Parmense. *Acta Bio Medica*, 74(1) 32-34.
- Von Wartburg, L. (2007). Diabetes camp is more than cool. *Diabetes Health*, (16)2 36-37.
- White, D. (2009). *Phenomenology*. Retrieved from <http://www.iep.utm.edu/phenomenology>.
- Winfree, C., Williams, R. & Powell, G. (2002). Children with cancer: Positive benefits of camp. *Camping Magazine*, 75(6) 27-34.
- Winsett, R., Stender, S., Gower, G. & Burghen, G. (2010). Adolescent Self-Efficacy and Resilience In Participants Attending A Diabetes Camp. *Pediatric Nursing*, 36(6) 293-296.