



Experiences, Functioning and Needs of Low-Income African American Mothers of Children With Asthma¹

Jo Ann Dowell PhD, CRNP, PNP, FNP-BC*

Ohio State University College of Nursing, Columbus, Ohio

Received 9 January 2015; revised 9 April 2015; accepted 9 April 2015

Key words:

African American;
Caregivers;
Children;
Asthma;
Culture beliefs and values

The purpose of this proposed study was to explore experiences, needs and functioning of low-income, African American caregivers of children with asthma in order to better understand symptom management.

Method: A qualitative, descriptive design was used. A purposive sampling technique was used to screen 32 caregivers of children with asthma, and 15 caregivers agreed to participate.

Results: Three main themes were identified: managing the symptoms; cultural beliefs and values; and culturally competent health care provider.

Conclusion: For the caregivers culture disparity is not just about access to health services but instead the healthcare providers' understanding of the complexity of symptoms management.

© 2015 Elsevier Inc. All rights reserved.

ASTHMA IS ONE of the most common chronic diseases in African American children. Morbidity associated with asthma is the leading cause of school absences, emergency department visits, and hospitalizations (Pedersen et al., 2011). This disproportionate morbidity is caused, in part, by limited resources in the management of symptoms and access to care (Looman & Lindeke, 2005). Low-income African American families with chronically ill children are less likely than other families to have or visit a primary care provider. As a result, these families cannot benefit from the preventive health care that may decrease the frequency of emergency room visits (Canino, 2012; Lara et al., 2003; Pedersen et al., 2011; Tapp, 2011). Asthma management interventions in the United States (US), such as educational programs and follow-up plans post emergency room visits, have been effective (Baren, 2006; Sidora-Arcoleo, 2012; Zorc, 2003). Yet despite their success, there continues to be a disproportionate level of morbidity in low-income African Americans.

There also continue to be disproportionate barriers to health services for African American children with asthma. These disparities may be shaped by the complex interactions between caregivers, healthcare providers, social, cultural, behavioral, emotional, educational, and financial factors (Riera & Walker, 2010). Low-income African American mothers of children with asthma are faced with complex environments that increase the challenges of symptom management, placing the child with asthma at risk for poor health outcomes.

Researchers have reported that low-income African American caregivers of children with asthma experience a tremendous amount of uncertainty, which may affect their behaviors and decisions in managing asthma symptoms (Fiese, Winter, Anbar, Howell, & Poltrock, 2008; Garro, 2011; Raymond, Fiese, Winter, Knestel, & Everhart, 2012; Rydstrom, Dalheim-Englund, Segesten, & Rasmussen, 2004). A caregiver coping with uncertainty about symptom management may develop fear for the child with asthma. The caregiver may then become overprotective of the child, which may further impede the child's development.

Decisions about how to manage children with asthma symptoms at home, and when and how to access health care

¹ The author has no conflict of interest.

* Corresponding author: Jo Ann Dowell, PhD, CRNP, PNP, FNP-BC.
E-mail address: dowell.82@osu.edu.

services often involve extended family and community support. African American families have been known to depend on family and faith to carry them through stressful times, for example having a chronically ill child. Few studies, however, have examined asthma symptom management by low-income African American caregivers (Koenig, 2007; Riley-Jacome, Parker, & Waltz, 2014; Thakur et al., 2013; Walker, 2013). Indeed, Thakur et al. (2013) report that there continues to be limited information on the relationship between socioeconomic status and childhood asthma, including symptom management. A better understanding of low income African American children with asthma and their caregivers’ experiences, functions, and needs may help to improve symptom management (Walker, 2013).

The purpose of this study therefore was to explore the experiences, needs, and functions of low-income African American caregivers of children with asthma in the context of their environment, and to examine the impact of their culture on symptom management. Using the revised 2012 Federal Poverty Guidelines, low-income individuals were those whose family’s taxable income for the preceding year did not exceed 150 percent of the poverty level amount (<http://www.ssa.gov/policy/docs/ssb/v68n3/v68n3p79.html>). This US family of four with two adults and two children and an annual income below \$23,283, was considered low-income.

Method

A qualitative, descriptive emergent design was used to explore the experiences, functions, and needs of low-income African American mothers of children with asthma. This design made it possible to also explore the cultural beliefs and values of these mothers, and examine their day-to-day lives (Patton, 2002).

Participants and Setting

Recruitment for the study took place in two locations in a central North Carolina county: a child development center and an allergy and asthma clinic. The county population was 26% African American, 62% White and 12% Hispanic. Over 600 households received services at the child development center; their ethnic breakdown was 42% African Americans, 29% Hispanics, 14% Whites, 7% Asians, and 8% others. Many of the families who received services from this child development center were low-income. Median household income for the county in which the center was located was \$45,570 per 2.49 persons per household (Ekim & Ocakci, 2013). The percentage below the poverty level in the county was 15.5%.

Sample

The inclusion criteria for the study were low-income, African American mother or primary caregiver as legal guardian (e.g., grandmother) of a child aged 2 to 14 years who had been diagnosed with asthma within the past 5 years. Children who were enrolled in the Child Development

Center (CDC), or had a sibling enrolled in the center, or were patients at the asthma clinic; and were able to speak and read English were recruited. Diagnoses were confirmed through medical records at the Child Development Center or by the primary health care provider in the asthma clinic. A social worker at the CDC who was trained in the inclusion criteria identified and recruited participants. An asthma and allergist specialist physician who was also trained in the inclusion criteria identified and recruited participants from the clinic. This process was designed to assure integrity.

A purposive sampling technique was used to recruit mothers of children with asthma. While an approximate sample size of 20 was targeted, sampling continued until data saturation was reached (i.e., no new themes emerged). The final sample consisted of 15 African Americans who agreed to participate in the study.

These low-income African American mothers had children with asthma. All had at least a high school education, and nine mothers had 1–2 years of college education. Half were employed; a few were unemployed and receiving subsidies, and one mother reported no income. The mean age of the mothers was 32.4 years (8.38 SD) (Table 1).

Data Collection

Each mother participated in a semi-structured interview with a set of questions that allowed the interviewer to guide the conversation. An interview guide was developed to explore and describe, explain, and generate ideas/theories about caregivers’ experiences with chronically ill children (Table 2). The interview guide was developed by the author and reviewed by child research expert and allowed mothers some control over the direction of the interview. The interviews began by asking the mother to tell the story of

Table 1 Demographic of African American mothers.

Race	AA	Mean	SD
Age of mom	22–52 (mean and SD)	32.4	11.6
Income	\$0–\$25,000 (mean and SD)	\$10,077	\$6224
Age of Child(ren) with asthma	2 years–18 years		
Age of all children	2 years–21 years		
Highest education level	60% college education & 40% finished high school		
Employed	53 % employed 47% unemployed		
Marital status	27% Married, 27% NM, 20% divorced, 13% LWP & 13% separated		

SD = standard deviation; NM = non-married; LWP = living with partner.

Download English Version:

<https://daneshyari.com/en/article/2663722>

Download Persian Version:

<https://daneshyari.com/article/2663722>

[Daneshyari.com](https://daneshyari.com)