



Parental attitudes and behaviours concerning helmet use in childhood activities: Rural focus group interviews



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ABSTRACT

Previous research demonstrates the importance of parents in ensuring that their children practice proper helmet use. Parents encourage helmet use by setting an example when they wear helmets, as well as establishing rules that the children are expected to follow. Research in the area of helmet use predominantly focuses on bicycle helmets, but there are a number of childhood activities for which a helmet is required. The purpose of this research was to examine rural parents' attitudes toward helmet use and investigate when, and for what activities, they require their children to wear helmets. Rural parents were selected as there is evidence that helmet use is less frequent among children in rural settings.

Expanding on the literature, an exploratory qualitative methodology was used to gather data. Eight focus groups were held in rural Saskatchewan to explore what influences parents' decisions to wear helmets themselves, and when and why they enforce helmet rules with their children. A thematic analysis was subsequently conducted on the data.

The results suggest that parents recognize that their rules and their example influence their children. Participants mentioned being consistent, establishing rules and using positive reinforcement as ways to encourage helmet use among their children. Helmet costs and lack of awareness of helmet necessity in particular activities were barriers to helmet use. Specific barriers to helmet use in rural areas included the difficulty in finding proper helmets, the lack of exposure to helmet promotion initiatives, and the perception that activities in rural areas were safer than in the city. Parents tended to make their own helmet decisions based on personal experience and threat perception of the activity. This reasoning was the basis for when and why they established helmet rules.

It is important to raise awareness of the risks of head injury and the benefits of wearing a helmet in other activities besides bicycling. More effort is needed to reach rural populations with information and opportunities to access appropriate and affordable helmets. Legislating mandatory helmet use could be useful in promoting helmet use in adults and children. Alternatively, the use of incentives for children wearing helmets could also serve as a reinforcement mechanism to increase use. A synthesis of the data gathered suggests that a theoretical approach based on increasing predisposing, enabling and reinforcing factors for helmet use may be useful in future interventions.

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1. Introduction

The prospect of head and brain injury varies depending on the nature of the sporting activity, age of the participant, equipment being worn, and the intensity of play. Children, in particular, are at an increased risk of suffering head injuries due to physiological

factors such as large head size compared to body mass (McKee and Brady, 2004), strength, motor skill deficits, and cognitive immaturity (Levine et al., 2001). Further, children often lack the experience (Hagel et al., 2004) and judgment (Finn and MacDonlad, 2010) that adults may possess. The elevated risk of head injury in children is particularly disconcerting, as the younger developing brain is susceptible to lasting damage (Ponsford et al., 1999; Zimmerman and Bilaniuk, 1994).

Notwithstanding the body of evidence pertaining to the efficacy of helmets in preventing serious head injury, usage is still not universal. Low compliance with helmet recommendations for

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children has been reported for bicycles (Ehrlich et al., 2001; Finnoff et al., 2001), ATVs (Warda et al., 1998), toboggans (Juang et al., 2010; Noffsinger et al., 2008; Ortega et al., 2005), snowmobiles (DeCou et al., 2003; Nayci et al., 2006), in skiing and snowboarding (Cusimano and Kwok, 2010) horseback riding (Holland et al., 2001), and wheeled activities (Brudvik, 2006; Forjuoh et al., 2002; Konkin et al., 2006). The research is unequivocal that increasing helmet use among children is an important objective in a number of different activities.

Whether a child wears a helmet or not is largely influenced by the precedent that is set by the parents. For example, Miller et al. (1996) found that children whose parents enforced strict rules regarding bicycle helmet use reported wearing a helmet most or all of the time compared with children who either had a partial rule or no rule at all. Further, adults influence children's behavior not only through setting rules, but also through providing parental encouragement and role modeling of helmet use (Khambalia et al., 2005). Apart from bicycle helmets, however, little is understood about how parents' rules, attitudes, and behavior impact their children's helmet use.

Despite good intentions, there are often barriers that impede parents from enacting and enforcing helmet rules. Reported barriers to helmet use include inhibitive costs, discomfort, lack of belief in the necessity, and an unpopular image of helmets among children and adolescents (Finch, 1996; Finnoff et al., 2001). Miller et al. (1996) reported that the most common reasons parents gave for lack of bicycle helmet ownership by children ages 5–14 were “never thought about purchasing” a helmet (35%), “never got around to purchasing” a helmet (29%), “child wouldn't wear it anyway” (26%), and the helmet was “too expensive” (16%).

Previous research on helmet usage has been predominantly focused in urban settings. There has been very little investigation of rural helmet behaviors, although urban and rural communities have different demographic characteristics and different injury patterns (Ehrlich et al., 2001). One of the first studies to make this comparison was conducted in the province of Manitoba and compared patterns of bicycle helmet usage between urban and rural children (Harlos et al., 1999). The findings suggested that helmet usage contrasted in that rural children were less likely to wear a helmet than urban children. The authors concluded that further research into rural helmet wearing practices and attitudes is warranted and that it would be helpful to examine attitudes toward helmet use as well as the barriers and access to helmet use through focus group discussions.

1.1. Aim

Following the recommendation of Harlos et al. (1999) the current study expands on past research by qualitatively exploring parental attitudes, behaviors and rule enforcement of rural parents. However, the present study was not limited to bicycle helmet use alone. Rather, the qualitative nature of the inquiry allowed parents to compare their perceptions of helmet use across a number of childhood activities in which their children participate.

2. Method

2.1. Procedure

The study was inductive and exploratory in nature without specific hypotheses to be tested. Focus groups were selected as the data collection method to gain insight into participants' attitudes and behaviors regarding helmet use. Eight focus groups were conducted during the summer of 2012 in seven different rural

communities (population <5000), in the province of Saskatchewan, Canada, including two First Nations communities. It was important to ensure representation from First Nations communities both to reflect the demographic make-up of rural Saskatchewan as well as to include a population that is particularly vulnerable. Indeed, First Nations children in Saskatchewan have the highest rates of hospitalization from injuries and often live in situations where helmets are not available (Saylor, 2004).

Communities were selected from different areas of the province in order to account for the geographic diversity of different regions. An e-mail outlining the objectives of the research was sent to various organizations such as play groups, parenting programs, daycares, schools, etc. in order to elicit interest. If an organization replied, more detail was provided and the logistics of conducting the group (i.e., selecting a venue, recruiting the participants) were discussed. At the time of the focus group, participants were informed about anonymity, confidentiality, and consent. After answering any questions from the participants, the facilitator started the discussion following the prepared interview schedule. As an opening question parents were asked, without prompting, to list all of the activities for which they required their children to wear helmets. This method provided insight into which activities were most salient to participants when helmets are mentioned as well as set the parameters for the discussion on helmet use. This list was recorded and was visible throughout the focus group to serve as a reminder of the variety of activities for which helmets are used as to avoid a myopic discussion of one single activity. Displaying the list invited participants to compare and contrast their behaviors and attitudes across activities.

The focus group questions were developed based on a review of the literature on helmet use practices across various activities, and were designed to look at what helmets rules parents established, what influences their rules, how their children comply to the rules, and the parents' own helmet use. The questions were used to guide the discussion, but probes were also used to further explore certain comments or ideas.

2.2. Analysis

Following the focus groups, the tape-recordings were transcribed and a thematic analysis was conducted to analyze the data. This process involved the identification of themes through careful inspection of the data (Rice and Ezzy, 1999). First, the transcripts were reviewed by two researchers in order to become familiar with the data. After reading the transcripts, initial codes were created independently by the researchers. The codes were then discussed and grouped into broader themes agreed upon by both researchers. A theme was considered to represent some level of patterned response or meaning within the data set that captured something important with relation to the research questions (Braun and Clarke, 2006). After the significant themes were chosen, quotations that were representative of the major themes were selected.

2.3. Participants

The recruitment was based on a convenience sample. To participate, it was required that the participant be primarily responsible for at least one child aged 12 or under (mean age of children under 12 = 5.7). In total, there were eight focus groups comprising 62 participants (55 female and 7 male) from five different towns and two First Nations communities ($N=23$) with the focus group sizes ranging from 6 to 12. The average age of the participants was 33.1 and the parents had an average of 1.7 children under the age of 12.

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