



Perceptions of injury prevention and familial adjustment among mothers of teen parents



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ABSTRACT

Introduction: Injury is a leading cause of death for infants and children. Teen mothering has been shown to put children at increased risk of injury. The mothers of teen parents often play a predominant role in the lives and caregiving of the children born to their children. **Method:** This article presents the findings of three focus groups conducted with 21 mothers of teen parents. Grounded theory methodology was used to explore family dynamics and how they relate to injury prevention beliefs and practices regarding infants and children. **Results:** Our findings revealed the difficulty mothers of teen parents and the teens themselves have in adjusting to the knowledge of the pregnancy. Unique barriers to injury prevention were also uncovered. **Conclusions:** Our findings provide evidence for the need of a multigenerational approach to programs aimed at improving the safety and well-being of children in this context.

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1. Introduction

Injury is a leading cause of death for infants and children 1–4 years of age in the United States (Centers for Disease Control and Prevention [CDC], 2010a). In 2010, unintentional injuries took the lives of more than 2500 children between birth and four years of age (CDC, 2010c) and impacted more than 2.8 million victims (CDC, 2010b). In Texas in 2008, more children 1–14 years of age died from injury-related causes than the next five leading causes of death combined (Texas Department of State Health Services, 2004). Leading mechanisms of injury death for infants and children 0–4 years include unintentional suffocation, drowning, motor vehicle collisions, homicide (primarily abusive head trauma), and burns (CDC, 2010a).

Teen mothering, among other factors, has been shown to put children at increased risk of injury (Braun, Beaty, DiGuseppi, & Steiner, 2005; Kendrick, Mulvaney, Burton, & Watson, 2005; O'Campo, Rao, Gielen, Royalty, & Wilson, 2000; Strobino, Ensminger, Nanda, & Kim, 1992). Teen mothering has been linked to increased injury episodes (Braun et al., 2005; O'Campo et al., 2000) and hospitalization (Kendrick et al., 2005; Strobino et al., 1992) among infants and children.

Many risk factors for childhood injuries are present in the lives of teen mothers including: socioeconomic disadvantage (Agran, Anderson, & Winn, 2004; Durkin, Davidson, Kuhn, O'Connor, & Barlow, 1994), social isolation and lack of social support (Rhodes & Iwashyna, 2007), family disorganization and conflict (Rhodes & Iwashyna, 2007), and household crowding (Bradbury, Janicke, Riley, & Finney, 1999). These risk factors place the infants, toddlers, and young children of teen mothers at increased risk for injury and injury-related death. To our knowledge, no studies have specifically examined the association between young paternal age and child injury risk. However, many risks factors for childhood injury are also present in the lives of teen fathers. These include delinquency, substance abuse, low level of paternal education, household crowding, and higher physical risk environment (Sipsma, Biello, Cole-Lewis, & Kershaw, 2010).

Children of teen mothers are of special concern in Central Texas. Texas ranks among the top three states for teen births (CDC, 2006); and the rate of teen pregnancy in Travis County is among the highest in the state of Texas (Center for Health Statistics, 2009). In Travis County, Texas, Hispanics had the highest rates of teen pregnancy in 2009 at 54.7 per 1000 residents – 38% higher than African Americans, and more than four times that of non-Hispanic whites (Austin/Travis County Health & Human Services Department, 2009). Hispanics comprise almost 60% of the overall student population in the local school district (Harner, 2010). Because of the demographic makeup of this region, two additional risk factors for child injury come into play: low English language fluency (Anderson, Agran, Winn, & Tran, 1998; Vaca, Anderson, Agran, Winn, & Cheng, 2002) and newer U.S. residency (Anderson et al., 1998).

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Grandparents figure prominently in the lives of many children born to teen mothers. Among U.S. children, 7.7 million (1-in-10) live with a grandparent. Of these, 44% are children of teen parents (Livingston, 2013). According to U.S. census data, about 2.7 million grandparents in America are responsible for the basic needs of one or more grandchildren (United States Census Bureau, 2010). In general, black and Hispanic grandparents are more likely to serve as primary caregivers for their grandchildren (Livingston & Parker, 2010). However, in the last decade, whites have had the most marked increase in grandparent primary care giving. From 2000 to 2008, the number of white grandparents serving as primary care givers for their grandchildren increased by 19% in the United States. Hispanic grandparents have also increased their primary care giving of grandchildren since 2008. This might be due in part to the growth in the United States of the older Hispanic population (Livingston & Parker, 2010).

Some studies have shown that children cared for by grandparents might have reduced risk of injury (Bishai et al., 2008; Henretig, Durbin, Kallan, & Winston, 2011). Yuma-Guerrero et al. (2013) found that grandparents influence child safety practices in the lives of parenting teens. However, the quality and nature of this influence on protecting vulnerable infants and children require additional study. Yuma-Guerrero et al. (2013) found that grandmothers' advice regarding safe sleep practices varied from well-accepted solutions such as rocking the baby to sleep and standardizing schedules to less safe instructions such as placing the infant on their stomach to sleep, using many blankets in the infant sleep space, and giving infants medication to induce sleep. Additional exploration of the injury prevention beliefs, practices, and family dynamics of influential grandmothers in multi-generational families is warranted to ensure the safety and well-being of infants and children. For this reason, we used grounded theory methodology to learn about family dynamics and how they relate to injury prevention beliefs and practices regarding infants and children among this vulnerable population. To our knowledge, no prior studies have explored this area of research.

2. Methods

Semistructured focus groups were conducted with mothers of teen parents who were enrolled in one of six high schools in Central Texas. Trained facilitators aimed to obtain a detailed understanding of participant's current perceptions and experiences relating to injury prevention beliefs, practices, and family dynamics as a mother of a teen parent. The study protocol was approved by the Seton Institutional Review Board and the Austin Independent School District (AISD) Research Office.

2.1. Sample and recruitment

Purposive sampling was used to recruit eligible participants. Eligible participants were mothers aged 25 to 70 years old who were the parent of a currently parenting teenager enrolled in one of six AISD high schools. To be included in the study, participants were required to speak English and/or Spanish. Participants also had to be able to attend an evening focus group and provide their own transportation to the focus group.

Participants were recruited through their son or daughter's participation in parenting education programs at one of six AISD high schools. Parenting students in these programs were provided an information packet to give to their mother. The packets included English and Spanish consent forms for potential participants to review prior to the focus group. The packet also contained three methods for the mother of a teenage parent to sign up for a focus group including the following: (a) calling the number provided, (b) completing and mailing the included Contact Post Card (which was self-addressed and stamped), or (c) completing the included Contact Post Card and having their teenage parent return it to the coordinator of the parenting education program for a research staff member to pick up at a later date. Research team

members connected with potential participants over the phone to answer any questions, discuss the preferred language of the focus group (if not already noted on the Contact Card), and schedule a focus group for those interested in participating in the study.

2.2. Data collection

Focus groups were chosen because the group dynamics stimulate conversations that elicit a range of perceptions and opinions from a variety of individuals in a short time period (Mack, Woodson, MacQueen, Guest, & Namey, 2005). Focus groups were conducted at two participating high schools centrally located for participants. Participants were assigned to a focus group based on the participant's preferred language (i.e., English or Spanish), availability, and location. Prior to the focus group commencing, consent forms were passed out to each individual and discussed as a group. After consent forms were signed and collected, participants were asked by facilitators to fill out a demographic sheet.

Facilitators, one of whom was bilingual, then turned on the digital recorder and utilized a discussion guide to conduct the semistructured focus groups in the language preferred by participants. The discussion guide consisted of questions relating to the level of involvement the participants have with her grandchild, descriptions of the caretakers involved in the life of the participants' grandchild, descriptions of the worries the participants have regarding their teen parent and grandchild, knowledge exchange occurring between the teen parents and the participants, and perceptions of injury prevention practices, preventability, and barriers to injury prevention. Suggested probes to elicit elaboration were also included in the discussion guide and facilitators were encouraged to ask additional probes if more elaboration or clarification was needed. Food was provided to participants, as was a \$40 gift card to Target.

2.3. Data analysis

Data were analyzed using the constant comparison method. Various techniques were utilized to ensure rigor and trustworthiness of the data (Creswell, 1998). The data analyst clarified researcher biases with researchers on the team prior to beginning the study. In addition, peer review occurred with members of the research team in order to provide the data analyst with critical feedback throughout the analysis process. Rich, thick descriptions were provided in this manuscript by using multiple quotations of the statements made by participants. An audit trail was maintained by rigorously saving files at each stage of the process to ensure transparency and replicability of study procedures. Finally the results of this study were triangulated with findings from results of a previous study the researchers conducted that consisted of focus groups and surveys of teen parents (Creswell, 1998; Duzinski et al., in press; Yuma-Guerrero et al., 2013). Analysis was conducted using NVivo 9 qualitative data analysis software.

Following verbatim transcription of all audio files, the focus group conducted in Spanish was then translated into English. All names were changed in this manuscript to protect the confidentiality of participants. Data were analyzed by one primary and one secondary analyst using grounded theory methodology and the constant comparison method (Creswell, 1998; Strauss & Corbin, 2008). First, open coding was conducted where data were read line by line and segmented into conceptual categories. Next, the axial coding phase was completed by expanding and collapsing the conceptual categories. Finally, selective coding occurred where the categories were integrated into the main themes that emerged from the data (Creswell, 1998; Strauss & Corbin, 2008).

3. Results

A total of 21 mothers of teen parents participated in three focus groups conducted in December 2011. Groups had an average of seven

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