



Social networking sites (SNS) as a tool for midwives to enhance social capital for adolescent mothers

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ABSTRACT

Objective: to explore ways in which midwives can enhance the support provided by social networking sites for adolescent mothers.

Design: a narrative approach was employed to guide the research design and processes. Approval was obtained from Edith Cowan University human ethics department.

Setting: focus groups and interviews were undertaken with adolescent mothers and midwives in Western Australia.

Findings: the four key themes identified across both groups were validation by midwives, importance of ownership, enhanced community connections and the importance of guideline development.

Conclusions: findings suggest both mothers and midwives consider there are a variety of ways in which healthcare professionals could enhance the support afforded to adolescent mothers by their use of SNS. Midwives were more likely to consider the need for guideline development, but the underlying value of accessible, professionally mediated online support and information was consistent across the two groups.

Implications for practice: Midwives would benefit from acknowledging the role played by SNS in providing support to adolescent mothers and by considering ways in which this technology can be used to lend further support to this group of mothers.

Introduction and background

Adolescent mothers' engagement with healthcare services remains problematic, both during their pregnancy journey and into early motherhood (Harrison et al., 2016; Wilson-Mitchell et al., 2014). Adverse pregnancy and birth outcomes for adolescent mothers are notably reduced by the provision of antenatal care (Rao et al., 2017; Leppälähti et al., 2013). However, multifaceted social challenges often go hand-in-hand with pregnancy during adolescence (Cook and Cameron, 2015) and continue to pose additional postpartum health risks to the mother and baby dyad (Chico et al., 2014; Borkowski et al., 2007; Brown et al., 2012).

In this context 'adolescence' refers to mothers aged between 10 and 19 as defined by the World Health Organization (2014). The literature reports that psychosocial outcomes, for adolescent mothers and their children, are significantly improved by high levels of social support (Huang et al., 2014; Brown et al., 2012; Kim et al., 2014; Umaña-Taylor

et al., 2013). It is often unclear whether this support is most effective when provided by family, friends or healthcare providers. Currently and historically, education programs and home-visiting interventions have been initiated to improve outcomes for adolescent mothers despite being difficult to evaluate (Aracena et al., 2011; Owen-Jones et al., 2013; Barlow et al., 2011; Asheer et al., 2014). Brand et al. (2014) suggest that support providers develop flexible approaches that foster relational and responsive relationships between 'micro-communities' of young mothers, and that these services are judgement-free to foster spontaneous, social learning which is integral to the development of young mothers' positive motherhood identities.

Midwives are in a prime position to offer support to adolescent mothers, however, many mothers report difficulty accessing appropriate, non-judgemental maternity services (Redshaw et al., 2014; Harrison et al., 2016; Norman et al., 2016). Adolescent mothers' negative encounters with service providers may explain why they rely on information provided by their mother, the Internet and social networking

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sites (Ireson, 2015; Nolan et al., 2015). Social networking sites (SNS) describe any web-based communication platforms that enable users to create public profiles, form relationships, build networks, and facilitate socially relevant interactions between ‘friends’ on the site (Ellison et al., 2011; Wink, 2010).

Targeted online SNS interventions aimed at adolescents with specific conditions or diseases, (Barnfather et al., 2011; Masuda et al., 2011) and specific groups of adolescent mothers (Hudson et al., 2012) have demonstrated the benefits and value of online peer support, which may be enhanced by online peer-moderator and/or online healthcare professional contact. Hudson et al. (2012) demonstrated that online healthcare professional-adolescent mother interaction may reduce infant presentations to emergency departments.

Despite Australia’s relatively high rate of births to adolescent mothers (Australian Bureau of Statistics, ABS, 2013), and the negative ramifications of adolescent parenthood (Assini-Meytin and Green, 2015; Owen-Jones et al., 2013; Ruedinger and Cox, 2012), there is a paucity of evidence related to the use of globally accessible SNS as a tool to enhance social support and social capital for adolescent mothers. Social capital is conceptualised as the resources that are invested into and produced by social relationships and networks and their value for both individuals and groups (Bourdieu, 1986; Coleman, 1997; Putnam, 2000).

Nolan et al. (2016) recently reported that adolescent mothers using SNS derive the benefits of remaining socially connected to peers and demonstrate resultant improvements in mental wellbeing. Thus, it is timely for healthcare professionals to consider social SNS as potential platforms for the provision of enhanced support to adolescents, and particularly adolescent mothers. This paper provides the findings of a research study that explores ways in which healthcare professionals, particularly midwives, may be able to further support adolescent mothers by acknowledging the significant role played by SNS and embracing SNS as a platform for healthcare innovation.

Research aim

To explore ways in which midwives can enhance the support provided by social networking sites for adolescent mothers

Research questions

- 1 Do adolescent mothers consider that midwives’ use of SNS would provide them with additional parenting support?
- 2 Do midwives consider that they could use SNS to provide additional parenting support to adolescent mothers?

Methodology

Narrative inquiry follows an Interpretivist process whereby truth is not considered absolute, but socially constructed according to the specific meanings and values individuals place upon experiences and/or events (Lincoln and Guba, 1985; Crotty, 1998). Knowledge through an interpretive lens is constructed by individuals, within particular cultural confines and through social interactions (Popkewitz, 1984). Researchers use this method primarily to uncover the meanings behind peoples’ actions and experiences (Huynh and Rhodes, 2011; Hynes et al., 2012). The intent of interpretive research is to better understand a phenomenon by interpreting lived experiences. Narrative research enables the researcher to be reflexive, to use their voice and prior experience within the data collection process (Clandinin and Connelly, 2000; Lambert et al., 2010). The use of narrative inquiry and the iterative nature of data collection and analysis associated with this method (Daiute, 2013) enabled the researcher to reflect upon initial findings, recognise emergent issues and directions and intuitively develop this study.

Ethical considerations

Edith Cowan University Human Ethics Committee provided approval for this study, with specific clearance to obtain data from ‘minors’ (participants aged under 18 years). Participants were asked to confirm that they had ‘parental responsibility’ for their child or children within the inclusion criteria. ‘Parental responsibility’ means that the mother assumes all the duties and responsibilities that parents have for their children by law (Australian Government, 1975) and there were no court orders in place giving another individual legal responsibility for the child or children. This criterion served to ensure that any mother (participant) aged 17 or under had been assessed by their professional maternity care providers as a ‘mature minor’, considered able to responsibly parent their child, and, therefore, able to provide informed consent to participate in research studies (Hunter and Pierscionek, 2007; Ward-Smith, 2008), and also that all participants considered they had assumed a ‘parenting’ role to ensure relevance within the study findings. Informed consent, from both adolescent mothers and midwives was obtained using signed consent forms.

Through the ethics committee, issues of confidentiality, anonymity, protection of participant’s rights and emotional vulnerabilities, ownership of data, protection and long-term storage of data were also addressed (Miller et al., 2012). Contact numbers for external support agencies that address emotional and psychological health were included in written study information provided to participants in case they were experiencing emotional issues or struggling to cope with motherhood. Pseudonyms were used to report all data findings and are used throughout this paper.

Participants

Participants were derived from two purposefully selected groups:

Adolescent mothers

The mothers were aged between 15 and 19 years, and each had one child. Their children ranged from 10 weeks to 17 months of age.

Inclusion criteria: mothers aged 19 or under who lived in Western Australia (WA), spoke and understood English, used SNS, and had given birth to a live child or children for whom they had parental responsibility for, and resided with.

Midwives

The midwives all had experience working with adolescent mothers.

Inclusion criteria: midwives registered with the Australian Health Practitioner Regulation Agency (AHPRA) who worked and resided in WA.

Seven mothers and seven midwives consented to participate in the study.

Data collection

Recruitment

Adolescent mothers were recruited by the use of ‘snowballing’, whereby participants recruited to participate in an earlier study phase were asked to identify other potential participants who may be willing to participate in a focus group (Creswell, 2013). Those identified gave permission to be contacted by the researcher/primary author and were provided with detailed verbal and written study information including information about the researcher. A midwife, known to the researcher, who volunteered participation was asked to identify other midwives who may be willing to participate in a focus group.

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