

# Right to refuse or withdraw health and social care essay



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An Integrated Approach Francis Asieulue, Adam Baldocchi, and Merritt

Comerford Northern Illinois University Abstract The current number of teenage pregnancies among adolescent mothers in the United States of America has increased over time and has reached near catastrophic rates. Growing reports of child abuse and neglect have been documented and observed by at-risk parental populations such as teenage mothers. The purpose of this intervention study is to investigate the relationship between teenage motherhood and child abuse/neglect, child physical abuse, and child sexual abuse. Utilizing a pre-test, post-test experimental study design, program coordinators will identify the impacts between an educational awareness campaign among teenage mothers and the prevalence of child abuse, in all its forms. After the completion of the yearlong intervention study program, bivariate and multivariate analyses will be completed to identify any significant changes between the intervention group and the control group.

Child Abuse Prevention: An Integrated Approach

## **Background**

According to the United States Department of Health & Human Service (USDHHS), child abuse is the physical, sexual, emotional mistreatment or neglect of a child or children (2003). The four common forms of child abuse or maltreatment are physical, sexual, neglect, and psychological (USDHHS, 2003). In the United States, a report of child abuse is made every ten seconds (Childhelp, 2013). More than five children die each day due to child abuse (Childhelp, 2013). Approximately 80 % of children that die from abuse are under the age of four (Childhelp, 2013). About 80% of 21 year olds that were abused as children met criteria for at least one psychological disorder

(Childhelp, 2013). Children born to mothers age 15 and younger are two times more likely to become involved in an indicated case of child abuse/neglect in the first five years of their lives than are the children born to mothers ages 20-21 (Florida State University, 2005). Child abuse is a critical issue in The United States that affects tens of thousands of individuals each year. Governmental departments such as the Department for Children and Families Services (DCFS) are aimed at mitigating the far-reaching effects of child abuse (Department of Children & Families, 2012). Child abuse can occur in a family under many conditions. Stressors from socioeconomic statuses, a predisposition for child abuse by the parents due to being abused as a child themselves or teen pregnancy, and many other conditions can lead individuals to abuse their children (Childhelp, 2013). The Family Resource Center (FRC) states, "most abusers love their children but tend to have less patience and less mature personalities than other parents" (2013). This organization states that child abuse results from a combination of four primary categories: intergenerational transmission of violence, social stress, social isolation and low community involvement, and family structure (FRC, 2013).

## **Evaluation Studies**

The United States has the highest teen pregnancy rate among the developed countries (Lachance, Burrus & Scott, 2012). Up to two-thirds of adolescent pregnancies occur in teens age 18 - 19 years old. (PubMed Health, 2011). In 2009, a total of 409, 840 infants were born to females aged 15 - 19 years (Centers for Disease Control and Prevention (CDC), 2009). According to the National Campaign to Prevent Teen and Unplanned Pregnancy (NCPTUP),

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adolescent childbearing in the United States is estimated to cost taxpayers almost \$11 billion each year (2003). According to the CDC, about 50% of teen mothers receive a high school diploma by age 22, compared with nearly 90% of female teenagers who did not give birth during adolescence (CDC, 2011). Adolescent pregnancy and childbirth impose difficult long-term outcomes and have adverse effects not only on the mother, but also on the child and any other individuals in his or her life (Domenico & Jones, 2007). The most significant deterrent in teen pregnancy is the educational outcomes of teen parents as emphasized by significant drop-out rates and decreased graduation rates (Domenico & Jones, 2007). Teen mothers also face negative consequences such as impaired socio-economic status, educational difficulties, employment and economic status, increased risk of homelessness, less optimal parenting, an observed predisposition to child abuse and neglect, and a range of physical and emotional issues, in particular, increased rates of maternal depression (McDonald, Conrad, Fairtlough, Fletcher, Green, Moore, & Lepps, 2009). Also, offspring of teen mothers are more likely to achieve a lower total level of education, suffer from lifelong learning disabilities, rely more heavily on publicly funded health care, be unemployed or underemployed as a young adult, and are at risk for becoming young, unmarried parents themselves when they reach sexual maturity (Domenico, & Jones, 2007; CDC, 2009). The statistics and associated difficulties with teen pregnancy make the prognosis difficult to address. Several intervention studies have been conducted in the past to reduce child abuse and maltreatment among teenage mothers. Three such intervention studies are the social work group intervention, the massage intervention, and the home visit intervention. The social work group

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intervention for teenage mothers and their families involves the implementation of a specific, community based, multi-family group (MFG) intervention strategy for infants of teenage mothers in eleven Canadian communities (McDonald et al, 2009). The purpose of the program was to engage the teenage mothers into a socially inclusive experience that might challenge the social disapproval they often experience, to enhance the mother-infant bond, while increasing feelings of parental efficacy, and to enhance the social context of the adolescent mother by reducing stress, social isolation and intergenerational family conflict (McDonald et al, 2009). The study utilized the one-group, pre-test and post-test design as evidenced by the pre-test questionnaires, intervention, and post-test questionnaires resulting in quantitative analysis. This study showed increased parental self-efficacy for the teenage mothers, improved parent-child bonds, reductions in stress and family conflict, and increases in social support. A limitation of this study was that there were no comparison groups, so one cannot accurately determine if the group work classes' intervention are responsible for the observed changes (McDonald et al, 2009). The strength of this study is that the intervention was provided not just for the teen mothers, but also the grandmother and baby's father. Home visits have been used in several studies to reduce adolescent mother's maltreatment of their children. McKelvey, Burrow, Balamurugan, Whiteside-Mandell, & Plummer (2012) conducted a study to evaluate the effect of the Thrive Program, a home visiting project, on the parenting beliefs of adolescent mothers in the southern states in the United States. The goal of the study was to change the belief of adolescents about corporal punishment whether they experienced it first hand or not (McKelvey et al, 2012). The study utilized a quasi-

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experimental study design. The participants were not randomly selected into the intervention or comparison group. The intervention was administered by Paraprofessionals from four different agencies in southern United States. The intervention group received bi-weekly ninety-minute home visits, which included case management services and parenting interventions. The intervention involved the use of three curricula namely: Parents as Teachers' Born to Learn, Partners for a Healthy Baby Home Visiting, and Nurturing Parenting Programs (McKelvey et al, 2012). Both the intervention and control groups participated in sixty-minute monthly educational peer group meetings that varied in content but included parenting education (McKelvey et al., 2012). The intervention group participated in a total of twenty-five bi-weekly home visits and peer group meetings. While the control group participated in a total of twenty-four monthly group meetings. This study assessed the parenting and child-bearing attitudes of the participants using the Adult-Adolescent Parenting Inventory (AAPI-2) (McKelvey et al, 2012). Measurement occurred at enrollment and every six months thereafter. At follow-up, the intervention group had shown significantly more positive parenting beliefs than did the control group. This evaluation study indicated that home visit is useful in improving parenting skills of teenage mothers (McKelvey et al, 2012). The strength of this evaluation study is that the intervention was based on the Healthy Families of America program. The major weakness of this study is that the comparison group had more African American population than the intervention group. This may have occurred as a result of bias from the program staff that did not adhere to the study design which could have led to a false belief in the Healthy Families of America program. Parent education interventions with teen mothers have

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been successful in reducing and preventing child abuse. Britner and Reppucci (1997) conducted a study to determine the effect of a twelve-week teen parent educational intervention program. The aim of the program was to improve the educational level of participants through the completion of high school or college, and also delay subsequent pregnancies until the age of twenty-one. The majority of the study participants were of young ages (11- 20 years at the time of their first child; mean age of 15 years), unmarried, and of African American mothers in the urban community of Virginia (Britner & Reppucci, 1997). The program was targeted at teen mothers who were at the most risk for child abuse and have difficult conditions at home to provide effective parenting. The program provided a comprehensive parent education, social support, and recommendations for several community services for new teenage mothers. The program also had a set curriculum that was evaluated and upgraded as determined by the program evaluators (Britner & Reppucci, 1997). The study design implemented used the pre-test and post-test with control group design as a comparison of parenting attitudes as evidenced by their intervention group and their use of a control group. A limitation of this study was that the authors did not state if competent professionals were used in designing the curriculum and teaching of the classes. A major strength of this study was that participants received incentives for participation and this was the reason why they had sufficient number of participants during the program.

## **Program Description**

Addressing child abuse prevention in the sub-population of adolescent mothers is an important aspect towards mitigating the overall and far-

reaching effects of child abuse itself. By focusing on an at-risk population such as adolescent mothers, many of the initial causes of child abuse can be addressed to limit the overall negative effect and prospects of these susceptible individual's lives. The goals of this health promotion program includes 1.) Increase education of child neglect/abuse among DeKalb teen mothers, 2.) Increase awareness of child physical abuse among DeKalb teen mothers, and 3.) Increase awareness of child sexual abuse among DeKalb teen mothers. The setting of this program is the DeKalb Health Department in DeKalb, Illinois whose target population are new teenage mothers (15 to 19 years old) who are currently single, have less than a high school education, and are at risk for child abuse/neglect or currently have a report filed against them. The National Child Abuse and Neglect Data System (NCANDS) and the Healthy People 2020 program outlined their goals for a reduction in non-fatal child maltreatment as a 10 percent improvement (Healthy People 2020, 2010). Based on the data provided by the Healthy People 2020, the outcome objective for the first goal is to increase education of child neglect/abuse among DeKalb County teenage mothers by 10% of the entire intervention group by the end of the first program year. Similarly, the outcome objective for the second goal is to increase educational awareness of child physical abuse reports among DeKalb County teenage mothers by 10% of the intervention group by the end of the first program year. Third, the outcome objective of the third goal is to increase the education of child sexual abuse reports among DeKalb County teenage mothers by 10% of the intervention group by the end of the first program year. The main elements of the intervention program includes the development of focus groups consisting of at risk teenage mothers from DeKalb County to discuss several

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issues that affect them, creation of educational programs to educate individuals on the effects of child abuse on their children, and the use of questionnaires to identify treatment progress among participants. The outcome assessment will be self-administered questionnaires addressing initial baseline data as well as intermediate and post-test data for both the intervention and control groups. The first process objective of this program is to identify and recruit 300 teenage mothers in DeKalb County who have been identified by school social workers and randomly assign them to either the intervention group or the control group. These individuals are those who have been referred to this program by their school counseling services. Three hundred individuals were chosen based on appropriate numbers for analytical evaluation. The second process objective is to complete pilot testing of the survey questionnaire to be used in the program and administer it to 100 age appropriate peers of the target population to identify the competency and relevancy of the questionnaire on the target population. By utilizing a sample size of 100 individuals, patterns can be identified and wording can be revised to be most impactful. The third process objective is for program coordinators to administer questionnaires to program participants on a quarterly basis to monitor progress of the program as well as at the beginning of the program and the culmination of it. The final process objective is to recruit five social workers to lead focus groups and educational meetings on a weekly basis to program participants. As evidenced by the visual diagram located in Appendix A, the timeline for this program includes a year-long intervention program spanning from October 2013 to October 31st 2014 as well as an analysis period and research accumulation and dissemination period. The overall goal of this program is to

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increase education of all forms of child abuse among teenage mothers in DeKalb, Illinois.

## **Study Design**

This study design of the program evaluation describes the overall evaluation plan in terms of formative and summative evaluation. The summative evaluation includes the process evaluation, the impact evaluation, the outcome evaluation, and the economic evaluation. Addressing the overall evaluation plan, the process evaluation includes the needs assessment, program planning, pilot testing, program implementation, and program evaluation. For the needs assessment, the social issues surrounding the relationship between teen pregnancy and child abuse are quite prevalent. Those adolescent mothers are more susceptible to child abuse due to their decreased educational status, their age, their socio-economic status, among others. The risk factors for adolescent pregnancies such as family structure, age at first sexual intercourse, and sexual abuse as a child have been associated with adolescent pregnancy (PubMed Health, 2011). In the United States, efforts towards helping pregnant and teen mothers are aimed at increasing services provided to them and minimizing adverse outcomes teen mothers and their children encounter (Chen, Wen, Fleming, Demissie, Rhoads, & Walker, 2007). At present, adolescent mothers continue to show patterns of leading high-risk lifestyles after the birth of their children and are at risk for rapid repeat pregnancies, which is defined as a second pregnancy within 24 months of the first pregnancy (Klerman, 2004). Pregnancies and their resulting births to adolescent mothers create serious public health challenges with both short and long-term health, behavioral, and social

consequences (Domenico & Jones, 2007). After questionnaires have been written, pilot testing will be conducted to identify whether the surveys work well with the target population. Regarding the impact evaluation, the questionnaires provided at quarterly intervals will address whether the educational awareness among program participants has begun to change. The outcome objective will measure any changes in health status or quality of life over time such as whether the individual has dropped out of school, continued school, increased their grades or not. Finally, the economic evaluation identifies cost-related aspects of the program. For this program, economic benefits could include long-term effects such as a less reliance on welfare programs in the future, less health related issues such as visits to the emergency room. The short-term cost utility has far reaching effects. The formative evaluation includes multiple factors including direct observations by program coordinators, pretest, and post-test quizzes, multiple discussions, learning logs, and program assessments. Regarding internal validity, pre-test, post-test control group design is used to compare the pre-test scores which will help identify whether the intervention made any significant improvements. This study design is an experimental study utilizing the pre-test, post-test control group design. Pre-test, post-test control group design was chosen due to its benefit for identifying whether the intervention group was successful. The study groups include the intervention group of 150 individuals and the control group of 150 individuals. These groups will be randomly assigned using randomization through a random number generator. Regarding demographic characteristics, participants will include race/ethnicity, age, marital status, educational level, social class of family and income. This program has three

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hypotheses which will be tested for. The first one is, the mean knowledge on child abuse/neglect at posttest is higher in the intervention group than in the comparison group controlling for the knowledge pretest score, race, social class, age education, and attendance at parenting classes. The second hypothesis is the mean knowledge on child physical abuse at posttest is higher in the intervention group than in the comparison group controlling for the knowledge pretest score, race, social class, age education, and attendance at parenting classes. The third hypothesis is, the mean knowledge on child sexual abuse at posttest is higher in the intervention group than in the comparison group controlling for the knowledge pretest score, race, social class, age education, and attendance at parenting classes.

### **Measures:**

In summative evaluation, the independent variable to be examined during the research will be the effect of the proposed intervention (child abuse/neglect education, child physical abuse education and child sexual abuse education). Some other independent variables that may affect the impact of the intervention are race/ethnicity of the teen mother, education level of the teen mothers, gender of child, and the social class of the family. The dependent variables that will be measured are teen mother's knowledge on child abuse/neglect, the teen mother's knowledge on child physical abuse, and the teen mother's knowledge on child sexual abuse. The operation definitions specify how a concept will be measured. In our research, operational definitions of the variable that will be measured are discussed below: Operational definitions: Income: This is the total family income before tax in dollars as reported in the previous year tax returns.

Race: Observable colors of the skin and asking participants for their race. For example, black or African American is someone who has his/her origins from any black racial groups. Education/ education attainment: Asking participants for number of years of schooling successfully completed. Social class of family: This will be based on the information collected from teen mothers on their education level of family, family income, wealth, and social status of family with reference to the neighborhood levels. Knowledge on child development: This will be obtained at baseline; participants will be asked if they have been involved in providing child care directly or in-directly at any time of their life. Attendance at the intervention programs: This will be measured using an attendance register and roll calls at the end of the program. Age of the participants: The age of participants will be obtained from them by collecting their personal information. In this study, age will be treated as interval variable. The reason for this is the program coordinators want to know how much more teen mothers are prone to child abuse/neglect, child physical abuse, and child sexual abuse in terms of their age. Program coordinators will compare the percentage of teen mothers in the experimental groups' knowledge on child abuse/neglect, child physical abuse, and child sexual abuse to those in the control group. Race is treated as a nominal variable, because we aim to investigate the knowledge of child abuse among teen mothers of different ethnicity. Educational level is treated as an ordinal variable because program coordinators will be investigating the association between the years of schooling completed and their knowledge on abuse. The attendance at the parenting class is treated as an interval variable, because program coordinators will be conducting an outcome evaluation after one year to find out if teen mothers' involvement at the

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intervention showed increased knowledge on child abuse/neglect, child physical abuse, and child sexual abuse. The income of family will be reported as an interval variable because program coordinators will be determining if income level of families of teen mothers show any correlation to their predisposition to child abuse. In this study, program coordinators will be using a modified parenting skill assessment questionnaire. The questionnaire was designed from a psychometric study of the parenting assessment skills (PSA) at the Michigan State University's outreach and engagement center (Michigan State University, 2009). In their study, the reliability and validity of the parenting assessment skill (PSA -10) was examined. The validity was examined by comparing the PSA- 10 to other three observational measures of parenting skill and effectiveness (Michigan State University, 2009). For the PSA study, two types of reliability: internal consistency and Inter-rater reliability was measured. The results showed that PSA had a high internal consistency and an adequate inter-rater reliability and also had supports for its validity. The modified PSA-10 questionnaire will be used to evaluate teen mother's communication skills; understanding of expectation and needs of their children; understanding nutritional needs of child; child management skills; child care environment; and need for parent - child activities. For formative evaluation, program coordinators will conduct a focus groups consisting of teenage mothers from the community. In these groups, staff will discuss several issues that affect the teenage mothers such as: reasons why teenage mothers abuse their children; challenges faced by teenage mothers; and their suggestions on what they feel should be included in the parenting classes for teenage mothers. Pilot testing of our study

questionnaire will be conducted to determine if the respondents understand <https://assignbuster.com/right-to-refuse-or-withdraw-health-and-social-care-essay/>

the survey. During the pilot testing phase, the questionnaire will be administered to one hundred teens and their responses will be analyzed to determine if the questionnaire is competent to measure the variables of interest. Also during formative evaluation, program coordinators will evaluate the program materials (brochures and curriculum) by making sure they suit teen mothers' needs and also collaborate with qualified professionals that will teach the parenting classes. See appendix B for a table (Table 1) describing the variable, level of measure, attribute, and statistics of the sample.

## **Procedures**

Participants in the program will be new teenage mothers (15 to 19 years old), who are unmarried and show a high risk towards child abuse. A list will be made of hospitals in DeKalb County used by pregnant teens and then the randomization technique will be used to select two hospitals to be used in this study. The DeKalb county hospital and Kishwaukee community hospital was selected for the study, new teen mother will be recruited from these hospitals and they will be divided into experimental and control group. At the each session, both groups are tested twice, for the experimental group; this is before and after receiving tutoring. To determine if the tutoring was effective, the distribution of the post-test scores from the experimental group will be compared to that of the control group. At the end of the intervention, teen mothers in the intervention groups will be made to fill out a survey and also be interviewed by the program staff. The purpose of this is to understand if the intervention has changed teen mothers' perspective towards child abuse/neglect, child physical abuse, and child sexual abuse.

Teen mothers also will have the opportunity to evaluate the program by filling out forms on their expectation of the program, mode of delivery and also if the program structure meet the needs of new teenage mothers. Program staff will evaluate if the program captured its specific target population by looking at the demographics, social class of new teen mothers and needs of each new teen mother. The sample frame will consist of a list of all hospitals in community used by pregnant teens and then the randomization technique will be used to select two hospitals to be used in this study. The sample will consist of new teen mothers (15 - 19) years from the DeKalb county hospital and the Kishwaukee community hospitals who agreed to fill out the questionnaire handed over to them by the program staff. The sample will consists of one hundred and fifty new teen mothers from the DeKalb county hospital and one hundred and fifty mothers from the Kishwaukee community hospital. The sampling method that will be used is the probability sampling method, and a simple random sampling design will be used in this study. A simple random table will be used to assign teen mothers into the experimental and control groups. The sample size will consist of one hundred and fifty new teen mothers in the intervention group and one hundred and fifty new teen mothers in the control group. Recruitment will be based on teen mother's response to the questionnaire, and information from nurse about teen mother's expectation of motherhood. For example, children of teen mothers who do not view parenting as an enjoyable experience may be at a high risk of child abuse. Simple random table will be used because each individual will have the same probability of being chosen at any stage during the sampling process. In the hospitals, program coordinators will encourage teen mothers by educating families of <https://assignbuster.com/right-to-refuse-or-withdraw-health-and-social-care-essay/>



teen mothers on the benefits of the intervention, also a car seat will be used as an incentive to participation. Sources of internal invalidity to the research could be events that happen to teen mothers during the year before the impact of the intervention is evaluated. For example, the death of a loved someone significant to the life of the teen mother or infant. Also, as teen mothers grow older and mature they tend to learn and adjust to the role of mother-hood and may learn some parenting skills from their parents.

Diffusion of innovation may also be a source of internal invalidity because teen mothers were selected from the same hospitals. Teen mothers in the control and experimental groups may meet each other during hospital visits and discuss on the intervention programs. Experimental mortality could greatly affect the intervention because mothers may become engaged with the responsibility of motherhood and then gradually drop out of the intervention program. One major source of external invalidity is that the teen mothers' responses to questionnaires may be aimed to satisfy the program staff. Also, the program pre- test and questionnaire may serve as a source of material to teen mothers in the control group and this may help them in personal development. The data collection method will be through a self-administered questionnaire and face to face interview that will be done at the DeKalb Health Department. Program staff will be present at both hospitals after delivery; they will work with teen mothers to fill out questionnaires and also try to understand teen mother expectation and difficulties during this period. The self-administered method for the questionnaire is most appropriate for this study because the questions in the questionnaires are very sensitive. The face-to-face interview method will encourage high completion rates of the question and help program

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coordinators know which areas to focus the intervention. Several measures will be taken to protect the teen mothers during the research. For example new teen mothers will be treated as self-sufficient individuals by training program staffs to respect the feeling of teen mothers. Debriefing will be done for teen mothers to ensure they do not suffer any mental or emotional harm they may encounter in the course of study. Also, privacy and protection of teen mother information will be highly emphasized in the course of the program. Program coordinators will ensure that by August 31st, 2013 the necessary program materials have been developed, that the curriculum for the classes has been completed, and qualified staff for training have been hired. By September 31st, 2013 program coordinators will ensure that at least one hundred and fifty eligible new teen mothers have been recruited to the intervention program and one hundred and fifty eligible new teen mothers have been recruited to the control group and documented as participants in the roster. By October 31st , 2014 program coordinators will have completed the post-test questionnaire regarding education on child abuse/neglect, child physical abuse, and child sexual abuse.

## **Analysis**

Once the intervention program has been completed, the program coordinators will identify any observed or quantifiable effects between the intervention group and the control group will complete an analysis. The measures to be used to describe the sample characteristics include mean for age of participants, knowledge on child abuse/neglect, knowledge on child physical abuse, knowledge on child sexual abuse, and attendance at parenting classes. Frequency distribution will be used for race, education,

social class, and annual family income. Program coordinators will look for an ideal sampling as evidenced by its representativeness to the target population, its independence, its adequacy to make conclusions about the entire population, its clarity, its randomness, and its ability to relate to similar samples. The statistical methods to be used for bivariate analyses include a comparison between each individual variables and education on child abuse/neglect, child physical abuse, and child sexual abuse. When performing a bivariate analysis between the race, the independent nominal variable, and knowledge on child abuse and neglect, the dependent ordinal variable, the chi square/Lambda is used. This pattern can be utilized when comparing race to knowledge on child physical abuse, social class of family, and knowledge on child sexual abuse as well. When comparing age of participant, the independent ratio variable, and attendance at educational classes, the dependent interval variable, the pearsons correlation or simple linear regression is utilized. Comparing age of participant, the independent ratio variable, and knowledge on child abuse/neglect or knowledge on child physical abuse, or knowledge on child sexual abuse, all dependent ordinal variables, a non-parametric correlation or simple ordinal regression can be used. Comparing social class of family, an independent ordinal variable, and knowledge on child abuse/neglect, knowledge on child physical abuse, or knowledge on child sexual abuse, a dependent ordinal variables, the Chi square, lambda or gamma is utilized. Comparing ordinal interval data such as seen in the independent variable of race and the dependent variable of annual income, the ANOVA is used. When comparing a nominal-interval measure such as the independent variable of race to attendance at parenting classes, the dependent variable, the t-test is utilized. The bivariate

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analysis compares the differences in percent completing the whole education course between intervention group and control group. For the multivariate analysis, three analyses will be completed: knowledge on child abuse/neglect, knowledge on child physical abuse, and knowledge on child sexual abuse. For the first dependent variable, knowledge on child abuse/neglect, the predictor variable is either the intervention group or the comparison group and the control variables include race, social class, age, education, attendance at parenting courses, and knowledge pretest score. The control variables will be included in the multivariate model to identify any intervening or antecedent variables. Race, social class, age, and education are antecedent variables and attendance at parenting courses and knowledge pretest score are expected intervening results. The second dependent variable is knowledge on child physical abuse. The predictor variable and control variables will be the same as in the first one. The third dependent variable is knowledge on child sexual abuse. All other factors remain the same as seen in the primary and secondary multivariate analysis. The significance level to be used in determining group differences and testing hypotheses will be an alpha level of 0.05. The criteria based on which program coordinators determine the success of the program is when all outcome objectives are met and maintained at least 90% of the target program participants throughout the program. Appendix A: Program Description Timeline

### **Timeline:**

By August 31st 2013, The necessary educational materials developed, curriculum for the classes completed, and qualified staff for training have

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been hired. By September 31st 2013, At least 300 eligible teen mothers have been recruited to the program and documented as participants in the roster. By October 31st, 2014, Program coordinators will have completed the post-test questionnaire regarding education on child abuse/neglect, child physical abuse, and child sexual abuse. Appendix B: Table 1

Table 1 : variable, level of measure, attribute and statistics of sample

## **Variable**

## **Source**

## **Level of measure**

## **Range or Attributes**

## **Statistics**

Gender of child Hospitals Nominal Male or female Mode

Percentages Race Hospitals Nominal White, Black, Asian, Latino, others. Mode,

percentage Education Participant Ordinal Less than high school, high school, some college, and college degree. Frequency distribution, median. Social

class of family. Participant Ordinal Lower class, working class, middle class,

and upper class Frequency distribution, median, and percentile Knowledge on

child abuse/neglect Participant Ordinal No, little, some, and very

knowledgeable, Frequency distribution, median, and percentile Knowledge on

child sexual abuse Participant Ordinal No, little, some, and very

knowledgeable, Frequency distribution, median, and percentile Knowledge on

child physical abuse Participant Ordinal No, little, some, and very

knowledgeable, Frequency distribution, median, and percentile Attendance at

parenting classes Parenting class Interval 0 to 12 Median and frequency

distribution. Annual income of family in dollars  
 ParticipantsInterval( \$0 to \$100, 000) yearly  
 Median and frequency distribution. Age of participants  
 ParticipantRatio15 to 19 years  
 Mean  
 Appendix C: Parenting Skill Assessment Questionnaire  
 PARTICIPANT SAMPLE NUMBER:

## **PARENTING SKILL ASSESSMENT QUESTIONNAIRE**

T. I. P. S. (Tools for Improving Parenting Skills)  
 DIRECTIONS: Read the following parenting situations. All answers will remain confidential.

### **Section A**

You walk into a room and see your new born crying. You will ignore and continue with what you were doing. YES. (B) no(C) not sure  
 Daily parenting responsibilities for new mothers are too stressful. a. Strongly agree. B. Agree. C. Neutral D. Disagree. E. Strongly disagree. Parenting is an enjoyable experience. Yes ( B) no (C) not sure  
 It is necessary to frequently play with your child using toys at day and night. a. Strongly agree. B. Agree. C. Neutral D. Disagree. E. Strongly disagree. It is necessary to use appropriate methods and techniques to engage your child in interactive activity daily. a. Strongly agree. B. Agree. C. Neutral D. Disagree. E. Strongly disagree. It is necessary to expand the child's daily activity to encourage child's development. a. Strongly agree. B. Agree. C. Neutral D. Disagree. E. Strongly disagree. Is it necessary to check child's skin or body for scares or injuries? Yes (B)no (c) not sure  
 It is necessary to provide enough space and a safe environment for child. a. Strongly agree. B. Agree. C. Neutral D. Disagree. E. Strongly disagree. Positive words and tone are necessary for child management. A. Yes (B) NO (c) not sure  
 Adequate supervision is necessary for every child. Yes (B) no (c) not sure  
 Feeding times for child is important and it is enjoyable. a. <https://assignbuster.com/right-to-refuse-or-withdraw-health-and-social-care-essay/>

Strongly agree. B. Agree. C. Neutral D. Disagree. E. Strongly disagree. It is important to respond and spend time with child even when you have had a stressful day. A. Yes (B) no (c) not sure It is important to identify the meal times of the child or when child is hungry how feelings of the child are expressed. a. Strongly agree. B. Agree. C. Neutral D. Disagree. E. Strongly disagree. Child management plans should be developed. Such as bed times, game times etc. A. Yes (B) no (c) not sure It is important to know how feelings your child will express his/her feelings a. Strongly agree. B. Agree. C. Neutral D. Disagree. E. Strongly disagree.

## **PART B: DEMOGRAPHIC INFORMATION:**

7. Sex of child: a. Male b. Female c. Transgender  
 8. Age: a. 16-20 b. 20-24 c. 25-26 d. 27-29 e. 30 and above

### **9. Marital Status:**

a. Single/ Never married b. Married c. Separated d. Divorced e. Widow f. Widower  
 10. What is your race/ethnicity? a. Caucasian b. Non-white Hispanic c. African American/Black d. Asian e. Multiracial f. Other \_\_\_\_\_  
 11. Are you: a. full-time student b. Part-time student? 12. What is your Current educational level? a. Fresh man b. sophomore c. Junior d. Seniore. High school f. Other .....  
 13. Are you employed? a. Yes b. No  
 14. Do you have children before? a. Yes b. No  
 15. What is your geographic location a. Urban Area b. Rural Community? 16. What is your household income: a. Less than \$10,000 b. \$10,000-19,000 c. \$20,000-\$29,000 d. \$30,000-\$39,000

000-\$39, 000e. \$40, 000-\$49, 000 f. \$50, 000-\$59, 000 g. \$60, 000+Appendix D: Informed Consent Form

## **NORTHERN ILLINOIS UNIVERSITY**

This informed consent form is for parents of adolescent mothers less than 18years old and adolescent mothers who are 18 years and above

participating in the research titled. " Child Abuse Prevention" Principle

Investigator: Asielue FrancisName of Organization: Northern Illinois

University

### **Part I: Introduction**

We are masters of Public health students at the Northern Illinois University,

We are doing conducting an intervention program to prevent child abuse. In

our research we will talk to many new teen mothers' teenagers, and ask

them a number of questions. Purpose: It is possible that teen mothers are

not properly equipped for parenthood during their teenage years. In this

study we will talk to teenage mothers and they will be enrolled in a 12 weeks

parenting class with the aims to prevent child abuse.

### **Type of Research Intervention**

A 12-week parenting classes will cover topics including child-parent bonding,

communication, responsible parenting, discipline, child development,

continuing an education, family planning, sexually transmitted disease, and

substance abuse and information about abuse.



## **Selection of participant.**

Participants that are selected for this study are new teenage mothers (15 to 19 years old) who are at high risk to for child abuse or with limited knowledge on providing care for infants.

## **Voluntary Participation**

You do not have to agree that your daughter can talk to us. You can choose to say no and any services that you and your family receive at this hospital will not change. You can ask as many questions as you like and we take the time to answer them. You don't have to decide today. You can think about it and tell me what you decide later.

## **Procedure**

New teen mother will fill out a questionnaire which will be provided by one of the program staff and also have a face – face interview with one the program staff. If your daughter/ new teen mother does not wish to answer some of the questions included in the questionnaire, she may skip them and move on to the next question. The information recorded is confidential, and no one else except program staff. The questionnaires will be destroyed after a three year period

## **Duration**

We are asking your teen mother to participate in a questionnaire which will take about 1 hour of her time. Also teen mothers will be enrolled in a 12 weeks intervention class once a week for four hours.

## **Risks and Discomforts**

We are asking teen mothers to share with us some very personal and confidential information, and she may feel uncomfortable talking about some of the topics. Teen mother must know that she does not have to answer any question or take part in the intervention/interview/survey if she doesn't wish to do so, that is also fine. She does not have to give us any reason for not responding to any question, or for refusing to take part in the interview

## **Benefits**

There will be no immediate and direct benefit to teen mother, but teen mothers participation is likely to help us find out if the twelve weeks parenting class was helpful in child abuse prevention, prevention of additional pregnancy, and improve new teen mothers' education outcomes.

Reimbursements : Teen mother will provided with new car seats as an incentive for participation. Confidentiality: We will not be sharing information about teen mothers outside of the research team. The information that we collect from this research project will be kept confidential. Information about new teen mother that will be collected from the research will be put away and no-one but the researchers will be able to see it. Any information about teen mother will have a number on it instead of her name. Only the researchers will know what her number is and we will lock that information up with a lock and key. It will not be shared with or given to anyone except program staffs who will have access to the information, such as Northern Illinois University.

## **Sharing of Research Findings**

At the end of the study, we will be sharing what we have learnt with the participants and with the community. We will do this by meeting first with the participants and then with the larger community. Nothing new teen mother tell us today will be shared with anybody outside the research team, and nothing will be attributed to her by name.

## **Right to refuse or withdraw**

Parents, teen mothers or representatives may choose not participate in this study and teen mother does not have to take part in this research if she does not wish to do so. Choosing to participate or not will not affect either your own or your child's future treatment. .

## **Who to Contact**

If you have any questions you may ask now or later, even after the study has started. If you wish to ask questions later, you may contact any of the following: Adam, Francis or Merritt at the college of health sciences, Northern Illinois University. This proposal has been reviewed and approved by division of research and graduate studies of the Northern Illinois University which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact Professor David Henningsen or Professor Michael Peddle. Professor Henningsen can be reached at dhennin1@niu. edu, or by phone at (815) 753-7102. Professor Peddle can be reached at mpeddle@niu. edu, or by phone at (815) 753-0942.

## **PART II: Certificate of Consent**

Certificate of Consent I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily for my child/ teen mother to participate as a participant in this study. Adult Informed consent or minor assent: Signature of teen mother \_\_\_\_\_ Print Name of teen mother \_\_\_\_\_ Date \_\_\_\_\_ Day/month/year Print Name of Parent or Guardian ( If applicable) \_\_\_\_\_ Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_ Day/month/year If illiterate I have witnessed the accurate reading of the consent form to the parent of the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely. Print name of witness \_\_\_\_\_ AND Thumb print of participant Signature of witness \_\_\_\_\_ Date \_\_\_\_\_ Day/month/year Statement by the researcher/person taking consent I have accurately read out the information sheet to the parent of the potential participant, and to the best of my ability made sure that the person understands that the following will be done: 1. Fill questionnaire or form 2. Attend a 12 weeks parenting class I confirm that the parent/ teen mother was given an opportunity to ask questions about the study, and all the questions asked by her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. A copy of this Informed Consent Form has been provided to the parent or guardian of

the participant \_\_\_\_Print Name of Researcher/person taking the  
consent\_\_\_\_\_