

Thomson Reuters Doctoral Dissertation Proposal Scholarship

Research Proposal:

*Health-related Information Practices and the Experiences of
Childbearing and Parenting Youth*

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A) Description of the Research

In modern times, teenage pregnancy and parenting has been constructed and understood to be problematic, with unwed/young mothers in particular considered a socially and medically “high-risk” population. This “risky” population has become subject to specially targeted public health information interventions aiming to monitor and influence behaviour. However the information practices of youth parents themselves have never been studied, leaving us without clear understanding of the ways information does and doesn’t influence health behaviour in this population.

Information interventions are a major element of the public health repertoire. This is due to the power ascribed to information within health behavior models, as well as the relative ease of implementing health communication campaigns. The underlying assumption of such interventions is that institutional information practices (for example, public health nurse visits to educate young mothers) and individual information practices (such as young mothers’ health information seeking) will work in concert to inform the health behaviour of individuals within the target population.

In reality, the information world surrounding any given health behaviour may be complex. A young mother deciding whether to breastfeed her infant, for example, may or may not seek information from medical experts, the Internet, books, friends and family, or members of her faith community. The baby’s father (or another socially-significant other in the young parent’s life) may seek and share additional information, voicing his own opinion and assessment of the available information. Peers may pass along their own experiences, and the family’s doctor may provide information and guidance. The government may have official advice on the matter, communicated through public health ads on public transit and flyers in clinic waiting

rooms. This example only begins to illustrate the rich tapestry of individual, social, and institutional information practices surrounding any given health decision. Yet, beyond identification of attributes that increase effectiveness of information interventions (Schmid, Rivers, Latimer, & Salovey, 2008; Schneider et al., 2001), public health practice tends to assume a simplistic view that receipt of information necessarily influences health behaviour. We need an integrated understanding of the way multiple levels of information practices interact with each other, and ultimately shape health behavior.

Teen parents, representing a population that is the target of multiple, intensive, formal and informal health information interventions, are an ideal case study for examining the interplay of individual and institutional-level information practices, and the way those information practices shape health behavior. This research project seeks to gain an understanding of the actions and interactions of information practices: those of childbearing and parenting youth, their socially-significant others, and public health institutions with which they interact.

This study endeavours to understand, interpret and theorize the multiple levels of socially-constructed information practices related to the health behavior of youth parents. I aim to improve our understanding of the way the health information practices *of* childbearing and parenting youth, and the health information practices *that impact* childbearing and parenting youth, interact to influence health behavior. This, in turn, can inform future public health interventions and, ultimately, improve the health of vulnerable young families.

Study Design and Methodology

Purpose and Objectives

Childbearing individuals in Canada — particularly those, such as teenage parents, who are seen as socially and medically problematic — are targeted, surveilled and advised, under the

auspices of improving the health of mothers and children. Despite this societal investment in collecting and communicating this health information, we know little about the impact of such information interventions on actual health decision-making and behavior. Although early-age childbearing is commonly associated with a higher risk of many health problems to mothers and infants, we know even less about the health information practices of childbearing and parenting youth than we do about mothers in general.

The purpose of this research is to understand, interpret and theorize the socially-constructed information practices related to the health behaviour of childbearing and parenting youth in the Metro Vancouver area of British Columbia. The over-arching research question is: *How do socially-constructed information practices influence the health behavior of childbearing and parenting youth?* Through constructivist grounded theory, augmented by postmodern critical analysis, I aim to improve our understanding of the ways a) health information practices of childbearing and parenting youth, and b) health information practices *that impact* childbearing and parenting youth, interact to influence health behaviour.

The objectives of this project are to use ethnographic observation and in-depth interviews to explore the health-related information experiences of childbearing youth and their socially significant others, in order to:

- 1) Describe the health-related information practices of childbearing youth
- 2) Explore contextual health information practices that influence childbearing youth, including those of their socially significant others, and public health institutions, and
- 3) Theorize ways in which individual, interpersonal and institutional information practices shape the health behaviour of childbearing and parenting youth.

Methodology

Previous research in library and information science has theorized aspects of “everyday” life information behaviour of individuals (Fisher, 2005; McKenzie, 2003; Savolainen, 2008), including urban youth (Agosto & Hughes-Hassell, 2006) and parents (Hersberger, 2001; McKenzie, 2006, 2009). This project builds on that work, joining with those scholars who have deliberately adopted a social “practices” approach to information activities, drawing on the “turn to practice” within social sciences more broadly (Bourdieu, 1977; Fraser, 1990; Reckwitz, 2002; Veinot & Williams, 2011). By taking a deliberately social constructionist framing for the broad concept of people “doing things” with information (McKenzie, 2003; Savolainen, 2007, 2008; Talja & McKenzie, 2007, p. 100), I will examine the active role of social processes that help shape the information practices of individuals within a particular context.

The research question, *How do socially-constructed information practices influence the health behavior of childbearing and parenting youth?*, aims to generate new understanding of social processes that are relatively unstudied. It is therefore important to select a methodological approach and study design that will enable: a) the co-creation of rich and complex data, b) investigation of the behaviors and practices of interest, as well as the active role of context and relationships in shaping those practices, and c) critical analysis and theory-building regarding the social processes at work. Given these requirements, a qualitative paradigm is appropriate, as it enables a “complex, detailed understanding of the issue” (Creswell, 2007) and permits investigation of the social processes of interest in naturalistic context.

Grounded theory (Glaser & Strauss, 1967), a qualitative research design that employs comparative analysis of socially-generated data in order to “discover” theory about social processes and how social interaction shapes meaning, is an ideal fit for this project. This study draws on the methodological innovations of “second generation” grounded theorists (Morse,

2009) by taking a constructivist approach (Charmaz, 2007) augmented by Clarke's (2005) visual and postmodern grounded theory analytic strategies.

Study Setting

This study takes place within the Metro Vancouver region of British Columbia, Canada. The third largest urban centre in the country, Metro Vancouver is home to over half the province's total population, including a variety of ethnic and socio-economic groups. Reflecting the diversity of the region, Metro Vancouver neighbourhoods show wide variation in rates of early-age childbearing.

Within Metro Vancouver, there exists a patchwork of services and organizations aiming to aid teenagers who are pregnant or parenting. Central among these are Young Parent Programs (YPPs): partnerships between community groups and the public sector (Norton, 2005), which serve as a hubs for collaborative programming among secondary schools, non-profit societies, child care providers, and public health entities. Over the past year, I have developed good relationships with the YPPs in three Metro Vancouver cities with differing demographics, all of whom have agreed to serve as "home bases" for much of the data collection and knowledge exchange within this project.

Data Collection

Data collection will be conducted via core methods of contemporary fieldwork: individual interviews with young parents (primary participants, anticipated n=30) and their socially-significant others (secondary participants, anticipated n=20), and ethnographic observation at YPP sites. Data will include interview transcripts, field notes, collected information sources available in the environment, and visual artifacts generated by interviewees as part of elicitation exercises.

Initial sampling of primary interviewees will be purposive, aiming to recruit youth aged 15-19 who are expecting a child and/or parenting one or more child(ren). Primary participants will be recruited from the partnering YPP program sites at which participant observation is taking place, and supplemented by community recruitment via posters and online advertising (Craigslist, Facebook). Given service delivery and program participation patterns, it is likely that most or all of the primary participants will be mothers.

Once data collection (and analysis, which in grounded theory is a concurrent process) is underway, I will shift my recruitment efforts to theoretical sampling in order to develop and refine emergent codes and theory (Charmaz, 2007; Glaser & Strauss, 1967; Glaser, 1965). Any voluntary recruitment process is necessarily subject to a certain degree of convenience sampling, and while I will conduct theoretical sampling to the extent that is possible, I also endeavour to remain aware of who might be declining to participate, and what the implications of those absences and silences might be (Groger, Mayberry, & Straker, 1999).

Secondary participants will be sought via referral; primary participants will be asked if there is a “socially significant other” — someone such as a co-parent, partner, or family member, who plays a major role in their pregnancy/parenting — whom they would like to invite to participate in the study. Based on previous work with young mothers, I anticipate that many, but not all, of the primary participants will wish to invite a socially significant other into the study.

Primary and secondary participants will each be invited to two individual interviews over the course of six months, in order to prospectively follow development and outcomes of information practices, as well as health decisions and behaviors. All interviews will be semi-structured, with questions aimed at eliciting narratives about participants’ experiences with health-related information practices. Primary and secondary participants will be interviewed

separately from each other, to avoid any ethical concerns that might arise due to prompting intimate partners, family members, or co-parents to potentially reveal stigmatized health behaviors or conditions to each other (Bottorff, Kalaw, Johnson, Stewart, & Greaves, 2005).

Within the interview series for each participant, two different elicitation devices will be employed: the Critical Incident Technique (CIT) and Information World Mapping. CIT is a time-tested method for eliciting accurate stories from interviewee's memory, while Information World Mapping (IWM) is a novel modification of recent innovations in participatory, visual arts-involved research methods. These two elicitation exercises are intended to complement each other, enriching data collection and providing triangulation within the interview process.

CIT is a longstanding interview method developed within the field of psychology (Flanagan, 1954), which has been well-tested within LIS research (Urquhart et al., 2003). CIT is commonly within information seeking research, including studies specifically aimed at exploring information seeking in context (Sonnenwald & Wildemuth, 2007), and has been successfully employed in information seeking research in health care settings for over twenty-five years.

In contrast with the CIT's aim of obtaining accurate recall of linear narratives, IWM aims to enable creative communication about the concept of interest, which in this case is the information world of the research participant. Draws on elements of photovoice (Wang & Burris, 1997), relational mapping (Radford & Neke, 2000), and information horizons (Sonnenwald & Wildemuth, 2007), IWM asks participants to generate drawings or maps of their personal information worlds, which are then used to facilitate and prompt participants' own stories about their information practices. Arts-based techniques may draw out richer data and reduce participant fatigue in interview, and are a particularly strong developmental fit with adolescent participants.

Second generation grounded theorists have critiqued and questioned the commonly-used qualitative notion of objective “saturation” into question, proposing that we instead strive for a more defensible “theoretical sufficiency” (Dey, 1999). I will continue data collection until my major categories have reached sufficiency to generate testable grounded theory. I estimate that sufficiency will require approximately 30 primary participants and 20 secondary participants.

Data Analysis

Data collection and analysis will not be discrete stages, but rather overlapping and iterative. I will use constant comparison (Glaser, 1965) to code data across sources (field notes, interview transcripts, memos) and categories, in order to construct interpretations and document *in vivo* discourses. I will record the analytic journey in memos, building codes from the ground level, beginning in the data and moving from initial open codes eventually (and iteratively) to focused codes, and applying theoretical codes to unite and selectively tell stories of significance. I will draw upon Clarke’s (2005) situational analysis mapping techniques in order to illuminate the social worlds and the impact of social location upon participants’ experiences, and in particular to analyze the visual data collected from the information worlds mapping exercise.

In grounded theory, the “unit of analysis” is considered to be neither the individual participant nor the society that constructs social processes, but the incident or social process of interest. In this case, the process of interest is interaction between: a) information practices (of teen parents, their socially significant others, and/or public health institutions), and b) teen parents’ health behaviors. A concrete example of this interaction might be the way a public health nurse’s advice on immunization interacts with or influences a mother’s decision to bring her child to the clinic to be vaccinated on schedule.

It is worth noting that this focus is different from most information practice studies that investigate the information practices *of* a given population, in that here I am looking at information practices *that impact* a population (including those carried out by close friends/relatives, and those carried out by institutions targeting this population). This shift in focus is intended to illuminate power structures and socially-constructed practices, providing a counter-balance the traditional focus on the cognitive (and/or affective, situational) capacities and constraints of a given population of interest. My aim in taking this approach is to examine the potential for factors often considered to be “contextual” or “environmental” backdrop for behaviors/practices to act as active co-creators of the practices of interest. By taking this approach, I endeavour to examine not only the interaction between teen parents’ own information practices and their health behaviors, but the interaction of multiple levels of information practices and teen parents’ health behaviors, with the understanding that information practices of various parties may influence each other.

Ethics

In order to conduct research in a way that does not harm participants, directly or indirectly, I will be following the guidelines set out within the second edition of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (Government of Canada, 2010), as well as the more specific policies and guidelines of my funder, the Canadian Institutes for Health Research (Canadian Institutes of Health Research, 2003). This research has been approved by the Behavioral Research Ethics Board of the University of British Columbia, and is currently under review by the school districts involved with the partner YPP sites. Given young parents’ need for privacy regarding the sensitive nature of some of the topics that may be

discussed in the interviews, I have requested permission to treat youth of 15-19 years as “emancipated minors” who may give their own consent.

Knowledge Exchange

In addition to peer-reviewed articles and conference presentations, I aim for this project to be of benefit to the research sites and participants. I am meeting with YPP staff in order to elicit ideas as to how this project could benefit them (e.g., a presentation to their board of directors). Within conversations with participants, I will be seeking ideas as to what they would like to see come of this research. I endeavour to be collaborative and creative research outputs that will benefit the participants themselves, and as part of this am planning to train in the arts-based Theatre for Living technique (Diamond, 2007) for facilitating community-based dialogue. With this training, I will be able to host a unique knowledge exchange exercise that fully engages study participants in helping to generate recommendations for policy and program improvement, in order to better meet the information and health needs of young parents.

Summary

Despite significant societal investment in public health information interventions to monitor and inform the health behavior of pregnant and parenting youth, we know surprisingly little about the impact of these interventions. Understanding the ways information practices influence health behaviour will enable us to refine information systems and better target efforts to support optimal health outcomes among such “at risk” populations. This constructivist grounded theory study relies on core methods of qualitative research, yet includes cutting-edge visual methods to augment data collection and analysis, aiming to generate new understanding of socially-constructed information practices, and ultimately to improve the health of young parents and their children.

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B) Schedule of Completion

Study timeline

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