

BARRIERS TO RESEARCHING VULNERABLE POPULATIONS

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Objectives: Provide insight regarding the barriers to research among adolescent fathers living in a rural area. Societal benefits of identifying barriers to research among this vulnerable population include insight to researchers and health care professionals to improve support for rural adolescent fathers during the perinatal period.

Design: Qualitative research project using semi-structured interviews.

Background: Rural populations have significantly higher infant mortalities than those of urban populations (Ely, Driscoll, & Mathews, 2017). The teen birth rate in rural counties is also nearly one-third higher compared to the rest of the country (Stewart & Kaye, 2013). The research site, a rural health clinic, provides care for a medically underserved population with disproportionately high levels of poverty, births to unmarried mothers, mothers with late or no prenatal care and adolescent pregnancy. These findings substantiate the need for inquiry to optimize care for rural adolescents who experience parenthood at proportionately higher rates than urban populations.

Methods: Qualitative methods identified barriers via participant interviews and participant observation.

Findings: Participant recruitment challenges were explored. Such challenges include mistrust of and misconceptions about the intention of research and relative absence of rural adolescent fathers from infant medical care. The impact of the notable distance of the rural clinic from researchers and resources was discussed. The unpredictable nature of potential participants, communication challenges and fragility of adolescent parent relationships were explored. Finally, we identified implications of laws for reporting statutory rape as related to recruitment.

Conclusion: Identifying barriers and alternative approaches to researching this vulnerable population will equip researchers to better navigate population specific challenges. This research is valuable to explore the barriers contributing to rural adolescent fathers receiving the necessary support to be involved in their child's care. Increasing such paternal involvement in care will promote better outcomes for involved children. Recommendations for future research include recruitment at a non-clinical site, reinforcement of education regarding confidentiality and consideration of a waiver of documentation of consent. Additional recommendations include key informant at research site to conduct interviews and establish relevant screening processes.

Acknowledgements: I would like to express my gratitude to Dr. Jane Champion, the faculty mentor for this research project. Her guidance, advice and expertise were invaluable in making this research project possible.