1-24-2024

Technology-Based Maternal Parenting Education and Perceptions of Youth Resilience Among African American Mothers

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Walden University
2024

Abstract

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MPh, Walden University, 2020

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Human & Social Services

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February 2024

Abstract

Parenting is understood to distribute both triumphs and challenges. Parenting application and parental education influence the development of youth conduct and outcomes. Parenting strategies and interventions are introduced in parental education programs accessible in local clinics, hospitals, and community agencies. The purpose of this generic, qualitative study was to explore the youth resiliency development experiences of urban, African American mothers (18-36 years of age) who had completed a technology-based, maternal education program. In this study, the maternal parenting education and perceptions of youth resilience of 11 African American mothers ages 18-36 were analyzed through semistructured interviews. Results of a priori and emergent coding through Saldana's first and second cycle coding pointed 7 themes, all focused on understandings of parenting, the need for parenting support, and understanding resilience and how to promote it. Positive social change implications include the recognition of technology-based maternal education programming from healthcare and service providers and the implementation of strategies that may increase output concerning available, accessible technology-based maternal education programs across communities. With this, the expansion of the placing and representation of attractive technology-based programs could enhance additional avenues for availability and accessibility, hence boosting future participation.

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Dedication

I dedicate this study to the many African American mothers who regardless of various challenges faced, choose to remain vigilant and steadfast in the quest to provide nurture and support, encouraging the development of resilience in their youth. Their sacrifices, fortitude, and perseverance that have been made toward their youth/adolescents' well-being is forever respected. As Isaiah 41:10 states, "I will strengthen you and help you; I will uphold you with my righteous right hand."

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Chapter 1: Introduction to the Study

Researchers have established that African American youth, especially in the urban setting, experience disproportionate amounts of community violence, often leading to negative health and well-being outcomes (Freeny et al., 2021). How urban adolescents assess and cope with violence in their communities affects their social adaptation and resilience-ability to adapt, persevere, and self-regulate (Wilson et al., 2016). Environmental conditions and family characteristics can also impact resilience among lower-income, African American youth (Oshri et al., 2017). The problem is that some urban African American youth struggle with developing social adaptive skills and resilience (Sterrett-Hong et al., 2020).

Resilience can be positively affected by parenting practices and parent education programs. Parenting skills and protective factors (behaviors and characteristics that mitigate negative outcomes) significantly affect the developmental trajectories of youth (Kuppens & Ceulemans, 2019; Whittle et al., 2014) and may be able to affect this process of developing resilience. Maternal parent education programs improve outcomes for developing adolescents (Crandall et al., 2015). Individuals participating in parent education programs show greater resiliency outcomes in their children (Giarratano et al., 2015). Family and peer involvement programs also may be able to help minority youth, specifically, develop resilience, trust, and self-determination (Williams et al., 2022). Parent education public programs are accessible across various states through voluntary programs such as Healthy Start and Strong Start and may also be offered through comprehensive health centers or state agencies.

In addition to the parental education programs and practices, the use of technology in education enhances learning achievement and grants flexibility in accessing the learning material. This strengthens the efficiency of the learning environment and the academic proficiency of participants (Al-Hariri & Al-Hattami, 2016; Lee & Cho, 2019). Therefore, the incorporation and use of technology enhances the educational capacity of an individual and extends outcomes for success (Wood et al., 2018).

Background of the Study

The interconnected nature of psychological, emotional, and behavioral constructs influences the trajectory of future child development and autonomy. Undermaehrer et al. (2019) discussed how parental care presented profound effects on the neurodevelopment of their children. According to Glover and Capron (2017), parenting is described as a process that is experienced earlier than the physical occurrence of childbirth. Maternal cognitive capacity is indicated as a major component of fetal development and child psychological outcome. As presented by Nachoum et al. (2021), this context presents an indicative function in how maternal capacity is connected to outcomes.

There are various elements that affect a woman's mothering capacity. According to Taylor and Conger (2017), mothering is characterized as a rewarding challenge that encompasses the existences of both adversities and advantages. These processes are illustrated through a conceptual model that examines the potential of how both internal and external mechanisms advance well-being in mothers. The understanding and coherence of women's health as an invariable influence on the functionality and

sustainment of a family's mental and physical well-being (Bates & Machin, 2015). The significance of comprehension suggested targets (i.e., behavior and self- esteem) that affects lifestyle context that could achieve healthier outcomes.

Instrumental components, such as parenting courses, contribute to essential child advancement and lifestyle progression. Ettinger et al. (2018) explored the course of women's parenting and resources in association with the capacity of their child's development. The researchers identified social, fiscal, wellness factors that boost parental education in efforts to enhance parenting application in mothers. Salari and Backman (2016) discussed the promotion of parental education and programming as a focused resource toward the likelihood of future beneficial child outcome. The participation of the parent is characterized as an effective strategy with a favorable result.

Technology, such as website education contributes to the benefits and outcomes in parental application. For example, federal, state, and county parental education programs must focus on expanding the inclusion of technology accessible parental program (Racz et al., 2017). There is a continuous need for parenting programs that can be accessed by parents at their convenience, thus supporting self-autonomy, self-momentum, and self-efficacy.

Problem Statement

Researchers have established that African American youth, especially in the urban setting, experience disproportionate amounts of community violence, often leading to negative health and well-being outcomes (see Freeny et al., 2021). How urban adolescents assess and cope with violence in their communities affects their social

adaptation and resilience-ability to adapt, persevere, and self-regulate (Wilson et al., 2016). Environmental conditions and family characteristics can also impact resilience among lower-income, African American youth (Oshri et al., 2017). The problem is that some urban African American youth struggle with developing social adaptive skills and resilience (Sterrett-Hong et al., 2020).

There has been a call for more research on the emotional development, regulation, and resilience among African American children and youth (Barbarin, 1993), yet existing research has yet to explore the development of urban, African American youth resilience, specifically, through parent education programs. The focus of previous research regarding parent education programs and child outcomes has been primarily on roles of parenting, maternal bonding, and the biological effects on adolescent development (Glover & Capron, 2017; Knop et al., 2017), not specifically on the parent education program experiences of mothers and the resiliency of the adolescent youth. In addition, previous research has also overlooked the specific incorporation of technology in parental education programs and additional ways that technology may also be used to support youth resilience development (Stanley et al., 2017).

Purpose of the Study

The purpose of this generic, qualitative study was to explore the youth resiliency development experiences of urban, African American mothers (18-36 years of age) who had completed a technology-based, maternal education program. It is important for researchers and practitioners to understand the experiences of mothers while considering the benefit of technology within that experience (Ondersma et al., 2017). It was also

important to understand the experiences of technology-based, maternal education within the African American community, specifically. Data was collected through semistructured interviews with mothers who met the criteria described and who have completed a technology-based maternal education program. In addition, field notes and analytic memos were analyzed as sources of data as well.

Research Question

The research question for this study was "What are the youth resiliency development experiences of urban, African American mothers (18-36 years of age) who have completed a technology-based, maternal education program?"

Theoretical Foundation

The theoretical framework for this study was the resilience theory. Resilience is understood through experiences as a construct that impacts outcomes (Shean, 2015). Rutter (1999, 2006) characterized resilience as more than social capacity and positive psychological well-being, but as capability. Rutter (2006, 2007, 2012) described various principles for resilience theory. One of the principles described by Rutter considered as resilience not being connected to the psychological traits of an individual, but as a prerequisite to appropriate resources resulting in natural adjustment (Shean, 2015). Resilience is focused on how individuals react to adversity but is not a trait itself. Resilience is generally understood as an individual's ability to rebound or bounce back from challenges or adversity.

Another principle demonstrated Rutter's (2007) approach to resilience as ongoing occurrences over a lifetime that presents at varied times in an individual's life. Thus, an

individual's resilience changes over time and is subject to the context and social environment. Rutter (2012) noted the emphasis of protective factors, such as strong social relationships, as a guard against emotional disruption and conduct disorder—a key role in developing resilience.

The resilience theoretical model presents the investigation of resilience and the subsequent outcomes that result due to the implementation of parenting practices gained through maternal education (Finders et al., 2016; Rutter, 1999). Mothers' engagement in parenting education motivates the likelihood of more positive adolescent resilience outcomes (Finders et al., 2016; Rutter, 1999;). Technology-supported interventions that can be introduced when providing maternal education may target healthy pregnancy outcomes and positive lifestyle behavioral changes (Lee & Cho, 2019). Thus, resilience theory was considered key to this study in that an individual's resilience is an ongoing development that is primarily learned through parenting and upbringing. In addition, Wolford and Holtrop (2020) noted that research resilience supports the notion that parenting development and parenting education are key to children and youths' development of resilience.

There has been increased concern for studying the phenomenon resilience within the last quarter of a century (Rutter, 2012). The objective of studying resilience conceptualizes the ability of conquering elements of physical stressors, mental pressure, or difficulties (Rutter, 1999). Resilience is interpreted as "an absence of significant developmental delays or serious learning behavior problems," (Bardoel & Drago, 2021,

p. 662) and "a set of processes and mechanisms through which internal and external assets are harnessed when adversity is present," (Masten & Barnes, 2018, p. 98).

Resilience, as a concept, is studied through various scholarly developments (Anthony & Cohler, 1987; Egeland et al., 1993; Fonagy, Steele et al., 1994; Haggerty et al., 1994; Luthar et al, 1993). According to Ungar (2019), resilience is regarded more as a gregarious progression and fewer biological determinants. Additionally, these protective developments are studied and recognized (Rutter, 1989). This ecological understanding of resilience is demonstrated in various operations in previous research. First is the intercommunication with individuals considered kindred, peers, and educators (Barger al, 2019). These developments are further specified through the Five C's competence, confidence, connection, character, and caring (Lerner, 2006). Donnon and Hammon (2007) also introduced 11 determinants of resilience, including: encouragement from parents, beliefs from parents, societal cohesion, an obligation to academic learning, friendships, lifestyle within school, cultural awareness, societal awareness, self-discipline, self-image, and investment.

Resilience is a concept which is indicated within its diverse setting, as a more expansive process benefitting from productive and constructive exposure (Anthony & Cohler, 1987). Resilience is promoted and projected as an outcome necessity for parents (Doty et al., 2017). The resilience theory was an excellent model in respects to the general qualitative study that I conducted.

Nature of the Study

In this generic qualitative study, I explored the experiences of urban, African American mothers and sought to understand their experiences after receiving parenting education. Qualitative research is both significant and strategic to social science and is both explanative and explorative (Jonsen et al., 2018). Through this method, individuals' experiences are understood in a natural environment and relate phenomena pertinent to the participants' meanings. In addition, I sought to understand how they see parenting education as a benefit to their children's behaviors toward developing resilience. The qualitative method is appropriate because I focused on participants' experiences, not worked to demonstrate relationships among variables, as the quantitative method would emphasize, as suggested by Hammarberg et al., 2016).

Each qualitative research design has a specific concept and description for data analysis methods. Using a generic qualitative research approach allows for the investigation of individual's opinions, perceptions, and experiences of conditions happening in their environment (Percy et al., 2015). Because I explored at broader experiences and not those within a specific context, approaches like a case study (which is bounded by specific criteria) or phenomenology (which is focused on the daily and lived experiences of participants), were not appropriate to my research question.

The specific data analysis chosen was thematic analysis (TA). As a frequently used qualitative data collection and analysis, TA supports the process of describing, labeling, and classifications that help to advance the comprehension of what is being

examined (Lehmann et al., 2019). TA targets the expression of associations among methods concerning analysis and cycles (Lochmiller, 2021).

Within this study, through individual, semistructured interviews and field notes/analytic memos, I sought to understand a phenomenon (experiences in technology-based, maternal parenting education) and processes or developments (perceptions and experiences of developing resilience among their youth). The qualitative data in TA is defined as the mechanism that identifies classifications and themes (Maguire & Delahunt, 2017). The interviews and field notes were transcribed and coded. As information from each participant was collected, patterns, and themes concerning parenting education and resilience were highlighted through coding the qualitative data for emergent themes. Each sequence can be reinforced by quotes backed by collected data (Percy et al., 2015).

I used purposive, convenience sampling. The sample strategy begins with identifying the population and the process of convenience procedures, based on criteria that meet the population (Andrade, 2021). Purposive sampling of African American mothers who attended maternal education, obtained from a targeted urban societal location, ages 18-36, was conducted. In addition, I used snowball sampling, where mothers who have participated may refer other mothers they know to this study.

Regarding sample size, qualitative analyses usually are smaller than quantitative. Qualitative samples are normally large enough to collect data, characterize the phenomenon of interest, address the research question (Vasileiou et al., 2018), and demonstrate saturation. Fifteen women (see Bates & Machlin, 2016) was my goal. Qualitative study sample sizes rely mainly on data saturation, or the point at which no

new information is gleaned. Saturation was the ultimate determination of sample size (see Fusch & Ness, 2015).

Definitions

African American: A person having origins in any of the Black racial groups of Africa. These individuals are residents of America with Black African lineage. Black people residing in the United States who are descendants of parentage that originated from Africa (Office of Management, 2010).

Child maltreatment: Any act of omission (failure to meet a child's physical, emotional, or social needs-also known as child neglect) or commission (actions inflicted on the child directly or indirectly-also known as child abuse) that may impair a child's safety, development, or physical, psychological, and emotional integrity (Clement, Chamberland, Bouchard, 2016).

Health Resources & Services Administration (HRSA): A federal agency that guides improvements to healthcare for sequestered, financially challenged, and medically high-risk individuals with providing critical services and programs. This includes fundamental programs for pregnancy women and mothers. HRSA is an agency of the United States Department of Health and Human Services (HRSA, 2019).

Parenting: The process of raising children and providing them with protection and care to ensure their healthy development into adulthood. These are competencies and processes perceived to help caretakers develop scholastic, social, and physical capacities within their offspring that influence their advancement. (Azman et al., 2021).

Parental education program: A training that highlights and concentrates on strengthening parenting practices and behaviors, such as developing and practicing positive discipline techniques, learning age-appropriate child development skills and milestones, promoting positive play and interaction between parents and children, and locating and accessing community services and supports (Child Welfare Information Gateway, 2019)

Parental responsibility: The legal decision making pertaining to the nurture and upbringing of a child. It is a series of benefits and priorities that offspring obtain with their parents and with those individuals who carry a meaningful position in the child's life as the foundation of their communication and connection (Doucet, 2015).

Perception: The process or result of becoming aware of objects, relationships, and events by means of the senses, which includes such activities as recognizing, observing, and discriminating. These activities enable organisms to organize and interpret the stimuli received into meaningful knowledge and to act in a coordinated manner (American Psychological Association, 2020).

Promotive factor: Better outcomes at any level of risk on the designated criteria of adaptive success; a variable that predicts a low probability of offending (Sahanowas & Halder, 2019).

Protective factor: A variable that interacts with a risk factor to nullify its effect; coping techniques developed by individual or their parent. Resources that are found within families and communities that are placed to bolster well-being (Daniels & Bryan, 2021).

Resilience: The process of adapting well in the face of adversity, trauma, or significant sources of stress; having capacity to alter over time as a function of development and one's interaction with the environment; a balanced course of healthy functioning; the overcoming of a stress or hardship, with reasonably favorable outcome despite the experiences of risk (American Psychological Association, 2014; Bonanno & Diminich, 2013; Kim-Cohen & Turkewitz, 2012; Rutter, 2006).

Risk factor: A variable that predicts a high probability of offending (Farrington et al., 2016).

Socioeconomic status: The social standing or class of an individual or group. It is often measured as a combination of education, income, and occupation (American Psychological Association, 2021).

Technology: Machinery and equipment developed from such scientific knowledge which functions assist in communicating and transferring information and educational content for assessment through email, texting, apps, websites, DVDs, and computer programs (Corralejo & Rodriguez, 2018; Oxford University Press, 2002).

Assumptions

In this study, I assumed that the participants were forthright and trustworthy when answering questions during the interview, as they described their perceptions and experiences concerning maternal, parental education. As the researcher, I made certain that the participants understood the importance of confidentiality and that their responses were guarded. I was exclusive to their information, hopefully advancing openness and clarity.

Scope and Delimitations

Delimitations are restrictions that the researcher enforces; they are intended to constrain the scope of the study (Yin, 2016). In this study, I focused on African American mothers who were 18-36 years of age and who had completed a technology-based, maternal education program. Women who did not meet these criteria were not included in the study.

Limitations

Limitations and challenges related to this basic qualitative study are time commitment, causality, and biases. Qualitative research requires introspective preparation to ensure the acquired results are accurate (Mackieson et al., 2019). A potential barrier, (see Lehmann et al., 2019), was considered in the process of the breaking down of data into codes and themes as a treatment of causality, rather than a developing process. As a researcher, I took steps to mitigate biases and remained as objective as possible in my interpretations of the meaning of the data. I understood that there was no assessment of a causality in qualitative research (see Plumper et al., 2019). Results and findings were focused on the experiences of the mothers who participated and their experiences with their youths' developing resilience.

The data gathered from the interviews was clear so that the questions asked of the researcher did not lead the participant. Another potential barrier occurs when the collection data influences the research assumption to both interview questions and data (Javadi & Zarea, 2016). Participants interpreted and made meaning of the phenomena on their own. I tried to provide clear, thought-provoking questions for the participants to

respond. A limitation or challenge may have been in measurement validity and whether they interpreted the same question to have the meaning I intended. The analytical details and interpretations of the researcher was determined as consistent with the data or not. The primary interest was that of urban, African American adult mothers, so results would not represent the experiences of suburban or rural African American mothers.

In addition, the system and techniques involved in qualitative data collection can be time consuming. The apprehension of an individual's experience through recording, organizing, and interpretation can be arduous, laborious, and tiresome (Mackieson et al., 2019). I made every effort to be accommodating to participants' timing and schedule needs as well as their availability and familiarity with different technologies, should COVID-19 continue to be a challenge during data collection. I used phone and computer Zoom/Skype meetings as participants completed the virtual interview.

Significance of the Study

This study generated three main contributions to social change, practice, and research. First, this research demonstrated the importance of maternal education for African American mothers and within the African American community. Learning more about the use of these services among this population, coupled with understanding how the use of technology enhanced the learning experience, was important to mothers and to developing youth.

Second, these results provided additional information to inform research on parent education, the use of technology in education, and the specific experiences of mothers of urban, African American youth. As presented previously, there was little research on

parent education programs and youth development. Much of the existing research has been focused on roles of children, parenting, maternal bonding, and the biological effects on adolescent development (see Glover & Capron, 2017; Knop et al., 2017). There were important results to share with the scholarly community regarding resilience development among this population.

Third, the results of this study worked toward minimizing the current gap in practice concerning the experience of technology in maternal education and experiences of resiliency among the youth (see Dale & Safren, 2019; Stanley et al., 2017;), especially within the urban, African American community. Findings from this study contributed to the work of professionals such as social workers, maternal health case managers, therapists, licensed professional counselors, and employees of maternal health programs like Healthy Start and Strong Start. This knowledge generated the development of new interventions, initiatives, and strength-based programs that could aid in healthier resiliency outcomes.

<div align="center">**Summary**</div>

For state agencies and comprehensive health centers from state to state, consistent access of parental education programs through the utilization of technology is a matter of concern for African American mothers. African American children and youth resilience has been neglected in respects to the experiences of African American mothers when using technology-based parental education programs. Investigation concerning the use of technology-based parenting education and youth resiliency outcomes is critical.

Chapter 1 included the background, rationale for the study, and overall framework. Explanations of assumptions, scope, and delimitations were also provided. Chapter 2 contains information related to the search for literature, a discussion of the theoretical framework for the study, and a review of related literature. Chapter 3 includes further detail on the method and design of this study, as well as specific information on the sample, criteria, sampling strategy, as well as data collection and analysis methods.

Chapter 2: Literature Review

Within this qualitative study was examined maternal parenting education and African American mothers' perceptions of youth resilience. Comprehensive health centers, health clinics, and state agencies throughout the country continue to provide a variety of parental educational programs. Prior research has demonstrated the application of parenting, specifically for African American parents, a fundamental task emphasizing insightful communication, vigilant methods for strategic survival, and experiences of both successes and failures, but not acknowledging defeat (Whitaker & Snell, 2016). Parenting education is a resource available for individuals preparing for parenthood and those parenting individuals. Involvement in such interventions can encounter the obstacle of maintaining program participation and commitment from parents that could be due to program inaccessibility.

Literature Search Strategy

I limited my search to peer-reviewed articles, governmental websites, journal editorials, and dissertations, all of which were acquired through the Walden University library databases. I did not limit the searches in terms of years to ensure that I also reviewed seminal works. I did, however, emphasize mostly current articles, published in the last 5 years. The databases used included SocINDEX, EBSCO, Google Scholar, and ProQuest. Key search terms and phrases included *parenting, parent training, parenting program, mandated, legal, mandatory, compulsory, child outcomes, adolescent outcomes, resilience, resiliency*, and *resilient.*

Theoretical Foundation

The resilience theory was the theoretical framework for this study. The resilience theory connected the examination of the concept of resilience and the participant maternal parenting education experiences. The theoretical framework assisted in the significant investigation of connectedness with the research questions concerning parenting education and technology as the general qualitative approach was used. The resilience theoretical model was appropriately administered to comprehend both the implementation of parenting education and the perceptions of resiliency outcomes (see Finders et al., 2016; Rutter, 1999). Because of this conceptualization of parenting education through technology-use and youth outcomes, the resilience theory was most appropriate and was assigned for this study.

There has been increased concern for studying resilience within the last quarter of a century (Rutter, 2012). The objective of studying resilience conceptualizes the ability of conquering elements of physical stressors, mental pressure, or difficulties (Rutter, 1999). Resilience is interpreted as missing developmental delays or serious learning behavior problems (Werner & Altman, 2000) and a set of circumstances through which internal and external assets are accesses when an individual encounters adversity (Kim-Cohen, 2007; Lerner, 2006; Rutter, 2005; Ungar, 2005).

Development of Resilience Theory

Resilience, as a concept, has been studied extensively (Anthony & Cohler, 1987; Egeland et al., 1993; Fonagy et al., 1994; Haggerty et al., 1994; Luthar, 1993; Rolf, Masten et al.,1990; Rutter,1999; Sieter, 1995). Eisenberg (1977) first identified resilience

as a merging model within the study of psychopathology. Scholars continued endeavors to further the understanding of elements of resilience. Basic origins of resilience within psychopathology highlighted stabilities and instabilities among normalcy and mental malady (Rutter, 1986). Scholars inquired resiliency as method or psychology and testing continued. There was an unidentified pattern that had yet to be acknowledged and samples. Rutter (1989) introduced the idea of the environment as an influence upon resilience. Each of these configurations did obligate further investigation so that the classification of resilience could be determined.

Dimensions of Resilience

Resilience is a concept which is indicated within its diverse setting, as a more expansive process benefitting from productive and constructive exposure (Anthony, 1987). Donnon and Hammon (2007) introduced 11 determinants of development of resilience: (a) encouragement from parents, (b) beliefs from parents, (c) societal cohesion, (d) an obligation to academic learning, (e) friendships, (f) lifestyle within school, (g) cultural awareness, (h) societal awareness, (i) self-discipline, (j) self-image, and (k) investment. Promotive and protective factors are valued. The phenomena resilience is exposed to these wide-ranging dynamics that are greatly impressed by youth (Masten, 2001). The systems account for both aptitude and perspicacity that is experienced by children.

The ability to adjust to contention while maturing and residing among family and within the public is positioned and echoed (Masten, 2007). Resilience can be appraised through a choice of life encounters. Every revision of resilience has a core consisting of

fiscal, partisan, and societal classification (Hall, 2013; Unger 2011). Each of these elements include the exposure of risk or stress which gives reason to exert a child's capacity to cope. Figure 1 illustrates the dimensions of resilience.

Dimension One: Risk Exposure

The first dimension evaluated identifies an existing account of stress. These correlative elements react to features and volumes of the biological, psychological, social, ecological hazards that are positioned within a system (Ungar & Hadfield, 2019, p.135). This can be described at various systemic levels.

Dimension Two: Promotive and Protective Factors and Processes

The principal focal point of this dimension acknowledges the determinant and proceedings that strengthen the welfare of a child, regardless of the presence of stress. This interpretation describes how a specific group, inherently supports practical resilience, although it may shorten excessively trigger intricacy that generates behavior altering in the presence of stress (Kalisch et al., 2015, p.1). This can contribute to establishing agents that affect the consequence of such factors.

Dimension Three: Desired Outcomes

The corresponding content of this dimension highlights the understanding of important mechanisms that consequent wanted outcomes. There is a significantly expansive collection of both positive and negative variables that contribute to outcomes within each characterized system (e.g., parent-child relationship, child problems, and child well-being) reinforcing skills and performance (Anderson, 2017, p. 62).

Figure 1

Three Dimensions of Resilience Research
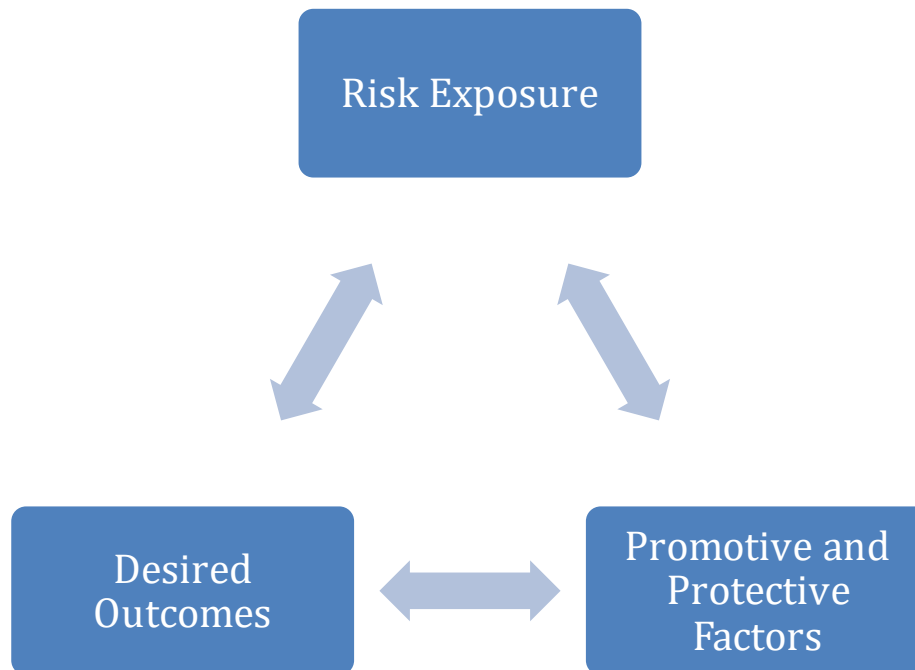
Note. Ungar, M. (2019). *Designing resilience research: Using multiple methods to investigate risk exposure, promotive and protective processes, and contextually relevant outcomes for children and youth.* Child Abuse & Neglect. Halifax, NS, Canada, Elsevier Ltd.

All three dimensions interrelate with each other in methods that influence resilience and outline the design in research. Researchers note that the key when analyzing resilience is pinpointing elements and procedures that support the wellness of children even with trauma being existent (Ungar, 2019).

Promotive and Protective Factors

Resilience is not considered just a theory but is accepted also as a concept. Rutter (1999) contended that resilience is formed through social context. This includes the effects on the personality of the individual, presence of family, and other external

sources. Factors of resilience affect the quality of physical and mental advancement in children. It is observed as a course of development and not just a trait of the person (Rutter, 2012). These progressions do yield adversities by which the individual has outcomes by way of adaptation and overcoming. For this study, perceptions of youth resilience are examined through the promotive factors of maternal education and technology. Figure 2 includes common factors regarding resilience.

Figure 2

Short List of Common Resilience Factors for Child Development

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Caring family, sensitive caregiving (nurturing family members)

Close relationships, emotional security, belonging (family cohesion, belonging)

Skilled parenting (skilled family management)

Agency, motivation to adapt (active coping, mastery)

Problem-solving skills, planning, executive function skills (collaborative problem-solving, family flexibility)

Self-regulation skills, emotion regulation (co-regulation, balancing family needs)

Self-efficacy, positive view of the self or identity (positive views of family and family identity

Hope, faith, optimism (hope, faith, optimism, positive family outlook)

Meaning-making, belief life has meaning (coherence, family purpose, collective meaning-making)

Routines and rituals (family routines and rituals, family role organization)

Engagement in a well-functioning school

Connections with well-functioning communities

Note. Adapted from Masten, A.S., & Barnes, A.J. (2018). *Resilience in Children: Developmental perspective*. Basil, Switzerland: Creative Commons Attribution.
*Promotive/protective factors are listed with corresponding family factors in parentheses.

Common resilience factors listed in this section are designated throughout childhood development. Delmans et al. (2021) expanded that for youth and adolescents to maturate to the fullest of their capability it is essential to have nurturing concern and protection (p. 11). Belonging and closeness of relationship is also identified in this figure. The faculty of security is an elemental necessity in childhood development. A child's understanding and cohesion of familial security can greatly affect their capacity to problem solve and cultivate relationships (Qin et al., 2015, p. 2).

Parenting skills also bring meaning in a child's development. As discussed by Jenkins and Handa (2019), strong parenting skills and family management introduced establishes the foundation of a child's cognitive development and are connected to higher outcomes of well-being. Emotional regulation is familial and community variable in childhood development. The capacity of emotional regulation in childhood differs among children throughout each stage of child development. Factors such as immediate environment, meeting the needs of family, personal temperament, and intricate personal interactions do propose flexible functioning of regulation in emotion (Sanchis-Sanchis et al., 2020). Completing a task or managing a situation can equal mastery and success in childhood development. Reyhing and Perren (2021) noted that self-efficacy, particularly in youth, is a critical predictor of conduct, security, and health. Engagement and connection to thriving, operating community can affect childhood development and overall contributions to society. Surrounding youth and adolescents with supportive school and community can carry innumerable benefits for childhood development and cognition (Heo et al., 2019).

Literature Review Related to Key Variables and Concepts

Parenting

The application of parenting operates differently in each household (Baumrind, 1991). Parenting is defined as the duty of rearing and nurturing a child and his development mentally, emotionally, tangibly, and socially commencing from the early stages of childhood to the maturation of adulthood (Vasiou et al., 2023). Throughout history, cohesion in parenting is demonstrated as conceiving extended makes on the effects of youth (Mermelshtine & Barnes, 2016). As stated by Sorariutta and Silven (2016), the quality of parenting may be capable of producing impact and growing impressions that have bearing on youth development, connection, and learning.

Parenting is patterned differently and culturally distinguished from household to household. One critical and noteworthy aspect mentioned in parental literature is the individual's power of selection due to their perception of birthright, autonomy, and self-awareness and understanding of independence as a resident of the United States (Tamis LeMonda & McFadden, 2010). Because of its contrasting paradigm, parental reasoning and insight upholds culture and translates into the application of parenting (Bornstein & Lansford, 2010). The nature whereby parents nurture their lineage is embodied due to these cultural confidences and constructs (Bornstein, 2012).

Parenting can equip both parent and child with support and strategy. The essential emotive milieu for a child's development and progress is crafted cooperatively by the parent and child (National Institute for Health and Care Excellence, 2016). This primarily takes place through both bonding and engagement occurring as the adolescent transitions

and adjusts to new areas of life (Morawska et al., 2015). According to Chung et al. (2020), it is significant for parents to recognize the communication, processes, and milestones. Parenting education can manage the role in assessing what is appropriate in child advancement.

Parental Behaviors

The behaviors exhibited by parents reflect both internal and erudite orientation. Positive parenting is characterized as both advantageous and practical in producing outcomes in youth but is pristine (O'Connell et al., 2015). Every parent has emerging norms, conceptualized attitudes, beliefs, and practices. Conduct that is exhibited by individuals who parent reflects attitudinal mechanisms that are commonly learned. Regardless of high level of life activity, balance is the conduct employed by "good parents" (Gisdolph, 2016, p. 2089). Expressing somatic or communicative warmth are both examples of positive parental behavior that is exhibited towards a child (Lee et al., 2019).

Researchers have proposed that positive parenting aids in adolescents conquering the adverse response concerning minimal socioeconomic status (SES) against youth decision making operations (Bernier et al., 2010; Blair et al., 2011). Methods that highlight affirmative parenting value capacity, characteristics, and connection (Cates et al., 2016). Examples of good parenting practices include appropriate nourishment and scheduled sleeping (Livsmedelsverket, 2017, 2016, 2008; Sjukvardsupplysning, 2016a 2016b; comprehension and management of my adolescent's conduct (Suarez et al., 2018); targeting and concentrating on the system of remuneration and retribution (Holden

et al., 2015). Good parenting practices are often determined favorable when its outcome is positive and framework is well understood (Pederson, 2016).

In addition, good parenting is perceived deterrent and therapeutic for varied societal issues (Lee et al., 2014). Its outcome is time honored and received favorably. Scholars defend the position noting that parents who are decent and noble rear individuals who are solid and respectable, thereby producing a society that is civil and courteous (Moss, 2014). Good parenting upholds characteristics of fidelity and integrity in the parent-child relationship. The relationships coined first among adolescents and their parents/guardians are deemed critical due to their effect on individual and family future projections.

Good parenting is expected throughout the journey of a person considered a parent, but especially in the primary and infancy stages of a child's life. Research has examined the uniformity within the primary relationships and nurture giving by parents and the influence carried forth into a child's rational, physiological, and demonstrative developments (National Scientific Council on the Developing Child, 2011; Yates et al., 2010). Adversity is inevitable, but individual response is plausible. The significance of good parenting practices can both safeguard from danger and invigorate the build of resiliency (Yamaoka & Bard, 2019, p.531). This parental activity has a mutual emphasis on future results and its determinants are paramount.

Parenting and Resilience

Resilience can be understood in innumerable ways. The precept of resilience is dependent and progressive (Brown & Coker, 2019). The focus is to underline positivity

rather than negativity. Zolkoski and Bullock (2012) interpreted resilience as the act of thriving despite suffering, circumnavigating dangerous paths, and accomplishing favorable results. Resilience is a goal. Although a youth may be subject to excessive oppression and nuisance, fervor extended by parents build healthful advancement and safeguards youth against hardship (Masten, 2014). Therefore, parenting impacts resilience.

The acceptance and confidence in the concept resilience can be portrayed when enforcing operative parenting tactics. African American single mothers with eminent self-image exude positive parental conduct and implement practical strategies (Murry et al., 2011). The conduct of parents can be navigated as early as parturiency and is able to make impressions on parental relationship and tenets of resiliency (Brown et al., 2019). Resilience is influenced by interpersonal phenomena. Resilience can be seen as a mere minute piece of a more massive structure that encompasses not only the person, but familial units, environment, and society (Masten, 2015).

Implications of resilience are understood through many lenses. The capability of a person to acclimate to abhorrent tasks is contingent on their associations to people and processes. Even though there are personal variances in character and cognition that fortify the ability to adjust, resilience is not an attribute (Luthar et al., 2015). Resilience is reflected through the capacity to thrive. Throughout life, resilience and its course of associations and connections that defend and maintain are immense in their functionality (Masten & Cicchetti, 2015). Because the behavior of a person constantly changes, the trajectory of resilience is always changing. Luthar (2006) noted that resilience within a

living being will always modify because of synergy, experiences, and constant collaborations encountered by the person. The quality of these systems and interactions impacts the scope of an individual's resilience. When examining resilience, it is necessary to assess promotive and protective factors, risk exposure, and desired outcomes.

Outcomes for Adolescents with Low Resilience

Each child is an inimitably, distinct individual. Every child has a varied childhood which is comprised of important experiences. Within these experiences developmental quality is affected and enhanced (Feder et al., 2019). Researchers depict that in cooperation early stages and adolescence comprise phases of amplified pliability found in the brain and improved environmental consideration which encompass contrary and subsistence situations (Gee & Carey, 2015; Totterhaum, 2014).

The outcome of resilience is also touched by a child's race, socioeconomic status, demographics, environment and overall culture, including parental (maternal) involvement. Bornstein (2012, p.219) posited the essential, ubiquitous standpoint of communication exchange when addressing both rearing and youth development. Parenting practices and cognitions are included in this framework. Even more so, parental education has the ability to present a contributory validity upon the outcome of offspring that spans from adolescence to puberty (Dickson et al.).

Parenting Education

Importance of Parenting Education

Parenting education has been present and continues to evolve and propagate. The purpose of parenting education is designed to strengthen parenting capacities (Toure et al., 2019). Its objective is both procedural and informational and is intended as positive contributors for both parent and children (Bouting, 2004). Parenting classes have been created to inform individuals about how to best raise their children. When engaging in parenting programs, there has been a demonstration of productive outcomes in parental mental health and morale, thereby impacting the physical and financial wellness of their offspring (Bywater et al., 2009; Olds et al., 1998).

Outcomes relating to youth intellect and semantics are influenced by parental education. Education has been credited towards the preparation of competency and potential as an individual function in society (Kaur & Kaiur, 2019). Parenting education, specifically maternal education, illustrates conduct indicative of involved parenting, thereby investing time which prompts imminent growth (Craig, 2006; Monna & Gauthier, 2008; Sage et al., 2004). Maternal education along with child outcomes can moderate the capacity of intellectual and emotional management (Vasquez et al., 2015). Overall, the varied concepts to parenting within curricula, courses, procedures, and programs are introduced in parent education (Polivanova et al., 2016, p.4). Individual ambition motivates the attendance of parental participation in parenting education classes (Moodie & Ramos, 2014).

The health of the child is also critical. When forecasting efficiency and welfare in adulthood, teaching and instruction, specifically, maternal education, impresses the health of the child (Gunes, 2015). The channeling of a child's social involvement and

educational fulfilment can be gauged by parenting education. Researchers have observed the connection among child achievement in academia and socialization is strongly envisaged by parenting education (Conley et al., 2015). Parenting education can provide a wide range of associations in both physical and mental evolution of a child. There is linkage to the core movement of prefrontal mental functionality and parenting education (Lawson et al., 2013).

Parenting education can foster expectations. Transitioning to becoming a parent is a very potent phase in life that can present both optimistic and pessimistic expectancy (Mihelic et al., 2016). The inclusion of parental education is instrumental in the guidance of parenting attitude, communication, and implementation.

In parenting education, the emphasis from start to finish is concerning parental understanding of the appropriate preparation, capacities, and advancement of their offspring (Wang, 2020). It is key that individuals who intend to parent attend these classes.

Availability of and Disparities in Parenting Education

The accessibility of culturally appropriate parental education and programs continues to shift and the need for its existence remains present. There is an existent gap in available parental education provided and ethical and cultural appropriateness. It is formidable for minorities to weigh in on such capital ingenuity, as education, in comparison to the majority (Baughna et al., 1998). Minorities possess a smaller means of entry to the system of opportunity because of disparate societal treatment (Assar, 2018a, 2018b). With this standard of inequity, minorities are even more susceptible to

inadmissible, unwanted health consequences (Williams et al., 2003) and minimization of ability and accessibility concerning their educational development.

Parental education should be sensitive to different demographics and inequality. Research indicates that due to African American derogation and demeaning, the passing of socioeconomic status from generation among parents to their offspring is also detracted (Assari, 2018). When providing parental education, there is a need for sensitivity and competence. African American parents who reside in at-risk communities, expect their parental programs to examine ways to enhance their outcome of being successful mothers (Hmiel et al., p.580). This can be able to increase the involvement of individuals in parental education. Ethnically customized precautionary standards can display potential used for conquering cultural obstacles to increase parent involvement (Centering Healthcare Institute, 2016; Pantin et al., 2003).

Important barriers exist when determining the implementation and participation of parental education. The U.S. Department of Health and Human Services and U.S Department of Education (2016) posited the fundamental consideration of an educational module that is both culturally and ethically sound. Additional determinants of parental participation and attendance to parental programs are the timetable- including class schedule and length, ability to have adequate transportation, and provision of nursery/daycare services (Mytton et al., 2014; Administration for Children & Families, 2015; Zaveri et al., 2015).

Types of Parenting Education

Parenting education classes cover a varied arena of topic areas. These classes concentrate in the development of parenting application and conduct, expanding the operation of methods of control, promoting positive communicative interaction, and bonding among parents with necessary support and means convenience in the community (Child Welfare Information Gateway, 2020.). Parental education programs are essential when contributing reinforcement toward successful parenting. Additionally, parents recognize the importance in participation in parental education and its tag in the outcomes of wellbeing in their children (Leslie et al., 2016). There are numerous parental education programs that filter areas of interest.

Family-Based Programs

Family-based programs can serve as prevention. Researchers examine parenting education and its capability to cultivate resilience and teach the importance of nurturing as a precursor to lessening encounters of childhood detriment and injury (Bighan et al., 2017). Family-based prevention programs have been comprised as a means of both instruction in nurturing and intervention. Procedures in such parental education programs (family-based) show prevention in youth vulnerability and health conditions (Miller et al., 2014). Such health conditions include augmented stages of heart disease, stroke, tumor progression, and diabetes (Miller et al., 2011). Nurturing courses extend to parents the knowledge necessary to embolden enduring healthiness and strength.

Child Maltreatment Prevention Programs

There are parental education programs that examine preventing contrivances of child maltreatment. Child maltreatment is acknowledged as a major public health problem by The World Health Organization (Krug et al., 2002). An occurrence and encounter of child maltreatment in youth can prompt and introduce a wide range of physical and mental disparities that impose on future adult trajectory (Temcheff et al., 2018). Parenting education that focuses on self-restraint or improvement in this area target teaching concerning the furthering of healthy child development, interaction, relationship, and overall constructive parenting approaches (Andrews & McMillan, 2013). Within such courses, the application of approval and incentive is presented in parent education as a constant positive technique that engages operative consistent conduct (MacLeod & Nelson, 2000; Miketon & Butcart, 2009).

Parenting courses and curricula address several subject areas. Classes can be acquired depending on the parent's requisite. There are other evidence-based parental education programs that offer instruction in averting violence-ACT Raising Safe Kids (Pontes et al., 2019); child-rearing- Positive Parenting Program, 3Ps (Smith & Holden, 2019); inhibition and controlling of disorderly child conduct problems-Incredible Years Parenting Program (Leijten et al., 2017); and parental bonding and attachment-Circle of Security Parenting Program (Cassidy et al., 2017).

Parental Education Mandated by Court or Social Services

The establishment of strengths and challenges within a family or familial unit is pivotal. Adolescent wellness and progression is effected through recognizing pliancy and

hardship inside the familial system (Holt & Kelly, 2016). In the United States, well over

800,000 families engage in either voluntary or judicially mandated parenting programs

(Barth, 2009, p.353). The court system can be called to intercede in some family cases.

The justice system appropriates parent education as an agent to bolster mediation and

diminish occurrences of dissolution (Rudd et al., 2015). Through parental education,

parents have the chance to learn and perform positive behavioral methods, analyze, and

sort out the major childhood life developmental milestones, develop concepts that support

positive parent-child intercommunication, and determine resources located in community

for family sustainment and development (Administration on Children, Youth & Families

Children's Bureau, n.d., para.1).

The primary intention of parental education program provision is to highlight and

sharpen parental conduct and application (Child Welfare Gateway, 2013). There has been

growing pursuit toward electronically connected parent education due to its capacity to be

less expensive and more accommodating (Bowers, Mitchell, Hardgrams, & Hughes,

2011). Mandated parent education can provide clarity and mitigate unnecessary

contention (Bowers et al., 2011). Elucidating adversity by cultivating soundness and

security displayed in both adolescent and family operates in an intricate role (HM

Government, 2010, p.135).

Technology & Parenting Education

Parenting education programs are found throughout the United States of America.

According to Child Welfare Information Gateway (n.d.), these programs are designed to

enrich and improve the exercises and methods involved when parenting and make known

the assets and means of help accessible in the community. Table 1 provides a list of

parenting education programs which can be accessed through the Internet.

Table 1

Parenting Education Programs

ACT-Raising Safe Kids (ACT-RSK) program	This program focuses on educating parents and caregivers to create early environments to protect children from violence and maltreatment (Child Welfare Information Gateway, n.d.).
Changing Children's World Foundation	This is an evidence-based parenting program, which provides parent education and support (Child Welfare Information Gateway, n.d.).
The Circle of Security	This parenting program increase parent-child interactions and parental awareness to enhance attachment security between parents and children (Child Welfare Information Gateway, n.d.).
The Incredible Years	This is a research-based program for reducing children's aggression and behavior problems and increasing social competence at home and at school (Child Welfare Information Gateway, n.d.).
Just In Time Parenting	This program provides research-based information to families in factsheets and newsletters, and connects parents to age-appropriate sources and expert advice (Child Welfare Information Gateway, n.d.).
The Nurturing Programs	This is a family-based program that involves both parents and Children in activities, focusing on building a positive regard for self and others. Several programs focus on specific age groups and racial populations (Child Welfare Information Gateway, n.d.).
Parenting Inside Out Program	This is an evidence-based parenting skills training program developed for criminal-justice involved parents, including those parenting from prison and parents on parole. The program has a proven impact on reducing recidivism and criminal behavior while improving family relationships and parenting skills (Child Information Gateway, n.d.).
Parents as Teachers	This is a program that is an international early childhood parent education program and family support program designed to enhance child development and school achievement through parent education accessible to all families (Child Welfare Information Gateway, n.d.).
PEP-Educating Parents, Enriching Families	This provides classes, events and other educational resources to The Parent Encouragement Program parents who care for children of all ages. It serves parents, grandparents, caregivers, and teachers from all communities and offers classes, workshops, community talks, and more (Child Welfare Information Gateway, n.d.).

The inclusion of technology as an instrument to impart education to parents is becoming increasingly popular. There is a necessity for an operative online network approach when endorsing favored parenting procedures, due to the current increase in persons and the parenting experience (Suarez et al., p.3345). Several entities have made parenting education available and accessible contingent on the requisite of the parent. Parenting shoulders the responsibility of developing prospective individuals who incline and generate success (Dermott, 2016, p.125). Because parents want the best outcome possible for their children, within both health and social statuses alike, more websites are being provided (Niela-Vilen et al., 2014; Nieubower et al., 2013a; Plantin & Daneback, 2009). Parental education provided through community-based parenting groups to mothers of juvenescent youth have been useful when addressing the sensitivity and depression levels of the mother (King et al., 2015).

Previous researchers have examined that effective learning is experienced by parents as their programs are compatible and subject-chosen (Vesely et al., 2014; Kim, 2015). Technology in education is considered any component of the online world that assists with the impartation of parenting education, training, or resources. Additional investigation of programs addressing parental education view the importance of determining the familial cultural urgency and disparities an obligation (Huser et al., 2008).

Technology is a leader in generational emergence by which both parents and children observe. Although parents perceive and utilize technology for business efforts, such as learning and adolescent oversee, youth explore technology as a confidential and social avenue of communication with peers (Vaterlaus & Tulane, 2015). Technology focused parent education, as referenced by Stanley et al. (2017), compels constructive regulation on youth centered conduct. The ability to access parental education online is a positive for mothers. The medium technology is considered a benefit and is highly approved by expectant women as a trusted resource towards receipt of parental education

(Lee & Cho, 2019, p.501). This can increase program population, participation, and satisfaction.

Because of the revolving of the digital age, assessment, commentary, and incorporation of technology-focused parenting education programs is essential (Collins & Fetsch, 2012). It decreases limitations and time constraints. Appropriate educational programming and other services should be designed contingent upon the content description desired of the parent (Garst & McCawley, 2015). Doty et al. (2012) recognized that suggesting parent education through the incorporation of technology will assuage elements of parental anxiety and support future use of technology by parents. In comparison, this technological avenue unlocks opportunities for additional discussion with parents that they would not have conversed otherwise. Continued research indicates that the proficiency and capacity of parents will expand as increased access to educational information through technology is specified (Tulane et al., 2015). The blossoming of technology contributes immediate connection with both conversation and instruction (Vaterlaus et al., 2014, p.691). By allowing the Internet to function as a routine practice in delivering parenting education, participants are able interact and build rapport and communicate specific concerns and subjects establishing trust and confidence among each other and with professionals (Lomanowska & Guitton, 2016; McDaniel et al., 2012).

Mothers consider social media a productive instrument and often incorporate it when parenting (Duggan et al., 2015). Its availability to be accessible whenever is suitable and convenient. Simpson (1998) recognizes mass increase among educational

initiatives addressing parenting when using electronic media. Technology, including social media and the Internet, have furthered the provision and mainstay of electronic parenting education and support. This electronic venue permits individuals who parent or intend to parent the opportunity to engage, deliberate, and learn methods applicable to respectable parenting (Sjoberg & Lindgren, 2017). Hence, developing autonomy and self-efficacy as they increase their capacity and knowledge to parent. As parents continue to service web based parental resources and initiatives, the results for participants have potential to advance their parenting abilities, understanding developmental milestones of youth, and application when parenting (Nieubower, 2013b).

Summary

Research continues to disclose inexhaustible evidence concerning parenting and the elaborate capacity it is positioned towards the successful development of children. Research links promotive and protective factors for adolescents and youth to the family. Indicators are formed through parenting and effect elements of youth development; for that reason; education provided to parents may influence the trajectory of children and advance the welfare of the parents (Brown, 2005b). Parenting education suggest modes of support toward aversion of negative future child outcomes (Jackson, Kiernan, McLanahan, 2017). As investigation of this topic continues, various emphasis concerning sought after parental education and outcomes of resiliency for youth continue to evolve, specifically through using technology.

Despite of the method by which parents may utilize, research indicates parental education is capable of building knowledge toward positive parenting practices, cultivation of parent-child relationships, and appropriate maternal mental health and wellbeing. In respect to parents rearing youth, participation in this parental education plays a pivotal role (Alvarez et al., 2018). Technology permits this flexibility, productivity, capacity, and entry to the learning environment (Lee & Cho, 2019). This present study will fill at least one gap in the literature concerning how the use of technology in parental educational programs encourage youth resilience development. Chapter 3 will explain the general qualitative research method, design of research, specify the role of the researcher, describe the participants, method of recruitment, setting, data collection, and trustworthiness.

Chapter 3: Research Method

The purpose of this generic, qualitative study was was to explore the youth resiliency development experiences of urban, African American mothers (18-36 years of age) who had completed a technology-based, maternal education program. It is important for researchers and practitioners to understand the experiences of mothers while considering the benefit of technology within that experience (Ondersma et al., 2017). It was also important to understand the experiences of technology-based, maternal education within the African American community, specifically. Data was collected through semistructured interviews with mothers who met the criteria described and who had completed a technology-based maternal education program. In addition, field notes and analytic memos were analyzed as sources of data as well.

Academic inquiry that uses a qualitative approach has substantial progression and requires meticulous recognition (Atkinson & Delamont, 2006). Within this study, I focused on African-American women's experiences of youth resiliency development, within the context of completed maternal parenting programs. I analyzed the study through a resiliency theory framework. The remainder of the chapter incorporates the description and explanation of each applicable feature of the research study design.

Research Design and Rationale

The research question for this study was "What are the youth resiliency development experiences of urban, African American mothers (18-36 years of age) who have completed a technology-based, maternal education program?" The research design chosen for this study was a general qualitative research study. By using a general

qualitative study, researchers acquire knowledge of extended assignation, through field observation and the encounter attributed to vaticinated phenomena (Smit & Onwuegbuzie, 2018, p. 2). Using this research design was valuable in testing whether the use of technology veritably engages phenomenon in actual life. Sharma and Ravindran (2020) defined a qualitative research study as "collecting and analyzing accounts people tell to describe experiences and offer interpretations" (p. 137). Qualitative research can authenticate an assumption, define an impact or result of a phenomenon, or translate the influence of an agent of change. In addition, qualitative research can boost strategic mechanisms that are pivotal in stimulating a fresh point of view (Shaw et al., 2017). This provided reason for the selection of this research study.

Generic qualitative research helps to greater understand people's perceptions, views, and options. Qualitative research investigates phenomena in settings that are organic and instinctive and advance work from this knowledge (Teherani et al., 2015). Qualitative research calls for the analyzation and description of ideas from an individual who has had an experience. Explanations and individualistic perceptions of happenings in the environment are acceptable in qualitative research (Busetto, 2020). A qualitative research study design best fit my study because it allowed for examination of mothers and their encounter with the phenomena of maternal education, technology accessed and their testimonies. Qualitative research allows for interpretative analysis guiding towards the detailed understanding of real-world processes and occurrences (Tomaszewki et al., 2020).

Role of the Researcher

Qualitative research can be described as explicative. It is essential advantage is

the capacity to examine a subject thoroughly (Creswell & Creswell, 2017). When

conducting qualitative research, the researcher operates as the data collection instrument,

allowing participants to express their individual perspectives, perceptions, and logic

(Creswell & Creswell, 2017; Sutton & Austin, 2015, p. 226-227). Within this study, my

role as a researcher was to interview, collect data, interpret data, and maintain all

proceedings throughout and concerning this project. The execution of the interview

process was explained in detail by the interviewer. It was my responsibility to explain all

aspects of the interview to participants, which consisted of communicating the meaning

and importance of privacy and confidentiality.

I am a professional case manager/health educator with The Healthy Start

Program, a national initiative implemented by the HRSA that works specifically with

women of child-bearing age, their children, and their families. I was previously the

program coordinator for another HRSA nationwide initiative, Alliance for Innovation on

Maternal Health Community Care Initiative, which drives implementing education and

non-clinical community collaboration, all in efforts toward decreasing the occurrences of

maternal morbidity and mortality.

The breadth of my experience working with in maternal health, specifically with

minority women, adolescents, and youth spans over period of 10 years, permitting for an

expansive viewpoint and panorama working with various maternal and parental

educational programs. I have worked extensively within both state agencies and

comprehensive health agencies allowing for a broad view of both clinical and nonclinical resource and its availability.

With respect to this study and its participants, I did not have any prior interactions or relationships with the participants. They were not women who I knew or with whom I have worked. As noted by Galdas (2017), it is important that qualitative research demonstrates significance, reliability, and integrity (p. 2). Researcher bias was managed by maintaining complete transparency, critical self-reflection concerning my individual preconceptions, analytical focus, and relationship dynamics.

Methodology

Participant Selection Logic

The participants were residents of Jackson, Mississippi. This area is considered an urban, inner city, which encompasses over 160,000 residents (Data USA, 2019). The percentage of women who live in Jackson is 53.9% of those, 82.2% are African American (Census.gov, 2019).

For my sample size, with the resolve of reaching saturation, I sampled 11 individuals. This is a recommended sample size (Creswell, 2015). With this size, data could be investigated among a content specified, a limited number of individuals or study subjects from a small geographic area (Cleland, 2017). Sample sizes found in qualitative research are notably smaller due to the basis of the purpose and goals of the study (Malterud et al., 2016).

Regarding sample size, qualitative analyses usually are smaller than quantitative. Qualitative samples are normally large enough to collect data, characterize the

phenomenon of interest, address the research question (Vasileiou et al., 2018), and demonstrate saturation. Fifteen women (see Bates & Machlin, 2016) was the goal of this selected sample. Qualitative study sample sizes rely mainly on data saturation, or the point at which no new information is gleaned. Saturation was the ultimate determination of sample size (see Fusch & Ness, 2015).

Inclusion/Exclusion Criteria

To be included in this study, potential participants must have met the following inclusion criteria:

- Live in an urban area, urban city.

- Be 18-36 years of age.

- Be African American.

- Be a mother to at least one child.

- Have completed a technology based maternal education program.

- Be able to read, speak, and understand English.

Anyone that does not meet these inclusion criteria was excluded from participating in the study.

In this study, I sampled participants using purposive convenience and snowball sampling. Purposive convenience sampling is intended to allow the researcher to sample intentional participants who meet the criteria for the study, based on convenience in availability, location, etcetera (Merriam, 2015). Convenience sampling will serve this study well as the population and satisfying qualified criteria, are accessible and available, conveniently close, and are prepared to engage (see Etikan et al., 2016). Additionally,

these samples are without difficulty, attainable for the researcher towards the study. With this, the sample is both inexpensive and homogenous.

I also used snowball sampling. Snowball sampling involves individuals in the study sample to identify additional individuals not initially included in the sample, but claim similar features and characteristics required by researcher (Brown, 2007, p. 4). These qualitative sampling methods are proposed for the attainment of fullness, comprehension, and insight (Patton, 2002). The use of the snowball sampling technique for this study was to generate a populated sample situated as a result of referral (see Naderifar et al.(2017) , p. 2). Additionally, the obstacle of selection bias can be deferred due to the use of the snowball sampling method and the self-regulated coordination of study participants (Lopes et al., 1996, p. 1286).

Participant Selection Logic

The population of the study participants was urban, African American mothers (18-36 years of age) who have completed a technology-based maternal education program. A purposive sampling strategy was utilized to advance credibility concerning the study, as noted previously. As reported by Serra et al. (2018), purposive sampling is a choice of a participants due to the characteristics they possess, noted by Kegler et al. (2019) as needed for rich case descriptions, also described by Ames et al. (2019) as needed for workable data, and finally characterized by Phillipi and Lauderdale (2018) as able to communicate experiences and reflect on perceptions.

In this study, I focused only on African American mothers (18-36 years of age) who have completed a technology-based, maternal education program. This means that

participants needed to be women, mothers, African American, and between the ages of 18-36. In addition, they needed to have participated in a technology-based maternal education program. All others will be excluded.

Recruitment

After I received institutional review board (IRB) approval, I posted a flyer and recruitment materials online on social media (e.g., Facebook, LinkedIn, Twitter, and Nextdoor). I also posted recruitment materials on physical bulletins within local health and maternal clinics/health centers within the Jackson metro area (see Appendix A).

The recruitment materials indicated that the potential participant could contact me via phone or email. If they contacted me via phone, I asked them the inclusion questions:

1. Do you live in an urban area, urban city?

2. Are you between 18-36 years of age?

3. Are you African American?

4. Are you a mother to at least one child (living with you)?

5. Have you completed a technology-based maternal education program.

6. Can you read, speak, and understand English?

If they answered yes to all the inclusion questions, I asked them for an email address and sent them a copy of the informed consent form and dates/times that the interview would take place. If they did not have an email, I scheduled the interview to take place over the phone and let them know that I would review the informed consent during that appointment and asked for their consent. If they provided me an email, I sent them a copy of the informed consent and dates/times possible to do their interview. In

that email I asked them to review the informed consent and reply with "I consent" if they consented as well as the date/time that worked best for their interview. If they did not consent, then I did not set up an interview. If they consented, I sent them a confirmation of their interview appointment and the link to use for that interview. As to adhere to COVID 19 safety practices, there was no face-to-face contact when recruiting, but rather email announcements, placement of notification of research in electronic bulletin boards, such as Linkedin, and research recruitment postings on Facebook.

Through the purposive sampling technique, persons anticipated to participate communicated via email and or telephone. This was considered as a remote alternative. Achieving consent with the details concerning the research and the document of consent and recording consent was first by email, where I sent the participants the consent form and then I asked them to reply to the email with "I consent" to indicate their consent. Within these means contact information was received and maintained.

A time was specified with respects to recruitment that was appropriate so that there was an alleviation of devaluation of current affinity to individuals to participation or expectation. I was respectful and amiable concerning individuals who volunteered to participate and upheld the fortitude to reduce persuasion. Field notes and memos were used as vital sources of data. Individuals who participated was compensated $20 after completion of participation. Persons who participated was interviewed determined by measures of their comfortability. Options for interviewing included video chat, Zoom, or Skype.

Snowball sampling can compose a logical amalgam when attempting to obtain information from a population that is difficult to attain (TenHouten, 2017). Because of the caste and nature of the desired population, I anticipated snowball sampling was the most befitting method. Snowball sampling is considered an amenity-type method which can be practiced within the actual participants of the study as they draft prospective new participants from within (Naderifar et al., 2017). Additionally, the snowball sampling method was manageable and uncomplicated. The snowball sample method is time favorable, allowing the researcher an approved opportunity to interact with those participating in the study (Polit-O'Hara & Bect, 2006). Woodley and Lockard (2016) recognized snowball sampling as the method which champions expression and defend voice for susceptible and indifferent individuals. The communication of their experiences was essential for this study.

Instrumentation

To be able to provide a description of my sample I asked the following demographic questions in the interview. This was important to understand the transferability of the results of the study (Houghton et al., 2013). All these demographics were reported in aggregate to protect the confidentiality of my participants.

1. What technology based maternal education program did you complete?

2. Was this program voluntary or were you court ordered to participate?

3. How many children do you currently have?

4. How many children did you have when you took the technology based maternal education program?

5. What is your highest level of education (no high school diploma, HS diploma/GED, Certificate, Associates degree, Bachelor's degree, Master's degree, Doctorate degree)?

Interview Questions

For this study, I created my own interview questions (see Appendix A). I used the literature and my experience as a professional in a related field to inform my questions. After I completed the demographic questions, I asked the following interview questions.

1. Thinking back to before you started the technology-based maternal education program, what did you think that the program would entail?

2. Did you want to take the program? Why or why not?

3. Tell me about what was taught in the technology-based maternal education program you completed.

4. Tell me about your experience in the technology-based material education program you completed.

5. Did you ever want to quit while you were taking the program? Why or why not?

6. How did your perception of the technology-based maternal education program change as you progressed throughout the sessions/classes?

7. Describe for me the most critical, most useful subject area topic that you learned from when completing your technology-based maternal education program.

8. What was some information covered in your sessions/classes that was not useful for you?

9. What types of things changed in your behavior due to the material learned during your technology-based maternal education program? How did they change?

10. What type of behaviors when parenting are exhibited currently due to your participation and completion of the technology-based maternal education program that you feel benefit your child(ren)?

11. How did your opinion of your ability to be a good parent change during and since completing your program?

12. How will you continue to use skills targeted in this technology-based maternal education program?

13. What do you still feel you need to continue to work on?

14. Before we conclude this interview, is there something about your experience in technology-based maternal education program that you think is significant in how youth/adolescents develop?

15. Is there anything else you would like to add?

Procedures for Recruitment, Participation, and Data Collection

Participation

At the beginning of all interviews, I built rapport with the participant by addressing any concerns and governing expectations. I asked the participant if they had any questions about the study or the interview process and answered them. I then asked

the participant for permission to start the recording. If they did not agree, I thanked them for their interest and ended the interview (no data from the participant to that point was used). If they agreed that I could start the recording, I did so and let the participant know when the recording had been started.

Interviews were conducted over the phone for those participants that did not have computer and/or Internet access. The phone call was recorded using my Iphone or other phone recording device. I read the informed consent form (see Appendix B) to those who had not been provided it via email and who had not yet provided consent. I then answered any questions they had and asked if they consented. If they did not consent, I stopped the recording and thank them for their time and ended the interview. No data to that point was used for the final study. If they gave consent, I moved to asking the demographic questions and then the interview questions.

For those who had computer/Internet access, I used Zoom, Teams, or another amenable platform to conduct and record the interviews. I only recorded the verbal portion of the interviews. For these participants, after recording had started, I asked them if they had any questions about the informed consent that they reviewed and replied "I consent" to. If they retracted consent, I stopped the recording and thanked them for their time and ended the interview. No data to that point was used for the final study. If they gave consent, I moved to asking the demographic questions and then the interview questions.

Using the qualitative interview as the tool of data collection is acknowledged as both robust and effective for the examination of individual perceptions and insights

(Utibe, 2021). Additionally, journaling was also an exercise implemented. By applying

this instrument, the researcher can be able to characterize an assortment of emotions

(Annink, 2015). Participants in this qualitative study was selected for their experiences.

Data Collection

I followed the process outlined here to collect data. The main data collection for

this study was from the interviews completed by myself, as the researcher. Before the

interview, I obtained approval from the Walden University IRB to conduct my study.

I administered a flyer as described previously, on social media (e.g., Facebook,

LinkedIn, Twitter, and Nextdoor) and upon clinic permission, on physical bulletins

within local health and maternal clinics/health centers within the Jackson metro area that

was constructed to serve the consideration and cooperation of individuals who were

appropriate for inclusion. I included my contact information so that potential participants

could reach out to me to volunteer. The participants chosen met the following study

criteria: African American, mother between age 18-36, and individual must have

completed or participated in technology-based, accessed maternal education program.

Every individual was screened noting that they were appropriate and met these

classifications.

I scheduled a screening call, that lasted no more than five minutes, and

determined whether participants met my criteria. I asked them my screening questions,

over the phone, and determined whether they met my criteria. I made a list of those who

responded, noting their demographics, age, and maternal program participation. Each

participant was interviewed via Zoom or by telephone. For participants who felt more comfortable telephone technology, the option of a telephone interview was offered. Individuals who met the study criteria was contacted acknowledging their being selected via email. I responded to these emails to create my sample. Wording in this e-mail explained all study protocol-purpose, role, risks and benefits, compensation, and practices of confidentiality. Individuals selected were asked to acknowledge the email affirming their participation with the response, "I consent." Every effort to accommodate study participants was taken. Interviews took only 5-10 minutes to complete. As the researcher, there was an active digital journal of data logged in and recorded Microsoft Word and Excel. Utilization of journaling occurred before data collection, when contacting participants, and after the interview. This journal assisted with comprehension of my role as the researcher, captured through reflection, and further refining of the responses of the participants in the study.

Data Analysis Plan

I completed a thematic analysis through coding and theme generation to answer the RQ. Within qualitative research, data analysis is the process of determining the relationship among and between diverse themes and categories pursuing to expand the understanding of the topic being studied (Alyhamady & Ahri, 2013, p.108). The first step is coding.

Qualitative studies highlight codes as a vital element when analyzing data. The researcher is responsible for defining, translating, and clarifying the data analysis (Yin, 2013). Codes, according to Stuckey (2015), are normally applied to recall and categorize

data related in context so that the researcher is able to promptly locate and cluster the segments similar to each other (Stuckey, 2015, p.7). Codes can be developed and practiced recognizing themed relationships and connections (Miles & Huberman, 1994).

Qualitative data collection is directed by analysis, understanding and explanation. In this study, this can be completed through thematic analysis and the application of NVivo. Boyatzis (1998) notes thematic analysis as the extensive description of the data and various interpretations. It allows for the comprehension of concepts more extensively. Namey et al. (2008) indicated that the thematic analysis travels further than definitive wording and highlights definition of ideas that are both definite and implied (p.138). A code, as recognized by Miles and Huberman (1994), as markers that label connotation and content with colorful information within a study (p.57). This explanation "gives voice" to experiences recorded in data (Braun & Clarke, 2012, p.58).

Choosing the most suitable coding method is critical towards obtaining meaningfulness in a study and truly grasping the participant's experience (Childs &Demers, 2018, p.1). For the purpose of coding collected data during this study, I utilized Saldana's (2012) *first and second cycle* generic coding methods. First cycle coding methods exercise the following:

- "attribute coding (seeing all data as management procedure),
- structural coding or hoslistic coding (seeing data as an elevated analysis),
- descriptive coding *(*beneficical for field notes, mementos, and documents as a specified, comprehensive index of essence and substance), and

- In Vivo coding, Initial Coding, and /or Values coding (used for interview transcripts as a technique to adapt and acclimatize to the participant's dialect, prose, viewpoint, and attitude.

The second cycle coding method entails:

- eclectic coding (the clarification, sharpening, and focusing of First Cycle findings) and

- Pattern, Coding, and/or Focused Coding (used for classification and arrangement of the coded data as a primary, systematic procedure (Saldana, 2012, p.64)."

Coding in MS Word

Qualitative data analysis (QDA) is focused on commonalities among classification and ideas that aid in better comprehension of the experience or anomaly. Woods et al. (2019) asserted that QDA is a process of bringing order to a mass of data (p.111). Proceeding the explanation of the outlining of terms and phrases result codes. Codes are patterns or parts of words, phrases, sentences, or more when continuing to seek and explore phrases and terms of the participant's transcribed data (William & Mosner, 2019). It is necessary to heighten the reliability, quality, and credibility concerning the research findings (Moon, 2019). I used the Microsoft Word software computer program to code my data. Within this process there was created a set of a priori codes noted before analyzing the data and the use of emergent codes that are drawn from the text (questionnaire and responses). There were tables constructed to track codes, their

frequencies, and their consequent categories. I also inserted comments in a Microsoft document to track codes.

Issues of Trustworthiness

The value of findings in qualitative research is safeguarded when demonstrating trustworthiness (Polit & Beck, 2014). Therefore, trustworthiness or value truth within qualitative research is transparent concerning study conduct and is vital towards the suitability and probity of the findings (Cope, 2014). Trustworthiness is demonstrated through practices that demonstrate credibility, transferability, dependability, and confirmability.

Credibility

Credibility designates the accuracy and precision in the findings of the research and the process by which I appropriated to certify that the results are trustworthy. Credibility is the qualitative research internal validity. This can be established through triangulation. Triangulation take place when study findings are reinforced through various sources of data (Yin, 2015). To address credibility, I engaged in analytic memos and reflexive journaling, both of which were included as data and coded alongside interview data. I cross-referenced the data collected using triangulation. Guion, Diehl, & McDonald (2011) interpret triangulation as the application of multiple techniques in qualitative research that examines and validates the integrity of the study. Therefore, trustworthiness or value truth within qualitative research is transparent concerning study conduct and is vital towards the suitability and probity of the findings (Cope, 2014).

Transferability

Transferability informs research through external validity. As stated by Houghton et al. (2013), transferability consents the method by which the researcher transmits the results of the research from one setting to another like setting, yet maintaining implications and interpretations (p.13). I established transferability by yielding results that can be transferred to different individuals outside of my sample and context due to the description and details found within this study. One way that I did this was to use demographic questions to describe the characteristics of my sample so that the reader has an understanding of that sample and how the data collected in the study may be transferable to others sharing similar characteristics. It will ultimately be up to future researchers to determine whether the results are transferrable to other settings.

Dependability

Dependability involves the fidelity of the collected data across related or comparable conditions (Polit & Beck, 2012). I addressed dependability by demonstrating that the findings of the research was consistent and repeatable. It was pivotal that all efforts be followed so that findings were clear of sloppiness and imbecility. I followed the detailed processes I had outlined in chapter 3 in regard to sampling, inclusion/exclusion, recruitment, participation, data collection, and data analysis. This would allow another researcher to replicate my study which is an important component of dependability.

Confirmability

Confirmability is a matter of presentation and speaks to the neutrality or impartiality of the data (Bengtsson, 2016, p.13). Confirmability allows the results of the study to be substantiated or proved by others. I illustrated confirmability by imputing all data appropriately, not modifying any participant responses and recording all replies and responses in a precise and accurate matter, in the way communicated. I followed the detailed processes I had outlined in chapter 3 in regard to sampling, inclusion/exclusion, recruitment, participation, data collection, and data analysis. This would allow another researcher to replicate my study.

Ethical Procedures

The function of the IRB review is to guarantee that obligatory steps are applied to protect and safeguard the rights and welfare of individuals (humans) as subjects within the research (Walden University, 2020). As stated in the Belmont report (2019) , the inclusion of human beings as subjects in studies requires ethical affirmations, confidences, and deliberations. There was no data collected or stored before receiving IRB approval. There was no human research training completed. I did not have a professional or personal relationship with participants. Once I had received IRB approval, I posted recruitment materials and went through the recruitment, participation, and data collection processes described above. Participants were provided informed consent and were asked to provide consent verbally during the interview. I ensured that participants were aware that participation was voluntary and a participant could withdraw their

consent at any point. No incentives were given to participants if interview was not completed.

Regarding the transcription of interviews and other data, the only individuals who had access to the interview recordings and transcripts were the transcriber, myself, my committee members, and the IRB if requested. The names of the participants were in their email communicated with me and their response to the informed consent. Their name appeared in the recording and transcript if it was mentioned but the data used in my dissertation was identified and each participant was assigned a pseudonym. Demographics of the participants was reported in aggregate.

All data (recordings, transcripts, coding) was kept on a password protected computer. The data will be stored for 5 years after graduation from the program. At that time all of the data will be destroyed following Walden University IRB guidelines.

Summary

Qualitative methodology is relevant as research investigates the exploration of point of views, reactions, assumptions, and knowledge about a concept or phenomenon. This chapter concentrated on the framework of the study placing emphasis on modules such as the research design, data analysis, methodology, researcher duty, and ethical considerations. The research question remains as to what resiliency experiences have been encountered by the study participants. This study sought to communicate with urban, African American women and analyze insights of youth resiliency from their experience with technology-based maternal education programs. Ethical processes were also outlined within this chapter.

Chapter 4: Results

The purpose of this generic qualitative study was to explore the youth resiliency development experiences of urban, African American mothers (18-36 years of age) who have completed a technology-based, maternal education program. The objective was to understand the experiences of mothers while considering the benefit of technology within that experience. The description of each participant illustrated their encounter with maternal education, which technological device or method was used for access to the education session, and the topic of the class or session. In addition, the participants identified how access to maternal education strengthened their ability to be quality parents. The research question was addressed themes were identified. In this chapter I include a review of the setting of the interview, demographics of participant, collection of data and data analysis, a revision of the evidence of trustworthiness, and the results of the study.

Research Setting

Due to the Centers for Disease Control and Prevention (2020) requirements concerning the practice of social distancing and additional matters linked to the spread of COVID-19, all semistructured interviews were administered via Zoom, audio only. Each individual contacted me stating acknowledgement and review of the posted flyer placed in either the local area clinic or social media posting. Additional participants were established through oral referral from another confirmed participant. Before the interviews, I communicated with the participants via email or by telephone. During that initial contact, individuals confirmed their consent and expressed their inquiry concerning

the study. After that communication, each participant received an email including the consent form for participation. Upon receiving the email confirmation of consent to participate, each participant was also sent an email with the scheduled audio Zoom interview information, date, and time. In that confirmation email, if there was a conflict of date or time, participant was asked to inform, so that rescheduling of interview could be made. Consent was substantiated both verbally and confirmation email, was sent to participant. Participant responded to email stating, "I consent."

Before the beginning of the interview, I presented how the interview would be administered, inquired if participants had additional questions, and reminded that the interview is voluntary, and could be concluded at any time by participant. During the interview, I communicated the questions as clearly as possible. If necessary, I reframed the questions to ensure that the participant could comprehend the questions asked and to certify I understood the responses being given. I used the interview guide (see Appendix A) when completing the process of the interview.

Demographics

As designated for participation in this study, the population of this study included 11 African mothers between the ages of 18-36. Many of the participants were residents of Mississippi, particularly the capital city and surrounding suburban areas. There were also three participants who were residents of Georgia. The flyer for the study was placed in the comprehensive health care clinic and posted on the Facebook social media platform. To protect and safeguard privacy and confidentiality, participants were classified by their

initials during this study. A synopsis of the demographic information collected is
presented in Table 2.

Table 2

Demographics of Participants

Participants	Age	# of Children	Age of Child(ren)
P1	25	1	10 months
P2	22	2	5, 3 months
P3	23	2	1 month
P4	18	1	1 month
P5	20	1	10 months
P6	34	4	16, 14, 11, 3
P7	35	2	11, 18
P8	36	3	6, 3, 4 months
P9	36	2	8, 12
P10	36	3	18, 16,14
P11	30	1	5

Data Collection

After obtaining approval from Walden's University's IRB, I began the process of
collecting data for this study, which was gathered through semistructured interviews,
conducted on the Zoom platform. There was a total of 18 individuals screened for the
study, but due to appropriate qualifications for participation, interviews were
administered among 11 participants. Braun et. al (2019) touted that four to five
substantially solid interviews are commeasurable for a reflexive thematic analysis. There
was some difficulty accessing individuals through the flyer's initial study population,
"African American mothers, ages 18-36, who are residents of Jackson, MS/Hinds
County." After adjusting the study population to "African American mothers, ages 18-36,
who are residents of any urban area," the inquiries began to emerge. The posting of the

study's flyer invitation was available in the waiting areas of the local comprehensive health clinic and both the LinkedIn and Facebook social media platforms.

All interviews were carefully gathered in confidence between November 2022 and June 2023. Interviews were scheduled in 30-minute increments, with the length of the interviews varying contingent on participant experiences. Every interview was recorded via Zoom and transcribed after completion. Upon reviewing and transcribing the data, in addition, I hand-coded the data. Within this process, I was able to arrange and systematize my data to recognize themes that were developing from the information gained by the participants.

Before the beginning of each interview, I reviewed study consent and information. Every participant was reminded that the nature of the study was voluntary and could be terminated at any time if uncomfortable. Each participant completed the interview, which consisted of 13 questions. If a participant did not understand the question, the question was reframed so that the participant could comprehend the content and then respond accordingly. Every research interview was concluded within 5-12 minutes. Upon completion of the interview, I debriefed the participant on subsequent study steps. Each participant was made aware that their interview was safeguarded and would be reserved and saved for 5 years in a secured place. After this, the information would be repudiated. After addressing any additional inquiries or concerns verbalized by the participant, I consummated the interview with a declaration of gratitude (see Creswell, 2017). There were no participants that withdrew from the study. Additionally, some mothers completed their interviews while caring for their children. This was

apparent due to the common background noise of family time and nurture during the conducting of the interview. Upon completion, each participant received an electronic $20 gift card via email, as compensation for their time and study participation.

Data Analysis

Through applying a reflexive thematic analysis approach, I started the data analysis process by bringing together all materials from the interviews and reviewing the data to receive a basic understanding and interpretation of what had been captured. I used Microsoft Word for all phases of transcribing. I manually transcribed all the recorded phone interviews from audio Zoom to a word document. Each interview was carefully transcribed for exactness and veracity.

The first phase of the data analysis process, I carefully scanned each transcript and manually recorded notes in the margins including the concepts and ideas that presented upon the first reading. Upon completion of reading various transcripts, I observed the idea that each mother perceived their technology-based maternal education program with a positive account. Codes illustrate and depict the content of the data through a remark or group of words that help to describe the occurrences in the data (Ravitch & Carl, 2016). Initially, I discovered 21 codes, but to understand the similarities of the codes captured, I knew they had to be condensed. There was so much information shared among the 11 participants. Maintaining hard copies and notes was key when organizing so that I could identify the similarities among responses.

As I examined the transcripts a second time, the data yielded additional grouping. There were similarities and commonalities found in the participants' statements. I

recorded the different codes with a fluorescent highlighted marker. For example, all

quotes that indicated a positive experience, I color-coded pink, quotes that were

indicative of awareness were green, quotes that illustrated resources were yellow, and so

on. Every code had a different color so that each could be distinguished. After an analysis

of the hard document of each transcript, I transferred the notes and sections highlighted

into electronic copies. This process yielded a document that produced categories and

themes that translated codes for each of the participants' responses. I combined like codes

where I could do condense the data. This is part of second cycle coding.

As I continued, I acknowledged that participants were conveying related ideas

that were comparable to each code. This was one of the final phases of coding—

identifying triangulation among participant responses. For example, as a participant was

expressing an idea concerning her quality of her participation in class, she also was

conveying her ability of grasping the knowledge gained in her class and through this

learning, training, and teaching encourage the probability of resilience in

youth/adolescents. Because of the generous individualized characterizations and

articulation captured by the participants, "class concepts" and "comprehension" were

added to the code category of "education."

After reviewing the transcripts and combining like codes into code categories, I

created a chart that illustrates which participants identified with each code. There were

seven corresponding categories and seven themes. For example, the category "encounter"

introduced the concept of the brand-new motherhood experience and the positive

accounts concerning childrearing. The category "progression" described the benefits

described by the participant in their experience, the means of support and the quality of their encounter. The category "education" characterized the class concepts, comprehension gained during the educational process, and techniques utilized and gained in their experience. The category "awareness" represented the participants' affirmative awareness and insight grasped during their experience. The category "response" was reported as a constructive and valuable consequence during their experience. Lastly, the category "avenue" was particularized as access and the connection, noting the need for broadcasting because of their educational experience.

The resulting themes were as follows:

1. Positive action and resource linkage encourages youth/resilience development,

2. Maternal education bolsters cognizance with respect to the importance of resilience implications in their youth/adolescent,

3. understanding education and its connection to promoting aspects of resilience in youth/adolescents,

4. novice parenting is an unfamiliar experience when identifying youth/adolescent resilience,

5. progression and support are a resource of enhancement to the experience of building resilience in youth/adolescents,

6. positive experiences and accounts of mothers amongst the identity of youth/adolescent resilience,

7. the necessity of access and advertising strengthens connection and access to developing youth/adolescent resilience.

Evidence of Trustworthiness

Credibility

Stahl and King (2020) defined credibility as an explanation or interpretation relating to the interviewer and the following reporter, advancing measures of triangulation. It is critical to obtain trust and to develop certitude with the participants upon the initial introduction. The participants of this study were 11 African American mothers between the ages of 18-36 who completed some form of maternal education through utilizing technology. During interview proceedings, I verified with the participant if the date and time designated were still appropriate and expressed thanks to all participants for their consenting to participate in the study. Additionally, before beginning the study, I inquired of the participant if they had any questions and continued by clarifying the remainder of the study process. I made attempts to make clear each question in the interview and I made certain that I grasped the response of the participant. Additionally, after the interview session, I provided participants with a copy of their interview transcript to further warrant credibility.

Transferability

Within this qualitative study, providing descriptions and its ability to be applied under varied context, when ensuring transferability is fundamental. Transferability is characterized as an essential feature of qualitative validness and vigor (Munthe-Kaas et al., 2020). For individuals who desired participation, the criteria were defined and summarized. Before proceeding further with participation, criteria had to be met by individuals desiring study inclusion. Future researchers will determine the applicability of

the results to other settings. As the researcher, I made concerted efforts to describe the participants and results using rich descriptions so that other researchers may assess whether the results will be relevant to other groups.

Dependability

Dependability refers to the cohesion and balance of data over a period and amongst varied conditions (Janis, 2022). When demonstrating measures toward ensuring dependability, I entrusted the commitment to any changes among the research and how any influence or consequence may have accomplished as I conducted the research (see Trochim, 2020). During the study process, I stored all notes, memos, recordings, transcriptions, and any collect data, on a computer, protected by password and encryption. Also, I remained active with communication to my committee and allowed study participants the convenience of conveying any additional thoughts, comments, or questions concerning the development of the study.

Confirmability

Confirmability involves direct quotes and responses given by the participant, which are absent of bias, partiality, and preference. Nyirenda et al. (2020) stated confirmability as researcher objectivity capable of being reciprocated by others. During this study, to warrant confirmability, I applied the member checking technique to assure that the account of my records of the responses of the participants were without bias. Member checking noted the confirmation of the researcher's interpretation of the study participant's responses (Motulsky, 2021). Feedback on the research data was confirmed as accurate and complete by each study participant. In addition to, I also undertook

bracketing as a means of assurance so that my findings were clear of biases, influence, and distortion connected with my personal experiences and assumptions (see Creswell, 2017). Through the bracketing method, I was able to reevaluate and void out in solitude personal assumptions. I reevaluated each participant response to comprehend the insight and acuity of participant's responses.

Study Results

The research question for this study was "What are the youth resiliency development experiences of urban, African American mothers (18-36 years of age) who have completed a technology-based, maternal education program?" Themes were developed from responses given by the participant through codes and categories. Understanding how participants used technology to access maternal education was key throughout this study. The influence of that maternal education on the youth resiliency development experiences was also critical.

There were 11 African American mothers who met the study's inclusion criteria and participated. As a means of organization and safeguarding of identity, all participants were confirmed by the order of their interviews. Individuals participating in this study also acknowledged and detailed their encounter with technology-based maternal education as *positive action* toward the consideration and effective response among experiences of youth/adolescent resilience. Similarly, each participant expressed that technology-based education assisted in the grasping of that knowledge-learning, training, and teaching encouraged likelihood of improved parenting, boasting the probability of resilience in their youth and/or adolescent.

As the data were analyzed, various themes were originated based on descriptions on the manner of African American women technology-based maternal education experiences and youth/resilience development. The statements of each participant yielded themes containing varied key codes. As seen in Tables 3 and 4, the following participants correlate to these codes shown below.

Table 3

Code Usage P1P6

Codes	P1	P2	P3	P4	P5	P6
Cognizance	3	2	4	4	4	5
Education	3	4	6	12	9	5
Response	3	4	3	2	4	5
Avenue	3	3	4	2	4	4

Table 4

Code Usage P7P11

Codes	P7	P8	P9	P10	P11
Cognizance	5	7	7	4	5
Education	12	17	2	8	3
Response	5	12	12	4	9
Avenue	7	8	3	3	8

The resulting themes were as follows:

1. positive action encourages youth/resilience development,

2. Maternal education bolsters cognizance with respect to the importance of resilience implications in their youth/adolescent,

3. understanding education and its association promotes aspects of resilience in youth/adolescents,

4. novice parenting is an unfamiliar experience when identifying youth/adolescent resilience,

5. progression and support are a resource of enhancement to the experience of building resilience in youth/adolescents,

6. positive experiences and accounts of mothers strengthen the identity of youth/adolescent resilience,

7. the necessity of access and advertising as a means of connection and access to developing youth/adolescent resilience.

Theme 1: Positive Action Encourages Youth Resiliency Development

Gracing the phases of motherhood with the knowledge received though maternal education coupled with applicable resources and a network of assistance enhances youth/adolescent resilience probability. The experiences outlined by study participants described how as they attended class, tenets of independence and fortitude intensified. Varied participants indicated that their daily living regimen lacked basic necessities such as housing, food, clothing, and transportation. Participants gained insight about available resources and utilized them during the maternal education class period, the pregnancy continuance, and after delivery. During the interview, participants expressed their encounters concerning the benefits of their technology-based maternal education experiences. Study participants described participation in their maternal education program as constructive, emphasizing the topic areas as useful. They emphasized

learning about the fundamentals of being a good mother for their baby. For example,

Participant P1 acknowledged the following:

> I was a new mom who needed a lot of help. The program provided good

transportation. They provide good education. They provided good communication.

They provided me with everything I needed for my baby up until now. He's six months

and they are still helping me out.

Participant P3 stated:

> I wanted to learn more about me, myself, my body, and my baby. Each class had
>
> me want to learn more and know more. My perspective on my learning and my
>
> baby became bigger.

Participant P4 expressed:

> I wanted to know more and more. It was definitely an experience..uhmm.I learned
>
> so much. I got so much information to help me with my baby and even after I
>
> gave birth, I was able to revisit the information and have my questions answered.
>
> I still could get help. It was a good experience and I would do it all over again.

The knowledge gained because of their positive action experience set in motion a

schedule and triggered a regimen of productivity. The admission of desiring greater was

realized by the participants. This aligned with the contributions and resources that helped

in the attainment of goals to become a better mother.

Copeland and Harbaugh (2019) recognize that mothers ardently adjust to the

requirements and demands that the motherhood role entails, even when the transition

presents life hardships contingent on resource and awareness. Although experiencing

lack, such as no transportation or inability to purchase pampers, could be envisioned as a challenge, the study participants involvement in the technology-based maternal education program prepared the participants with the knowledge that there are community entities attainable with access and services that assist with job placement so that individuals can work and provide for their youth/adolescent unaided. Each varied study participant's usage of resources affirmed their accounts as a principle of help. Positive awareness and linkage to community resources aid in mother's capability to provide for youth/adolescents which energize channels of youth/adolescent resilience.

Theme 2: Cognizance Strengthens the Importance of Resiliency Implications in Their Youth/Adolescent

Being cognizant acknowledges acceptance of one's awareness and capability. Recognizing the importance of healthy parenting has wellbeing implications not only for mothers, but also their children, which contributes to the organizing of challenges and achievements. Being a mother is a fluid and evolving process, just as the attention and keenness towards their youth's development is also. Mackler et al. (2015) remarked that the welfare and prosperity of parents' support suggestions of child health, productivity, and more readily society. Through the study participants' experiences were recorded as they completed certain classes how their acknowledgement of being a mother and the journey towards a healthier outlook and future for their child was so critical. The question was asked how attitudes were adjusted or alertness was affected when learning topics covered in the technology-based maternal education program. The study participants indicated their perceptions of awareness and affirmative moods embracing motherhood,

child development, and concepts of resilience. Additionally, recorded responses admitted mistakes that had been made and learning curves developed due to what was learned in class attendance and life experiences. Each of the participants expressed how phases of their attitude changed. Being educated on what will assist in delivering a healthy baby, boosting healthy child development, and other child safety precautions were all testimonies presented in the following study participants' responses. The interview question inquired of the study participant's change since they completed the technology-based maternal education program. Participants remarked on the importance of positive tone, communication, and synergy when interacting with your child.

Participant P4 explained:

ok, -I –can- say –what -I -do differently, -ok –what do I do differently, I..ok I do a couple of things differently. The way I look at things are totally different from the way I looked at things at first. and…the way I take care of myself and the way I take care of my baby is totally different from how I first thought I was gonna be able to do it. The -way – IIIIII. (short pause) the way I pay attention to certain things she do and certain things she don't do..uhmm.. I pay..I pay more attention to her behaviors cause it can change; and when it change that mean, it can mean certain things. So that is something that's helped me. My mother instincts kicked in; uhmm, they kicked in…it's just..it's just certain things that I didn't have an instinct for at first; like I can say, for example, when I be, when I sleep, I don't sleep as heavy as I used to; so any little move or little sound she make, I be alert; so..yeah…

Participant P5 told:

Uhmm. I think I review things twice; like, I really sit and I analyze a little bit more than I would have before. Well..it let me look at things a little more deeper; and uhh I think it's made me a more listening parent; a more active parent.

Participant P6 stated:

uhmm..well I make sure I watch my baby, you know, whenever(pause) she's alone in her room; I make sure I check on her whenever she's napping; and you know, I just make sure she's okay throughout the day; you know; and things like that; uhmm..well..uhmm..I'm able to care for my baby better now that, since I've completed the program; I uhhm, from the information I've learned, I've actually read some more articles about being a mother, so I took the information; I learned from Healthy Start, and the articles about being a mom; and combined them and I put my own little tweak on it; uhmm and now I feel like, what I'm doing for my baby, is how I can care for her best.

Participant P7 illustrated:

uhmm I can definitely see the benefits of that with my child; being able to see her be healthy, get the nutrients and get full; the breastfeeding class was really beneficial because ahhh there were a lot of things I was not aware of; and was not privy to; with regard with how to breastfeeding effectively; and to make sure uhmm that my infant was getting what she needed, so that component was really really helpful; and then there was also a baby care basics course; and it was really helpful because uhmm it gave really great techniques; on how to help keep uhh the baby calm; even starting breathing techniques as early as infancy; and also

gave me really good information on SIDS and being able to reduce those uhh

(pause) different symptoms; and different things that could alert you; things

possibly going south; that was really helpful because there is always a level of

anxiety around your infant and your newborn to make sure that they are

breathing; so it was really helpful to be able to go through that course as well; the

baby care basics course was really helpful as well as the breastfeeding for success

course.

Participant P11 expressed:

oh definitely..I have made sure that I try to maintain a more positive tone, more

positive outlook, positive for my child's positive attributes and speaking to my

child in a way they don't feel bad about maybe making a mistake or miss; so what

I'm trying to say is just I change language when it comes to disciplining my child.

Saleh, AlGhfeli, Mansoori, Kaai, and Nair (2023) noted maternal cognizance as a

urgently significant and strategic determinant toward the progression of youth wellness

and resilience. As mentioned in the study participants accounts, in a maternal education

program or class, concepts of youth development and protecting the child was discussed.

A youth/adolescent developmental milestone is mastered and pinpointed by certain ages

and life phases. Through maternal education, mothers are introduced to the knowledge

behind the achievement of these physical, mental, social, and language milestones, what

is gained and what is expected. Impressions of resilience are found in youth/adolescent

development. African American mothers embody affirmative mood and realize the

progressive affect concerning resilience in youth/adolescents.

Theme 3: Understanding Education and Its Association Promotes Aspects of Resilience in Youth/Adolescents

During the interview, a question was asked concerning the educational subject areas addressed in the technology-based course. Prenatal education is an onset designed to prepare individuals for parenting, both mentally and physically (Paisson, Kvist, Ekelin, Hallstrom, & Persson, 2018). Maternal education and classes preparing mothers for parenthood are beneficial towards their onward application. Each interview participant described various subject areas in their program and how it affected their parenting capabilities. Breathing during labor, exercising during pregnancy, and the use of the birthing ball were subjects energetically described when completing the study interview. There was one similarity found among the participants concerning the education received. Breastfeeding was highlighted as one of the most critical, most useful subject area topics that was learned when completing the technology-based maternal education program. The benefits of breastfeeding, positioning when breastfeeding, skin-to-skin breastfeeding, "pumping and dumping," and successful breastfeeding ongoing was addressed in several of the study participant class/program accounts.

The recorded experiences of the study participants were very descriptive concerning the subjects discussed during their maternal parenting courses or program.

Participant P2 reported: "Birth and Breathing. The birth ball and then in completing I learned like, even though I delivered, I still use the ball. It has help still. It keeps me calm. It was a good experience." Participant P3 stated:

Uhmm..I'm breastfeeding this go round exclusively breastfeeding.- I'm not getting as frustrated. The exercising and Stuff. Like- uhmm..We was on the exercise ball and learning ways to move around and uhmm even ways tolay down and uhmm you know and help make it easier.

Participant P5:

Uhh.. The most useful, would probably be safe sleep cause you know; I've heard that the infant mortality rate is very high especially in Mississippi; so safe sleep,uhh.. was probably the most useful part, you know, so I can, help my baby sleep how she's supposed to sleep.

Participant P7 noted:

Uhmm..definitely the breastfeeding for success course that I took; that was very very helpful; very critical for me; as a second-time mom, I did not breastfeed with my first child and through the years, I learned how

Important being able to breastfeed was; and so I really wanted to be able to do that; having that uhmm ability to learn from the application, as well as the instructor, about how to uhh do it correctly; the correct way to hold the baby; the correct way to make sure they latch on; all of those different components; was really really useful and very helpful; and uhmm being able to go back, and review courses and review information was very useful and helpful as well; and it wasn't like I saw the information only one time and I had to memorize it and then it was gone; I could go back at any time and make use of the application; and review anything that I had any questions or had any trouble about.

Participant P8 recorded:

> I was able to do online courses that allowed me to touch basis with uhmm like I
> stated the siblings class, a kid's basis that gives you a understanding of how those
> children your other children will respond to having a new baby in the home; I had
> the CPR class that kinda goes over all the basics of choking,or if your child was to
> drown, was to get in a situation that they were just not breathing and their airway
> passages needed opening; I've also had birthing classes that kinda just gave the
> basics of how to change a diaper properly; and they kinda gave you information
> on dealing with diaper rashes; and uhmm the stages of development for each of
> the before the child uhmm each of those classes were cause like I stated I've had
> more than one; uhmm allowed me to really go in details to things you probably
> wouldn't think of in the moment when preparing for your child.

Although the maternal education programs were varied, study participant
characterizations were similar. Participants were able to ask questions, receive directives,
and interact with other program attendees in small groups and establish rapport so that
relationships were formed. Some mentioned that they have communicated with other
program participants after they completed the program. This after program
communication yielded fruitful discussion and interaction.

Theme 4: Youth/Adolescent Resilience is an Unfamiliar Experience in Novice Parenting

Within the interview process, participants identified their level of experience as a
parent contributing to how they viewed parenthood and their perception of the technology

based maternal program. Several study participants were identified as first -time mothers. Maternal education was perceived as necessary to be competent and prepared. New mothers required this education so that they can administer with confidence care and nourishment to their offspring (Copeland & Harbaugh, 2017). Because they were first time mothers, understanding the core principles of motherhood and parenting was an initial reason for participation in the technology-based maternal education program. The study participants that identified as first-time mothers had regarded motherhood and the maternal education program as a benefit. For example,

Participant P2. explained:

> I knew I needed some help. uhhhm..like…Never being a mom before I was excited and relieved that they had even a program like this. I thought I was gonna have to be looking online forever trying to figure out what I needed to do and how I needed to do when becoming a mother, and stuff like that.

Participant P5 shared:

> uhmm. so…I'm a first-time mom, so I honestly didn't know anything about giving birth or anything about being a mother, so as I was going through the program, I learned a lot about giving birth and breathing techniques and all the things that go into being a good mom. I needed this program.

Wittkowski, Garrett, Calam, & Weisburg (2017) posited the belief of the parent that they could execute the role of parenting favorably is a substantial predictor of parental performance. Because these participants depended upon their content of their classes, these first- time mother's participation in their program was paramount toward their

success as a parent in capacity and efficacy, Each first time account expressed the
uncertainty and anxiousness, yet the attitude of the mother was one of wanting to be the
best and to provide the best nurture and care for their child. Novice comprehension
generates a position of greenness, purity, and genuineness toward the building of
resilience in a mother's youth/adolescent.

**Theme 5: Progression and Support as a Resource of Enhancement to the Experience
of Building Resilience in Youth/Adolescents**

Parenthood is an individual experience unlike any other (Nomaguchi & Milkie,
2020). Participants' accounts of social and societal support play a critical role in the
inclusion of their parenting. As the interview process continued, a question was asked of
the participants about their behaviors as "changing" or "adjusting" throughout the
maternal or prenatal classes/program due to their participation. Study participants
acknowledged how they had preconceived notions of how they wanted to parent, due to
conversations with family, friends, and observations of those with whom they are close.
There were study participants who were parents of more than one child. They recognized
how the care for their children changed due to familiarity and methods learned during
their prenatal class/program. Participants acknowledged the difference in how they care
for their children (siblings) as a precursor to the behavior and communication to their
children, as siblings, as they interact with each other.

Participant P8 described:

uhmm. I think I'm ahhm more conscientious of of a lot of giving so much so the
classes that kinda talked about one of my sons, of course all of my sons have had

their circumcision, so I kinda had to pay attention to how you know I care for the uhhm site of where the circumcision was done; uhmm even with the navel, you just have to be careful with that after the umbilical cord has been cut, just making sure to care for it properly; diaper rashes, ear infections, and just being more cognizant of what comes with those things, making sure they don't get infection like with the circumcision and the uhh navel and with the ear infection, just making sure I'm always paying attention to the signs, like the nose running, or fever, so forth, and so on, so those classes helped me to remember to always be conscious of things and to not just take them for granted; I always pay attention to my child and how they respond to those things. uhh..definitely with the siblings, I'm learning to be more patient and understanding and uhhm I guess for me with my sons (pause) I don't (pause) --initially I know with my first son uhmm when I had his brother, my concern was how he was how his behavior had changed but now I know uhh how to prepare for the regression because when a baby comes into the home, the other kids kinda ya know start to act differently and and as I've been told have a stage of regression; because their kind of looking for that attention or they feel left out more I guess you can say; I try to incorporate them now with a lot of things uhmm so they won't feel left out; if it's something I need as it relates to the baby, I may ask them to assist me, so that they'll never feel like they're unloved or if that I'm trying to replace them in some way.

Participant P9 explained:

"ahmm. I actually ahmm what I do differently I do not communicate with my children when I'm in my emotions; I communicate with my children after I've had a moment to step back and reflect; if I feel that I'm emotionally charge by that situation, I definitely have learned to just simply step back, take the time to step back, reflect, take the time to gather myself before I speak to my children. ahmm.. I think now that my children and I ahm have ah I guess you can say they enjoy communicating with me because they know that mom has taken the time to step back and to reflect and that I'm not just coming at them off of raw emotion; I think that they enjoy speaking to me even about the most difficult things; because we have this pattern of how we communicate; I think it's shown itself to be be effective. ahmm..I love caring for my kids..I would say uhmm..what has changed is that I enjoy the dialogue with them ya know regularly and even with things they maybe not want to share with me ahm we're still able to talk about the hard stuff and not avoid each other; so I enjoy that my kids are comfortable talking to me about anything."

The quality of effort and time of a mother's involvement is a pivotal concept when determining the level of resilience in their youth/adolescent. Ren, Wu, Zou, and Wang (2023) confirm that the magnitude of parental engrossment and engagement influence youth/adolescent outcomes. This includes resilience. Participants mentioned that their technology-based prenatal/maternal education addressed the importance of parental involvement. This included sessions about their contributions to becoming successful mothers, examining their emotional climate, and domains of parental

involvement. African American mothers encounter means of support enhances the quality of life and circumstances building resilience in youth/adolescents.

Theme 6: Encounter of the Pleasant Occurrence and Positive Account of Mothers Against the Identity of Youth/Adolescent Resilience

"Parenting" guides to an individual's behavior on the basis of rearing, sustaining, and fraternizing children throughout their lives (Milkie, Nomaguchi, & Schieman, 2019). The mechanism of a mother's positive interaction and their enjoyment in the role of motherhood while parenting strengthens the factor of resilience in youth and adolescents. The study participants' report as mothers were guided through the sessions, their engagement in the course material helped to foster their autonomy and self-sufficiency. The life satisfaction experiences described by some study participants define purpose and meaning in life supporting their capacity to thrive.

Participant P8 recalled:

I felt like I learned something new; and I'll be honest, as a mom when you hear things it kinds make you feel like uhhm you hadn't done all you should've done for the first but you try to become a better parent as you go; so having having those classes were so beneficial and help me each time with each of my children; because even though my children are two to three years apart, so you feel like ya know you got it in the bag and each time you have a child you kinda forget some of the small things; and so you know some the things you thought you would remember you kinda have to go double back and go back and reference that that you were first taught; uhm those classes have changed my perception that it's

helped me to see; that even though I felt prepared each time, I wasn't nearly

prepared as I thought I was; because that there are sometimes somethings you to

refresh yourself on; it's kinda like you know riding a bike, you never forget how

to do it, but always something that you may have to go back and say ahmm

maybe if I remember this back then maybe I ride better later; so it's always

something small that you may be have missed that these classes have allowed me

to come back and check myself on because I'm not a perfect mother, each class

session has allowed me to pick up something that I might have missed first; or

like a movie, you may watch it all the way through one time and you understood

it and you'll watch it again and you realize it's something you missed; that's how

those classes are for me; soo I guess when you say, how it changed my perception

is understanding that sometimes you have to keep doing it and you're not this

perfect person or you don't get it all in at one time, you may have to keep going

back; and revisiting those classes to make sure that you're on top of things.

Positive experiences noted by study participants also helped to build relationships and

parental bond with their children. The emotional bond between parent and children is

resolute and effective (Groh, Fearon, van IJzendoorn, Bakermans Krannenburg, &

Roisman, 2019). The experiences recorded by study participants describe how they

compassed daily activities. Most accounts were indicative of warmth, positive flow, self-

efficicacy, self-affect, and communication. Participants included taking time for self-care

as primal component to a positive experience. Additionally, learning to take time to

exercise, read a book, take a walk, or eat a favorite food was considered a positive

experience in the unique dynamics of motherhood. Taking time out for "me," is a requirement in the success of mothering. This assists the mother in being less stressed and more attentive to the needs of the child, consequently embracing an affirmative mood and realizing a progressive effect concerning resilience in youth/adolescents.

Theme 7: The Necessity of Avenue and Advertising as a Means of Connection and Access to Developing Youth/Adolescent Resilience.

Participants in this study noted how critical the sharing and broadcasting of program information and the technical platforms presented. Each study participant noted how their program allowed them the opportunity to revisit varied topics after conclusion of the class/program and connected them to additional technological resources and linkage. Participants shared how the outlet of technology allows for the availability of needed information and how such program should be recognized as a mandate to greater mothering (parenting).

Participant P7 described:

I think that this type of education and program needs to go on and some of it I think needs to be a prerequisite ahmm into communities through public schools because I think that ahm a lot of parents could glean a better communication style when communicating with their own children as well as others; I-I think this program should go on and it should expand and I think that it should be a prerequisite in some capacity where ahm it's mandated; it's necessary.

Participant P11. expounded:

the technology-based prenatal class via Zoom; it just gives us another way that we can reach as many moms as possible at once; uhmm it allows us the opportunity to still meet them face-to-face and also still be ahh cognizant of the fact that with pregnant women during that time their immune systems are so sensitive and we do have to be on the lookout for COVID; uhm I think it benefits the moms who also don't have access to transportation; we're trying to turn into no mom left behind course and experience so even if moms aren't able to be physically present of course for the education, they can prepare to go in the hospital and navigate the healthcare system; to make sure that they can get access to class material and we do that by using Zoom. uhmm.. what can be done is classes starting on social media; take the classes on a livestream so that more women again can look forward and women who don't have transportation to where they can commute to in-child person childbirth education class can make sure they have access to this information.

Each of the study participants' accounts expressed how fundamental the ability to access classes at their convenience. The notion that future questions would arise and the need for immediate attention and access to class information was apparent. Having the information at their fingertips and their discretion eased the burden of forgetting information covered in the class. The capability to inform others of necessary information concerning the preparation of birth, delivery, and qualities of being a mother guides toward successful parenting. Being able to inform concerning available technology-based programs and prenatal classes and sharing this helpful information with others aid in

successful parenting. This concept achieves connection and access to necessary means towards developing youth/adolescent resilience.

Within Chapter 4, I abbreviated the descriptive compilations of the participant responses and the interview process. The aim of this study examined the lived experiences of urban, African American mothers who completed a technology-based maternal education program. The data yielded codes that acknowledged themes which promoted the conceptual framework for this study and addressed the following research question: What are the youth resiliency development experiences of urban, African American mothers who have completed a technology-based, maternal education program?

In Chapter 5, the explanation of the findings and study conclusions will be discussed. In addition to that, I will discuss both the limitations of this study and recommendations for future studies. My conclusion will interpolate potential implications for positive social change and recommendations for next steps.

Chapter 5: Discussion, Conclusions, and Recommendations

Resilience exists as a phenomenon contingent upon the conditions and connection of life and can be influenced by individual, domestic, and societal components in mothers (Nasiri, 2021; Sanayah et al.,). My purpose in this study was to understand the youth resiliency development experiences of urban, African American mothers (18-36 years of age) who had completed a technology-based maternal education program. The nature of this study was a generic qualitative study used to examine, evaluate, and explain the characterizations and narratives that participants specified concerning their experiences.

Within this chapter, I present my understanding of the study findings. I also consider the limitations of the study, including my recommendations and reflections. Finally, I introduce potential implications for social change and the conclusion of the study. The theoretical framework for this study was Rutter's resilience theory. Resilience is characterized as a remarkable characteristic with innumerable and immeasurable outcomes (Hoegl & Hartmann, 2021). Rutter observes resilience as an environmental concept. The purpose was to focus and affirm positive, constructive factors rather than the negative. Rutter interprets resilience as a capacity to circumvent features of physical, mental, and social stressors. I used resilience theory as the lens through which I analyzed the participants' experiences. The descriptions and narratives of each individual who participated in the study were given meaning and implications based on their connection and communication, inclusive of their technology-based maternal education. The essential findings of this study were seven themes:

1. positive action encourages youth/adolescent development

2. cognizance strengthens the importance of resilience implications

3. understanding education and its association promotes aspects of resilience

4. youth/resilience is an unfamiliar experience in novice parenting

5. progression and support as a resource of enhancement to the experience

6. encounter of pleasant occurrence and positive accounts of mothers

7. the necessity of avenue and advertising as a means of connection and access

These themes explain the commonalities in participants' technology-based maternal education experiences. These findings were based on interviews and analyses among data from 11 participants. All participants resided in the southern region of the United States (Mississippi, Alabama, and Georgia). The technology-based programs were offered through various entities consisting of healthcare agencies, hospitals, school districts, and insurance companies.

The findings support current literature that focuses on resilience as a concept of decreased vulnerability as result of factors of the environment, conquering of stress or hardship, resulting in a favorable outcome. The research question was addressed through the framework of the resilience theory as each participant expressed their technology-based program experience among their youth/adolescent development perceptions. Findings may guide positive social change in the field to increase professional awareness and additional availability to technology-based maternal education programs.

Interpretation of Findings

For this study, I interviewed participants to retrieve intricate descriptions of their experiences concerning technology-based maternal education programs. In addition, the

participants described their understanding and involvement in developing their youth's resilience. Every study participant explained their experiences, the challenges they encountered, and how they mastered them. My findings were consistent Li (2023), who supported Rutter (1985), Garmezy (1991), and Masten's (2012) idea that the roots of resilience are a dynamic of unset characteristics and factors which assist children in defeating hazards and prospects of danger. The adversities that the study participants articulated were "real life" contributions requiring positive adaptation.

The technology-based programs were made available through local community agencies, health centers, school districts, and insurance companies. Various participants admitted that they were skeptical at the beginning of their programs. They continued participation with the end goal of strengthening the well-being of their child and building precepts of success as a mother.

There were varied programs completed among the participants. Several of the participants completed programs offering prenatal education courses. These class sessions reported focus on the importance of breastfeeding, appropriate nutrition during pregnancy, exercising during pregnancy, childhood developmental milestones, safe sleep practices, and what to expect during labor and delivery. Some participants noted instruction concerning the birthing ball, which was used as an instrument for exercise during pregnancy, a tool for assistance with breathing during labor, and an apparatus used after delivery for physical assistance with destressing and unwinding. Others mentioned that their class sessions covered topics about infant CPR, car seat safety, sibling

adjustment and communication, and appropriate communication when disagreement or opposition arises.

The data collected and answered the research question "What are the youth resiliency development experiences of urban, African American mothers (18-36 yrs of age) who have completed a technology-based, maternal education program?" Participants communicated their experiences with completing a technology-based, maternal education program. Data were explored using the theoretical framework of the resilience theory. When interpreting the experiences characterized by participants and their perceptions of youth/adolescent resilience, the ideas introduced in Chapter 2 by Rutter's resilience theory and Lerner's ecological understanding model of resilience and positive youth development are revisited. Lerner's Five C's: competence, confidence, connecting, character, and caring emerge within the themes and explanations and narratives provided by the study participants. The interpretation of the findings is systematized by seven themes and supporting literature.

Theme 1: Positive Action Encourages Youth/Adolescent Resiliency Development

Results signified how participants were involved in positive activities, generated due to the involvement of their programs and reaction to situational factors. Study participants illustrated how they can build resilience in their child regardless of obstacles. This component is a key feature of Lerner's caring. Participants noted that when faced with challenges such as forgetting how to latch during breastfeeding, positions of safe sleep, or stressing because of a consistently crying baby, they returned to the instruction given in the technology-based education classes. Because the classes were accessible at

any time via technology, participants were able to revisit the information, implement such

knowledge, and regain composure. Parental incentive and tolerant attitude advance care

during child development (Jung et al., 2018). Participant P5 noted

> It becomes a challenge when my child continuously cries, and I don't know why.
> I remembered the lesson concerning staying calm and because my child can sense
> if I am uneasy. I check to see if she needs to be changed and uhmm if she is
> hungry. If not, then I will pick her up and try and talk to her and rock her. I didn't
> use to do that. This helps though. Most of the time…uhmm, she calms down."

It was apparent from the study results that the women continuously indicated aspects of

youth/adolescent resiliency development throughout the tenure of their technology-based,

maternal education programs.

Theme 2: Cognizance Strengthens the Importance of Resilience Implications in

Youth/Adolescents

The results indicated a second theme of "cognizance strengthens the importance

of resilience implications in youth/adolescents." Cognizance in this study is defined as

recognition. Each participant interviewed noted that during their program they

recognized some strengths, weaknesses, or matters they needed to take more time and

pay attention to. In some cases, participants found themselves when learning the class

information, how applying such information improved their day-to-day living and

communication with their children. Participant P6 noted that

> Although I didn't breastfeed my first baby, I really wanted to but I couldn't and
> my desire is to breastfeed this baby exclusively, and for an extended period of

time, and I know that I can. I'm using the information Ms. Morgan gave me, and I

feel like I'm more prepared this time, so I can be successful when breastfeeding.

When mothers recognize their strengths, they can identify them in their

youth/adolescents. Parents who acknowledge their own vigor also realize the

performance levels in their children and support them to apply and perform at their best

(Allen, et al., 2022). In Participant P6's situation, she was able to understand that

although she did not attempt breastfeeding, she could accomplish it. She was confident

that because of the information taught in her class, she had the necessary tools and

knowledge to be successful. Confidence is characterized as a principle of Lerner's model.

This is also an example of self-efficacy, a core standard of Rutter's definition of

resilience.

Theme 3: Understanding Education and Its Association Promotes Aspects of Resilience

Throughout the interviews, participants indicated that they gained understanding

while participating in their technology-based maternal education programs and it

promoted aspects of youth/adolescent resilience. This demonstrates the first C in Lerner's

model (2009) recorded as competence (Abdul-Kadir & Mohd, 2021). Current research

acknowledges the relationship of maternal education as a key predictor in a child's

welfare and cognitive development (Jackson et al., 2017). Regardless of the technology-

based maternal education program, each participant emphasized the meaningfulness of all

that was learned during the technology-based maternal education experience. The

enthusiasm and passion the participants sensed as they verbalized these "ah-ha" moments and life-changing moments were real.

Participants engaged that all information taught was functional, but there were some subject areas taught more emphasis was placed because a response could be the determinant of life or death. Participant P5 spoke about she how she was appreciative as an African American mother receiving maternal education because families tend to suffer due to ignorance. She expressed,

> I'm grateful for these maternal education classes. I thought it'd be beneficial to African American women specifically because we're not really educated on a lot of things as it relates to ahmm childbirth, CPR, and other things. It's beneficial specifically to African American women who have not been exposed to these birthing classes; or these classes that are made available and are free. It is my hope that these classes will open the door for other African American women to have these classes that they will be successful to them.

The descriptions participants provided were very real and candid. Participant P8 continued,

> My online courses allowed me to touch basis with a siblings class that gives you an understanding of how those children (your other children), will respond to having a new baby in the home. I had the CPR class that kinda goes over all the basics of choking of if your child was to drown, was to get in a situation that they were just not breathing, and their airway passages needed opening. Even a birthing class that kinda just gave the basics of how to change a diaper properly

and on dealing with diaper rashes, stages of development, and things in detail

when preparing for your child.

Research reiterates that maternal education should highlight specialized topics that would

build physical and mental health, strengthen parenting capacity, thus affecting children's

development. Education reinforces a favorable trajectory towards comprehension

resulting in probable application of lessons learned.

Theme 4: Youth/Adolescent Resilience Is Unfamiliar Experience in Novice Parenting

The results indicated that participants that were new to the role of being a parent,

being a mother, were unaware of and unfamililar with the experience of youth/adolescent

resilience. There were several participants who were first time mothers. They admitted

being anxious and "in the dark" concerning being a good mother. Each participant

confirmed that the technology-based maternal education class was a necessity because

their goal was to be the "very best mother that I can be." This also exhibits one of

Lerner's Cs - character. "The transition to becoming a parent is a time full of ambiguity,

requiring role adaptation, and social modification (Schobinger et al., 2022, p. x).

Participant P4 was very honest when explaining that she was a first-time mother

and was depending upon the guidance that the classes would provide. She quoted,

I was shocked when I discovered that there was a class that would teach me how

to be a mama. I-I was shocked but uhmm I liked that I would have what I needed.

There were things I didn't know. I had no clue and I wanted to know more about

the things that I needed help with to be the best.

Motherhood is a complex course-physical, psychological, and social afforded to a woman. A woman's entire life changes. Becoming a mother can be a very frantic time, with absolute uncertainty, and adjustments due to the new role and journey that lies ahead. Through technology-based maternal education appropriate preparation and instruments fostering growth can be given.

Theme 5: Progression and Support is a Resource of Enforcement

The results indicated that progression and support learned in technology-based maternal education is a resource of enforcement toward perceptions of resilience in youth/adolescents. This variant is another Lerner's C, which is connecting. One of the greatest challenges and contributions mentioned by participants was providing for their youth/adolescent. Every mother wanted to be able to provide food, shelter, nurture and manage on their own. Participants frequently spoke of resources introduced in their technology-based maternal education programs. This was considered one of the most essential topics addressed during the technology-based maternal education program. Researchers posed that accepting social support and nurture from others as a benefactor heightening life gratification, fulfillment, and improved emotional health (Hijazi et al., 2021). The participants explained that during this session, vital resources and helping locations were suggested. The importance of Medicaid for health upkeep and appointments and the availability of transportation systems provided through Medicaid and community health centers. One community resource stated by participants was the Good Samaritan Center. This is an agency that was noted as a staple in the community due to their contribution of clothing and food, provided daily to the community at no

charge. Another mentioned was Gateway Ministries. This location provided starter furniture for families just receiving housing. Many participants acknowledged the presence of family members and friends as a defined system of support but were yet in need of providing the basic necessities. They felt that if they provided this for their families then, this was an opener and pathway to future success.

Theme 6: Encounter of Pleasant Occurrence and Positive Accounts of Mothers

The results indicated pleasant occurrence and positive accounts of mothers among the study participants as they participate in their technology-based maternal education program. Participants described in their interviews how they felt taking care of themselves made them better mothers and helped them develop healthy habits with their children. "Children understand through watching and monitoring their parents conduct and behaviors (Gulmezoglu et al., 2020, p. 2)." Some participants acknowledged in their interview that there were class sessions addressed concerning self-care as a requirement to your motherhood journey. Such procedures as journalling, exercising, hobbies, and building healthy relationships with others were suggested as examples toward taking care of yourself as a mode of being a healthy mother. There was a mandatory style tone recognized in the verbalizations as the participants characterized their methods of pleasant occurrences. Others confessed that if my child is smiling, then I am satisfied and have done my duty as a mother. Participant P2 referenced the use of her birthing ball as a technique to destress. "I am so glad that I got the birthing ball. After dealing with a child that cries and cries, my irregular breathing, and other things, when I get a chance as she takes a nap or is down for the night to sleep, I have the birthing ball. I like having it. It

helps a lot when I get aggravated and stressed. I even remember how I was told to breathe when using it. While I use it, it shows me even how to breathe correctly." Participant P8 stated that she has seen her relationships with her mother, sibling, and cousins improve as she inserts time each day to meditate. As a mother, taking time for yourself each day replenishes focus, provides a sense of balance, and it boosts your confidence as you continue to build towards a healthier you and your youth/adolescent.

Theme 7: The Necessity of Avenue and Advertising as a Means of Connection

The results indicated the necessity of avenue and advertising as a means of connection when endorsing and supporting technology-based maternal education programs. Each and every participant in this study concluded that their class needed to be broadcast due to the quality of class material and curriculum, the helpful nature of the information and the most noted- the easiness of its availability and access. Zhang (2022) suggests that the incorporation of technology in education provides students assistance with understanding classroom subject matters and mastering fundamentals. Connecting is also an essential precept of Lerner's 5 Cs. During the interview, some participants made admissions of skepticism concerning a computer class, especially a maternal education class. There were concerns about the ability to ask the instructor questions and receive timely answers and the inability to engage and truly interact in a classroom setting that favorable outcomes result in the development of the children. This note was present in Participant P5 recall of her technology-based education program,

> After attending these classes I know more about being a mom. I feel like what I'm
> doing for my baby is how I can care for her best. I am going to tell everyone I

know how great this program is and how I can reach the   information with the click of my fingers. Uhmm..if I decide to have another child, boy or girl, it doesn't matter. I will continue to go to their classes. What they have to offer is beneficial and I feel like everybody can contribute to it. Everybody can learn something, even the dads, the children; everybody and learn something. This program has helped me and when it benefits me, it goes on and benefits my baby.

The overall goal is to be successful in mothering so that the development of youth/adolescents is advantageous. For most participants, the avenue of technology was imperative to their attendance and completion because hindrances such as lack of transportation existed. There was no controversy concerning program opportunity because flexibility of materials existed. Overall, participants gave their programs a satisfactory appraisal. The only improvement was when some topics were not offered. Participants pointed out that there were areas for comments and areas of improvement after every class session. Participant P4 concluded that "I absolutely recommend the program. I've already told everyone in my apartment complex and have posted on my social media. It's definitely an experience that gives a lot of help-education, training, and resources. I definitely recommend the class. It's a 10 out of 10."

Limitations of the Study

There were several limitations that emerged from this study. Firstly, this study only conducted semi structured interviews on a modest sample size of African American mothers from the Southern region of the United States. Those geographic areas included the states of Mississippi, Alabama, and Georgia. There may have been contrasting

findings resulting from participants interviewed that reside in other Northern, Midwest, Western, or Eastern regions of the United States. Additionally, this study's population did not represent any mothers that reside in urban areas outside of the United States, which may have also developed divergent participant perspectives of program completion.

The second limitation of the study is the number of participants who depicted participation in programs that were required by the school district. There were only two participants of the 11 participants who completed a technology-based maternal education program through the school district as a requirement. Mandatory parenting education contains the capacity to contribute diverse benefits to scholars and the community (Sims et al., 2021). Therefore, participants who would have been appropriate for this study participation from a mandated maternal parenting program were unknown and were not located or recruited for participation in this study.

A third limitation of the study is possible participant bias. Throughout the interview, I reassured the participants as they demonstrated their experiences. Although I encouraged and supported the participants to illustrate their particular experiences, it is probable that they may have characterized subjects and matters that they perceived that I, as a researcher, wanted to be made aware of, which would contribute to possible participant bias. I supported and encouraged the participants to share their lived experiences throughout the interview. Each interview stated the same questions to each participant. I took deliberate steps to guarantee that the data was attentively and thoroughly considered and analyzed for understanding, descriptions, and interpretations that portrayed participants' experiences.

Recommendations

There are three recommendations for further research established in the strengths and limitations of this study. The first recommendation poses that as this research was conducted with resilience framework among the African American culture and technology-based maternal education programs, further research should be conducted within other cultures to discover if comparable results are found. Hoegl and Hartmann (2018) note that resilience education indicates a deficiency of studies in Asian backgrounds creating a prejudice regarding with the cultures in western nations. Further research is warranted. This would be considered a study of resilience across and among cultures.

The second recommendation is that further research should be conducted concerning parenting education programs that suit fathers, and their perceptions of youth/adolescent resiliency development. Fathers perform a substantial the development of their child's speech and literacy skills. Reinicke (2020) acknowledges that fathers normally engage in parenting classes as cooperation and support of the mother. Fathers can be motivated to participate in parenting education as a guide toward building their child's future physical, psychological, and social success. Further research can determine the father's attitudes and experiences toward technology-based parenting classes and their resiliency perceptions among their youth/adolescents.

The third recommendation is that further research should be conducted among local and statewide agencies to determine the availability of technology-based maternal education. Location should not determine or detour the accessibility or availability of the

technology-based maternal education. Healthcare clinic and civic service locations (urban and rural) should develop avenues so that programs can be admitted and participated in. Additionally, locations that currently provide technology-based maternal education should bring about mechanisms or tools to request feedback from mothers who have participated in and completed such programs, in an effort to adapt practices based on their feedback that would support the opportunity and attendance of technology-based maternal education programs.

Implications

The implications for positive social change may influence future mothers to complete technology-based maternal education programs. This study may help to close the gap in practice of accessibility concerning these programs. Concerning maternal education, there is a present demand for health professionals to contribute continued support and knowledge that is both available and accommodating (Paz-Pascual et al., 2019). The first implication for change is for departmental agencies that employ professionals who provide services for mothers or future mothers, to implement strategies that produce more attractive broadcasting of technology-based maternal education programs. Healthcare providers and professionals' knowledge, attitudes, and practices concerning maternal care, support, and services are valuable (Bolsoy et al., 2022). This technology-based maternal education includes the topics that prepare mothers to provide appropriate maternal care, introduces methods of support, and available community services. This could potentially increase the popularity and implementation rates of agencies to produce such programs.

Healthy mothers produce healthy children. As professionals recognize and verbalize the importance of implementing technology-based maternal education, the probability of the attitudes and conduct of mothers and those wishing to become mothers will consider participation due to its noted outcomes. Maternal education portrays a pivotal function in the outcome of a child's well-being (Arendt et al., 2021). Ensuring that necessary topics such as prenatal care, nutrition during and after pregnancy, childhood developmental milestones, breastfeeding are a requirement. This could actualize for mothers possible innovation in maternal health, enable the genesis of sustainable development goals, and make knowledgeable maternal health systems. This would help boost the critical nature of this type of program, while supporting implications for future success and resilience outcomes for both mother and youth.

The third implication for positive change may also impact the demands of application and variety among maternal education providers. More than just healthcare professionals are capable of accessing technology-based maternal education. Attention to broader networks attributed to beneficial health behaviors, use of maternal services, and other components in society (Amwonya et al., 2022). Expanding the placement and representation of technology-based maternal education programs could enhance more inventive avenues for availability and accessibility, thus increasing the rate of participation among mothers and those intending to be mothers.

Conclusions

In this generic qualitative study, I explored the lived experiences of mothers who completed technology-based maternal education programs. This study analyzed the

maternal education experiences, utilizing technology and the youth/adolescent perceptions of resilience within that experience. Data were collected from 11 participants who completed varied technology-based maternal education programs through semi structured interviews. Analysis of the data presented seven themes that characterized their achievement in completing their programs and development of resilience through their motherhood experiences.

Participants in this study attributed consistent outcomes that depicted aspects of success and resilience due to the completion of their programs and the utilization of the information afforded afterward the program while parenting. This study illustrated that mothers who have guided and available maternal information will utilize these resources so that they can attain a level of motherhood that is exceptional and profitable for their youth/adolescents. Mothers who share maternal information gained through their technology-based maternal education programs are the key testimonies that 'when you know better, you do better.' The proficient applications of this study are that mothers and future mothers could acquire information from the results and the information gained could assist with implementing principles of understanding toward healthy mothering and building resilience in their youth/adolescents.

Participants of this study reiterated the importance of maternal education and the most important tenet of that education-technology. The capacity to access necessary information whenever and wherever made the difference. Community agencies, professionals, and businesses could incorporate the themes and recommendations determined in this study which could influence the availability and accessibility of future

mothers through technology-based maternal education programs. Furthermore, this could potentially broaden rates of program participation. The technology-based maternal education experience indeed presented positive impact among youth/adolescent well-being and resilience. The utilization and application of technology within maternal education empowers mothers as they build towards their lifetime of success.

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Appendix: A Interview Guide

Thank you for agreeing to participate. You have reviewed the consent form and consented to this interview and the recording of the interview, thank you for that as well. As you know, my name is Marstonya Butler and I am a PhD student at Walden university. The purpose of my study is to examine the participation of mothers who have engaged in maternal parenting education using technology. As we covered in the consent form, your participation is entirely voluntary. You can stop this interview at any time or ask me to skip a question you are not comfortable answering.

Are we ready to begin this interview? Do you have any questions for me before we begin? You will also have time for questions at the end, if you have any later.

May I have your permission to record the audio of this interview.

1. Based on the information that you provided in the questionnaire, you completed the

_____ program.

2. What made you interested in participating in this study?

3. What were your thoughts when you discovered you were randomized to a

   technology-based maternal education program study?

4. Tell me about your technology-based maternal education program.

5. How did your perception of the technology-based maternal education program change

as you progressed throughout the sessions/classes?

6. Describe for me the most critical, most useful subject area topic that you learned from

when completing your technology-based maternal education program.

7. What was some information covered in your sessions/classes that was not useful for

you?

8. What do you do differently now based on the material learned during your technology-

based maternal education program?

9. What type of behaviors when parenting are exhibited currently due to your

participation and completion of the technology-based maternal education program?

10. How has your maternal, parental capacity changed since completing your program?

11. How will you continue to use skills targeted in this technology-based maternal

education program?

12. Before we conclude this interview, is there something about your experience in

technology-based maternal education program that you think is significant in how

youth/adolescents develop?

13. Is there anything else you would like to add?

Appendix B: Recruitment Flyer

HAVE YOU PARTICIPATED IN MATERNAL EDUCATION?

If you are a mother between the ages of 18 to 36, you may be eligible to participate in a research study.

NO IN-PERSON CONTACT

Study for Mothers who have completed Maternal Education

I am looking to African American mothers who have participated in a maternal education program.

Participants will be asked to participate in:
- A semistructured interview
- Follow up contact

Are you eligible?
- 18 to 36
- African American
- Mother
- Current or former participant in a maternal education program
- resident of any urban area

I am interested in hearing your experiences!

*Participants will receive gift card compensation.

If you're unsure if you meet the requirements, call or email a member of the study team:
Marstonya Butler, MSW, MPh study coordinator