

INFORMATION TO USERS

This reproduction was made from a copy of a document sent to us for microfilming. While the most advanced technology has been used to photograph and reproduce this document, the quality of the reproduction is heavily dependent upon the quality of the material submitted.

The following explanation of techniques is provided to help clarify markings or notations which may appear on this reproduction.

1. The sign or "target" for pages apparently lacking from the document photographed is "Missing Page(s)". If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting through an image and duplicating adjacent pages to assure complete continuity.
2. When an image on the film is obliterated with a round black mark, it is an indication of either blurred copy because of movement during exposure, duplicate copy, or copyrighted materials that should not have been filmed. For blurred pages, a good image of the page can be found in the adjacent frame. If copyrighted materials were deleted, a target note will appear listing the pages in the adjacent frame.
3. When a map, drawing or chart, etc., is part of the material being photographed, a definite method of "sectioning" the material has been followed. It is customary to begin filming at the upper left hand corner of a large sheet and to continue from left to right in equal sections with small overlaps. If necessary, sectioning is continued again—beginning below the first row and continuing on until complete.
4. For illustrations that cannot be satisfactorily reproduced by xerographic means, photographic prints can be purchased at additional cost and inserted into your xerographic copy. These prints are available upon request from the Dissertations Customer Services Department.
5. Some pages in any document may have indistinct print. In all cases the best available copy has been filmed.

**University
Microfilms
International**

300 N. Zeeb Road
Ann Arbor, MI 48106

1327756

Williams, Deborah Nadine

BECOMING A WOMAN: THE GIRL WHO IS MENTALLY RETARDED

The University of Arizona

M.S. 1986

**University
Microfilms
International** 300 N. Zeeb Road, Ann Arbor, MI 48106

PLEASE NOTE:

In all cases this material has been filmed in the best possible way from the available copy. Problems encountered with this document have been identified here with a check mark ✓.

1. Glossy photographs or pages _____
2. Colored illustrations, paper or print _____
3. Photographs with dark background ✓
4. Illustrations are poor copy _____
5. Pages with black marks, not original copy _____
6. Print shows through as there is text on both sides of page _____
7. Indistinct, broken or small print on several pages ✓
8. Print exceeds margin requirements _____
9. Tightly bound copy with print lost in spine _____
10. Computer printout pages with indistinct print _____
11. Page(s) _____ lacking when material received, and not available from school or author.
12. Page(s) _____ seem to be missing in numbering only as text follows.
13. Two pages numbered _____. Text follows.
14. Curling and wrinkled pages _____
15. Dissertation contains pages with print at a slant, filmed as received _____
16. Other _____

University
Microfilms
International

BECOMING A WOMAN:
THE GIRL WHO IS MENTALLY RETARDED

by
Deborah Nadine Williams

A Thesis Submitted to the Faculty of the
COLLEGE OF NURSING
In Partial Fulfillment of the Requirements
For the Degree of
MASTER OF SCIENCE
In the Graduate College
THE UNIVERSITY OF ARIZONA

1 9 8 6

STATEMENT BY AUTHOR

This thesis has been submitted in partial fulfillment of the requirements for an advanced degree at the University of Arizona and is deposited in the University Library to be made available to borrowers under rules of the Library.

Brief quotations from this thesis are allowable without special permission, provided that accurate acknowledgment of source is made. Requests for permission for extended quotations from or reproduction of this manuscript in whole or in part may be granted by the head of the major department or the Dean of the Graduate College when in his or her judgement the proposed use of the material is in the interests of scholarship. In all other instances, however, permission must be obtained from the author.

SIGNED: Reborah N. Williams

APPROVAL BY THESIS DIRECTOR

This thesis has been approved on the date shown below:

Agnes Aamodt
Agnes Aamodt
Professor of Nursing

April 10, 1982
Date

DEDICATION

To Sarah

ACKNOWLEDGEMENTS

I wish to express my appreciation to the following individuals for their assistance and support:

To the eleven informants who shared their knowledge and understanding with me about what it is like to become a woman.

To the informants' parents who allowed their daughters to participate in the study.

To the school districts, principals, school nurses and teachers who allowed me to work with their students.

To the members of my thesis committee, Dr. Agnes Aamodt, chairperson, Dr. Mary Alexander, and Mr. J. Keenan Casteel, who contributed their time, guidance, and encouragement.

And finally, but most importantly, to my sweetheart husband Rick, who edited and helped type this thesis and to our children, Zachary and Sarah who teach me about growing up.

TABLE OF CONTENTS

	Page
LIST OF ILLUSTRATIONS.....	ix
LIST OF TABLES.....	xi
ABSTRACT.....	xii
I. INTRODUCTION.....	1
Statement of Problem.....	3
Statement of Purpose.....	3
Definitions.....	4
Conceptual Orientation.....	5
Culture.....	6
Development.....	8
Human Response.....	9
Health Care Delivery.....	10
Summary.....	12
Limitations.....	12
Assumptions.....	13
II. REVIEW OF LITERATURE.....	14
Knowledge of Adolescent Development: The Girl who is Mentally Retarded.....	14
Developmental Processes in Becoming a Woman.....	16
Human Responses in the Adolescent Girl who is Mentally Retarded.....	20
The Role of the Nurse and the Adolescent Girl who is Mentally Retarded.....	22
Summary.....	24

TABLE OF CONTENTS--Continued

	Page
III. METHODOLOGY.....	25
Research Design.....	25
Informant Selection.....	26
Protection of Human Rights.....	27
Data Collection.....	28
Data Analysis.....	29
Summary.....	34
IV. PRESENTATION AND ANALYSIS OF DATA.....	35
Data collection.....	35
Selecting Informants.....	35
Participant Observation.....	36
Interviews.....	38
Research-Informant Experience.....	39
Informants.....	41
Princess.....	44
Jane.....	45
Raisin.....	47
Beth.....	48
Donna.....	49
Susan.....	50
Annie.....	53
Cathy.....	54
Kelly.....	56
Nancy.....	58
Lynn.....	59
Interview Data.....	61
Ways girls get ready for school.....	63
Kinds of people who help girls grow up.....	66
Kinds of messages girls hear as they grow up.....	67

TABLE OF CONTENTS--Continued

	Page
Characteristics of growing up.....	69
Differences in contrast of meaning attributed to characteristics of growing up by premenarchal and postmenarchal informants.....	72
Kinds of feelings girls have as they grow up.....	74
Characteristics of information girls want about growing up.....	76
Characteristics of dating.....	77
Characteristics of kissing.....	79
Dimension of contrast in people you kiss according to ways to kiss.....	83
Kinds of things girls and woman can do.....	84
Dimension of contrast between things girl can do and things women can do.....	88
Kinds of things to tell younger girls about growing up.....	90
Informants' Drawings.....	92
Cultural Themes.....	94
The best part is becoming a teenager and having a boy you like to kiss.....	94
"Growing up is hard for everyone. It is going to be harder for me.".....	96
Tell me more about growing up.....	96
I can do what others can do.....	97
Summary.....	98
V. CONCLUSIONS.....	100
Becoming a Woman: The Adolescent Girl who is Mentally Retarded and the Conceptual Orientation.....	100

TABLE OF CONTENTS--Continued

	Page
Becoming a Woman: The Adolescent Girl who is Mentally Retarded and the Review of the Literature.....	106
Knowledge of Adolescent Development and the Girl who is Mentally Retarded.....	106
Developmental Processes in Becoming a Woman.....	108
Human Responses in the Adolescent girl who is Mentally Retarded.....	109
Recommendations for Nursing Practice.....	111
Recommendations for Further Research.....	115
 APPENDIX A: PERMISSION TO CONDUCT STUDY UNIVERSITY OF ARIZONA HUMAN SUBJECT COMMITTEE.....	 117
 APPENDIX B: PERMISSION TO CONDUCT STUDY SCHOOL DISTRICT HUMAN SUBJECTS COMMITTEE.....	 119
 APPENDIX C: PARENTAL CONSENT FORM.....	 121
 APPENDIX D: STUDENT ASSENT FORM.....	 124
 APPENDIX E: INFORMANTS' DRAWINGS.....	 127
 REFERENCES.....	 139

LIST OF ILLUSTRATIONS

Figure	Page
1. Conceptual Orientation for Becoming a Woman: The Adolescent Girl who is Mentally Retarded.....	6
2. Hypothetical Example of Domains of Meaning in a Taxonomy What Adolescent Girls who are Mentally Retarded do to grow up.....	32
3. Hypothetical Example of Contrasts in Domains of Things Girls and Women can do.....	33
4. Domains of Meaning in the Adolescent Girl who is Mentally Retarded as she becomes a Woman.....	62
5. Contrasts in Domains of meaning of the Adolescent Girl who is Mentally Retarded as she becomes a Woman.....	63
6. Domain of meaning: Ways girls get ready for school.....	65
7. Domain of meaning: Kinds of people who help girls grow up..	67
8. Domain of meaning: Kinds of messages girls hear as they grow up.....	69
9. Domain of meaning: Characteristics of growing up.....	71
10. Differences in contract of meaning attributed to characteristics of growing up by premenarchal and postmenarchal informants.....	74

LIST OF ILLUSTRATIONS--Continued

Figure	Page
11. Domain of meaning: Kinds of feelings girls have as they grow up.....	76
12. Domain of meaning: Characteristics of information girls want about growing up.....	77
13. Domain of meaning: Characteristics of dating.....	79
14. Domain of meaning: Characteristics of kissing.....	82
15. Dimension of contrast in people you kiss according to ways to kiss.....	84
16. Domain of meaning: Kinds of things girls and woman can do.....	87
17. Dimension of contrast between things girls can do and things women can do.....	90
18. Domain of meaning: Kinds of things to tell younger girls about growing up.....	92

LIST OF TABLES

Table	Page
I. Demographic Data 1.....	42
II. Demographic Data 2.....	43

ABSTRACT

Becoming a Woman: The Girl who is Mentally Retarded, addresses the question: "What cultural knowledge informs the behavior of the adolescent girl who is mentally retarded as she becomes a woman?" Participant observation, ethnographic interviews and illustrations were used to learn the adolescent girl's view of becoming a woman. Eleven informants were interviewed individually for this study.

Ten domains of meaning and three contrasts in domains of meaning emerged from data analysis. Domain analysis revealed four cultural themes: "The best part is becoming a teenager and having a boy you like to kiss," "Growing up is hard for everyone. It is going to be harder for me," "Tell me more about growing up," and "I can do what others can do."

Recommendations for nursing practice include to view the girl who is mentally retarded as experiencing similar social, physical, sexual and emotional developmental processes as age peers.

CHAPTER I

INTRODUCTION

We ourselves set boundaries on what is possible. They (the mentally retarded) show us the horizons instead of the boundaries. (Colleen McCollough, 1974)

This research, "Becoming a woman: the girl who is mentally retarded," was motivated from observations in a public educational environment. Donna, a nice looking 12 year old student who was mentally retarded, was mainstreamed into her age-peer classroom for spelling. Donna's uneasiness with the close proximity of and conversations with male peers was accompanied by "stealing" quick glances at her male peers, smiling and then turning away. She fidgeted nervously with her pencil and was unable to concentrate on her work. Donna's reactions did not appear atypical of early adolescent development, although those observations raised the following questions: How does the girl who is mentally retarded manage with early adolescence? What does the girl who is mentally retarded know about sexual development? What information does she want concerning adolescent development? How does the adolescent girl who is mentally retarded view becoming a woman? What can

health professionals do to facilitate the maturation process in the adolescent girl who is mentally retarded?

The 1960's mark the beginning of the "normalization" movement for individuals who are mentally retarded (Nirje, 1969, Wolfenberger, 1972). Normalization refers to the concept of helping individuals who are mentally retarded "obtain an existence as close to normal as possible, making available to them patterns and conditions of everyday life that approximate the norms and patterns of society" (Kolodny et al. 1979). This trend toward normalization for the mentally retarded, and concerns about human rights of disadvantaged populations have awakened interest in resource material for family life education of the retarded as well as training professionals and parents to accept and deal with sexual behaviors of mentally retarded populations (Kempton and Foreman, 1976; Edward and Wapnick, 1978). This family life curriculum tends to focus on the educator's viewpoint of what information the individual who is mentally retarded should know about puberty, social behavior and human reproduction. Few researchers (Hall; Morris and Baker, 1973; Fischer and Krajicek, 1974) have identified what the adolescent who is mentally retarded knows of sexual identity, body parts, body functions, emotions, and pregnancy.

This study will explore becoming a woman the adolescent girl who is mentally retarded. Methodology will include

participant-observation and ethnographic interview using illustrations to facilitate data collection (Spradley, 1979, 1980).

Statement of the Problem

The problem to be investigated is becoming a woman: the adolescent girl who is mentally retarded. The girl experiencing early adolescent development has the "expert view" or "native's view" (Spradley, 1979). This view is valuable in understanding what the girl has learned and knows about being female using her own terminology. The adolescent girl's view develops through her life experiences and shows how she incorporates this knowledge into her own world.

The researcher, using ethnographic methodology, identifies commonalities within observations and within the interviews and proceeds to identify domains of meaning and cultural themes (Opler, 1945). These culturally relevant linguistic expressions can be useful in planning care to meet the physical, emotional and psychological needs of mentally retarded children. The specific problem to be addressed in this study is: What cultural knowledge informs the behavior of the adolescent girl who is mentally retarded as she becomes a woman?

Statement of the Purpose

The purpose of this study is to learn from adolescent girls

who are mentally retarded what knowledge they use to guide behavior and what knowledge they use to explain developmental processes in becoming a woman. This will be accomplished through ethnographic methodologies: participant-observation, interviews and analysis of drawings. Through these methods, cultural knowledge will be abstracted from what the adolescent girls are observed doing, from what they say, and from what they express through their drawings.

The significance of this study lies in the collection and identification of cultural knowledge. Cultural knowledge will tell the story of becoming a woman from the adolescent girl's point of view. Cultural knowledge can be useful for nurses and other members of health care teams who care for adolescent girls who are mentally retarded. Cultural knowledge can also be useful in developing nursing theory to guide in the care of the mentally retarded.

Definitions

1. Cultural Knowledge. "The acquired knowledge people use to interpret experience and generate behavior" (Spradley, 1980, p. 6).

2. Informs. An interpretive process that translates cultural knowledge into behavior.

3. Behavior. Observable activities and actions after cultural knowledge is processed.

4. Girl who is Mentally Retarded. A female, nine to thirteen

years of age, who has deficits in adaptive behaviors and has performed below average on some standardized psychometric test. (Below average is defined as mildly to moderately retarded with an IQ 2-4 standard deviations below the mean on some psychometric test of global intelligence, American Association of Mental Deficiency classification of mental retardation, 1977).

5. Becoming a Woman. The personal and social expectations and behaviors through which the girl gives expression to being female.

Conceptual Orientation

The concepts of culture, development, human response and health care delivery provide the conceptual orientation for this research study. The structural model (Figure 1) shows the relationships between these concepts and their corresponding subconcepts. The broken vertical and horizontal lines represent relationships but do not imply causality. The subconcepts culture of childhood, developmental process in early adolescence, human responses during early adolescence and the interdisciplinary team apply specifically to the present research. Using ethnographic methodology, the view of the adolescent girl who is mentally retarded was examined as it relates to becoming a woman and to human responses during early adolescence in the educational environment. Research findings have implications for the nurse caring for mentally

retarded children.

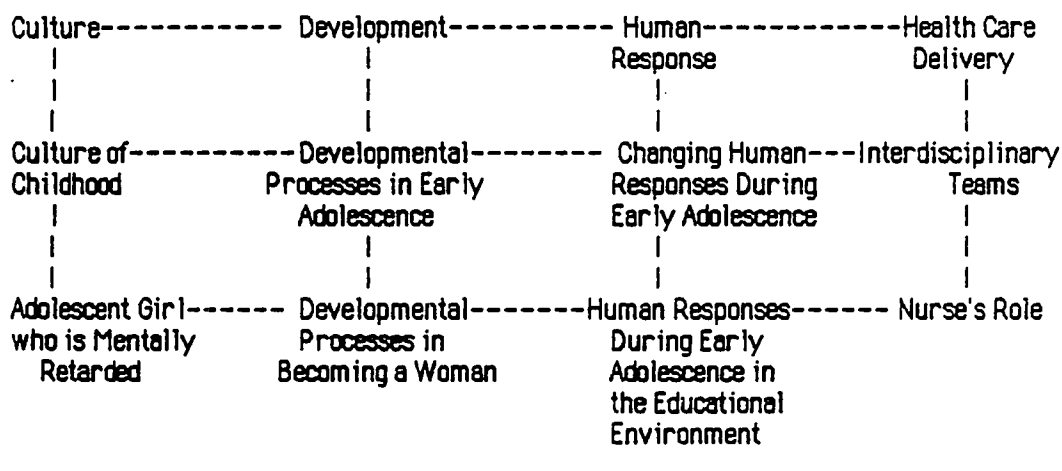


Figure 1. Conceptual Orientation for Becoming a Woman: The Adolescent Girl who is Mentally Retarded

Culture

The definition of culture used in this study is taken from Spradley (1980, p.6) as "the acquired knowledge people use to interpret experiences and generate behavior". What people know and what people do are fundamental aspects of human experience. When knowledge and behaviors are learned and shared by members of some group, they are termed cultural knowledge and cultural behavior. While individual adolescent girls in this study may perceive events differently, as a group they all learn about and share common

experiences related to becoming a woman, thereby acquiring cultural knowledge and cultural behaviors. The perspective of this study is that adolescent girls who are mentally retarded experiencing early adolescent development constitute a cultural subgroup. These adolescent girls exhibit commonalities in their knowledge and behaviors as they are becoming women.

The culture of childhood, described by Goodman (1970) addresses conditions that affect the learning of culture by children and their attainment of concepts. Goodman conceptualizes the culture of childhood with the position that as children view the environment, they select and reject consciously and unconsciously from alternatives provided by this environment. She states that the culture of childhood is "learned, shared and transmitted. It is to some degree learned by children from one to another. Mainly, however, it is learned from adults. It is learned, but not necessarily taught" (p. 7). Children actively "regenerate" their own cultural knowledge and attitudes out of their personal, social and cultural materials in the environment. The present research discovers the mentally retarded girls' views of becoming a woman as expressed during early adolescence in the special education environment.

Development

Development refers to differentiation of form or function (Behrman and Vaughn, 1983, p. 10). Development leads to an increase in complexity within the system. Human development is marked by two periods of rapid change. First is that of intrauterine differentiation, which continues through delivery and the first two years of life. The second significant period of change occurs during adolescence. Adolescence is marked by the beginning of puberty and its associated cognitive, emotional, social and cultural changes.

Kohlberg (1966), emphasizes the child's active role in structuring the world, according to their level of cognitive development. The theory, based on the work of Piaget, begins with the assumption that the child sees the world differently from adult's reality. The way the child sees the world changes in discrete stages until, as a young adult, the individual shares the same rules for constructing the world as other adults.

The stage of adolescence, as described by Erikson (1963), is the time when the child is working on self-identity versus role confusion. The child becomes concerned about how they appear to others and about how they feel about themselves. They must integrate all they have learned from parents, peers, and society about being male

or female with their own perceptions of self. This is particularly difficult when that once-familiar body over which they felt a degree of control is going through rapid change. In addition to coping with the integration of puberty's changes in body image, the child is developing academic, social, emotional and vocational skills that will allow them to take their place in the adult world. The resolution in the conflict of changing self produces an integrated self-identity; without this resolution, role confusion results (Erikson, 1963, pp. 247-250).

Puberty in the child who is mild to moderately mentally retarded, as noted by de la Cruz and LaVeck (1973), follows much the same course as that of the child who is normal, except it may occur at a later chronological age. The child who is mentally retarded also works at structuring the world and developing self-identity during puberty. The mentally retarded child's perceptions of their world and of developmental changes are critical in facilitating the child's maturational processes and incorporating the child who is mentally retarded into today's society.

Human Response

The American Nurses' Association defined nursing as "the diagnosis and treatment of human responses to actual or potential health problems" (ANA Social Policy Statement, 1980, p.9). Nurses are thus concerned with human responses. These may be any "observable

manifestation, need, concern, event, dilemma, difficulty, occurrence or fact that can be described or scientifically explained and is within the target area of nursing practice" (p.10).

In this study, those human responses demonstrated by girl's who are mentally retarded experiencing early adolescent development, are identified through ethnographic methodology. The school environment was chosen for this ethnographic research, for it is one of the most influential systems, outside of the family, which structures the child's experiences and influences the child's knowledge. In the educational environment, the child is measured and in turn, measures himself or herself academically, emotionally, socially and physically. As the adolescent girl who is mentally retarded integrates all she has learned from peers, parents and society about becoming a woman, cultural knowledge is developed. It is this cultural knowledge that the adolescent girl who is mentally retarded has of herself that determines behaviors or human responses in the educational environment.

Health Care Delivery

Health care delivery is the "application of knowledge to prevent or treat health issues to the benefit of the individual or community" (Stedman's Medical Dictionary, 1973). The child with a mental handicap, regardless of the diagnosis, rarely has a single

problem that requires the services of only one professional. Health care for the child who is mentally retarded is usually provided by an interdisciplinary team. This team is formed to coordinate the evaluation, planning and implementation of the habilitation program. The interdisciplinary team provides the greatest opportunity for communication and exchange among professionals to provide optimal health care for the child with a mental handicap (Johnson and Magrab, 1976).

The nurse's role within the interdisciplinary team has been described by Barnard and Erickson (1976). They report the nurse's responsibilities as, "prevention, serial observations, physical assessment, early programming and management" of the mentally retarded child. The tool the nurse uses to guide practice is the nursing process of assessment, planning, intervention and evaluation. Krajicek (1982) states the nursing process begins with an assessment of the mentally retarded child's: 1) understanding of the health care issue; 2) the level of intellectual functioning; 3) level of physiological maturation; and 4) functional level of speech and language development (p. 380). The initial step of understanding the child's view of the health care issue is critical to the delivery of nursing care for the child who is mentally retarded. Health care delivery, interdisciplinary teams and the nurse's role are viewed from the standpoint of the adolescent girl who is mentally retarded. The

adolescent girl's view of the developmental process in becoming a woman will determine the nurse's role within the interdisciplinary team.

Summary

The specific research question to be addressed in this study is; What cultural knowledge informs the behavior of the adolescent girl who is mentally retarded as she becomes a woman? Through ethnographic methodologies, the adolescent girl's view of becoming a woman is examined as displayed through linguistic expressions of human responses in the educational environment. The concepts of culture, development, human response and health care delivery form the conceptual orientation to guide the research. Research findings have implications for the nurse caring for children who are mentally retarded.

Limitations

1. Informants are limited to include female students, ages 9-13 years of age who have scored 2-4 standard deviations below the mean on some psychometric test of global intelligence.
2. Informants participate regularly in a special educational program.
3. Informants are English speaking.

4. Information from informants is limited by their expressive language skills and by what they are willing to share with the researcher.

Assumptions

1. The girl who is mentally retarded experiencing adolescent development will communicate her thoughts and feelings through interviews and drawings.

2. Girls who are mentally retarded experiencing adolescent development constitute a cultural subgroup who share a unique body of knowledge.

CHAPTER II

REVIEW OF LITERATURE

This chapter provides a review of the theories and literature relevant to becoming a woman: the adolescent girl who is mentally retarded. The review includes the following topics: the knowledge of adolescent development: the girl who is mentally retarded, the developmental processes in becoming a woman, human responses in the adolescent girl who is mentally retarded and the role of the nurse and the adolescent who is mentally retarded.

Knowledge of Adolescent Development: the Girl who is Mentally Retarded

The majority (90%) of the mentally retarded are in the mild to moderately retarded range (Behrman and Vaughn, 1983, p.125). Most of these children develop secondary sexual characteristics and reproductive capacities as their normal age peers. Studies of adolescent maturation in the mentally retarded population have documented a delay in adolescent development as I.Q. decreases (de la Cruz and La Veck, 1973; Salerno et al, 1975).

Knowledge of adolescent development in the mentally retarded is variable, as shown in the following studies. Kempton (1972) noted that the adolescent who is mentally retarded had only partial and inaccurate knowledge about adolescent development. They are often treated as perpetual children who should have no interest in sexual matters, and they also lack the degree of literacy necessary to find information for themselves from written sources. Watson and Rogers' (1980) research showed that students who were mentally retarded had significantly less knowledge about adolescent development than a normal control group. Hall and Morris (1976) compared two groups of adolescents who were mentally retarded, half of whom lived in institutions, and half of whom were non-institutionalized. Those in institutions had considerably less knowledge of socio-sexual topics than those living at home. The at home adolescents had far more knowledge about gender roles and family dynamics. Brown's (1980) study of sixteen year old students who were mentally retarded revealed that while most students knew that babies grow inside their mothers and are fed at the breast, few students knew the significance of mates in this process. Few adolescent females knew why they experienced monthly menstruation, and none could associate pregnancy with the absence of menstruation.

Fischer and Krajicek (1974) found that parents were surprised at the amount of knowledge that their children who were

mentally retarded possessed. They point out that children's knowledge depends upon the adults' willingness to give the child permission to ask questions about something of a sexual nature. They found that children use colloquial terminology when talking about physical development and bodily functions, and that they did not recognize correct terminology. Girls, ages 10-17, were asked questions about menstruation and the use of sanitary pads; 88% of the girls had a name for the pad, 75% were clear on which sex used the pad and 50% could give an acceptable reason for wearing a pad.

In summary, knowledge of adolescent development in girls who are mentally retarded depends upon the willingness of adults to give the girl permission to ask questions of a sexual nature. Researchers who attempt to understand the adolescent's terminology for bodily parts and functions are able to more accurately assess the knowledge of adolescent development in the girl who is mentally retarded.

Developmental Processes in Becoming a Woman

The three main theoretical perspectives in the study of sex role identity are the psychoanalytic model, the social learning theory and the cognitive development theory. Kohlberg's (1966) moral development theory, based on cognitive development theory of sex role acquisition, will be used for this study. Kohlberg's theory emphasizes

the child's active role in structuring the world. His theory states that in the early stages of cognitive development a child acquires the concept of object permanence, which is a prerequisite for the concept of conservation.

Object permanence, based upon work by Piaget, is acquired when the child can understand that objects continue to exist even though they have been moved. The child will then be able to accept their own gender as stable, ("I was a baby girl, I will always be a girl, and when I grow up I will be a woman"). Then, as cognition develops, the child acquires the concept of conservation. With this concept, the child will gain a more firm understanding of their own sexuality and that of others. The child will understand that gender is fixed regardless of changes in clothes, hair styles or names. As the child matures to adolescence, they begin to understand that roles are not imperative in the way physical and anatomical attributes are, and they also begin to understand that role differences include psychological (e.g. emotional) as well as behavioral components. (Kohlberg and Ulliman, 1974).

Erikson (1963) described adolescence as a time when the child must "resolve the conflicts" of a changing self to produce an integrated self-identity. If this developmental task is not resolved, role confusion results. The adolescent girl is concerned about how she appears to others and about how she feels about herself. She is

working on integrating what she has learned from parents, peers and society about being a woman with her own perception of herself. The task is made difficult, for the adolescent girl's once familiar body is going through changes over which she has no control. In addition to coping with puberty's changes in body image, she is developing academic, social, emotional and vocational skills to prepare her to take her place in the adult world.

Mead, in 1928, questioned psychologists theory that "as a girl's body changes from that of a child to that of a woman, so inevitably will her spirit change, and that stormily." (Mead, 1973, p.2) To determine if the stress of adolescence is a culturally universal phenomenon, Mead spent nine months of field research with fifty adolescent girls from three villages in Samoa. Mead concluded that, with the exception of a few cases, adolescent development in Samoa did not represent a period of crisis or stress. Rather, adolescence represents an orderly developmental process whereby interests and activities of women are slowly incorporated into the adolescent girls' lives.

Goodman (1970) emphasized that sweeping generalizations about adolescence lack cultural perspective. She proposes that such generalizations would be demolished by careful observations of cultural subgroups in the United States and in other countries.

A review of the literature reveals that little is known about

developmental process in becoming a woman in the mentally retarded population. Morgenstern (in de la Cruz and LaVeck, 1971) performed clarification of role perception among adolescence who were mentally retarded by asking them, "Who does that?" to specific activities traditionally considered part of a sex role, (cooking, repairing furniture, washing clothes). He found most young and older adolescents who were mentally retarded identified with female work and a female role, a finding he related to the child's dependency needs. Boys who were mentally retarded were generally less involved with their fathers than boys who were nonretarded. Girls who were mentally retarded were more at ease in their feminine identification. According to Morgenstern, the role preference of adolescents who were mentally retarded between 13 and 16 years of age followed the pattern of adolescents who were nonretarded below 13 years and the role preferences of adolescents who were mentally retarded between 17 to 20 years of age followed the pattern of adolescents who were nonretarded under 17 years. He concluded that the developmental processes of adolescents who are mentally retarded are manifested at a later chronological age and the adolescent needs more time to develop personal identity and sex role clarification.

In summary, the acquisition of the cognitive development processes of object permanence and the concept of conservation are essential to understanding one's own sexuality and that of others. The

developmental processes in the adolescent who is mentally retarded may require more time to develop. The developmental processes in becoming a woman may or may not be viewed as stressful in the adolescent girl who is mentally retarded. The present research study provides insight into how girls who are mentally retarded view adolescent development.

Human Responses in the Adolescent Girl who is Mentally Retarded

The adolescent who is mentally retarded views movies, watches television series about family situations and has access to current literature. Sadock (1976) reported that sexual impulses, desires and fantasies of the adolescent who is mentally retarded and adolescent who is nonretarded are similar. The adolescent who is mentally retarded identifies with peers in dress and behavior, e.g. desire to date. Sandtner (1972) reported that while many expectations may be formed by environmental influences, the opportunity to fulfill them in socially acceptable ways and settings is often lacking for the mentally retarded. Hall (1975) points out that behaviors which are acceptable when practiced by a normal person sometimes become unacceptable when practiced by someone who is different. Although the normal socio-sexual model is to find a mate, marry and have children, when a person who is retarded expresses or, worse, acts out

the desire, many people perceive it as excessive or shocking.

Hammar, Wright and Jensen (1967) studied adolescents who were mildly retarded between 11 and 21 years of age reared at home. Thirteen of the twenty five girls had expressed a desire to date or had actively sought male companions. Most girls were overly affectionate towards others. The parents' main concern for the girls who were mentally retarded was the prevention of pregnancy.

Hall, Morris and Baker (1973) found a tendency for the adolescent who was mentally retarded to be more liberal in sexual attitudes and less rigid in interpretation of rules than their parents predicted they would have. Whalen and Whalen (in de la Cruz and La Veck, 1971) interviewed two women who were mentally retarded, ages 21 and 24, and found that the women were aware of role prescriptions and restrictions of their society. The women were also concerned about appropriate sexual conduct.

In a participant observation study, Edgerton (1967) found the adolescent who was mentally retarded had ambivalent feelings concerning intimacy and sexuality. The adolescent girls anticipated enjoyment of sensual contact (holding hands and hugging), but feared sexual contact.

In summary, the adolescent's environment shapes human responses. The adolescent girl who is mentally retarded expresses interest in dating and having male companionship, but she is anxious

about sexual contact.

The Role of the Nurse and the Adolescent who is Mentally
Retarded

The nursing role holds certain rights and obligations when caring for all persons, including the mentally retarded. Siantz (1977) suggests that the role of the nurse in caring for children who are mentally retarded, as they mature into adolescence, should be to facilitate and maintain maximal independence within their own environment. Maturational processes facing the adolescent who is mentally retarded are not much different from those of the adolescent who is nonretarded. Often the adolescent who is mentally retarded has few chances to observe, develop and practice social skills. Characteristically the adolescent who is mentally retarded may not be able to ask verbal questions, for their expressive language system is often delayed. The adolescent's behavior may demonstrate a need for information appropriate for maturational changes.

Krajicek (1982) reports that nurses in hospitals, the community or school settings are often called upon to serve as a consultant regarding maturation in the child who is mentally retarded. Requests for nursing consultations often result from a crisis, such as the onset of menstruation or inappropriate masturbation. The tool the nurse uses to guide practice is the nursing process of assessment,

planning, intervention and evaluation. The nursing process may require some creative adaptations when working with the adolescent who is mentally retarded. Assessing the adolescent's understanding of maturation may present a challenge, for their expressive language skills are often delayed. The nurse should remember that the receptive language system develops before the expressive language system. Therefore, the adolescent may be able to understand more than they are able to communicate verbally. Alternate methods of communications may need to be explored. Krajicek also states that the concerned nurse may wish to assume other roles, such as advocate, counselor and program developer for the mentally retarded.

In summary, the nurse, working with the mentally retarded, must realize that the adolescent experiences many of the same developmental processes that the adolescent who is non-retarded experiences. Where difficulties with expressive language exist, behaviors of the adolescent who is mentally retarded may demonstrate a need for information about developmental changes. The nurse's role, in exploring becoming a woman: the adolescent girl's view who is mentally retarded, can be valuable in facilitating the girls' responsible independence in her environment.

Summary

The review of the literature focuses on the knowledge of adolescent development: the girl who is mentally retarded, the developmental processes in becoming a woman, human responses in the adolescent girl who is mentally retarded, and the role of the nurse and the adolescent who is mentally retarded. The literature indicates that development in the adolescent girl who is mentally retarded occurs at a later chronological age as compared to peers who are nonretarded. Adolescence may or may not be viewed as stressful. The adolescent girl who is mildly and moderately mentally retarded expresses a desire to date and she seeks out male companionship. The lack of research identifying the adolescent girl's view, who is mentally retarded, of becoming a woman indicates a need for the present study.

CHAPTER III

METHODOLOGY

This chapter describes the methodological approach used to address the research question: What cultural knowledge informs the behavior of the adolescent girl who is mentally retarded as she is becoming a woman? This chapter includes discussion of the research design, selection of informants, protection of human rights, data collection and data analysis.

Research Design

Ethnography was the exploratory design used to look at the culture of becoming a woman: the adolescent girl who is mentally retarded. This study identified the cultural knowledge the adolescent girl who is mentally retarded utilizes to organize behavior. Ethnography is the work of describing a culture. It is the method used to obtain an "emic" or "native" view of a particular phenomenon (Spradley, 1979).

Data from participant observation, ethnographic interview (utilizing illustrations to clarify and facilitate communication with the mentally retarded), and the adolescent's drawings were collected

to obtain the girl's view of becoming a woman. Domains of meanings, taxonomies and then cultural themes were identified through these ethnographic methods.

Selection of Informants

Spradley (1979, p.46) identified five criteria for the selection of a good informant: thorough enculturation, current involvement, an unfamiliar cultural scene, adequate time, and nonanalytic. Informants were chosen according to the above criteria. In addition, the following requirements specific to the cultural group being investigated included:

1. The informants were female students with an I.Q. 2-4 standard deviations below the mean on some psychometric test of global intelligence.
2. The informants participated regularly in a special educational program.
3. The informants were between the ages of nine and thirteen years.
4. The informants spoke and understood English.
5. The informants were willing to participate in the study.
6. The informants in the study live in Tucson, Arizona.

The eleven informants were selected upon recommendation from the school nurse, the school principal, and teachers within the

educational environment. Informants were initially contacted within the school environment. A letter was sent, and a telephone call was made to the informants' parents explaining the study and asking for participation in the study.

Protection of Human Rights

The procedure to protect human rights during this investigation followed guidelines outlined by the University of Arizona Human Subjects Committee (Appendix A). Guidelines outlined by the school district to protect human rights were also followed (Appendix B). The purpose of the study and the methods of data collection were explained to all informants and their parent(s). Questions related to this study were answered. A consent form (Appendix C) was given to the parents and an assent form (Appendix D) was given and explained to the adolescent. Required signatures from the parent and a signature or identifying mark from the adolescent were obtained. Informants were told that their participation was voluntary and, if desired, they could withdraw from the study at any time. Permission to tape record interviews was obtained. Tape recordings were destroyed after transcription. The informant's identity and responses have been coded for their protection. Confidentiality of all information will be guaranteed.

Data Collection

Spradley's (1979) ethnographic techniques were used to explore the culture of adolescent girls who are mentally retarded as they become women. Data were collected through observations, interviews and drawings. Through participant observations (observing what the adolescent does) and ethnographic interview (listening to what the adolescent says), cultural inferences have been made. Investigator's illustrations were used to set the social scene and to facilitate communication with the informants. The informants were asked to draw a picture to facilitate the description of their world.

Participant observation requires the researcher to view a situation with a dual purpose: to engage in activities appropriate to the situation and to observe the activities, people and physical aspects of the situation (Spradley, 1980). The investigator in this study initially spent two weeks observing and participating in the schools. This included meeting informants at the bus stop, participating in classroom activities, and going to recess and lunch with the informants. This initial "getting to know" each other period provided objective information and established rapport with the informants.

The purpose of ethnographic interviews is to "get people to talk about what they know" (Spradley, 1979, p.9). Each informant participated in two to four interviews. The ethnographic interview

focuses on three types of questions: descriptive, structural, and contrast.

Descriptive questions provided baseline data on informants' knowledge of development and at the same time revealed the adolescent girl's linguistic expressions. Descriptive questions were also asked in subsequent interviews along with the other types of questions. Examples of descriptive questions include:

1. Tell me what you do to get ready for school.
2. Tell me how girls take care of themselves.

Structural questions, based upon descriptive data, were asked to determine how informants organize their knowledge. These questions permit the identification of domains of meaning, the basic unit of cultural knowledge (Spradley, 1979).

Examples of structural questions include:

1. Tell me how girls grow up.
2. Tell me all the things that happen when a girl becomes a woman.

Contrast questions address the differences in similar experiences. The informant responds by relating how events or objects may be distinguished in their world (Spradley, 1979). Contrast questions allow the differences between domains to become apparent. Examples of contrast questions include:

1. What is the difference between a girl and a woman?

2. Of all the things that happen as a girl becomes a woman, which things bother you and which things do not bother you?

Informants' drawings were used as a tool to obtain additional descriptive information about how the adolescent girl who is mentally retarded views her world. During one of the interview sessions, the adolescent was given an 8 1/2 by 11 inch blank sheet of paper and a pencil and was asked to draw a picture of a girl who is becoming a woman. Omwake (1963) states that children's drawings mirror concepts, feelings, perceptions and knowledge. The child draws things that are most important to her and exaggerates those parts that hold the most meaning. The adolescent was asked to, "Tell me about the picture." These statements were compared with information gathered during the interview.

Data Analysis

The analysis of data collected through participant observation and ethnographic interviews is conducted in a manner so that the organization of cultural knowledge was discovered. Ethnographic analysis involves a search for the components of the cultural system and the inherent relationships as conceptualized by the informants (Spradley, 1979). Four types of analysis are proposed by Spradley (1979): domain, taxonomic, componential and theme.

Domain analysis allows for categories of meaning to emerge. Domains of meaning are the basic units of cultural knowledge and are structured by "cover terms" which are the names for each particular category of cultural knowledge. Domains of meaning also contain two or more "included terms" that belong to the category of knowledge named by the cover term. A semantic relationship links cover terms to all the included terms in the category.

A taxonomy is made up of domains, and shows relationships among all the included terms in a domain. The following hypothetical example (Figure 2) serves to illustrate domains and a taxonomy. The cover terms of the domains of meaning are "thinking", "doing" and "feeling". Included terms in the domain of thinking are self, school, boys, dating, and going places. The semantic relationship between the cover term, "thinking", and the included terms, self, school, boys, dating, and going places, is that of "strict inclusion." Strict inclusion is just one of the nine types of semantic relationships as suggested by Spradley (1980, p.93) as useful for analyzing domains of meaning. Strict inclusion is symbolically represented by X is a kind of Y. In this example, self, school, boys, dating, and going places are all kinds of thinking. The taxonomy, what adolescent girls who are mentally retarded do to grow up, shows a relationship among all the included terms in that they are all concerned with things adolescent girls who are mentally retarded do while becoming women.

Thinking	Self School Boys Dating Going Places	
Doing	Looking	at magazines at self in mirror at boys at older women
	Wearing	makeup bra deodorant pads
	Talking	with parents with girl friends with boy friends
	Picking pimples	
	Fixing hair	
Feeling	Nervous Scared Happy	

Figure 2. Hypothetical Example of Domains of Meaning in a Taxonomy
What Adolescent Girls Who are Mentally Retarded Do to Grow Up

Componential analysis is the systematic search for the attributes associated with cultural categories. When an ethnographer discovers contrasts among the members of a domain, these contrasts are best thought of as attributes or components of meaning (Spradley,

1980, p.131). Figure 3 is a hypothetical example of contrasts in "Domains of Things Girls and Women Can Do". The componential analysis of this domain represents a detailed investigation of the attributes associated with the cultural categories of girls and women.

	Girls	Women
Have long hair	yes	yes
Have short hair	yes	yes
Play basketball	yes	no
Buy clothes	no	yes
Cook	yes	yes
Cry	yes	no
Wear makeup	yes	yes
Wear deodorant	yes	yes
Wear a bra	yes	yes
Wear a pad	yes	yes
Date	yes	yes
Get married	no	yes
Leave home	no	yes
Have a baby	no	yes

Figure 3. Hypothetical Example of Contrasts in Domains of Things
Girls and Women Can Do

Finally, after all interviews are completed, the data were reviewed for cultural themes. Cultural themes are derived from the domains and are defined by Opler (1947) as "a term to denote a postulate or position, declared or implied, and usually controlling behavior or stimulating activity which is tacitly approved or openly

promoted in a society" (p. 198). Cultural themes are abstracted from the domains according to the frequency in which they occur and the importance or impact they have on the culture being studied.

Summary

Adolescent girls who are mentally retarded experiencing developmental processes in becoming women were observed and interviewed in the educational environment. Data were analyzed and presented in the form of domains of meaning, taxonomies and contrast in domains. Drawings made by adolescent girls who are mentally retarded were used to amplify and clarify information from the interviews. Cultural themes relevant to becoming a woman: the adolescent girl who is mentally retarded were generated from the data.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

This chapter addresses data collection and informants. It also presents data from interviews and informants' drawings. Cultural themes, derived from analysis of interviews with adolescent girls who are mentally retarded, are also discussed.

Data Collection

The process of data collection is presented in the following sections: selecting informants, participant observation, interviews, and the researcher-informant experience.

Selecting Informants

Ten students in school A and five students in school B were identified by the school nurse, principal, and teachers as meeting the criteria for informant selection. Participant observation began in both schools and within four student classrooms. A parent letter and consent form (Appendix C) were sent home with each student, and telephone calls were then made to answer parent questions. Parents of eleven girls signed the consent form allowing their daughter's participation in the study. After parental consents were obtained,

interviews were scheduled with the students at times that were convenient for the teachers. The student assent form (Appendix D) was read to each student. Students were encouraged to ask questions, and each student then signed the assent form.

Parents of three girls refused to have their daughters participate in the study, and one girl had scheduled leg surgery during the data collection period, so she was out of school during the data collection time. The reasons the parents refused participation in the study included; "Too many university students want to take my daughter away from important academic time", "I am the guardian for this girl, who has been sexually abused, and I do not want her involved in this study," and "I asked my daughter if she wanted to participate in the study and she said no."

The final group of eleven informants included seven girls from school A and four girls from school B.

Participant Observation

This section on participant observation includes data on the initial meeting of the informants, informal interactions with the students, and explanation of the study to other students.

The initial meeting of the informants was in their classroom. My role was as a teacher's aide, helping the students with their math problems and reading skills. Working with students in four different

classrooms in two schools required scheduling participant observation time with the teachers. Three teachers allowed the researcher to engage in activities appropriate to the classroom, while one teacher requested that I only observe the activities, people and physical aspects of the classroom. A number of students continually asked for assistance during academic work. Limits had to be set to encourage those students to attempt their work before raising their hand for guidance.

Other activities that I participated in included meeting students at the bus stop, going to music class, sharing popcorn while viewing a film, going to the library, assisting students while the teacher was out of the room, reading a book to the students, going to the park for a field day, going to recess, and going to lunch. Frequently, more than one student asked the researcher to sit with them during lunch and to hold my hand while walking. This "getting to know each other" period provided descriptive information and established rapport with the informants.

On a number of occasions, when the researcher would take an informant out of the room, a younger girl or boy would ask if they could talk with the researcher, too. I would say "no" and would then try to eat lunch or spend time talking with the student in the classroom. A few boys asked, "Why are you only talking to girls?" I

would state, "We are talking about how girls grow up." This response usually satisfied their curiosity.

Interviews

The individual interviews were scheduled with each informant's teacher. The interviews were best held in a conference room. However, conference rooms, even when reserved, were often occupied by other school personnel. Some interviews were attempted outside, but that environment proved to be less than optimal; either the sun was too bright, the sidewalk was too cold, the grass was too scratchy, or too many people were walking by and the informants preferred privacy. The extra effort spent finding another quiet room proved beneficial.

Each informant participated in two to four taped interviews, lasting from 20 to 50 minutes each. Interview techniques, outlined in Chapter III, were used. The first interview consisted of descriptive questions, such as, "Tell me what you do to get ready for school," or "Tell me how girls take care of themselves." Magazine illustrations were utilized to facilitate data collection. Follow-up questions relating to the answers of these questions were asked to elicit more information.

Data gathered from the first interviews were transcribed and analyzed for initial domains of meaning. These domains were used

to generate structural and contrast questions for subsequent interviews. In addition to the structural and contrast questions, informants were asked to clarify previous answers that were unclear or to further explain their responses. In subsequent interviews, informants were shown domains of meaning and were asked to make additions or corrections to assure that the data was accurate. The informants were also asked to draw a picture of a girl who is becoming a woman, and they were encouraged to tell the researcher about their picture.

Researcher Informant Experience

This section addresses some of the experiences encountered during the interviewing process, including some of the interviewing techniques that were utilized, the informants' behavior, and the termination of interviews.

Interview techniques that proved useful in working with the girls who are mentally retarded included; stating the informant's name before asking a question in order to capture the informant's attention, addressing only one or two ideas at a time, and repeating questions if it appeared that the informant did not understand what was being asked. One informant with impaired hearing needed to see my mouth while the questions were being asked. In a number of the informants, expressive language skills were limited, and these

students were able to communicate only with short sentences or phrases. Pronunciation was often unclear for many of the students, and I had to ask for things to be repeated numerous times before the informant's knowledge was understood. I found it useful, when changing topics, to set the stage by stating, "Let us now talk about something different." This helped the informants know that a new issue related to becoming a woman was now going to be discussed.

In response to many of the questions, the informants would answer, "I don't know." The informants would then be encouraged to respond by asking, "What do you think?" This question gave the informants permission to express their views. In contrast to the elderly, children are limited in their experiences, and often the informant did not have information to share with the researcher. Also, when the informant could not answer a question such as, "Why do women wear (Kotex) pads?" the informant would turn the question around and ask the researcher, "I don't know. Tell me why women wear pads?" It was difficult not to answer the informants' questions. This problem was resolved by arranging, with the school nurse, a time to answer the students' questions after the research was completed.

The informants were well behaved and eager to talk with the researcher. Many wanted to carry my bag or to help me with my papers. During the initial interviews, there was some embarrassment and giggling due to the nature of the interview topic. As the

interviews progressed, the informants were able to share more information with me. Annie stated, "I'm getting boobies (breasts)!", and, touching my breast, she said, "And so are you!" Not only did the informants share what it was like for them to become women, but they also shared other important happenings in their lives. One student began crying when she told me that her father was in prison, and another informant cried about her dog that had died. Through the interview process, friendships developed between the researcher and the informants. The informants wanted to know about my family, who was going to be interviewed next, where I was going when leaving the school, and when I would be back.

The interviews were terminated when the informant was tired of answering the researcher's questions. The informants would state, "I'm bored.", "Can I go now?", or "I already told you that and that's it." At the end of each interview, I acknowledged that the informants had shared important information, and I thanked them for talking with me.

Informants

The informants for this study are eleven girls, ages 9 years, 8 months to 13 years, 5 months, who attend special education classrooms. Nine of the girls are premenarchal and two are postmenarchal (by informants' reports). The informants' mental ages

range from 5 years 0 months to 9 years 1 month, their IQ scores range from 42 to 63, and their academic ages range from preschool to 4th grade level (Table 1). The informants either chose a "pretend" name or were assigned a fictitious name by the researcher in order to protect their identity.

Table 1. Demographic Data 1

Name	Biological Age	Menarcheal Status	IQ	Mental Age	Academic Age
Princess	9 yr, 2 mo	pre	56	6 yr, 6 mo	2nd grade
Jane	10 yr, 0 mo	pre	54	5 yr, 10 mo	1st grade
Reisin	10 yr, 1 mo	pre	58	5 yr, 5 mo	1st grade
Beth	10 yr, 3 mo	pre	42	5 yr, 2 mo	preschool
Donna	11 yr, 6 mo	pre	56	5 yr, 6 mo	1st grade
Susan	12 yr, 2 mo	post	60	6 yr, 5 mo	2nd grade
Annie	12 yr, 5 mo	pre	57	5 yr 11 mo	1st grade
Cathy	12 yr, 8 mo	pre	61	8 yr, 3 mo	2nd grade
Kelly	12 yr, 11 mo	post	44	5 yr, 4 mo	preschool
Nancy	13 yr, 3 mo	pre	42	5 yr, 0 mo	1st grade
Lynn	13 yr, 5 mo	pre	63	9 yr, 1 mo	4th grade

Table II. Demographic Data 2

Name	Cultural Background	Family Constellation	Etiology of Mental Retardation
Princess	American Indian	Mother Older brother	Unknown
Jane	Anglo	Mother, Father Older brother	Trisomy 21
Raisin	Anglo	Mother, Father Older brother	Unknown Neurologically impaired
Beth	Anglo	Adopted by foster parents 3 older, 1 younger brothers 1 older sister	Trisomy 21
Donna	Anglo	Mother, Father Older sister	Unknown
Susan	Anglo	Mother, Father Older sister	Unknown
Annie	Anglo	Mother, Father Older sister	Trisomy 21
Cathy	Mexican-American	Mother, Father 2 younger sisters	Birth trauma Cerebral palsy
Kelly	Mexican-American	Aunt, Uncle 1 older sister with child 2 older, 1 younger brothers 1 younger sister	? severe malnutrition
Nancy	Anglo	Mother, Father 2 older brothers	Trisomy 21
Lynn	Anglo	Grandmother 1 older stepbrother 2 younger brothers	Unknown, with seizures

One girl is American Indian, two are Mexican-American and eight are Anglo (A term used in the Southwestern United States to indicate Euro-American stock). Their family constellations are diverse: seven girls live with their mothers and fathers with one or two siblings, Princess's father is in prison, Beth has been adopted by foster parents, Kelly has lived with her aunt and uncle since one year of age, and Lynn lives with her grandmother. The etiology of the mental retardation is unknown for seven of the informants; four girls have trisomy 21 (Table II).

Princess

Princess is a 9 year, 2 month old premenarchal girl. The etiology of her mental retardation is unknown. On the Stanford-Binet Intelligence Scale, she obtained a mental age score of 6 years, 6 months, yielding an IQ score of 56. Her academic grade level is 2nd grade. Princess lives with her mother and older brother. During the interview period, her father was imprisoned for sexual abuse of children whom his wife was babysitting. Princess defended her father stating, "He didn't touch no one." Princess's teacher was concerned that she may have been sexually abused, although during the four interviews with her, she said or did nothing to indicate that she had been abused.

Princess accepted her own gender as stable. "I was a baby girl and am now a girl. When I grow up I will be a lady." She also had acquired the concept of conservation, in that gender is fixed regardless of changes in hairstyle, clothes or name. To Princess, growing up was going to be "fun" because she could do things "like mothers"; "get big clothes, call on the telephone, get a new house, have a husband and have a baby". Princess identified breasts as "boobs" and knew that they produced milk when a woman had a baby. Princess identified a picture of a sanitary napkin as a "pad". She stated "my mother and my friends who are bigger wear them in their underwear". Princess had seen blood on a pad and said it was okay for blood to be on the pad. When viewing a drawing of a girl touching her pubic hair, Princess stated "No, no. She shouldn't do that". When asked, "If someone wanted to touch you there, what would you say?", she stated, "No, don't touch."

Princess identified a pregnant woman by stating, "She has a baby in her stomach." She explained the birth process by stating, "She goes to the doctor and tells the doctor to get the baby out. The doctor tells her to push."

Jane

Jane is a 10 year, 0 month old premenarchal girl with trisomy 21. On the combined WISC-R her IQ score was 54, with a

mental age of 5 years, 10 months and a first grade academic level. Jane lives with her mother, father and older brother. Occasionally, two older step-brothers from her father's previous marriage come to visit.

Jane was interviewed three times. She had a short attention span and required frequent redirecting back to the researcher's focus. Jane had acquired the concept of object permanence, but did not demonstrate the concept of conservation. When asked what would happen if a girl had short hair, Jane said she would be a boy. If a girl played soccer, she would also be a boy, and if a boy put on a dress, he would be a girl.

To Jane, becoming a woman is, "to get bigger and taller so I can work at Round Table Pizza." When viewing a nude female form, Jane identified the breasts as "boobies" and pubic hair as "undies." Jane identified a picture of a sanitary napkin as, "panty hose. No, Kleenex towel." When asked, "Who uses these?" Jane answered, "My mom and my dad, for their arms and their butt." Viewing a drawing of a girl touching her pubic hair, Jane stated, "No, you can't do that, my Mom said. You shouldn't play with yourself at school or at the babysitter's. Only at home in bedroom."

Seeking affection is a need for Jane. She wanted to hug and kiss the researcher and other adults. When shown a picture of a male and female embracing Jane became excited, "Them smooching, on TV I

saw them smooching, then lay on the ground. Her married and get a baby in her stomach. I want to kiss, smooch." When asked where babies come from, Jane answered, "From the stomach." The researcher inquired how the baby got in the "stomach", and Jane stated, "Because they smooch and kiss and they lay on the bed and that is all." Pregnancy was stated to last, "10 days, 11 days, 12 days, it bumps out and falls down and you pick it up."

Raisin

Raisin (a fictitious name the informant chose!) is a 10 year, 1 month old premenarchal girl. Her mental retardation is of unknown etiology, and she has been classified as neurologically impaired. On the combined WISC-R, her IQ score was 58, with a mental age of 5 years, 5 months and a first grade academic level. Raisin lives with her mother, father, grandmother and older brother. Raisin was interviewed twice. She has acquired the concepts of object permanence and conservation. When shown a picture of a sanitary napkin, Raisin had no name for the napkin. She stated the napkin was for, "When you go potty." She was unable to verbalize a reason why sanitary pads are used. When shown the drawing of the girl touching her pubic hair, Raisin stated, "She is touching her privates. Mom told her not to do that." She could not state why Mom told her not to touch her pubic hair. When asked how the girl felt, Raisin answered, "She is

sad. She does not feel good."

To the question, "Where do babies come from?" Raisin answered, "From Mom, babies come from the tummy." She denied that men have a part in making babies, and she stated, "Babies start to grow by themselves." Raisin did not know how long babies grow in the "tummy" before they are born, but she stated, "Dad will help get the baby out."

Beth

Beth is a 10 year, 3 month old premenarchal girl with trisomy 21. On the Stanford-Binet Intelligence Scale, her IQ score was 42, with a mental age of 5 years, 2 months and a preschool academic level. Beth has been adopted by foster parents, and she has three older brothers, an older sister and a younger foster brother. Beth's father talked with the researcher by telephone. He was concerned that Beth was "showing the middle finger on the bus and at home." Beth was interviewed two times. She had no idea what "showing the middle finger" represents, but she did know that she received attention for this behavior.

Beth was unable to complete the questions related to the concepts of object permanence and conservation. When viewing the picture of the nude female form, Beth identified the breasts and pubic hair as a "swim suit" and "underwear." She associated the picture of

the sanitary napkin with her older sister. "She puts it in her underwear." Beth could not tell the researcher any other information about the use of sanitary napkins.

Beth, too, became excited when she saw the picture of the male and female embracing. She smiled and said, "kissing Freddy." (Freddy is a boy in her class.) When discussing marriage and pregnancy, Beth replied that she, too, wanted to get married and have a baby.

Donna

Donna is a 11 year, 6 month old premenarchal girl with mental retardation of unknown etiology. On the combined WISC-R, her IQ score was 56, with a mental age of 5 years, 6 months and a first grade academic level. Donna lives with her mother, father and older sister. Donna was interviewed twice. During the first interview, she decided that she did not want to participate in the study, so she refused to talk with the researcher on a number of occasions. During the last week of data collection, Donna approached the researcher and asked if she could talk. During this second interview, Donna shared a number of experiences and she began to cry. Donna told of her older sister running away from home, her dog dying and her mother and father "fighting and calling each other whole bunch of bad names." When asked if she would want to get married, Donna stated, "No, my Mom and Dad get married, fight. No way, not getting married."

Donna has acquired the concepts of object permanence and conservation. When shown the picture of a sanitary napkin, Donna stated, "You put them on your butt and blood is on the pads." When asked if it was all right for blood to be on the pads, Donna said emphatically, "No, no way. I'm not going to wear one."

Donna could not explain how babies begin, but she replied, "Babies come from women's tummy." Babies are in the "tummy for one week, then you push them out and they are a mess, need a bath." When asked if she would want to have a baby, Donna replied, "No way, flat out no."

Donna told the researcher that she had "whole bunch of problems" growing up. She has problems with "friends, the teacher's aide, her Mom and her sister." She stated, "People don't understand me. My sister called me retarded. I don't like that word." When asked what the word "retarded" means, Donna said it means, "got a handicap, you fall down a whole lot of times." When asked who can help you, Donna replied, "My Mom, my teacher and you can."

Susan

Susan is a 12 year, 2 month old girl with mental retardation of unknown etiology. On the combined WISC-R her IQ score was 60, with a mental age of 6 years, 5 months, and a second grade academic level. Susan lives with her mother, father and older sister. She was

interviewed twice, and she has acquired the concepts of object permanence and conservation. Susan gave me a list of things girls do to get ready for school. "You wash your face, comb your hair, get dressed, put on blue and white eye shadow, go and wait for the bus." She said, "Women are older and girls are younger. Women get a job, get a car, get married and get a house." When viewing the picture of the nude female form, Susan identified breasts as "nipples" and knew they produce milk to feed a baby. She identified pubic hair as "black hair," and added, "Girls do not feel comfortable with black hair."

Susan, who is postmenarchal, identified a sanitary napkin as a "Kotex." She explained menstruation by stating, "If girls and women expect their period, they put those on and blood comes out. The blood comes out, you know where. (Susan did not use the term vagina.) You wear a pad in the morning and in the night, I think five days. You don't feel comfortable with your period. You have to clean it every day with the toilet paper." Susan said her Mom told her about menstruation. Susan associated the picture of the girl touching her pubic hair with menstruation. She stated, "She is going to start her period, and she doesn't feel comfortable."

Susan told a story about the picture of the male and female embracing. "They are hugging and they love each other. They like it and they kiss in the park. They will go out to eat, go to California and sleep over with her boyfriend." Other things the couple might do on a

date include; "go dancing, go to the movies, go to the store, go to the lake to swim, go for a walk, ride a horse or ride a bike." When asked if she would date, Susan answered, "No, because I'm afraid I can't." She was unable to tell the researcher why she felt she would not be able to date. The researcher asked her what her mother had told her about boys, and she answered, "Don't show off around boys, don't kiss boys. Only hug and hold hands."

Susan identified the picture of the pregnant women. She stated, "Babies come from your stomach." When asked if men helped women have babies she answered, "Yes, when men and women are naked." She stated that she did not know any more about how babies start to grow. When asked how long babies grow in the "stomach" before they are born, Susan guessed, "5 days, 16 days, 42 days, I don't know." Delivery was explained as, "The women put up their knees in the bed and then the doctor takes the baby out from under the stomach." When asked if a women could decide if she wanted to have a baby or not, Susan replied, "They can have an operation, but I forgot what it is called." When asked what Susan wanted to know more about, she replied, "I want to know about having babies."

Susan gave the researcher a list of the kinds of work that girls can do when they grow up; "They can clean the house, wash the dishes, make the bed, make food in the morning and in the night, clean the car, clean the table, vacuum clean the floor and that is it." When

asked what she wanted to do when she grew up, Susan answered, "I'm going to get married and be a bus driver lady so I can put out the stop sign and open the door."

Annie

Annie is a 12 year, 5 month old premenarchal girl with trisomy 21. On the Stanford-Binet Intelligence Scale her IQ score was 57, with a mental age of 5 years, 11 months and a first grade academic level. Annie lives with her mother, father and older sister. She was interviewed three times. Annie had acquired the concepts of object permanence and conservation. She stated the difference between girls and women is that, "(women) talk on the telephone, get married, go to meetings and go to work." Later she added, "Only ladies wear pads (sanitary napkins)."

Annie remembered the information that the school nurse had presented about menstruation. She demonstrated, "Girls grow up and get a pad under their bottom and get a little spot of blood, take it out and put it in the trash and get a clean one. They grow up and be like a lady. You wear pads because your bottom is sore."

Annie identified breasts as "big boobs like my Mommy and my sister. Like you, too!" She did not know why women have breasts. Annie identified pubic hair as, "peepee."

When viewing the picture of the male and female embracing,

Annie giggled, "They are getting married, the bride and husband. They kiss on the lips, have a wedding cake, then go to the hotel, lie down on the bed, hug and kiss under the sheets and then go to sleep." When asked what they do next, Annie said, "That is all. I be the bride and Mike be the husband." Annie then began to sing, "He makes me happy, each time I hold him...." The researcher asked if the couple in the picture was going to have a baby. Annie emphatically explained, "No, they are not going to have babies."

When viewing the picture of the girl touching her pubic hair, Annie stated, "She is at home on the couch, feels nice." Annie was observed playing ball on the playground. She became excited when it was her turn to catch the ball, and she began rubbing her vulva. The teacher said this was not unusual behavior for Annie. The teacher also stated that during the Valentine's dance Annie was rubbing her pubic area against a boy.

The researcher asked Annie how babies began. She explained, "The lady swallowed the baby and her stomach is growing bigger." Annie denied males having a part in conception. She did not know how long the baby would grow in the "stomach", or how the baby would get out.

Cathy

Cathy is a 12 year, 8 month old premenarchal girl with

mental retardation and cerebral palsy attributed to birth trauma. On the Stanford-Binet Intelligence Scale she had an IQ score of 61, with a mental age of 8 years, 3 months and a second grade academic level. Cathy lives with her mother, father and two younger sisters. Cathy was interviewed four times and has acquired the concepts of object permanence and conservation. When looking at a picture of the nude female form, Cathy stated, "There are a lot of changes as girls grow up! Her breasts get a little bigger. Why do they get bigger? My mom asks me if, do they hurt? I say yes, sometimes. I don't know how come, but Mommy tells me you are starting to change already from a little girl to a young lady." Cathy identified pubic hair as "the bottom," and added, "You start to get bigger and get hair. It feels weird."

Cathy identified a sanitary napkin as a "pad". She explained, "My mother uses them for her period. She puts them in her pants and sometimes there is blood on it. You put a pad on in the morning and it stays on until the next day. Is that how it is supposed to go?" She continued to explain, "I don't want to have a period. It is going to be harder for me. It is hard for everyone, I think. People don't know what it is like to grow up. They don't understand you and don't listen to you."

Cathy identified the picture of the pregnant woman. When asked if she knew where babies come from, she stated, "All I know is they are in the stomach." When asked if men helped women to have a

baby in their stomach, Cathy answered, "Yes, I think so", but she could not describe how they helped. Cathy guessed that babies are in the stomach, "A couple of years, couple of months. I don't know, a long time." She described caring for her aunt's baby. "She is a lot of trouble. You have to change her diapers, give her bottles, and hold her all the time."

Cathy talked about her relationships with other females. "It is good thing I have my mother and my aunt. They help me and I can only really talk with them. I like to talk with other girls. They are really your friends. I would talk with my little sisters, but they are brats. They are too wild and don't sit still."

Cathy talked about being mentally retarded. "My father is always telling me that I'm retarded. I don't pay attention. I go to my room and watch TV. I don't listen to him. If I tell my mom what he said, she yells at him and asks why he calls me retarded. He says, "Well, she is." Then she goes, "No, she's not." They keep arguing, so I don't pay attention to him. I go to my room. He says it to be mean. I do things for him, but he doesn't appreciate me."

Kelly

Kelly is a 12 year, 11 month old girl. She was born in Mexico, where her mother died of cancer when she was one year of age. Kelly was severely malnourished. Since her first birthday, she has lived

with her aunt and uncle, and she calls them, "Mom and Dad." Also living at home is an older sister with a baby, two older brothers, a younger sister and a younger brother. On the combined WISC-R, her IQ score was 44, with a mental age of 5 years, 4 months and a preschool academic level.

Kelly was interviewed three times. She has acquired the concepts of object permanence and conservation. Kelly talked about becoming a "teenager then a woman." "When I'm 14, I can paint myself (wear make-up)."

Kelly, who is postmenarchal, identified a sanitary napkin as a "Kotex". She explained, "Girls use them because they start their period." She could not tell me where the blood came from, but stated it was, "okay" for the blood to come out. When asked how the girls felt when they had their periods, she answered, "They feel like they don't want to have it." She stated, "My mom told me about my period."

When viewing the picture of the male and female embracing, Kelly stated, "They are happy. They are in love. They are at the park then they might go to a dance, to the carnival, have a party or drink beer. They might get married because they are going to have a baby." When asked where babies come from, Kelly replied, "From boys, from the stomach." She could not state how babies start to grow. When asked about the length of pregnancy, Kelly replied, "Two months." Birth was explained as, "You have to take it out of the vagina in the

hospital." She added, "My sister is not married and she has a baby. She didn't want to get married."

When asked what she would do when she was a woman, Kelly stated, "I will work in the school or store and have only one baby." When asked if she would want to get married, Kelly replied, "Maybe."

Kelly had advice for her younger sister, which included, "not to act like a baby, don't go outside, don't cross the street, and don't pee in your pants." When asked what she would tell her about growing up, she replied, "I don't tell her about periods because she is too little. I tell her to behave and not to think about boys or I will tell Mom on you."

Nancy

Nancy is a 13 year, 3 month old premenarchal girl with trisomy 21. On the combined WISC-R, her IQ score was 42, with a mental age of 5 years, 0 months and a first grade academic level. Nancy lives with her mother, father and two older brothers. She was interviewed twice and has acquired the concept of object permanence but not the concept of conservation.

When she viewed the picture of the nude female form, Nancy identified the breasts as "busts," and pubic hair as "peepee." The sanitary napkin was called a "tag." Nancy stated, "Mommy puts them right here," pointing to her vulva. Nancy could not explain why her

mother wore "tags", nor could she describe a sanitary napkin containing menstrual flow.

Nancy described the picture of the male and female embracing as, "Daddy, Mommy, married, happy, kissing and hugging." Subsequent questions relating to family dynamics were answered with the same words as above.

Nancy identified the picture of the pregnant woman by stating, "Mommy, a baby right there," pointing to the uterus. When asked what it is called, she replied, "Sick, hurts stomach." She was unable to explain how pregnancy begins, the length of pregnancy or information about the birth process.

Lynn

Lynn is a 13 year, 5 month old premenarchal girl with mental retardation of unknown etiology. She has a controlled seizure disorder. On the combined WISC-R, her IQ was 63 with a mental age of 9 years, 1 month and a fourth grade academic level. At the beginning of the interview process, Lynn lived with her grandmother, an older stepbrother, and two younger brothers, since her father and stepmother, both truck drivers, were gone frequently.

Lynn was interviewed four times and has acquired the concepts of object permanence and conservation. When asked how a woman was different from a girl, Lynn answered, "A woman is bigger

and she can have kids if she wants to or not." Lynn stated that she could talk to many people about growing up. "I can talk to my parents, teachers, friends, aunts, uncles and to you."

Lynn's name for breasts was "chichis," the Spanish word for breasts. She identified pubic hair as "hair," and stated that girls feel, "happy when they get chichis and hair on their butt."

When shown a sanitary napkin, Lynn replied, "I don't know what they are called, but my mom puts them down here on her butt." She did not know why her step-mother wore a sanitary napkin and had not seen one containing menstrual flow.

When viewing the picture of the male and female embracing, Lynn stated, "They are hugging and kissing. They are married. Sometimes they aren't married but they are going to get married. My dad and stepmom kiss with their mouth open. My big brother kisses me with my mouth open." This last statement was explored further, and it was discovered that Lynn had been sexually abused by her older stepbrother. Child Protective Service was notified, and appropriate investigation and intervention were instituted. Lynn was asked if she could say no to a male, her reply was, "No, I can't say no, he will beat me up."

Lynn told a story about what she wants to do when she grows up. "I want to get a van and then a license plate. I will work at K-Mart where they have candy, toys and clothes. I'll then get a house, husband,

and have four girls. My husband will care for the kids and I will work. Then he works and I take care of the kids. More you work, more money you make!"

Lynn was asked what she would tell a younger girl about growing up. Her reply included, "Breasts get bigger. Boys want you. If they don't want you, they say no. You get babies. Whether you are married or not, you have babies and don't worry about anything until you are bigger. Wait until you are 18. You don't have to know anything." When Lynn was asked what she wanted to know about growing up, she answered, "I don't want to hear until I'm old enough to understand what they say."

Interview Data

Ten domains of meaning (Figure 4) and three contrasts in domains of meaning (Figure 5) emerged from content analysis of the interviews with the adolescent girl who is mentally retarded as she becomes a woman. Domains of meaning include: 1) Ways girls get ready for school, 2) Kinds of people who help girls grow up, 3) Kinds of messages girls hear as they grow up, 4) Characteristics of growing up, 5) Kinds of feelings girls have as they grow up, 6) Characteristics of information girls want about growing up, 7) Characteristics of dating, 8) Characteristics of kissing, 9) Kinds of things girls and women do, and 10) Kinds of things to tell younger girls about growing up.

Ways girls get ready for school
Kinds of people who help girls grow up
Kinds of messages girls hear as they grow up
Characteristics of growing up
Kinds of feelings girls have as they grow up
Characteristics of information girls want about growing up
Characteristics of dating
Characteristics of kissing
Kinds of things girls and women do
Kinds of things to tell younger girls about growing up.

Figure 4. Domains of meaning in the adolescent girl who is mentally retarded as she becomes a woman.

Analysis of contrast in domains of meaning include: 1) Differences in contract of meaning attributed to characteristics of growing up by premenarchal and postmenarchal informants, 2) Dimension of contrast in people you kiss according to ways to kiss, and 3) Dimension of contrast between things girls can do and things women can do.

Differences in contrast of meaning to attributed characteristics of growing up by
premenarchal and postmenarchal informants

Dimensions of contrast in people you kiss according to ways to kiss

Dimensions of contrast between things girls can do and things women can do.

Figure 5. Contrasts in domains of meaning of the adolescent girl who is mentally retarded as she becomes a woman.

A narrative of the meaning of domains and contrasts of meaning is the focus of this section. The cover terms are abstracted from the informants' responses. Informants' statements are in quotation marks.

Ways girls get ready for school

The domain "Ways girls get ready for school" (Figure 6) was derived during the initial interviews with the informants. This domain includes responses to the descriptive question, "Tell me what you do to get ready for school, and how do girls take care of themselves?" Most of the informants said that they could, "get ready all by myself." Individual informants responded: "I get myself ready for school. I get myself out of bed," "I go potty. I wash my glasses, clean and dry," "I put on a dress that is real pretty," "I put on a Kotex when having period," and "I brush my teeth and hair. I eat cereal, get

my library books and wait for the bus."

I had observed that Raisin's blue jeans had been altered with a Velcro closure to facilitate her being able to, "get ready all by myself."

A few informants told of other people helping them get ready for school: "Mom helps me in the bathroom," and "Dad wakes me up and takes me out to the bus stop."

Wake up	Called by	"Dad" "Mom", "Stepmom" "Grandma"
	"Ringing of clock"	
	"Get myself out of bed"	
Go	"Bathroom", "potty"	
Wash	Body	"Shower", "in bathtub"
	"Face and hands"	
	"Back, with soap and water"	
	"Glasses, clean and dry"	
Put on	Clothes	"Pants and shirt" "Sweater" "Dress that is real pretty" "Shoes"
	Makeup	"Perfume, powder, blue and white eye shadow"
	"Kotex pad when having blood"	
Brushing	"Teeth, hair"	
Combing	"Hair"	
Eating	"Breakfast"	Cereal, eggs and toast Waffles, pancakes, French toast
Get things	"Books"	"School" "Library"
	"Bag"	
	"Lunch"	"Money" "Box"
Wait	"For the bus, at the bus stop"	

Figure 6. Domain of meaning: Ways girls get ready for school

Kinds of people who help girls grow up.

The domain, "Kinds of people who help girls grow up," (Figure 7) includes all of the people within the informant's personal community who are perceived as helping the informant become a woman. This domain includes relatives (Dad, Mom, brother, Grandpa, Grandma, etc.), peers (girlfriends or boyfriends), "self," the researcher, and others. Others included, "the babysitter," "cop police lady," and school personnel (teacher, teacher's aide, school nurse, principal, and "office lady").

"Mom" was most often mentioned as the person who helped the informants grow up. The informants responded: "Mom told me about my period," and "My mother is the only person I can talk to. She told me I'm changing from a little girl into a young lady."

Lynn said that her teacher helped her grow up by helping her, "to learn math, reading, spelling, and English."

Informants were asked how each individual person named helped them grow up. This question had few responses, but my perception was that these were individuals the informants viewed as safe people they could talk with about growing up.

Relatives	Parents	"Dad" "Mom", "Mother", "Mommy", "Stepmom"
	Siblings	"Brother" "Big sister"
	Grandparents	"Grandma", "Nenna" "Grandpa"
	"Cousins"	
	"Aunt"	
	"Uncle"	
Peers	"Friends"	"Girlfriends" "Boyfriends"
Others	School Personnel	"Teacher" "Teacher's aide" "School nurse" "Principal" "Office lady" "Bus driver"
	"Babysitter"	
	"Cop police lady"	
"Self"	"I talk to myself" "I have to grow up by myself"	
Researcher	"Yes, you help me grow up"	

Figure 7. Domain of meaning: Kinds of people who help girls grow up

Kinds of messages girls hear as they grow up.

The domain, "Kinds of messages girls hear as they grow up" (Figure 8), includes the types of statements the informants hear about behaviors expected of them. Grandmothers tell them to, "be

nice," "be polite," and to keep bad feelings to themselves. Teachers tell the informants, "If you have a question, raise your hand," and "Don't act like a baby."

According to the informants, "Mom" again was the person who told them about self care. Kelly stated, "Mom said to change the pad when there is blood on it." Other informants responded: "Mom said you say 'No' if someone wants to touch you here (vulva)," and "Mom said, 'Don't kiss boys. You can only hug and hold hands.'"

Teachers, mothers, and babysitters all gave messages about masturbation. Raisin said, "Mom said to do that only in your room. Don't touch your privates." Jane responded, "You can't play with yourself at school or at the sitter's."

A message that three of the informants had heard is that, "You're retarded." Sisters and a father were reported as making this statement. The informants interpreted this statement as meaning, "You have a handicap," "You are crippled and you cannot talk," and "You don't know every single thing."

"Be Nice"	"Grow up like a nice lady" "Be polite" Keep bad feelings to yourself "Don't act like a baby"
"You are changing from a little girl to a young lady"	
Take care of your period	This is what you need to know about your period "Put your pad on in the morning and leave it on all day" "Change the pad when there is blood on it"
Say, "No"	"If someone wants to touch me here (vulva)" "Keep my pants on" "Please stop touch my hair (pubic)"
"Do that in your room"	"Touch your privates" "Don't play with yourself at school or at the sitter's" "Do that only in your bedroom"
About boys	"Don't kiss boys. Only hold hands and hug"
"You're retarded"	"Have a handicap" "Cannot talk" "Are crippled" "Can eat but not cook" "Don't know every single thing"
"If you have a question, raise your hand"	

Figure 8. Domain of meaning: Kinds of messages girls hear as they grow up.

Characteristics of growing up

The domain, "Characteristics of growing up" (Figure 9), includes those changes that occur in the physical body, the thought processes, and the behavioral and role changes as girls grow up. The informants reported that, as girls grow up, they, "get bigger and taller", "get fat", "have boobs", and "get black hair." They also "expect

their period" and "wear pads." When asked about what girls think about as they grow up, they reported "girls," "boys," "kissing," "babies," and "getting a husband."

Cathy and Kelly spoke about being 14 years old when they could do grown-up things like wear make-up. Other informants stated that when they were grown up, they could wear "big clothes," "a bra," and "nail polish." Growing up included role changes such as, "becoming a teenager," "dating," "getting a job," "getting married," "getting a house," "getting a car," "becoming a mother," and "watching over baby."

The characteristics of growing up were identified by some informants as "fun" and by others as "not fun." A contrast within this domain of meaning follows.

Growing	"Getting bigger and taller"	
	"Getting older"	
	"Getting fat"	
	Having breasts	"boobs," "chichis," "nipples," "boobies," "bust"
	Getting pubic hair	"black hair," "hair on bottom or butt"
Menstruating	"Expecting your period"	
	"Having period"	
	"Wearing pads, Kotex"	
Thinking things	"About girls"	
	"About boys"	
	"About kissing"	
	"About getting a husband"	
	"About babies"	
Wearing things	"Big clothes"	
	"A bra"	
	"barrettes"	
	"Nail polish"	
	"Makeup or painting self"	"blue and white eye shadow" "lipstick," "perfume"
"Talking on the telephone"		
"Dating, going out, liking a boy"		
Changing roles	"Becoming a teenager"	
	"Like a ..."	"woman," "lady," "mother"
	"Getting a job"	
	"Getting married"	
	"Getting a house"	
Caring for babies	"Getting a car"	
	"Having kids"	
	"Play with baby"	
	"Watch over baby"	

Figure 9. Domain of meaning: Characteristics of growing up

Differences in contrast of meaning attributed to characteristics of growing up by premenarchal and postmenarchal informants.

The characteristics of growing up were identified by informants as "fun" or "going to be fun." Other characteristics were described as "not fun," "hard," "hurting," or "problems." The researcher decided to have the informants sort the included items on the domain, "Characteristics of growing up," into things that were "fun" about growing up and the things that were "not fun." The "Differences in contrast of meaning attributed to characteristics of growing up by premenarchal and postmenarchal informants," is represented in Figure 10. Five premenarchal and two postmenarchal informants participated in the card sorting.

The postmenarchal girls and two to four premenarchal informants agreed that the changes in physical development, breast, pubic hair and menstruation were "not fun." This trend implies that premenarchal girls anticipate physical changes as "going to be fun," but as they begin the developmental process they view it as "not fun."

The postmenarchal informants agreed that thinking about boys, kissing, getting a husband and babies are "fun." Three to four of the premenarchal girls agreed that this is "fun." Wearing big clothes, barrettes, nail polish and makeup was felt by most of the informants to be "fun." The seven informants agreed that "becoming a teenager" was "going to be fun." This was often associated with "dating" and "talking on the telephone."

Role changes, "getting a job, a house, a car" and "getting

married" were viewed by the postmenarchal and three to four of the premenarchal informants as "fun." The postmenarchal informants agreed that the role changes, "to like a woman or mother," "having kids," and "watching over babies," were "not fun," whereas three to four of the premenarchal informants considered these characteristics of growing up as "fun." Those informants who had helped an aunt or sister care for a young child often talked about the work involved in child care. Cathy stated, "(Babies) are a lot of trouble."

	"Fun"			"Not Fun"	
	Pre	Post		Pre	Post
Getting bigger and taller	XXX			XX	XX
Getting fat	X			XXXX	XX
Having breasts	XX			XXX	XX
Getting pubic hair	X			XXXX	XX
Expecting your period	XXX			XX	XX
Having period	XX			XXX	XX
Wearing pads, "Kotex"	XX			XXX	XX
Thinking about girls	XXXX	X		X	X
Thinking about boys	XXX	XX		XX	
Thinking about kissing	XXXX	XX		X	
Thinking about babies	XXX	XX		XX	
Thinking about getting a husband	XXX	XX		XX	
Wearing big clothes	XXXX	X		X	X
Wearing a bra	XXX	X		XX	X
Wearing barrettes	XXXXX	X			X
Wearing nail polish	XXXX	XX		X	
Wearing makeup	XXXX	XX		X	
Becoming a teenager	XXXXX	XX			
Talking on the telephone	XXXX	XX		X	
Dating	XXXX	XX		X	
Getting a job	XXX	X		XX	X
Getting a house	XXXX	XX		X	
Getting a car	XXXX	XX		X	
Getting married	XXXX	XX		X	
Like a "woman", "lady", "mother"	XXXX			X	XX
Having babies	XXX			XX	XX
Watch over baby	XXX			XX	XX
Play with baby	XXX	X		XX	X

Figure 10. Contrast: Differences in contract of meaning attributed to characteristics of growing up by premenarchal and postmenarchal informants (Seven informants provided this information.)

Kinds of feelings girls have as they grow up.

The domain, "Kinds of feelings girls have as they grow up," includes physical feelings and feelings "inside" the informants (Figure

11). The domain is organized by the kinds of events or things that cause the emotion. The most common feelings expressed by the informants during the interviews were good feelings, eg. "Hugging makes me happy." Annie sang a Muppets song to me, "He makes me happy, each time I hold him...", she stated, "Mike makes me happy." Another common theme included, "People aren't understanding me," and, "It (growing up) is going to be hard for me. It is hard for everyone, I think."

Besides good feelings, other physical feelings included "pain" in breasts and during menstruation and "tightness" when wearing a bra.

Feelings inside the informants included in, "Others don't know what it is like (to grow up)," "They don't listen to you," and "They make me feel like a little kid." Lynn stated, "People aren't understanding me when I talk sometimes." (Her expressive language was unclear). When asked if this bothered her, she said, "No, someone else tells them what I said."

Individual informants shared: "I don't want to grow up. No way. I'm not going to wear a pad," and "I feel wierd getting hair (pubic)." Cathy and Donna both shared feeling "sad" when family members called them "retarded" or "handicapped."

Physical feelings	Good feelings	"Hugging makes me happy" "He makes me happy each time I hold him" "It (masturbating) feels nice"
	"Pain"	During menstruation "In back" "In stomach"
	"Tightness"	"Wearing a bra"
Feelings inside me	"People aren't understanding me"	"It is going to be hard for me. It is hard for everyone, I think" "Others don't know what it is like" "They don't listen to you" "Make me feel like a little kid" "Whole bunch of people don't know how I feel" "When I talk sometimes"
	"I don't want to grow up"	"No way. I'm not going to wear a pad"
	"Wierd"	"Getting hair (pubic)"
	"Sad"	"Dad called me retarded" "My sister said I had a handicap"

Figure 11. Domain of meaning: Kinds of feelings girls have as they grow up.

Characteristics of information girls want about growing up.

The domain, "Characteristics of information girls want about growing up" (Figure 12), includes those questions the informants asked about themselves, babies, cars and relationships with others. One informant, Lynn, responded to the question, "What do you want to know about growing up?" by stating, "I don't want to hear (about growing up) until I'm old enough to understand what they say."

The informants wanted to know about themselves, "What are

breasts for?" "Why do girls have periods?" and "How many holes (orifices of the vulva) do girls have?"

The informants asked many questions about babies, "How do babies start?" "How are babies born?" "How do you feed a baby?" and "How do you care for a baby?"

Individual informants wanted to know, "How do you drive a car?" and "How do you go out and date?"

Self	"What breasts are for?" "Why do girls have periods?" "How many holes (orifices of the vulva) do girls have?"
Babies	"How do babies start?" "How are babies born?" "How do you feed a baby?" "How do you care for a baby?"
Cars	"How do you drive a car?"
Others	"How do you go out and date?"
Nothing	"I don't want to hear until I'm old enough to understand what they say."

Figure 12. Domain of meaning: Characteristics of information girls want about growing up

Characteristics of dating

Dating was expressed by all but one informant as something that was, "going to be fun." The places for dating and the things to do when dating are shown in the domain, "Characteristics of dating," (Figure 13).

Places for dating included the, "carnival," "park," "church,"

"lake," "beach," "mountains," "porch," and "California."

Things to do when dating included eating and drinking ("a picnic," "Peter Piper's Pizza," "Chuck E. Cheese," "Round Table Pizza," "McDonalds," "donut shop," and "a bar"), having fun ("dancing," "going to a party," "going to the movies," "shopping," "swimming," "walking," "talking," and "riding a bike or horse"), and being close ("sleeping over with boyfriend," "hugging," and "kissing"). The informants talked about hugging and kissing with excited smiles and giggles, anticipating pleasure in these intimate behaviors.

Places for dating	"carnival" "park" "church" "lake" "beach" "mountains" "porch" "California"		
Things to do when dating	Eating and drinking	"picnic"	
		restaurants	"Peter Piper Pizza" "Chuck E. Cheese" "Round Table Pizza" "McDonalds"
		"bar"	
		"donut shop"	
	Having fun	"dancing" "going to a party" "going to a movie" "shopping" "swimming" "walking" "talking" "riding, bike or horse"	
		"sleeping over with boyfriends" "hugging" "kissing"	
	Being close		

Figure 13. Domain of meaning: Characteristics of dating

Characteristics of kissing

The domain, "Characteristics of kissing" (Figure 14) includes the informant's understanding of the people you kiss, people you do

not kiss and ways to kiss. All of the informants talked about kissing. It was associated with a close relationship and a good feeling, as demonstrated by their smiling and giggling.

People you kiss include, "yourself," relatives ("dad," "mom," "stepmom," "big and little brother," "sister," "granddad," "grandma," "cousins," "aunt," and "nephew"), friends ("girlfriends" and "boys you like") and others ("teacher" and "baby"). The informants did not agree upon the people you kiss. Some stated that you do not kiss "girlfriends," "your teacher," "aunts," and "uncles." The informants agreed that you do not kiss the "principal" or "strangers".

The informants shared information on the ways to kiss ("regular," "kissing and hugging," "open mouth," and "like Cinderella, on the hand"). These ways to kiss include ways they kiss others or plan to kiss others, ways they have been kissed, or observations of the ways other people kiss. The "regular" way to kiss included, "on lips," "on cheek," "on hand," "on top of head," and "whereever." The informants associated "kissing and hugging" with kissing "on lips," "on cheek," "smooching on TV," and "under the sheets." Viewing television situations influenced the informants' understanding about kissing. Jane stated, "I be smooching on the ground, be married and get a baby in my stomach. On TV I saw them."

Annie stated, "Mike makes me happy, get married, kiss under the sheets, kiss and hug and that is all." Lynn talked about kissing with your "mouth open like my Stepmom and Dad." The informants

were asked, "What did they do next?" (after "kissing under the sheets", "smooching" or "kissing with mouth open"). They responded, "That is all," or "Go to sleep." The informants did not associate these ways to kiss with a potential genital response or with sexual intercourse. When the informants view a picture of a nude male and female kissing in bed they denied that this may be how a baby starts to grow.

People you kiss	"yourself"	
	relatives	"dad" "mom," "stepmom" "brother, little, big" "sister" "granddad" "grandma" "cousins" "aunt" "nephew"
	friends	"girl" "boys you like"
	others	"teacher" "baby"
People you do not kiss	"girlfriends"	
	school personnel	"teacher" "principal"
	"strangers"	
	relatives	"aunt," "uncle"
Ways to kiss	"regular"	"on lips" "on cheek" "on hand" "on top of head" "wherever"
	"kissing and hugging"	"on lips" "on cheek" "smooching on TV" "under sheets"
	"open mouth"	"like stepmom and dad" "like people on TV"
	"like Cinderella, on hand"	

Figure 14. Domain of meaning: Characteristics of kissing

Dimensions of contrast in people you kiss according to ways to kiss

The "Dimensions of contrast in people you kiss according to ways to kiss" (Figure 15), clarifies the informants' understanding of appropriate ways to kiss significant others. Five informants (Susan, Annie, Kelly, Nancy, and Lynn) verified a list of people they kiss, and they sorted cards indicating the ways they would kiss those individuals. Relatives, particularly, "Mom" and "Dad." and "boys you like" were identified most often as people you kiss. Kissing , "on the cheek" was the way you kiss most often. All participating informants responded that you kiss "boys you like on the lips." Other ways you kiss "boys you like" included: "on the hand," "kiss and hug," and "under sheets.

Open mouth kissing was reported by Lynn, whose step-brother was sexually abusing her. She stated, "My big brother did it with me."

Ways to kiss	on lips	on cheek	on hand	on top of head	kiss & hug	under sheets	open mouth
People you kiss							
yourself			XX				
mom, stepmom	X	XXX	XX	XX	XXX	X	
dad	X	XXXX	XX	X	XXXX		
little brother		X			X		
big brother	X						X
sister		X		X			
grandma	X	X		X	X		
granddad		X					
aunt		X					
nephew		X	X	X			
girlfriends	X	X	X		X	X	X
boys you like	XXXXX	XXX	XXX	XX	XXXX	XXX	X
teacher		XXX	XX	X			
baby		X	X	X	XXX		

Figure 15. Dimensions of contrast in people you kiss according to ways to kiss (Five informants provided information for this contrast.)

Kinds of things girls and women can do

The domain, "Kinds of things girls and women can do" (Figure 16) contains the informants' understanding of the behaviors characteristic of girls and women. The informants were asked, "What kinds of work do girls and women do?" Housekeeping activities included "cleaning things" (table, dishes, house, car, and vacuuming the floor) and "making things" (bed, and food in the morning and at night). Other work that girls and women do includes being a "teacher," "bus driver," "nurse," "doctor," "police lady," "gas lady," and "office lady."

The informants responded to the question, "What do girls and women do when they grow up?" by identifying places to "go" (to school, to college, to work and to a meeting).

"Having your period" and "wearing a pad" were also mentioned as things girls and women can do. When validating this included term, three premenarchal informants responded that only women menstruate.

The informants were asked, "What do you want to do when you grow up?" Most responded they wanted to, "get married and have a baby." Individual informants replied, "Be a bus driver and get married," "Have a baby, get married, and work in school," and "Be a bus driver or something and have a baby like mom had me and my brother."

The informants shared their knowledge about "getting married." Included terms are, "being in love," "be the bride," "get a wedding ring," "go to church," "have a wedding cake," "get a husband," "go to a hotel," "kiss under the sheets," and "that is all."

The informants were asked, "What do women think about?" Lynn replied, "They think about kids and stuff." Informants associated girls and women with "babies." They "kiss babies," "have babies in their stomach," "care for babies," "give babies milk," and "get babies to sleep."

When asked, "Do all women have babies?" the unanimous reply was again "yes." Cathy stated, "If they don't have babies, they

are going to get a baby." Lynn stated, "Whether they (women) are married or not, they have babies." Kelly replied, "People get married because they are going to have children."

Decision making was a kind of thing girls and women can do. The informants responded that they could say "No" to a man or boy if an attempt was made to touch them sexually. Lynn responded, "Maybe I can say 'no' to a boy but I can't say 'no' to my dad." This understanding may have contributed to her vulnerability to sexual abuse. Kelly observed, "Women can say 'no' to a man and then they fight."

The informants were asked, "What is the difference between a girl and a woman?" Lynn replied, "A woman is bigger, and she can have kids if she wants to or not." Kelly's reply was, "Girls can decide if they want to have children, but women can't." Susan was the only informant who had knowledge of an, "operation so you can't have babies."

The differences in the informants' understanding of the kinds of things girls can do and the kinds of things women can do is examined in the following dimension of contrast (Figure 17).

Keep house	"cleaning things"	"table" "dishes" "house" "car" "vacuum the floor"
	"making things"	"bed" "food in the morning and at night"
"Work"	"at school"	"teacher," "bus driver"
	health care	"nurse," "doctor"
	service	"police lady," "store lady," "gas lady," "office lady"
Go places	"to school," "to college" "to work" "to a meeting"	
Menstruate	"have your period," "wear a pad"	
"get married"	"be in love" "be the bride" "get a wedding ring" "go to church" "have a wedding cake" "get a husband" "go to a hotel" "kiss under the sheets"	
"Care for babies"	"kiss baby" "think about babies" "have babies in their stomach" "give babies milk" "get babies to sleep"	
Make decisions	"say 'no' to a boy or man" "decide if you want to have kids or not" "have an operation so you can't have babies"	

Figure 16. Domain of meaning: Kinds of things girls and women can do

Dimension of contrast between things girls can do and things women can do.

The "Dimension of contrast between things girls can do and things women can do" (Figure 17) clarifies the informants' understanding of those behaviors that only girls can do, those that only women can do, and those behaviors that both girls and women can do. Eight informants (Princess, Jane, Susan, Annie, Cathy, Kelly, Nancy and Lynn), participated in the card sorting of the included terms of the domain, "Kinds of things girls and women can do" (Figure 16).

Girls and women participate in housekeeping activities. In some households, particular activities are assigned to girls (bed making and vacuuming) and others to women (food preparation and dishwashing). In Annie's household, women do most of the housekeeping.

"Going to work" and "going to meetings" are things women do. A few informants stated that girls could also, "drive a bus," "pump gas," "work in a store," or "go to a meeting."

"Going to school," is the work girls do. Cathy added, "Mom went to college, too."

Four informants responded, "Having your period," and "Wearing a pad," is something both girls and women can do. Annie responded, "Only girls have periods." This response may be influenced by her family constellation. Annie's 29 year old sister lives at home,

and her mother may be menopausal. As stated previously, the three informants responded that only women menstruate.

The informants associated "getting married" with things that only women can do. All eight informants participating in the card sorting responded that only women "get a husband." Six of the eight informants indicated that only women can, "be a bride," "get a wedding ring," "go to a hotel," and "kiss under sheets." The included terms that both girls and women can do include, "be in love," "go to church," and "have a wedding cake."

The eight informants participating in the card sorting agreed that only women "have babies." Six stated only women, "give babies milk." The other activities of child care can be done by both girls and women ("kiss babies," "think about babies," and "get babies to sleep").

The informants, except Lynn, responded that both girls and women can, "say no to a boy or man."

The informants responded that women can "decide to have kids or not." Kelly stated, "Girls decide if they want to have children." This response may have been influenced by her unmarried sister having a child.

	Things girls can do	Things women can do
clean table	XXXXXXX	XXXXXXXX
clean dishes	XXXXXXX	XXXXXXXX
clean house	XXXXXXX	XXXXXXXX
clean car	XXXXXXXX	XXXXXXXX
vaccum the floor	XXXXXXX	XXXXXXX
make the bed	XXXXXXXX	XXXXXX
make food	XXXXXX	XXXXXXXX
work at school	XX	XXXXXXXX
be a nurse or doctor		XXXXXXXX
work in store or office	XXX	XXXXXXXX
go to school, college	XXXXXXXX	X
go to work	XXX	XXXXXXXX
go to a meeting	X	XXXXXXXX
have a period, wear a pad	XXXXX	XXXXXXX
be in love	XXXXXX	XXXXXX
be the bride	XX	XXXXXXX
get a wedding ring	XX	XXXXXXXX
go to church	XXXXXXX	XXXXXXXX
have a wedding cake	XXXX	XXXXXXXX
get a husband		XXXXXXXX
go to a hotel	XX	XXXXXXXX
kiss under the sheets	XX	XXXXXXXX
kiss baby	XXXXXXX	XXXXXXXX
think about babies	XXXXXXX	XXXXXXXX
have babies in their stomach		XXXXXXXX
give babies milk	XX	XXXXXXXX
get baby to sleep	XXXXXX	XXXXXXXX
say no to a boy or man	XXXXXXX	XXXXXXXX
decide if you want to have kids	XXX	XXXXXXX

Figure 17. Dimension of contrast between things girls can do and things women can do (Eight informants provided information for this contrast.)

Kinds of things to tell younger girls about growing up

The domain, "Kinds of things to tell younger girls about growing up" (Figure 18), describes the information and instructions

the informants would share with younger girls. The informants would tell younger girls, things "not to do," about "getting bigger," "about boys," and about "waiting."

Kelly , who has a younger sister, stated those things you should not do, "Don't pee in your pants," "Don't go outside," and "Don't cross the street." Advise about "getting bigger" included, "You get taller," "Your breasts get bigger," and "You get babies."

Several informants gave instructions about boys. Lynn stated, "Boys tell you if they want you or not." Susan shared, "Don't kiss boys. Don't show off around boys." Cathy stated, "Don't think about boys."

The informants said they would "wait" and talk to younger girls when they were "bigger." Kelly shared, "I don't tell my sister about periods because she is too little." Donna said, "Don't worry about anything until you are 18. You don't need to know anything until then."

Not to do	"pee in your pants" "go outside" "cross the street"
Getting bigger	"you get taller" "your breasts get bigger" "you get babies"
Boys	"tell you they want you or not" "don't kiss boys" "don't show off around boys" "don't think about boys"
Waiting	"I don't tell my sister about periods because she is too little." "Don't worry about anything until you are bigger." "Wait until you are 18. You don't need to know anything until then."

Figure 18. Domain of meaning: Kinds of things to tell younger girl about growing up

Informants' Drawings

The eleven informants' drawings of, "A girl who is becoming a woman" are displayed in Appendix E. The informants drew their pictures during the last interview with the researcher.

Each informant was asked to, "Draw me a picture of a girl who is becoming a woman." The informants were then asked to tell the researcher about their picture. Omwake (1963) states that children's drawings mirror concepts, feelings, perceptions and knowledge and that the child draws things that hold the most meaning.

The informants' drawings are simple. Three informants drew a round circle person, while the other eight informants included

a body. The drawing skills of the informants are not well developed. Body parts are missing, and hands had either no fingers or an inaccurate amount of fingers. Legs are separate from shoes and from pants. The informants' drawing skills represent their mental ages.

Only one informant included breasts and pubic hair in her drawing. The informants had to be asked, "What makes your picture a girl?" They responded: "She has girl's clothes," "She has curly hair," "She has polish (nail polish) on," or "She is happy."

The informants were asked to identify body parts and these were labeled using the informant's terminology. Ten of the drawings included a smile. This feature holds meaning, for the informants viewed that growing up was primarily going to be fun and that they would be happy.

The informants were then asked to tell the researcher about their pictures. Most of the informants were unable to tell a story. Lynn told the following story about her drawing. "The girl is sleeping on her own bed." (Having a bed of her own is important to Lynn, who shares a bed with her grandmother). The girl doesn't have a husband but she has kids, a two and a three year old girl. She has a dress on and she is getting fat. She feels happy. She works at school."

Cultural Themes

Cultural themes are major themes that are derived from the domains of meaning. They are recurrent principles, either declared or implied, that link subsystems of the culture, creating a holistic view. (Spradley, 1979 and Opler, 1945).

Four cultural themes emerged from the domains of meaning in "becoming a woman, the girl who is mentally retarded": 1) The best part is becoming a teenager and having a boy you like to kiss; 2) "Growing up is hard for everyone. It is going to be harder for me."; 3) Tell me more about growing up; and 4) I can do what others can do.

The best part is becoming a teenager and having a boy you like to kiss.

This cultural theme was declared by the informants and is present in many of the domains. It illustrates the informants' expectancy of becoming older and having an intimate relationship with another person.

"Becoming a teenager" in the domain, "Characteristics of growing up", embodied the exciting aspects of growing up. Teenagers, identified as older siblings and older friends, can do "fun" things. They can wear "make up," "big clothes," and "(nail)polish." Teenagers can also "talk on the phone" and "date." Dating, described in the domain, "Characteristics of dating", was expressed by all but one informant as something that was "going to be fun." "How do you go out

and date?", is included in the domain, "Characteristics of information girls want about growing up."

The informants had acquired the concept of object permanence. They accepted their own gender as stable, ("I was baby girl, I will always be a girl and when I grow up I will be a woman.") To the informants, the role transition of becoming a woman implied the responsibilities of maturation, (Dimension of contrast between things girls can do and things women can do), women, "menstruate," "work," "get married," "have babies," and "watch over babies." In contrast, the role transition of becoming a teenager, implied the "fun" of growing up.

"Having a boy you like to kiss" is declared in many domains. "Boys you like" is included in the domain, "Kinds of people who help girls grow up." Messages "about boys" is included in the domain, "Kinds of things girls hear as they grow up" and in the domain, "Kinds of things to tell younger girls about growing up." "Thinking about boys" and "thinking about kissing" are included in the domain, "Characteristics of growing up." In the narrative, "Kinds of feelings girls have as they grow up," Annie sang her song, "He makes me happy, each time I hold him..."

The importance of kissing to the informants is demonstrated in the domain, "Characteristics of kissing" and in the "Dimension of contrast in people you kiss according to ways to kiss." The informants expressed a need to be loved and accepted by others. "Boys you like"

was identified most often as the person you kiss. The informants anticipate "good feelings" in a close relationship and intimate behavior.

"Growing up is hard for everyone. It is going to be harder for me."

This cultural theme, declared by Cathy, was also implied by other informants. The younger premenarchal informants viewed growing up as more "fun." In the domain, "Characteristics of growing up", those informants experiencing the maturational changes of puberty identified "getting taller," "having breasts," "getting pubic hair," and "having your period," as being "hard" or "not fun." In the domain, "Kinds of feelings girls have as they grow up", the informants shared, "Others don't know what it is like," "They don't listen to me," and "A whole bunch of people don't know how I feel."

This cultural theme is also implied in the domain, "Kinds of people who help girls grow up." The informants identified a large personal community of individuals who can help them become women.

The awareness of a number of informants that "growing up was going to be harder for me," comes from remembering that they have been called "retarded" and the meaning this word has for them. "Retarded" meant "you have a handicap," "you can't talk," "you are crippled," and "you don't know every single thing." These informants knew they were not like others, and they interpreted this as meaning growing up was going to be harder for them.

Tell me more about growing up

This theme was declared by all the informants in their verbal and nonverbal behavior. The informants were eager to talk with the researcher, often asking, "Can I talk with you today about growing up?" When the informants could not answer a question, they would frequently respond, "I don't know. Tell me why." This request was often made with an intense expression communicating a desire to know more about themselves, about other girls, and about becoming a woman. A few informants asked if I had a book for them about growing up.

The domain, "Characteristics of the information girls want about growing up", includes some of the specific questions the informants asked. The informants wanted to know more about their maturational changes, relationships with boys, and the conception, birth, and care of babies. These questions about growing up are also included in the domain, "Kinds of things to tell younger girls about growing up."

I can do what others can do

This theme was stated by the informants and is implied in many of the domains. It illustrated that the informants perceive they can do what they see their peers, older friends and siblings, and their mothers or another adult women doing.

In the domain, "Ways girls get ready for school", the informants told about taking care of themselves. "I get myself out of bed," "I wash my face and hands," "I get myself dressed," and "I put on a pad when having blood." Raisin stated, "I have to grow up by myself," implying independence in self care. ("Kinds of people who help girls grow up").

In the domain, "Characteristics of growing up", the informants identified, "having a period," "dating," "getting a job," "getting a house," getting a car," "getting married," and "having babies," as things they could do when they grow up. These items are again included in the domain, "Kinds of things girl and women can do." When asked what they wanted to do when they grow up, the informants responded, "I want to work, get married and have babies." The informants anticipated having the same role as their mothers or another adult women, in particular the bus driver.

Summary

Descriptions of data collection, including selecting informants, participant observation, interviews and the researcher informant experience have been reported. A description of each informant has also been given. The presentation of interview data included a detailed narrative describing ten domains of meaning and analysis of contrast in three domains that emerged from the data collection. The domains include: 1) Ways girls get ready for school, 2)

Kinds of people who help girls to grow up, 3) Kinds of messages girls hear as they grow up, 4) Characteristics of growing up, 5) Kinds of feelings girls have as they grow up, 6) Characteristics of information girls want about growing up, 7) Characteristics of dating, 8) Characteristics of kissing, 9) Kinds of things girls and women can do, and 10) Kinds of things to tell younger girls about growing up. The contrasts in domains of meaning include: 1) Differences in contrast of meaning attributed to characteristics of growing up by premenarchal and postmenarchal informants, 2) Dimensions of contrast in people you kiss according to ways to kiss, and 3) Dimensions of contrasts between things girls can do and things women can do.

Finally, this chapter presents cultural themes identified from the analysis of data that has been presented in the domains of meaning. The four themes described include: 1) The best part is becoming a teenager and having a boy you like to kiss, 2) "Growing up is hard for everyone. It is going to be harder for me," 3) Tell me more about growing up, 4) I can do what others can do.

CHAPTER V

CONCLUSIONS

This chapter presents the conclusions of this research project, and is divided into the following sections: becoming a woman: the adolescent girl who is mentally retarded and the conceptual orientation, becoming a woman: the adolescent girl who is mentally retarded and the review of the literature, recommendations for nursing practice, and recommendations for further study.

Becoming a Woman: the Adolescent Girl Who is Mentally Retarded and the Conceptual Orientation

This research was designed to learn from adolescent girls who are mentally retarded their views of becoming women. Data were collected according to Spradley's ethnographic methodology (1979). The concepts of culture, development, human response and health care delivery provided the structure for the research. In this study, the cultural themes define the cultural knowledge which is learned and shared by the girls, who are mentally retarded, as they become women.

The theme, "The best part is becoming a teenager and having a boy you like to kiss," illustrates the informants' expectancy of becoming older and having an intimate relationship with a mate.

Becoming a teenager embodied the exciting aspects of growing up. The informants identified becoming a teenager as a time when they would be able to "date," "talk on the telephone," and have a "boy you like to kiss."

This cultural knowledge may be surprising for parents and those individuals working with girls who are mentally retarded. From this study, it appears that the emotional level of the adolescent girls who are mentally retarded is closer to their biologic age than to their mental age. The informants shared that they anticipated having "good feelings" in a close relationship and intimate behavior with a "boy you like."

The second theme is, "Growing up is hard for everyone. It is going to be harder for me." Those informants experiencing the maturational changes of puberty (breast and pubic hair development and menstruation) identified these changes as "hard" or "not fun." The informants' bodies were going through rapid changes over which they had no control. These changes were viewed as stressful because the informants had little understanding of the developmental processes that were occurring.

The informants also stated, "It is going to be harder for me." In some informants, this implied an egocentricity ("Others don't know what it is like," "They don't listen to me," and "A whole bunch of people don't know how I feel.") In other informants, this understanding came

from their knowledge that they have been called "retarded." The informants' understanding of "retarded" implied that they were not like others. There were things that they could not do or that they could not do as well as others; therefore, growing up was going to be harder for them.

The informants' desire to know more about their world is represented in the theme, "Tell me more about growing up." The informants identified differences between girls and women. They also expressed, through their verbal and nonverbal behaviors, an eagerness to find out about themselves, about other girls, and about becoming a woman. The informants also stated an interest in knowing more about relationships with boys and about conception, birth, and infant care.

The theme, "I can do what others can do," illustrates that the informants perceive that they can do what they see their peers, older friends, siblings, mothers or other adult women doing. The informants take pride in mastering certain areas of self care, bathing and dressing. They believe that they will be able to do those things that "teenagers" do ("wear makeup" and "date"). They also believe that they will eventually have the role of an adult woman and do those things that their mothers do. When the informants were asked what they wanted to do when they grow up, they replied, "I want to get a job, get a house, drive a car, get married and have babies." This cultural knowledge has significance for adults who care for girls who are

mentally retarded as they reach adulthood.

Each informant's developmental level and individual experiences were considered and examined as to how they might relate to or affect the adolescent girl's view of becoming a woman. The eleven informants' ages ranged from 9 years 2 months to 13 years 5 months. Two of the informants were postmenarchal. This variance allowed for an understanding on how, with age and the beginning of puberty, the adolescent views developmental changes. The younger premenarchal informants anticipated physical changes as "going to be fun," whereas those informants who had some secondary sexual characteristics and/or who had begun menstruation viewed developmental changes as "not fun." The premenarchal informants viewed "having kids" and "watching over babies" as "fun", but the postmenarchal informants viewed these behaviors as "not fun" or "work." The postmenarchal informants agreed that, "thinking about boys, kissing and getting a husband," was "fun," whereas the premenarchal informants did not agree that this was fun.

The stage of adolescence, as described by Erikson (1963), is the time when the individual is working on self identity versus role confusion. The adolescent becomes concerned about how they appear to others and how they feel about themselves. They must integrate all they have learned from parents, peers and society about being a male or female, with their own perception of self.

Adolescence is marked by the beginning of puberty, with its physical, emotional and social changes. Puberty, in the girl who is mentally retarded, appears to follow much the same course as that of the girl who is normal, except that it may occur at a later chronological age. This finding was also observed by de la Cruz and LaVeck (1973). The informants' work at structuring their world and developing self identity, appears to be largely influenced by their life experiences. The informants observed their peers, older friends, siblings, and their mothers or older adult woman in their environment, and they perceived that they will have similar roles. Mothers were identified most often by the informants as helping them to "grow up" and who told them about self care. If the girl who is mentally retarded is to live as nearly normal a life as possible, mothers play a vital role in helping the girl who is mentally retarded to understand her own developmental processes.

Human responses (as defined by the ANA Social Policy Statement, 1980, p. 10) may be any, "observable manifestation, need, concern, event, dilemma, difficulty, occurrence or fact that can be described or scientifically explained and is within the target area of nursing practice."

The informants expressed a need to know more about maturation as explained in the cultural theme, "Tell me more about growing up." Not only did they want to know more about anticipated

developmental changes, but they needed to hear the information over and over again using a variety of creative modes of communication.

The feelings the informants shared, as stated in the domain, "Kinds of feelings girls have as they grow up," are expressed concerns that need to be acknowledged. A sharing of these common feelings between the informants may help to facilitate their maturational process.

A final human response deals with the informants need to be given information about their sexuality in order to help prevent their being sexually victimized, abused, and mistreated. This need was made evident by Lynn as she shared with the researcher about her sexual relations. She did not know that it was inappropriate for her stepbrother to have sexual intercourse with her, or that with sexual intercourse, pregnancy may have occurred. This population is vulnerable to exploitation and needs self protection skills. The informants need information to have an understanding of human sexual response. When the informants viewed the picture of the nude male and female kissing in bed they did not associate this intimate behavior with a potential sexual response.

Health care delivery is the "application of knowledge to prevent or treat health care issues to the benefit of the individual or community." (Stedman's Medical Dictionary, 1973) The knowledge gained through this study can be used by members of interdisciplinary

teams to plan, implement and evaluate appropriate health care objectives for the girl who is mentally retarded as she is becoming a woman. The objectives may include activities for the girl to share feelings about growing up, instructional units that need to be presented to the girl, and activities for the girl to practice decision making and self protection skills.

Becoming a Woman: The Adolescent Girl who is Mentally
Retarded and Review of the Literature

Ethnographic data from this study will add to the knowledge of the topics examined in the review of the literature: knowledge of adolescent development in the girl who is mentally retarded, developmental processes in becoming a woman, and human responses in the adolescent girl who is mentally retarded.

Knowledge of Adolescent Development and the Girl who is Mentally Retarded.

Review of the literature reported varying results in the knowledge that girls who are mentally retarded have of adolescent development. Kempton (1972) noted that the adolescents had only partial and inaccurate knowledge of adolescent development. In the present study, the informants also had only partial knowledge, but the information that they did have was generally accurate. When the

informants had no knowledge of a particular question, they replied, "I don't know."

The domain, "Kinds of work girls and women do," provides information on the informants' knowledge of gender roles and family dynamics. Those activities and behaviors of the informants' mothers were used to define women's work in general. The informants identified that only women "get a husband," and "have babies." This data supports the work by Hall and Morris (1976) with non-institutionalized adolescents and their views on gender roles.

Data from this study also supports Brown's (1980) work. The informants knew that babies grow inside their mothers and are fed at the breast, although few knew the significance of males in this process. The informants had no knowledge of the length of pregnancy. One informant has some knowledge of the birth process.

This study design is similar to Fischer and Krajicek's (1974) study and supports their work. Becoming a woman was examined from the adolescent girl's viewpoint. The informants used colloquial terminology when talking about body parts and functions. Correct terminology was foreign. The informants had a name for the sanitary napkin (pad or Kotex), and they could identify which sex used it. Few informants could give an acceptable reason for wearing a sanitary napkin. Unlike the informants in Fischer and Krajicek's study, the informants in this study accurately identified the

illustrations representing hugging and kissing, and they gave acceptable answers as to why people behave this way ("They are in love," "They like each other," "They are going to get married").

Developmental Processes in Becoming a Woman

Ten of the informants in this study had acquired the concept of object permanence, and nine had acquired the concept of conservation. These concepts, based upon work by Piaget, are described by Kohlberg in his cognitive development theory of sex role acquisition. The individual moves from accepting his or her own gender as stable to understanding that gender is fixed regardless of an individual's name or changes in clothing or hair style.

The acquisition of these concepts facilitates the "resolution of conflicts" that arise during adolescence as the individual learns to accept the changing self and produce an integrated self identity. (Erikson, 1963) The informants in this study shared common feelings about the changes they were experiencing during their physical and emotional maturation. The informants described happy feelings when hugging, pain during menstruation, feeling "wierd" when pubic hair begins to grow, and frustration when other people don't understand them. Along with these feelings, the informants were able to identify people within their personal community who could help them grow up. The informants also realized that changes were a part of growing up

so that they could become like other teenagers and eventually like their mothers.

Mead , in her work with Samoan village girls, concluded that adolescent development did not represent a period of crisis or stress, but rather represented an orderly process. The data in this study questions Mead's work. This cultural subgroup viewed specific developmental changes identified as part of becoming a woman as "not fun," or "hard."

The informants in this study, when viewing a picture of five nude female forms in progressive stages of development could, with suprising accuracy, assess their own body image. One informant even suggested that she was probably between two of the developmental stages.

In addition, the informants in this study shared their view of the developmental process of becoming a woman. Girls changed from, "being a little kid," to "becoming a teenager," to "becoming a woman," to "becoming a mother."

Human Responses in the Adolescent girl who is Mentally Retarded

Hammer, Wright, and Jensen (1967) and Sadock (1976) reported that sexual impluses, desires, and fantasies of the adolescent who is mentally retarded and the adolescent who is nonretarded are similiar. The adolescent who is mentally retarded

identifies with peers in dress and behavior, e.g. desire to date. The present study supports these findings. The informants identified characteristics of growing up as thinking "about boys," "about kissing," "about getting a husband," and "about babies." Other characteristics of growing up included wearing, "big clothes," "a bra," "barretts," "nail polish," and "make up." Behaviors associated with becoming a teenager included, "talking on the phone" and "dating."

The school environment provides opportunities for girls who are mentally retarded to meet their social needs. Recreational activities, field trips, dances, weekend outings, and other social events are planned for the students. These data do not support Sandtner's (1972) study which reported that, "opportunities to fulfill social needs in acceptable ways and settings are lacking for the mentally retarded." The present study suggests that society may be realizing the importance of meeting the social needs of the mentally retarded.

Finally, the present study questions Edgerton's (1967) work, which reports that adolescent girls who are mentally retarded anticipate enjoyment in holding hands and hugging but fear sexual contact. In contrast, the informants anticipate having a close relationship, ("having a boy you like to kiss") and intimate behavior with good feelings.

Recommendations for Nursing Practice

Information from this study may be used to guide nursing practice. Through ethnographic research, the adolescent girl's view of becoming a woman has been described. An understanding of the girl's view can assist nurses in appropriate planning, implementing and evaluation of care to meet the unique needs of this population. An important consideration is that what is reported in this study represents the knowledge of a cultural subgroup at this point in time. It does not mean, however, that each child or any child in this study used all of this information to interpret experiences and to generate behaviors. The use of this information in evaluating activities of clients or in a working situation will first require validation. The four cultural themes revealed in this study that may contribute to the nurse's understanding of how adolescent girls who are mentally retarded view becoming a woman are explained in the following paragraphs.

Girls who are mentally retarded see the best part of growing up as "becoming a teenager and having a boy you like to kiss." Girls who are mentally retarded identify with their peers in dress and behavior. They anticipate wearing, "grown up clothes" and "dating." Opportunities to develop and practice social skills in acceptable ways and settings should be promoted for the mentally retarded. This cultural theme also expresses that the mentally retarded experience

sexual needs. Nurses working with the mentally retarded must realize that these individuals have much the same hopes and needs as the population at large. Nurses can educate girls who are mentally retarded so that these girls may understand their own sexuality and nurses may also need to counsel parents, teachers, and others concerning the emotional needs of this population.

Adolescent girls who are mentally retarded view, "growing up is hard for everyone. It is going to be harder for me." Those physical and psychological changes that the adolescent girl experiences during puberty are viewed by the mentally retarded as being, "not fun" or "hard." The nurse may facilitate the girls' developmental changes by first becoming more sensitive to their feelings about these changes. Nurses may encourage the sharing of common feelings between the girls as they reach puberty. Health education presented frequently and in a variety of modalities is necessary for the girl who is mentally retarded to understand about her own sexuality. The nurse may also encourage mothers to share in their own self care activities related to hygiene and menstrual care. In this way, as the daughter matures, she grows up learning about physiological processes and self care routines.

The girl who is told she is "retarded" may subsequently experience a deficit in healthy self image and self esteem. The nurse may need to acknowledge to the girl who is mentally retarded that

she is special, and then focus on her sameness and her strengths. The nurse, too, may need to intervene and educate persons who are offending the mentally retarded girl as to her limitations and her abilities.

"Tell me more about growing up," is the third cultural theme that has implications for the nurse. The informants in this study were given permission and opportunities to talk about things of a sexual nature. Through their nonverbal behavior, they expressed a desire to know about becoming women. The informants were eager to work with me, attended well during the interview process and were eager to view my illustrations. These nonverbal cues were especially important, for expressive language skills were often delayed. A lack of verbal participation should not be viewed as disinterest, for the girl who is mentally retarded may not have the expressive skills to verbalize her questions.

Those informants who verbally expressed that they wanted to know more about growing up did so either by stating specific questions, by replying to my questions with, "I don't know, tell me," or by asking if I had a book for them. The nurse should also remember that the receptive language system develops before the expressive language system. Therefore, the adolescent may be able to understand more than she is able to verbally communicate.

The environment provides many opportunities to

communicate with the girl who is mentally retarded about growing up, i.e. observations of pregnant acquaintances, movie and television love scenes, observations of the girl's body during bathing, toileting, or during examination. Nurses, parents, and other members of the health care team should use these opportunities for health education.

This cultural subgroup needs and asks for information about becoming a woman. This study may provides a basis for nurses to develop curriculum and programs for health teaching. Literature for the girl who is mentally retarded to read and learn about her own developmental processes is also needed.

The cultural theme, "I can do what others can do," illustrated that girls who are mentally retarded perceive that they can do what they see their peers, siblings and eventually what their mothers do. In many cases this may be realized by the girl who is mentally retarded. The nurse may act as an advocate to facilitate and encourage her maximal, responsible independence. When expectations are not feasible, the girl who is mentally retarded may be given choices, shown alternatives and allowed to participate in making the decision for herself. The informants in this study anticipate, "having a job," "driving a car," "getting married," and "having babies" when they are older. Parents and other members of the interdisciplinary team may need to acknowledge the desires and needs of the girl who is mentally retarded and work toward providing her a life as nearly

normal as possible.

This study can also be used to generate further questions about the girl who is mentally retarded as she is becoming a woman. The practice of assessing the child's view, while caring for them on a day to day basis, will be helpful in understanding more about that child and in developing the "culture of childhood."

Recommendations for Further Research

The following recommendations for further research have been generated through this study:

- 1.) Conduct a study focusing specifically on the phenomenon, "Growing up is hard for everybody. It is going to be harder for me."
- 2.) Conduct a study focusing on what factors influence the self image and self esteem of the mentally retarded.
- 3.) Replicate the study with different populations:
 - a. Interview more postmenarchal informants.
 - b. Interview 14 to 18 year old girls who are mentally retarded.
 - c. Interview physically handicapped girls.
- 4.) Conduct studies on related aspects of this study:
 - a. Investigate the parents' views of their daughter who is mentally retarded as she is becoming a woman.

- b. Investigate "Becoming a man: the boy who is mentally retarded."
- c. Investigate the siblings' views of growing up with a mentally retarded sister or brother.

APPENDIX A
PERMISSION TO CONDUCT STUDY
UNIVERSITY OF ARIZONA HUMAN SUBJECTS COMMITTEE



THE UNIVERSITY OF ARIZONA

HEALTH SCIENCES CENTER
TUCSON, ARIZONA 85724

HUMAN SUBJECTS COMMITTEE
1009 N. WARREN (BUILDING 220), ROOM 112

TELEPHONE (602) 626-6721 or 626-7575

7 November 1985

Deborah N. Williams, R.N.
4800 N. Paseo Aquimuri
Tucson, Arizona 85715

Dear Ms. Williams:

We are in receipt of your project, "Becoming a Woman: The Girl Who is Mentally Retarded", which was submitted to this Committee for review. The procedures to be followed in this study pose no more than minimal risk to the minor subjects participating. Regulations issued by the U.S. Department of Health and Human Services (45 CFR Part 46, Subpart D) authorize approval of this type project, with the condition that adequate provisions are made to secure the consent of the subjects' parents and, where possible, the assent of the subjects themselves. Although full Committee review is not required, a brief summary of the project procedures is submitted to the Committee for their information and comment, if any, after administrative approval is granted. This project is approved effective 7 November 1985.

Approval is granted with the understanding that no changes will be made either in the procedures to be followed or in the consent form and assent procedure to be used (as outlined in your request for approval) without the knowledge and approval of the Departmental/College Committee and the Human Subjects Committee. Any physical or psychological injury to any subject must also be reported to this Committee.

A university policy requires that all signed subject consent forms be kept in a permanent file in an area designated for that purpose by the Department Head or comparable authority. This will assure their accessibility in the event that university officials require the information and the principal investigator is unavailable for some reason.

Sincerely yours,

Milan Novak

Milan Novak, M.D., Ph.D.
Chairman
Human Subjects Committee

MN/jm

cc: Ada Sue Hinshaw, R.N., Ph.D.
College Review Committee

APPENDIX B

PERMISSION TO CONDUCT STUDY

SCHOOL DISTRICT HUMAN SUBJECTS COMMITTEE

TUCSON UNIFIED SCHOOL DISTRICT

P.O. BOX 40400
1010 EAST TENTH STREET
TUCSON, ARIZONA 85717

January 16, 1986

Deborah N. Williams
4800 North Paseo Aquimuri
Tucson, Arizona 85715

Dear Ms. Williams:

We are pleased to inform you that your request to do research in the Tucson Unified School District has been approved by: Ben Canada, Assistant Superintendent, Region II.

PROJECT TITLE: Becoming A Woman: The Girl Who Is Mentally Retarded

REFERENCE NUMBER: 1289

It will be your responsibility to contact the administrator(s) of the site(s) and/or departments participating in your study to secure their approval. You MUST show them a copy of this letter. In addition, you must obtain the signature of (the) participating school/department administrator(s) on a Request To Do Research in a TUSD School or Department form (attached), and return the completed form(s) to Legal and Research Services. It is your responsibility to make a copy of this form for each site, complete the information requested and return the form(s).

Please keep in mind that building principals have administrative responsibility and control of the conduct of your study in their area.

Finally, please provide this Department with one copy of the final report of the completed study.

Sincerely,

Christopher Crowder
Assistant Director
Testing and Evaluation

CC/50

APPENDIX C
PARENT CONSENT

THE UNIVERSITY OF ARIZONA COLLEGE OF NURSING

PARENTAL CONSENT FORMRESEARCH: Becoming a Woman: The Girl who is Mentally Retarded

Your daughter is being asked to participate in a study to explore what the girl who is mentally retarded knows and understands about becoming a woman. This study is planned to write the story of becoming a woman from the mentally handicapped girl's point of view. Your daughter is being asked to participate, along with other girls who are 9-13 years of age and who attend a special education program. Your daughter may benefit from the research by having her views heard and may become more aware of her own developmental processes and associated responsibilities of growing up.

The study will be conducted by a master's candidate at the University of Arizona who is a registered nurse with a special interest in handicapped students. This research will be guided by professors in the College of Nursing. The researcher will participate in classroom activities throughout the study (approximately 4 weeks) to get to know your daughter. Your daughter will be asked to talk with the researcher at school for approximately half an hour per week for three weeks. The researcher will tape record the interviews to facilitate accurate data collection and may use illustrations to promote communication. The tape recordings will be destroyed after transcription. The research data will be kept indefinitely by the researcher and College of Nursing for potential future use. However, the identity of your daughter will not be revealed. Your daughter may talk with her teachers and with you about what we have discussed.

Your daughter's participation in this research is voluntary and there are no known risks to participation. There is no cost to you

nor will you be paid for participating. Your daughter's participation may assist others in their understanding of mentally retarded girls' knowledge of developmental processes. Cooperation in this important project will be very much appreciated. If you have any questions, please call me at 299-8037.

Sincerely,

Deborah Williams, R.N.
Master's Candidate

I have read the above consent form. The nature, demands, risks and benefits of the research have been explained to me. I understand that I may ask questions and that I am free to withdraw my daughter from this project at any time without occurring ill will. I also understand that this consent form will be filed in an area designated by the Human Subjects Committee with access restricted to the principal investigator or authorized representatives of the College of Nursing. A copy of this consent form will be given to me upon request.

Daughter's name_____Date_____

Parent or Guardian's signature_____

Witness_____Date_____

APPENDIX D
STUDENT ASSENT

THE UNIVERSITY OF ARIZONA COLLEGE OF NURSING

STUDENT'S ASSENT FORMRESEARCH: Becoming a Woman: The Girl who is Mentally Retarded

I am asking you to help with a project about what girls know and understand about growing up. I am asking girls between the ages of 9 to 13 who go to school to help with this project. I will be helping in your school for four weeks and will ask you to talk with me. I will ask you to talk into a tape recorder and draw a picture.

I think what you tell me will help other people understand what it is like to grow up.

You can decide for yourself if you want to help with this project. There is no reason I know of that this project will hurt you. You will not need to pay me any money nor will I pay you any money. You can ask any questions you like and I will answer them. You may talk with your teachers or parents after you have talked with me.

When I am finished asking you questions, I will write about what you have said, but I will not use your name. This means there is no way other people can know who told me the things you have said. I will keep what you have said in a safe place and may use it again.

I want you to remember that any time you do not want to answer a question, you do not have to.

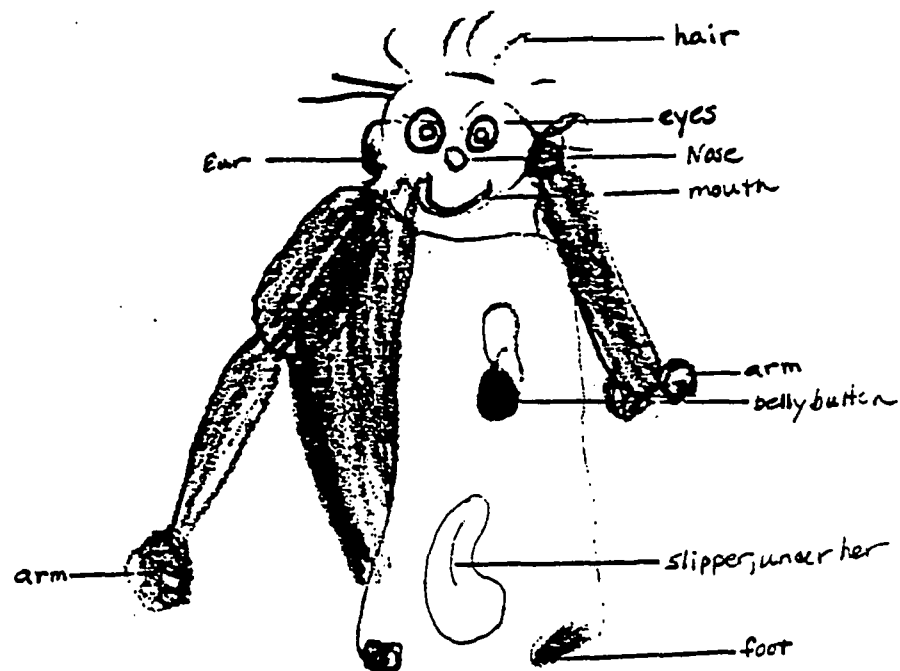
I understand what has been written in this form. What it means has been explained to me and to my parents. I know that I may ask questions and I may stop helping with this project any time I choose. I understand that this form will be kept in a safe place and that only the research people can look at it.

Student's signature_____Date_____

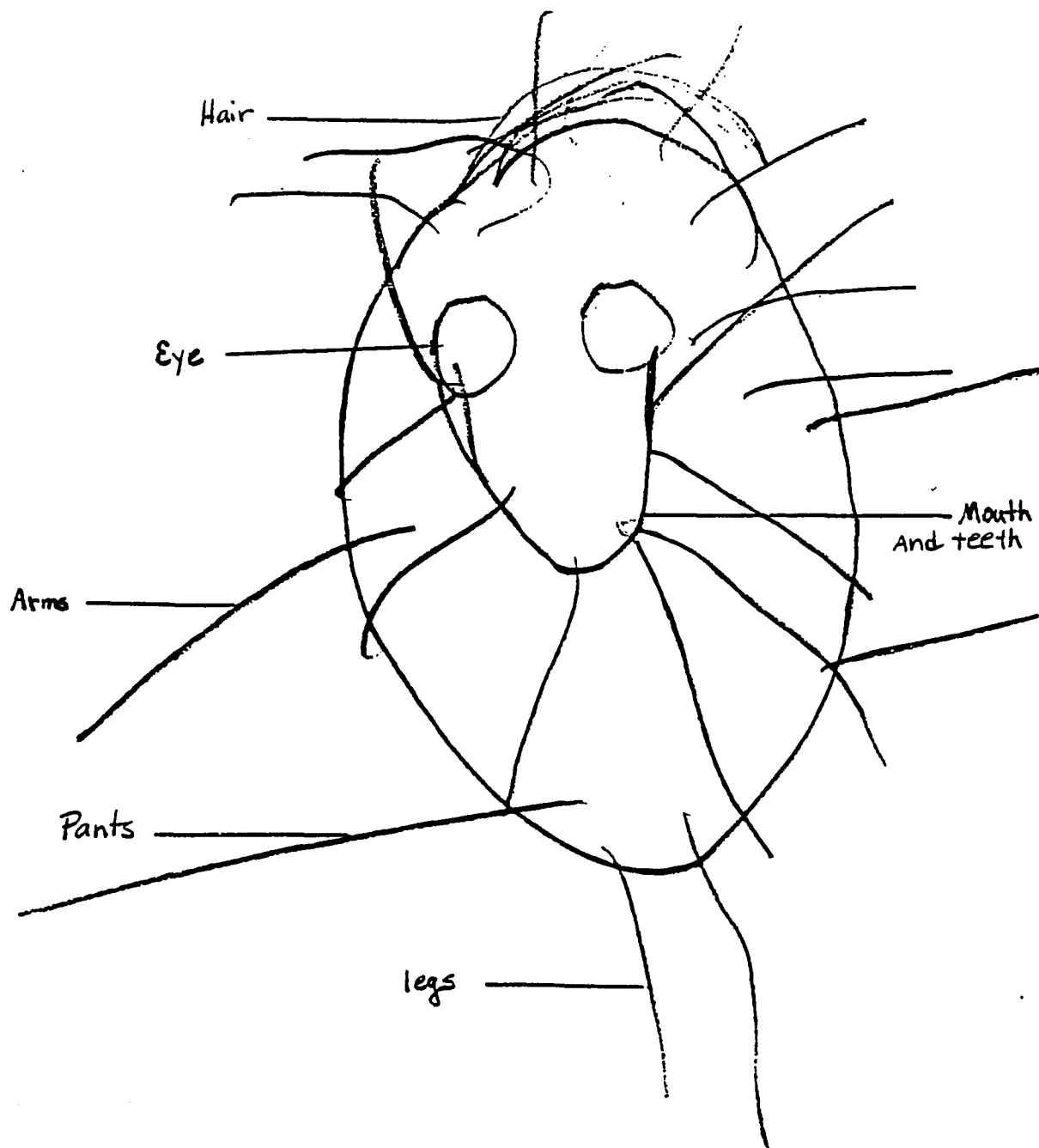
Witness_____Date_____

APPENDIX E

INFORMANTS' DRAWINGS

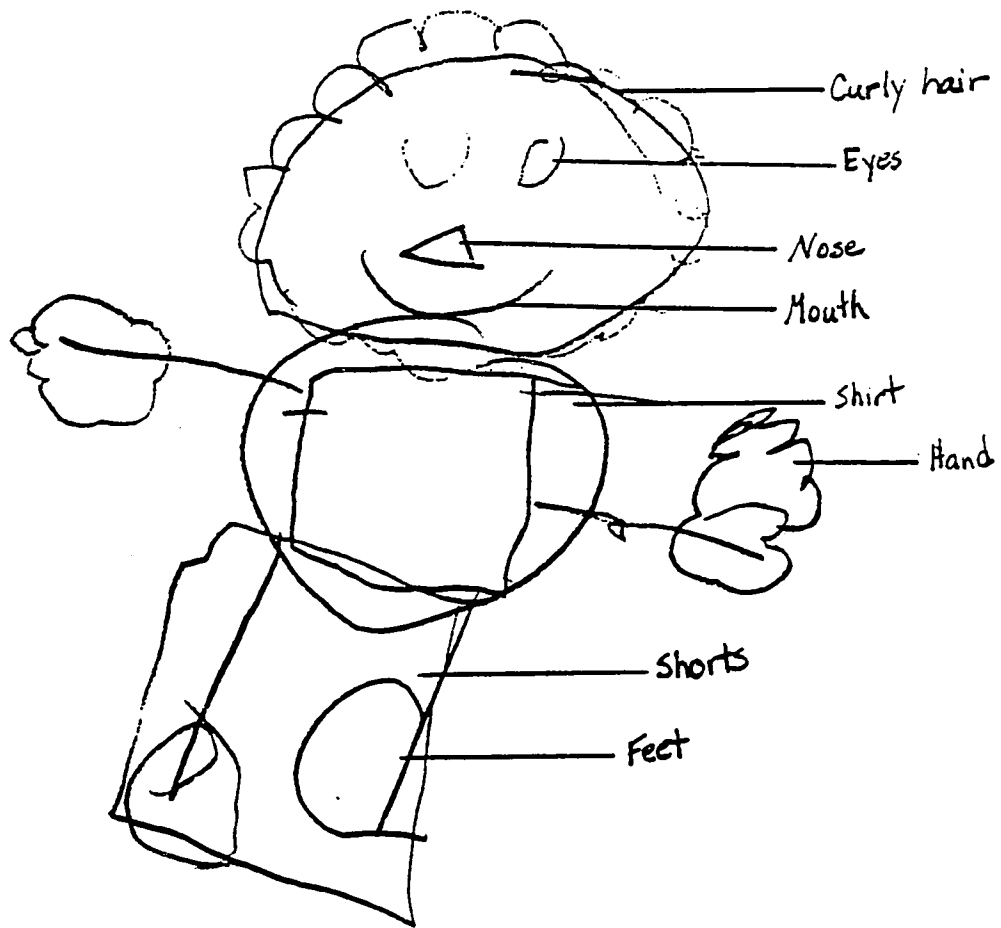


Appendix E. Figure 1 Princess (Chronological age 9.2)
(mental age 6.6)
"A girl that is growing and going outside."



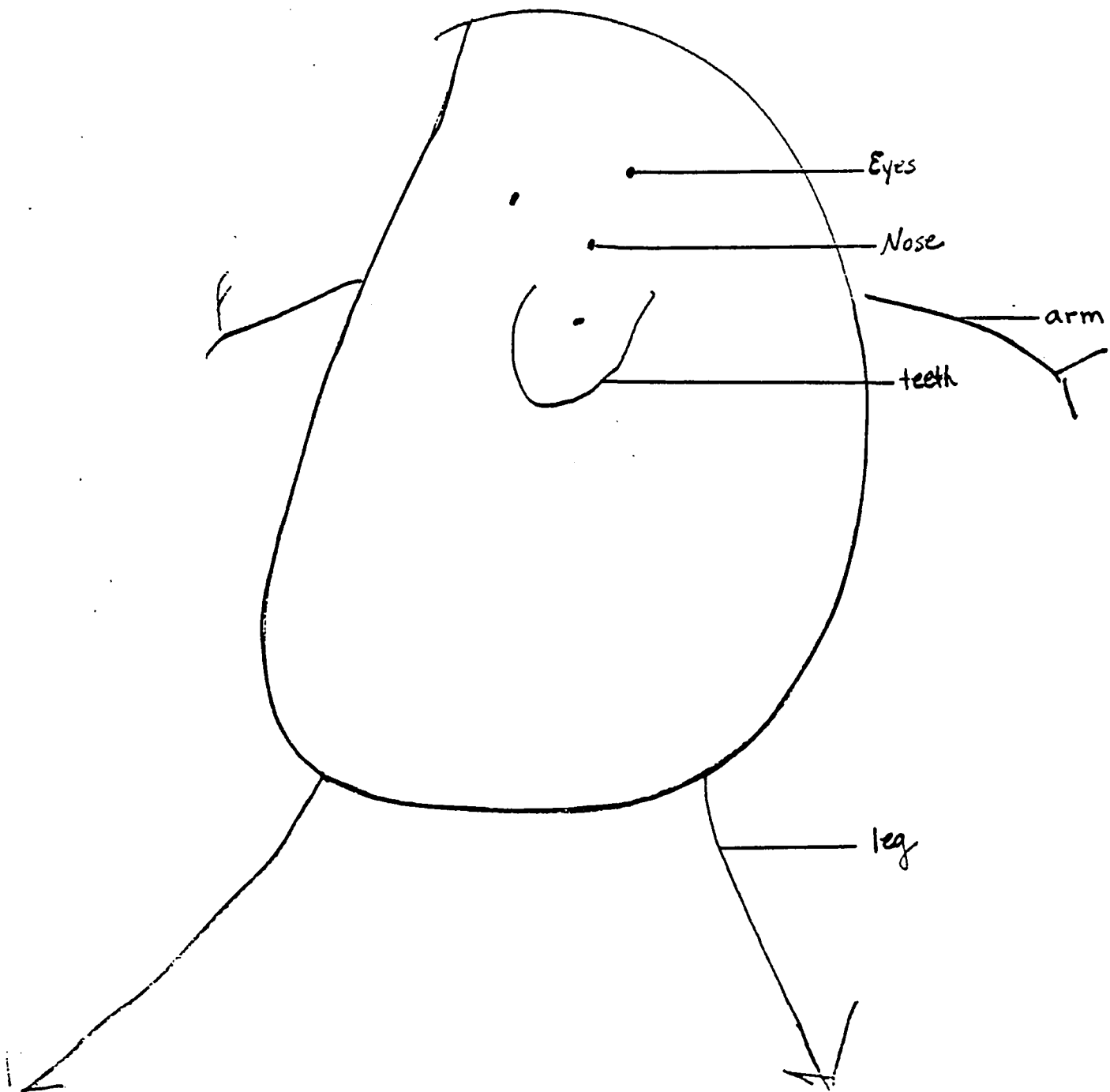
Appendix E. Figure 2 Jane (Chronological age 10.0)
(Mental age 5.10)

"She is happy."

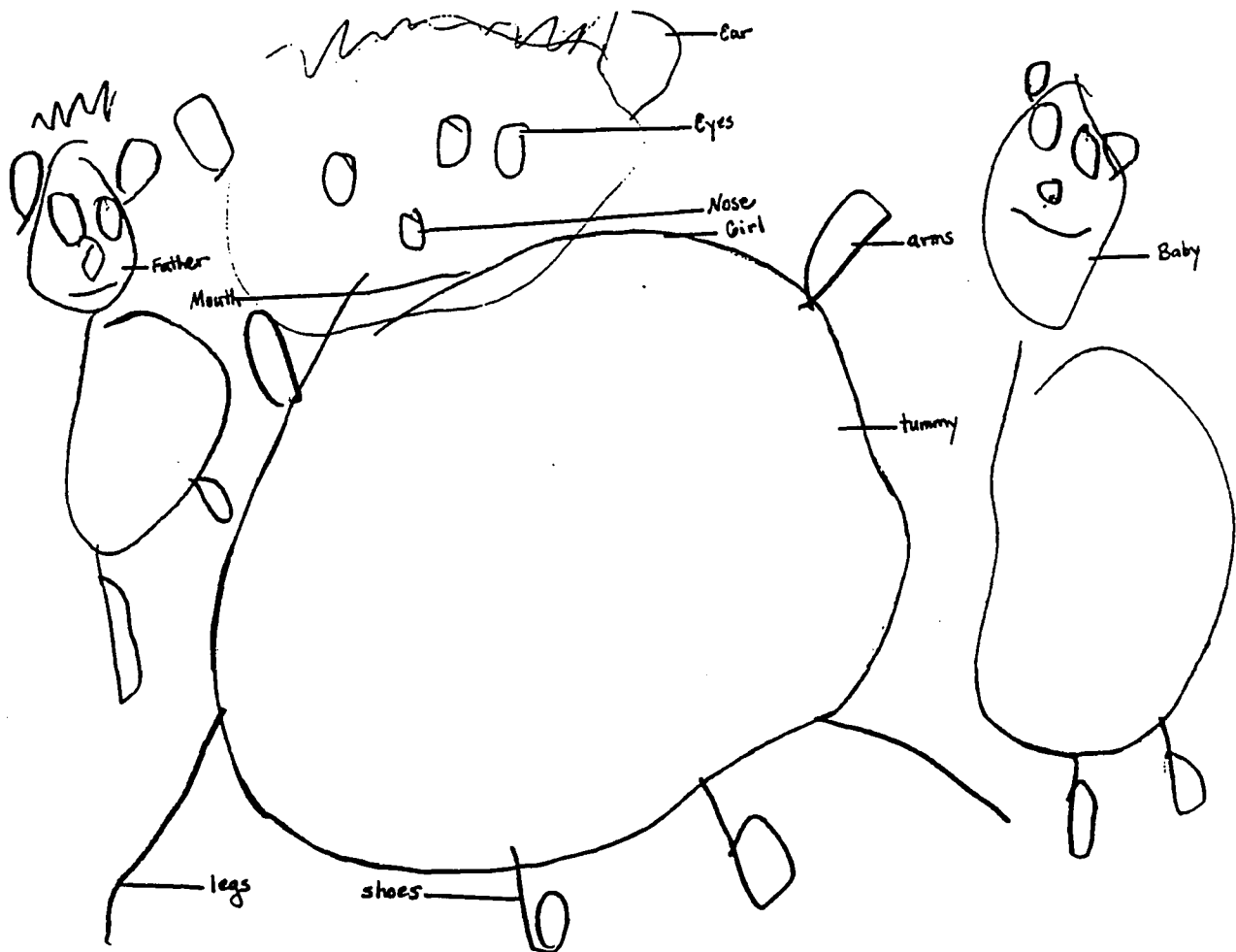


Appendix E. Figure 3 Raisin (Chronological age 10.1)
(Mental age 5.5)

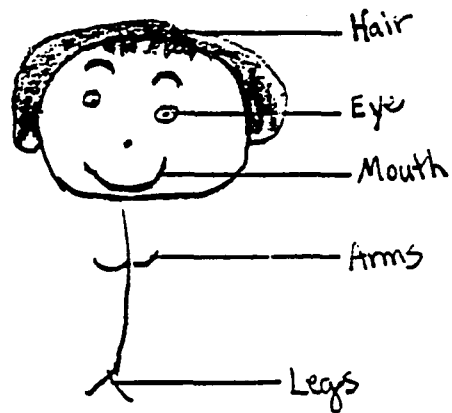
"She has curly hair."



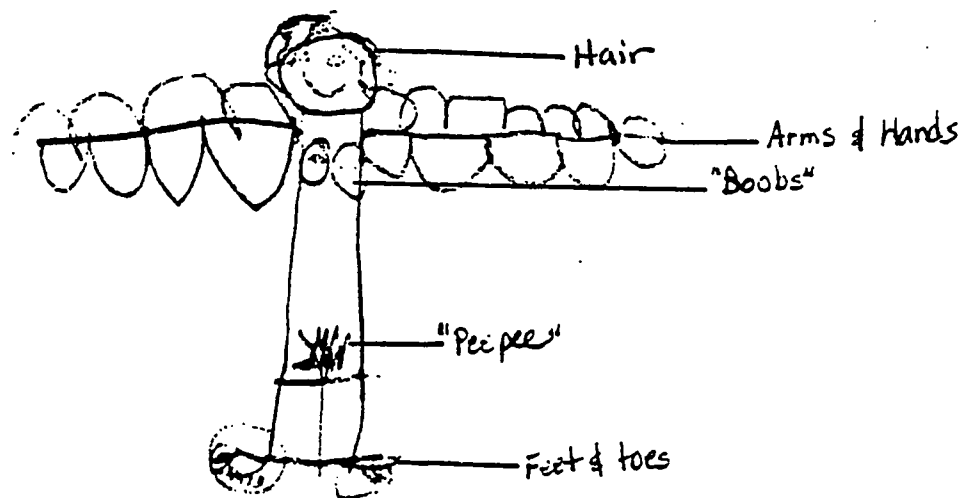
Appendix E. Figure 4 Beth (Chronological age 10.3)
(Mental age 5.2)
"Snowwhite."



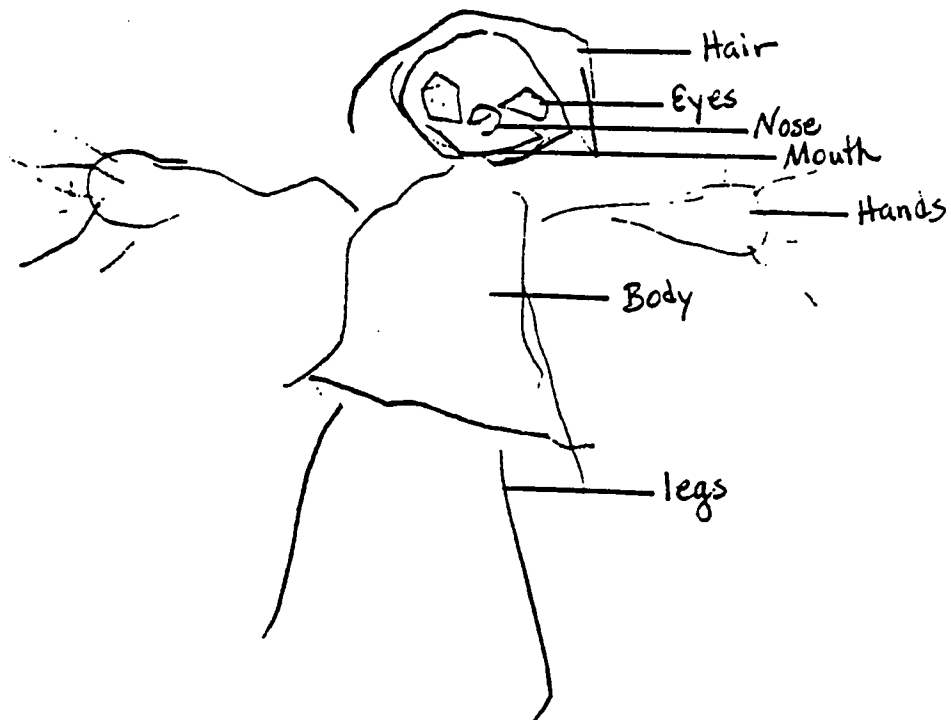
Appendix E. Figure 5 Donna (Chronological age 11.6)
 (Mental age 5.6)
 "A girl with her father and a baby."



Appendix E. Figure 6 Susan (Chronological age 12.2)
(Mental age 6.5)
"She has black hair."

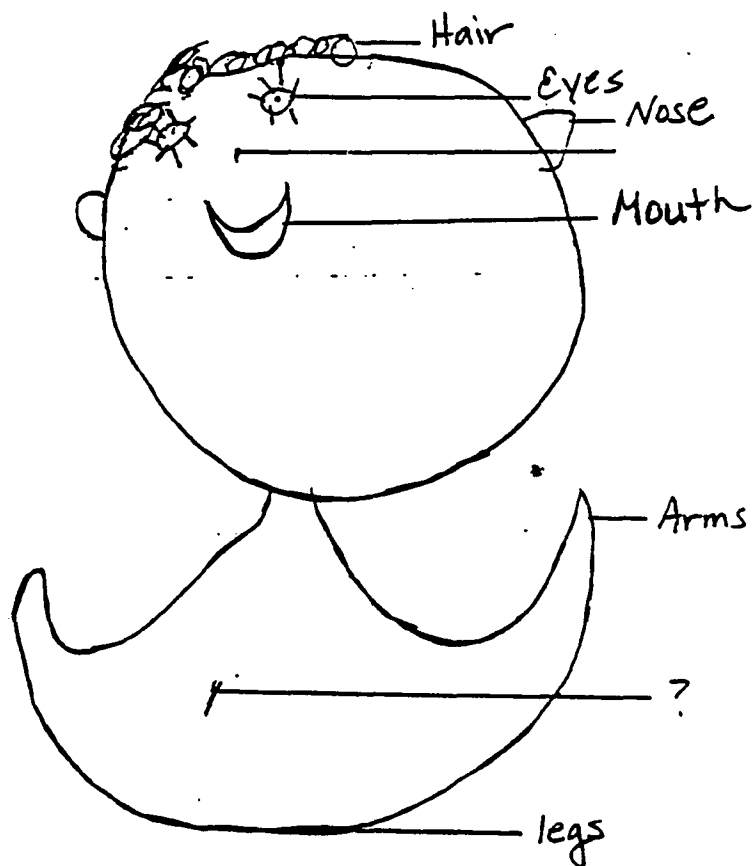


Appendix E. Figure 7 Annie (Chronological age 12.5)
(Mental age 5.11)
"A girl growing tall. She has boobs and peepee."



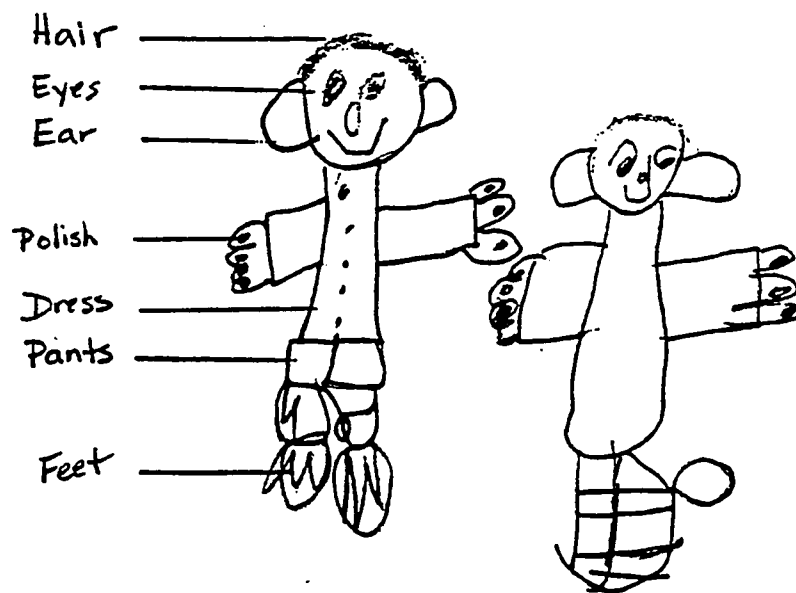
Appendix E. Figure 8 Cathy (Chronological age 12.8)
(Mental age 8.3)

"She has on a dress."

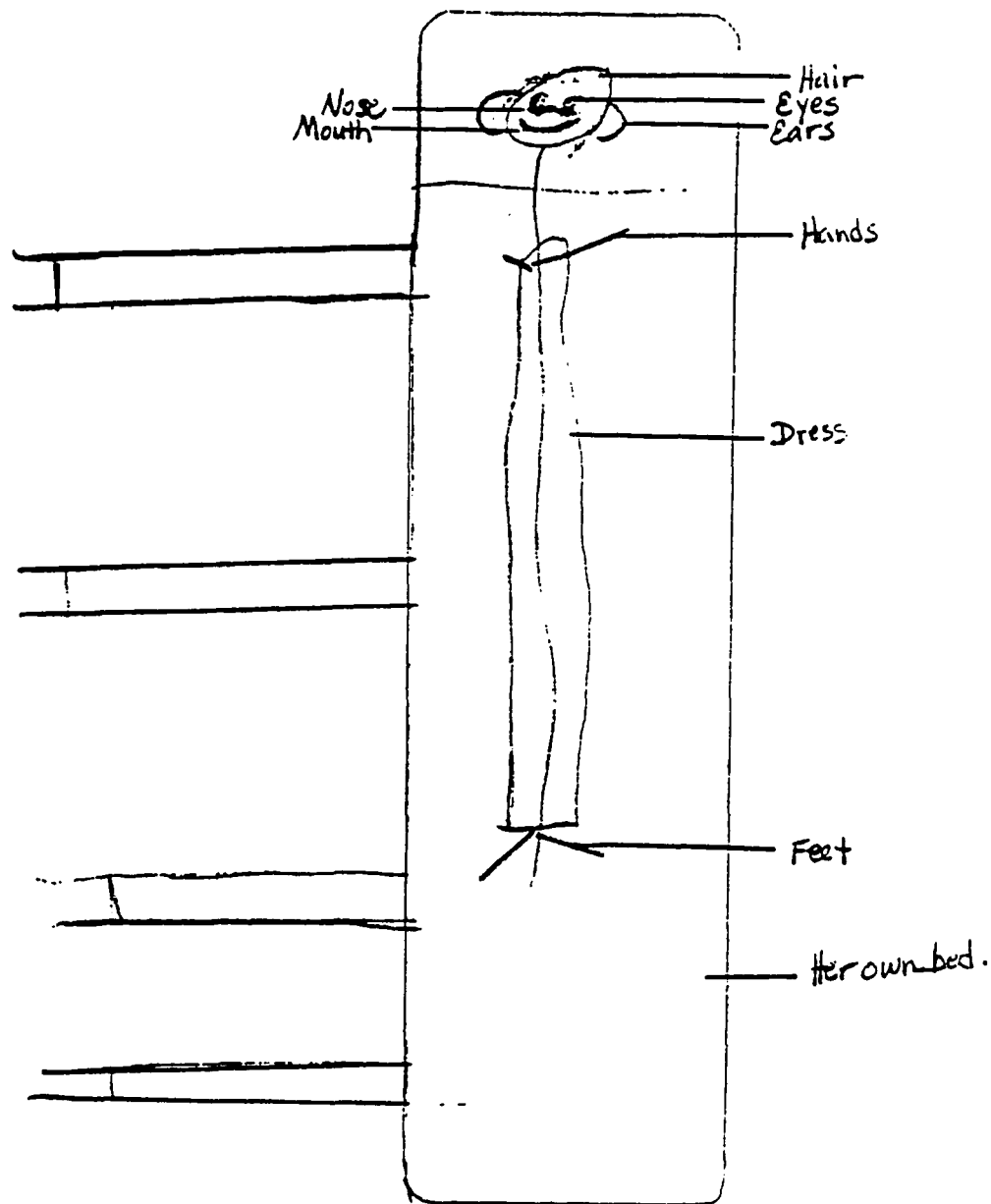


Appendix E. Figure 9 Kelly (Chronological age 12.11)
(Mental age 5.4)

"A girl who is happy."



Appendix E. Figure 10 Nancy (Chronological age 13.3)
(Mental age 5.0)
"Two girls that have polish (nail polish)."



Appendix E. Figure 11 Lynn (Chronological age 13.5)
(Mental age 9.1)

"Girl sleeping on her own bed. Doesn't have a husband but she has two kids, a two and three year old girl. She has a dress on and she's getting fat. She feels happy. She works at school."

REFERENCES

- American Nurses' Association Nursing, A Social Policy Statement. Missouri: ANA, 1980.
- Barnard, K.E. Teaching Children with Developmental Problems: a Family Care Approach. 2nd ed. St. Louis: C.V. Mosby, 1976.
- Behrman, R.E. and Vaughan V.C. Nelsons Textbook of Pediatrics. 12th ed. W.B. Saunders Company, 1983.
- Brown, H. "Sexual Knowledge and Education of ESN Students in Centers of Education." Sexuality and Disability. Vol. 3, 215-220, 1980.
- de la Cruze, F. and La Veck, G. Human Sexuality and the Mentally Retarded. New York: Brunner/Mazel, Inc., 1973.
- Edgerton, R.B. The Cloak of Competence: Stigma in the Lives of the Mentally Retarded. Berkeley: University of California Press, 1967.
- Edwards, J. and Wapnick, S. Being Me: A Complete Social-Sex Education Training Program for the Austistic, Severely Handicapped, Moderately Retarded and other Developmental Delays. Portland, Oregon: ASIEP Educational Co. 1978.
- Erikson, E.H. Childhood and Society. 2nd ed. New York: W.W. Norton, 1963.
- Fischer, H. and Krajicek, M. "Sexual Development of the Moderately Retarded Child: Level of Information and Parental Attitudes." Mental Retardation. 12(3) 28-30, 1974.

Goodman, M.E. The Culture of Childhood. Columbia University: Teachers College Press, 1970.

Hall, J.E., Morris H. L. and Baker, H. R. "Sexual Knowledge and Attitudes of Mentally Retarded Adolescents." American Journal of Mental Deficiency. 77(6) 706-709, 1973.

Hall, J.E. and Morris, H.L. "Sexual Knowledge and Attitudes of Institutionalized and Non-institutionalized Adolescents." American Journal of Mental Deficiency. 80(4) 382-387, 1976.

Hall, J.E. "Sexuality and the Mentally Retarded." In: R. Green, ed. Human Sexuality: A Health Practitioner's Text. Baltimore: Williams and Wilkins, 1975.

Hammar, S.L., Wright, L.S. and Jensen, D.L. "Sex Education for the Retarded Adolescent: A Survey of Parental Attitudes and Methods of Management in Fifty Retarded Adolescents." Clinical Pediatrics. 6, 621-627, 1967.

Johnson, R.B. and Magrab, P.R. Developmental Disorders: Assessment, Treatment and Education. Baltimore: University Park Press, 1976.

Kempton, W. and Foreman, R. Guidelines for Training in Sexuality and the Mentally Handicapped. Philadelphia: Planned Parenthood Association of Southeastern Pennsylvania, 1976.

Kempton, W. Guidelines for Planning a Training Course on Human Sexuality and the Retarded. Philadelphia: Planned Parenthood Association of Southeastern Pennsylvania, 1972.

- Kohlberg, L. "A Cognitive-Developmental Analysis of Children's Sex-Role Concepts and Attitudes." In: E. MacCoby, Ed. The Development of Sex Differences. Stanford: Stanford University, 1966.
- Kohlberg, L. and Ullian, D. "Stages in the Development of Psychosexual Concepts and Attitudes." In: R. Friedman, R. Richart and R. Vande Wiele, Ed. Sex Differences in Behavior. New York : Wiley, 1974.
- Kolodny, R.C., Masters, W.H., Johnson, V.E. and Biggs, M.A. Textbook of Human Sexuality for Nurses. Boston: Little Brown and Company, 1979.
- Krajicek, M.J. "Developmental Disability and Human Sexuality." Nursing Clinics of North America. 17(3), 1983.
- McCullough, C. Tim. Harper and Row Publishers, 1974.
- Mead, M. Coming of Age in Samoa. William Morrow and Company Inc., 1973.
- Nirje, B. "The Normalization Principle and its Human Management Implications." In: Kugle and Wolfensberger, ed. Changing Patterns in Residential Services for the Mentally Retarded. Washington, D.C.: President's Committee on Mental Retardation, 181-195, 1969.
- Omwake, E. "The Child's Estate." Modern Perspectives in Child Development. A.J. Solnit and S.A. Provence, ed. Washington: International University, Inc., 1963.
- Opler, M.E. "Themes as Dynamic Forces in Culture." The American Journal of Sociology. 53, 198-206, 1945.

- Salerno, L.J., Park, J.K. and Giannine, M.J. "Reproductive Capacity of the Mentally Retarded." Journal of Reproductive Medicine. 14(3), 123-129, 1975.
- Sandter, E.S. "Sexual Expectations of the Mentally Retarded." Mental Retardation. 10, 27-29, 1972.
- Siantz, M.L. The Nurse and the Developmentally Disabled Adolescent. University Park Press, 1977.
- Slaymaker, L. A Childs-eye view of the Pediatric Intensive Care Unit. Unpublished Master's Thesis. University of Arizona, 1985.
- Spradley, J.P. Participant Observation. New York: Holt Rinehart and Winston, 1980.
- Spradley, J.P. The Ethnographic Interview. New York: Holt Rinehart and Winston, 1979.
- Stedman's Medical Dictionary. 22nd ed. Baltimore: Williams and Wilkins, 1972.
- Watson, G. and Rogers, R.S. "Sexual Instruction for the Mildly Retarded and Normal Adolescent: A Comparison of Educational Approaches, Parental Expectations and Pupil Knowledge and Attitudes." Health Education Journal. 39(3) 88-95, 1980.
- Wolfenberger, W. The Principle of Normalization in Human Services. Toronto: University of York Press, 1972.