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Modesty in Mexican-American women

Gigstad, Margaret Ann, M.S.

The University of Arizona, 1994

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MODESTY IN MEXICAN-AMERICAN WOMEN

by

Margaret Ann Gigstad

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A Thesis Submitted to the Faculty of the

COLLEGE OF NURSING

In Partial Fulfillment of the Requirements
For the Degree of

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In the Graduate College

THE UNIVERSITY OF ARIZONA

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STATEMENT BY AUTHOR

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ABSTRACT

The purpose of this study was to discover what modesty means to healthy, middle-aged Mexican-American women living in Tucson, Arizona. Accepted ethnographic methodology was used in this exploratory descriptive study. Three audio-taped interviews of one to two hours in length and field notes were used in data collection. A purposive, convenience sample of three Mexican-American women was used. Modesty emerged as a concept inextricably linked to culture. Women's roles were the domains of meaning through which the themes of protection, respect, servility and conflict were described. Modesty in Mexican-American women and the impact it has on health care situations was discussed. Implications for nursing practice were explored.

CHAPTER I

INTRODUCTION

What is modesty? How much is it affected by culture, and in turn, how much does it affect individuals within a culture? Culture is the knowledge people use to interpret experience, generate social behavior, and determine health and care patterns (Leininger, 1988; Spradley, 1979). Although modesty is not defined, per se, as a variable or phenomenon in nursing or social science literature, it can be assumed to have a role in both the person's value system and social behavior. Both values and behavior are reflected in demeanor, dress, and speech. All of these cultural markers can be described with reference to modesty.

The knowledge and experience that people use to define modesty for themselves may be differentiated by culture, gender and generation. What people experience as they are socialized within institutions such as family, church, and work place, is affected by culture in general, and gender in particular. Also, there is a historical and societal context shared by those of the same age group. The historical context can change rapidly in open systems such as the United States. For example, World War II, Vietnam, The civil rights movement and feminism all precipitated differences in mores and lifestyles between generations.

The focus of this study is the cultural knowledge and perceptions of modesty in healthy, middle-aged women who are Mexican-American. In this area of the Southwestern United States, Mexican-American is the accepted description of Mexican

immigrants or Americans of Mexican descent. This group is considered a Mexican-American subculture within the dominant American culture. Hispanic is a broader description of ethnicity that includes Mexican-Americans but encompasses all others of Spanish descent. The broad literature on Hispanic culture, together with the author's experience in the practice of rehabilitation nursing in the Southwest, suggests that modesty may be of special importance to Mexican-American women. What can be discovered about how modesty affects the inner worlds of these women; their views, feelings, ideas and habits as they live their normal everyday lives?

By the year 2000, the Hispanic population in the United States is projected to exceed 30,000,000. At that point, approximately one out of every 10 people in the United States will be Hispanic (U.S. Bureau of the Census, 1993). Thus, nurses need to be aware of issues that affect such a large percentage of Americans.

Nursing practice has been looked at from many theoretical perspectives. Regardless of the lens through which nursing is examined, it is recognized as a process by which nurses care for and positively influence multifaceted human beings as they seek health. The perceptions of these human beings about health are important to nurses. Nursing often involves the physical care of, and teaching about, some of the most personal aspects of life. Nurses deal with people at vulnerable moments in their lives, as they face fear, loss, and pain. Care often involves invasive procedures, physical contact, and exposure of the body. Negative responses to breeches of cultural taboos in

health care settings naturally impact the effectiveness of nursing care and the maintenance of therapeutic relationships.

To the extent that the cultural differences of the client impede the process of care or communication, modesty becomes a clinical problem that can only be addressed by knowledge and understanding. Therefore, an awareness of Mexican-American women's feelings related to the body and reactions to nursing care strategies in Mexican-American women would be a useful addition to the nursing knowledge base.

Statement of the Problem

One of the most common complaints from Mexican-American women on health care was that "they ignore my feelings of modesty" (Muholland, 1990). In health care settings, the issue of modesty is often left unaddressed. For example, some hospital rooms are private with one bed, one bathroom, and a door that closes, but most hospital rooms have another bed a few feet away separated only by a curtain. It is here, at the bedside, where health care professionals often discuss diagnoses, plan treatment, provide personal care, and do invasive procedures. Here is also where the client asks questions, expresses fears, and explores ways of coping. The stage is set at the bedside for very personal experiences, but what kind of privacy is provided? Visitors of all ages and both genders come and go. Everyone in the room hears one another's conversations, television shows, coughing jags, heavy sighs, and occasional bowel sounds. This is referred to as "semi-private". If the word "private" has a meaning, a room either is or is not private. In the hospital, unfortunately, most rooms are not. The presence of a

language barrier may further compound the problem of lack of privacy and invaded personal space by preventing the offering of explanation and support. It is through language that nurses explain what is being done and why. It is also through language that clients ask questions, express ambivalence, and direct their care.

Health care providers from the dominant American culture may be operating from a different perspective than their Mexican-American clients. Differing values and standards of modesty are discussed in Chapter II. When a segment of the population within a society holds some ideologies that conflict with the health care system, it is within the realm of nursing to seek to understand and bridge the differences. One way to understand how individuals within culture or group think is to encourage them to explain their perspective. Although each individual is, by definition, unique, the understanding of individuals is enhanced by the discovery of commonalities within groups.

Qualitative research looks at the meaning of phenomena through the descriptions and ideas of informants. Ethnography, one type of qualitative research, is often used when the focus of inquiry is on a culture. Ethnography seeks to discover what is common or distinct within the culture in terms of views, beliefs, relationships, practices, and meanings. This is done by interviewing and learning from people, or informants, from the cultural group, who wish to share their knowledge. The informants are the "teachers", the ethnographer is the "learner". The ethnographic interview explores what people know from their own native, or emic, point of view, rather than from the

outsider's, or etic, perspective (Spradley, 1979). Leininger (1985) further clarifies emic as a dimension of knowledge based on local conditions and perceptions, as opposed to the etic which refers to universal or general knowledge. Leininger (1988) defines cultural care as professional actions that are specifically geared to helping the client within their own cultural system. Culturally incongruent care, then, would be the result of not taking the client's culture, values, beliefs and views into account. The purpose of this study is to illuminate the emic view of modesty in healthy Mexican-American women. Only through understanding a culture can nursing act to lessen the negative impact of culturally incongruent care.

Background of the Researcher

The researcher is a rehabilitation nurse practicing in the Southwestern United States. In rehabilitation, the client is assumed to have a right to knowledge, self determination, and independence in performing or managing self care (Dittmar, 1989). Immobility, along with loss of sensation and control, often accompany the types of conditions that require rehabilitation services: stroke, traumatic disability and degenerative diseases. Consequently, nursing care in this setting focuses on alternative methods of assisted personal hygiene and elimination. It is a world of bowel and bladder programs, intermittent catheterization, commodes, and shower chairs. In addition to unfamiliar routines and equipment, there tends to be a higher ratio of male nurse aides and technicians in this specialty, perhaps because of the amount of heavy lifting that is required.

In the researcher's experience, over half of the Mexican-American women in the rehabilitation hospital do not allow personal care to be done by any male. This issue raises questions for the researcher concerning the implications for the less assertive clients, are their cultural boundaries invaded or ignored? For example, when a client politely declines a shower, or becomes withdrawn when catheterization is necessary, are these more subtle indications of cultural conflict? The focus of this research is on discovery of the meaning of modesty as a first step in providing culturally congruent care.

Purpose of the Study

The purpose of this study was to discover the cultural knowledge that impacts Mexican-American women's concept of modesty.

Conceptual Orientation: Concept of Culture

The concept of culture as a component of Leininger's theory of transcultural care diversity and universality guided this study. Before Leininger's work, culture had been studied primarily by anthropologists and social scientists. In this arena, Spradley (1979, p.5) defines the concept of culture as "the acquired knowledge that people use to interpret experience and to generate societal behavior." He goes on to further define culture in more concrete terms as "a set of instructions for carrying out ordinary activities of life." (Spradley, 1979, p. 214).

Leininger's view of culture is similar, "learned, shared and transmitted values, beliefs, norms and lifeway practices that guide thinking, decisions and actions in

patterned ways (Leininger, 1985b, p. 209)." Leininger blends the knowledge base of the discipline of anthropology with that of nursing and formulates a theory for nursing that incorporates culture as one of the components. The anthropological term "context" is stressed as the natural, familiar setting and environment that gives meaning to human experience (Leininger, 1985a). It is in this context of normal everyday living, rather than in the stress of illness, that the researcher seeks to understand the meaning of modesty for the women of the Mexican-American culture.

Barnum (1994) states that Leininger encourages the concentrated study of cultures by nurses and an increasing sensitivity to cultural meanings among nurses. Knowledge about culture is of utmost importance to nurses because culture influences a person's health and care patterns (Leininger, 1988). It is this distilled focus on the concept of culture that guides this study. An ethnographic analysis, as used in this study, may reveal a concept of modesty not presently found in the literature.

Summary

As the Hispanic population of the United States increases throughout the next decade, it will be increasingly important for nurses to gain a deeper understanding of this culture. Differing standards of modesty coupled with the vulnerability and physical exposure inherent in health care situations combines to point toward modesty in Mexican-American women as a clinical problem that can only be addressed by understanding. Leininger's (1988) concept of culture as an influence on a person's health beliefs and an important focus for nursing research guided this ethnographic study.

CHAPTER II

LITERATURE REVIEW

Modesty is not found in the literature as a subject in and of itself, but rather as a small part of the description of the culture. Therefore, the broad tenets of Mexican-American tradition, the dominant American culture's beliefs about modesty, and the results of a pilot study done by the researcher on modesty in Mexican-American women are included in this chapter.

Mexican-American Culture

Cultural rules are unwritten. There is an understanding of what one should and should not do that is developed through overt instruction and subtle cultural cues. These unwritten rules are primarily learned from family members in the home setting. This process of cultural learning is called socialization. Modesty, then, would be learned through the process of socialization. Mexican-American standards of modesty differ markedly from the dominant Euro-American society (Freebairn & Gwinup, 1979). The literature reveals some general rules and values that are not found in the mainstream of the United States culture.

For example, Freebairn and Gwinup (1979) stated that many Mexican-American women, even in childhood, have not seen others undress. It is even customary to bathe female babies with underpants on. It was also noted that Latino women are reluctant to discuss genitalia or elimination. Kuipers (1991) stated that Mexican-American women avoid touching their own genitalia, and do not expose their bodies to anyone, especially

men. Haffner (1992) noted reluctance to talk about personal problems, specifically in regard to the children of the client. It was suggested that children not be used as interpreters when discussing any sensitive area. One Mexican-American woman would not reveal the symptoms of a vaginal fistula for days because her son was interpreting. Limited knowledge of female anatomy can also be a problem.

Outside of the immediate family, the roles of men and women are prescribed by custom. The mention of sex or any intimate matter was not made in the presence of the opposite sex or children. Girls were protected from this even more so than boys. In any case, a formal request for permission *Con permiso de la gente* would preface any remark when discussion of something personal was necessary (Campa, 1979).

Values are more difficult to describe. For instance, *dignidad* encompasses honesty and the preservation of dignity (Falicov, 1982). It is a fundamental value throughout the life span. For the woman, performance as a mother is more highly valued than her role as a wife. Family proximity, cohesiveness, and respect for the authority of the parent are important. Within this system of shared space, Falicov (1982) notes that deep intimacy and intense conflict are not expected. There is, rather, a value placed on controlling anger. This avoidance of open conflict, perhaps, would foster a more manageable environment in homes where many generations share limited living quarters and relatives visit frequently. In most homes, individuals are not afforded private living areas, but privacy regarding the physical body is highly valued.

The value of respect has authoritarian undertones rather than the egalitarian mutual respect sought by the dominant culture. *Respecto* further implies that rapport be established rather than assumed (NCHHASO, 1990).

Chaney (1979) discussed the cultural value of *decente*, connoting honesty, modesty, gentility, virtue and appropriateness. This classification cuts across class lines. For instance, a decente servant deserves respect and will be treated that way. Chaney alluded to the fundamental differences in these concepts regarding men and women. Men may have "common" sex outside of marriage so as not to defile the holy marriage bed. "*Les hombres son a si*" means "men are like that." Women are keepers of morality, kept on a pedestal in the sacred home, protected from any dishonor. Thus, casual nudity or lack of cover is degrading.

The Dominant Culture: Beliefs About Modesty

In contrast, in the United States, women's health care has been rooted in feminism. Part of the feminist ideology is giving a high value to women understanding and controlling their own bodies. It also involves being open and aggressive in naming and meeting their physical, emotional and health care needs with respect to their gender. Our bodies, Ourselves was published in 1976 and widely distributed as an encyclopedia of health by, for and about women. The preface stated the reason for the books inception, "religious and cultural taboos had kept too many (women) in ignorance and silence. Keeping in mind our common ground as women must be one of our main tasks" (Pincus & Ditzion, 1984, p. xiv). Choi (1979) believes that traditional stereotypes of

femininity must be rejected because the idea that women are in need of special care or protection is harmful, stunts emotional development, and decreases self esteem. This line of thinking may be in direct conflict with the value system through which Mexican-American women derive their self-concept and self-esteem, which may include being protected, honored and covered.

Pilot Study

A pilot study of modesty in Mexican-American women was done by the researcher (Gigstad, 1993). This was a smaller scale ethnography with two informants who were both nurses. Much of the data centered on these Mexican-American nurses describing Mexican-American clients in a hospital setting. Many themes found in the literature were validated by this study. For instance, control of anger, privacy for hygiene and dressing, and bathing or diapering for little girls having stricter guidelines than for boys, were all described in similar ways. Two themes emerged that were not as explicit in the literature. One was the difference between intimacy and exposure. One informant explained, "we cannot assume that a wife would be comfortable with her husband doing, or observing, personal care. That is very personal. What is between a husband and wife is very different." The other theme that emerged was the intense emotional reaction to breeches of privacy or males doing personal care for females. "I'd rather die than have a man catheterize me - I would really rather die." Another informant's response to being given a bedpan by a female nurse was "It was degrading."

The results suggested that modesty is a complex cultural value that is deep and abiding in Mexican-American women.

Summary

There were only two specific references to modesty in the literature. Freebairn & Gwinup (1979) noted that standards of modesty in Mexican-American's differed from the dominant culture and Muholland (1990) found that Mexican-American women felt their standards of modesty were ignored in health care situations. The remainder of the literature alluded to modesty as it described the broad tenets of Hispanic culture in relation to dignity, decency and respect. The dominant American culture, particularly in women's health care, has been influenced by feminist ideology that can conflict with traditional Hispanic belief that a woman is to be protected, covered and honored in the home. A pilot study done by the researcher validated themes in the literature. Differences between intimacy and exposure along with emotional reactions to breeches of privacy were included in the findings. A review of the literature indicated a need for a more focused study on modesty in Mexican-American women.

CHAPTER III

METHODOLOGY

This qualitative study used an exploratory, descriptive design to attempt to discover the cultural knowledge that impacted Mexican-American women's concept of modesty. Ethnographic interviews were used to gather data. Data collection and analysis were guided by the work of Spradley (1979) in ethnographic methodology. Principles of classification from the ethnoscience method (Evaneshko & Kay, 1982) were used in data categorization. In this Chapter, the research design, the research method, the selection of informants, human subjects' considerations and the process of data collection and analysis are described.

The Research Design

This study was designed to examine the Mexican-American women's concept of modesty. An exploratory, descriptive design was chosen. In exploratory designs, there is "no mapped out conceptual framework," rather a general perspective of how people "make sense of their habitual surroundings, developing and interpreting rules" (Miles & Huberman, 1984, p. 37). For this reason, Mexican-American women who were not ill, but living in their normal surroundings, were asked to describe their ideas about modesty and describe the "rules" as they interpreted them. This design is inductive so that as the researcher discovers information and meanings, these areas can be pursued (Burns & Grove, 1987) and hypotheses proposed. "Descriptive ethnography sets out to identify the social complexities that lie near the surface of a society" (Field & Morse, 1985, p.

23). Dress and mannerisms are superficial outward signs of the inner thought and belief patterns that ethnography seeks to uncover. The complexities that underlie the tenets of modesty can be discovered by looking deeper into the culture, by listening to those informants who would share their world. Although there is a significant amount of literature on the Mexican-American culture, no studies were found that focused on healthy middle-aged Mexican-American women's view of modesty. The exploratory, descriptive design is appropriate for areas in which nursing has little factual or theoretical knowledge (Burns & Grove, 1987).

Research Method

Ethnography is a research method employed to describe a culture (Burns & Grove, 1987). Ragucci (1972) views ethnography as a vehicle for nurse researchers to develop a deep holistic understanding of clients' needs based on their perspectives of health and illness. Aamodt's broader view (1989) defines ethnography in terms of human behavior, the meanings of which are determined by the emic view. This emic, or native viewpoint is that of those within the culture or group. Aamodt (1992) further clarifies the emic view as made up of the symbolism of the subjects, going beyond the words used to the discovery of what these words mean to them. These meanings may be tacit, or unspoken but subconsciously understood. Ethnography, then, is the study of people, through their own words and meanings. Words are provided by the informants, from their emic viewpoint, for the researcher's careful analysis. Through this process, the

researcher discovers the beliefs, customs and meanings that guide the actions of the individuals in the culture (Field & Morse, 1983).

Ethnographic method employs audio-taped interviews to elicit rich and thick descriptions of the experience of living in a culture. Words, phrases, and ideas are then coded and categorized into domains of meaning. Within these domains, meanings of behaviors are identified as cultural themes (Spradley, 1979). From these meanings and themes, the emic view can be discovered, and a clearer understanding can be achieved.

Ethnoscience is a technique that uses taxonomic principles to order ethnographic data, with the same goal of understanding the meaning, or the "why", of cultural behavior (Evaneshko & Kay, 1982). It is used by nurse researchers to gain insight into what situations actually mean to the people of a culture (Evaneshko & Kay, 1982). "Stacking" or listing is used as a method of data categorization in ethnoscience. Also, specific principles of classification are used in the extraction of themes. These ethnoscience methods will be discussed in chapter IV. In this study, methods from Spradley (1979) and Evaneshko and Kay (1982) were combined in an effort to extract the most meaning from the data.

Protection of Human Subjects

The proposal was approved by the University of Arizona College of Nursing Institutional Review Board before any data collection began (Appendix A). The informants were provided with both a written and verbal explanation of the study including a detailed explanation of their rights and privileges and the assurance that they

could withdraw from the study at any time. The written disclaimer is located in Appendix B.

Selection of Informants

For this study, the investigator used a purposive, convenience sample of three Mexican-American women. Random sampling is inappropriate when looking at a specialized area of knowledge within a culture (Evaneshko & Kay, 1982). Instead, informants are selected with certain criteria in mind. This study focuses on knowledge of modesty in middle-aged Mexican-American women. The number of informants needed is small because the kind of knowledge sought is shared by the entire culture (Evaneshko & Kay, 1982). Each informant met the following criteria:

1. Used Spanish as their first language in their family of origin
2. Possessed the ability to communicate in English.
3. Considered themselves Mexican-American.
4. Were willing to share their thoughts and feelings about modesty.
5. Were between the ages of 35 and 50.

Spradley (1979) identified thorough enculturation, or immersion in the culture, and current involvement in the culture, as characteristics of good study participants. Enculturation was addressed by including the criteria that Spanish be the participants' first language. The assumption was that Mexican-Americans are able to maintain tradition, beliefs, and practices in their families and communities while limiting acculturation into the dominant society. One indicator of the families' ties to cultural

tradition would be the exclusivity of Spanish being spoken in the home during the participants' early years. Current involvement in the culture was addressed by the participants' self-identification with the culture and their belief that they have significant thoughts and feelings to share on the subject of modesty in Mexican-American women.

One informant from the researcher's pilot study expressed an interest in participating in this larger study. The others were acquaintances the investigator came into contact with through normal involvement in the community. Specific information about the circumstance in which the researcher met the informants may pose a threat to confidentiality, and therefore will not be discussed.

Each informant agreed to be interviewed after the research project was explained both verbally, and in the form of a written disclaimer (Appendix B). Withdrawal from the study was explained as an option with no repercussions for the informants. All information was treated as confidential, and anonymity was maintained. All names appearing in this research are pseudonyms.

Setting

A semi-structured audio-taped interview was done at a time and place that was most convenient for the informants. Two of the interviews took place in the informants' living rooms at a time when no other family member was home. One interview took place in a quiet room at the informant's place of employment. Places were chosen by the informants to minimize interruptions and maintain privacy.

Data Collection and Analysis

Using an ethnographic interview, data were collected through tape-recorded conversations, and non-verbal behaviors were noted in the form of field notes. Guidance for conducting ethnographic research was compiled from Spradley (1979) and Burns and Grove (1987). The following steps were taken in the research process.

1. Select informants.
2. Establish rapport and trust.
3. Conduct audio-taped interview using a combination of grand tour and structural questions.
4. Observe informants' non-verbal communication and note impressions in the form of field notes.
5. Transcribe tapes and integrate field notes.
6. Organize data into domains of meaning.
7. Identify cultural themes and explore their relationship to the research question.
8. Ask informant to validate the findings.

Informants were selected who met the criteria and were interested in sharing their views and stories with the interviewer. In each case, rapport and trust were established prior to the interview through having been acquaintances in the urban community of

Tucson, Arizona. Each semi-structured interview lasted between one and two hours and the following data gathering questions were used.

Data Gathering Questions

The following grand tour question was asked.

"Tell me about your ideas and feelings about modesty."

The following structural questions were asked.

"How was modesty taught or practiced in your home as you were growing up?"

"What is considered immodest?"

"Can you tell me about your feelings or experiences in a health care setting, perhaps child birth, or a family illness?"

Field notes taken during the interview were very sparse to avoid distracting the informant. Within two hours after each interview, the investigator listened to the tape, and field notes about impressions and non-verbal behaviors were added. Each audio-tape was meticulously transcribed by a professional who was familiar with ethnographic format and confidentiality issues. Observations from the field notes were handwritten in the margins of the transcriptions. These observations served only to validate the data. Non-verbal behavior was consistent with what was said. For instance, a look of shock when talking about a school child showing the informant her new bra; whispering or mouthing certain words; motioning to turn off the tape when discussing something

particularly private. The investigator noted that each participant became more relaxed a few minutes into the interview. Each interview done in the home began with the investigator being offered a drink of coffee or soda. This hospitable gesture was consistent with findings related to serving guests.

Qualitative data analyses involve the categorizing of information that is ferreted out of long, rich narrative descriptions of culture. The ethnographer looks for similarities and differences in the data until it can be placed in categories. For this study, forty eight pages of data were coded and categorized into six domains of meaning and four cultural themes. From these domains and themes, a model of modesty in Mexican-American women was developed and implications for nursing practice were derived.

Trustworthiness and Credibility of Data

The audio-taped interviews were transcribed and the data were analyzed and organized. During this process, consulting sessions with an experienced ethnographer served as formative evaluations of the research process. Trustworthiness and credibility of the data were further established through validation by others familiar with the culture, participant feedback, and similarities in the literature base.

When a single semi-structured interview is used, the investigator must rely on judge panel validity. This process is established when others in the cultural group validate that the informants were knowledgeable about the content elicited (Brink, 1989). The findings were validated by two other women who were familiar with the culture.

Verification of content and meaning by the informants is also a measure of validity (Burns & Grove, 1987). Two of the three informants have been contacted and the findings were discussed. Both agreed that the domains and themes, as developed by the researcher, correctly described their concept of modesty. The third informant had moved and the investigator was unable to contact her.

In the single interview format, reliability is established by equivalence (Brink, 1989). Similar questions should be answered similarly throughout the interview. Tape recording the interview and note taking in addition to the use of investigator memory is considered another form of equivalence (Brink, 1989). The single interview format was chosen because of the small focus of the study. Each informant was able to talk easily for at least one hour on this topic, and each interview ended quite naturally when the informant had no more to say.

The interviews, themselves, were quite complex, describing modesty in terms of the different roles of the women. The content and tone were stable throughout each interview. In addition, similar content was found across the three interviews and are presented in Chapter IV. The data were consistent with themes in the literature base with regard to standards of modesty, familial roles, and respect.

Summary

This exploratory, descriptive study of the concept of modesty in middle-aged Mexican-American women used an ethnographic methodology. A purposive sample of three Mexican-American women shared their concept of modesty in a one to two hour

audio-taped interview. The data were transcribed and analyzed. Domains of meaning and cultural themes were identified by the investigator. Reliability and validity of the data were established.

CHAPTER IV

ANALYSIS AND PRESENTATION OF DATA

Presentation of the Findings

The purpose of this study was to discover what modesty means to healthy, middle-aged Mexican-American women. The data were analyzed through the process of coding, categorizing, and stacking. Domains of meaning and cultural themes were identified. The findings are presented in this chapter.

Organization of the Data

During the ethnographic interview, the first attempts were made to identify different categories. The researcher went through the process of seeking a general understanding, and asked for clarification (Evaneshko & Kay, 1982). As the informants talked about modesty with respect to different family members, the researcher asked for clarification about similarities and differences, contrasting, and constantly comparing. Forty-six pages of single spaced narrative data were color coded and categorized. Appendix C contains two consecutive pages of the raw data from each interview. This is included to give the reader examples of the different styles and voices of the informants.

The process of coding data involves identification of recurrent words and phrases that will be used to identify domains of meaning and cultural themes (Guerra, 1990). These recurrent words are simultaneously classified as to what is similar and different

in the data (Evaneshko & Kay, 1982). Initial coding of the data resulted in three main categories: family roles, health care, and conflict.

Most of the data fell into the "family roles" category. Further categorization of these data on family roles revealed the role of Mexican-American woman and the role of homemaker in addition to those involved in the immediate family. The subject of conflict that was found in each interview was, invariably, directly related to one of the roles of women in the Mexican-American culture. "Health care" remained a separate category. These data were in response to a direct question during the interview. It was determined that the information about health care was interesting and helpful, but it was not an inherent part of the Mexican-American woman's concept of modesty.

Thus, roles emerged as the context through which these Mexican-American women learn and live the concept of modesty. Situations were described in relation to; my mother, my father, my sister, my husband. The domains of meaning, for the informants, were their various roles. It should be noted that the word "role" rarely came up in the interviews, but was implicit. Evaneshko and Kay (1982) stated that the informants do not provide the labels for their domains of meaning. The researcher abstracts the information from the data through multiple iteration and subsequently supplies a culturally-appropriate label.

The principle of classification that was used to determine these domains of meaning was "part-whole". Evaneshko and Kay (1982) explained part-whole as "x is a part of y". For instance, in this study, modesty (or X) is a part of all of these roles (or

Y). The objective of the researcher is to break down the phenomenon of modesty into parts, and to discover how the parts relate to the whole concept. A clear taxonomy that lines up according to easily ordered categories is a researcher's dream come true. However, the beauty of inquiry lies also in its' surprises, in the discovery of unexpected relationships. For instance, the researcher expected the informants to relay specific instances when they felt offended or vulnerable because of their sense of modesty. The researcher expected certain components of the dominant culture, like the media, to be described as difficult to deal with. There was none of that. Instead, the informants described their lives, their loves and their struggles. Modesty, in this research study, did not line up in any taxonomic structure. It was difficult to find the clear equivalents. The data seemed to scatter like sand. Fortunately, there were a few pearls.

The Informants

All three informants met the inclusion criteria, as they were all middle-aged Mexican-American women who were interested in sharing their views on modesty in the Mexican-American culture. Spanish was spoken in each of their homes of origin and each remained fluent in Spanish. They were all Roman Catholic and employed full-time. They differed in age, marital status, occupation, and numbers of children and siblings. Demographic information related to the informants is found in Table 1 (page 33a). Pseudonyms are used.

LUPE is an effervescent and affectionate divorced woman who is in love with "a gringo." She has two children, a college-age son who is deaf and a daughter finishing

Demographic Characteristics of Informants

	<u>LUPE</u>	<u>MARIA</u>	<u>EVELYN</u>
<u>AGE</u>	48	46	41
<u>RELIGION</u>	Roman Catholic	Roman Catholic	Roman Catholic
<u>FIRST LANGUAGE</u>	Spanish	Spanish	Spanish
<u>MARITAL STATUS</u>	Divorced	Married	Divorced
<u>CHILDREN</u>	2 daughters 1 son	2 daughters 1 son	1 son
<u>SIBLINGS</u>	2 sisters 1 brother	2 sisters 1 brother	3 sisters 1 brother
<u>OCCUPATION</u>	Teacher	Secretary	Nurse

high school. Lupe is fluent in American Sign Language and works with disabled children.

MARIA is reserved and dignified with a gentle warmth. She has been happily married for 30 years. Her two daughters are married and she describes her teen-age son as her "230 pound baby." Maria works as a secretary in a hospital.

EVELYN is strong, determined, and devoutly religious. She combines the roles of single parent and oldest daughter, seeing both roles as a calling and a responsibility. She is generous to friends as well as family, demonstrating her professed belief in self-sacrifice. Her only son is in college. Evelyn is a nurse in a hospital setting.

Domains of Meaning

There were six roles that emerged as domains of meaning for the informants. The roles were: daughter, sister, wife, mother, homemaker and Mexican-American woman. Table 2 (page 34a) shows the roles and key words found in the interviews that were used in the development of themes. A description of each role is followed by examples from the raw data. An excerpt from each interview is included under each heading.

The Role of Daughter

The data pertaining to the role of daughter were in relation to mother or father. References to "parents" or "mom and dad" were rare. For this reason, this section is divided into two parts, one for mother and one for father.

DOMAINS OF MEANING

DAUGHTER

Protected
Respectful
Servant
Controlled
Sheltered
High standards of behavior
Guilty
Conflict

SISTER

Serve brother
Support
Compare
Close
Conflict

WIFE

Protected
Respect
Servant
Controlled
Make husband happy
Embarrassed
Conflict

MOTHER

Respected
Servant
Do for sons
Pass on traditions
Conflict

HOMEMAKER

Servant
Perfect
Stay home
Do all work
Women's thing
Clean top to bottom
Cooking
Conflict

MEXICAN-AMERICAN WOMAN

Protected
Respect others belongings
Servant
Appearance
Strict Catholic
Traditional
Don't bring shame
Conflict

Mother's daughter

There is a close emotional connection between mothers and daughters, an awareness of how the other thinks and feels. A mother's influence seems to stem from this connection.

Maria: "(once) My mother wanted to know how I got mud on my dress. I knew she was thinking (about sex). This made me very uncomfortable." "I think that's what's wrong with the culture. Their influence is strong, so embedded in you that you can't do anything. Mothers make daughters feel really guilty when they are going to leave. You can't be happy because it's in the back of your mind-will my mother accept this? I didn't want my daughters to go through that."

Lupe: "Like my Mom says (to me), as soon as your Dad passed away you started having a good time."

Evelyn: "It is very difficult for (my mother) to have me (serve her) at her house, even though that is what's expected for the elderly. She'll get up from her own food to serve me."

Father's daughter

The father is an authority figure in the Mexican-American household. The role of daughter is one of respect. Even in adulthood, the expectation that father must be pleased, and his rules abided by, remains strong.

Lupe: "For example, my Dad was just a super man, when I was going to get married, he told me (I was 24), I don't want you coming home if he hits you or comes

home late - you are a woman now. You're going to be a mother someday and a wife and now you stay home. So I got married and when he hit me - three times in twenty years, but still it was like I can't go home and tell my Mom and Dad because I respected my Dad's feelings and what he told me. I had such a bad marriage but never told my family--never--because I respected my Dad."

"I remember after I was married when my Dad came and the door was open to my bedroom--I was so embarrassed--I was sleeping with a man in that bed--even though I was married."

Maria: "I remember when I got my engagement ring I didn't want my parents to see it because they would know I would be undressing in front of this man. It was like that even after I got married. My Dad told me once that he didn't even hold my mother's hand until they were married. He was very protective."

Evelyn: (regarding her disciplining her son while visiting her parents) "My father would say "In my house..." So what do you do? It was his house."

The Role of the Sister

As the informants described their relationships with their mothers and fathers as separate and distinct, the same differentiation occurred with siblings. It was not "my brothers and sisters" but rather "my sister" or "my brother."

Sister's sister

Sisters are very involved in one another's lives. They talk about everything - except sex. They seem to compare themselves with sisters, not in a competitive way,

but in an effort to define their stance in relation to traditional cultural norms. The role and behavior of sisters is described as it differed from their own. Sisters seem to give one another a little elbow room to disagree, but there is a general avoidance of conflict. For instance, Evelyn described her sister's choice to have in-vitro fertilization as "uncalled for" and unaccepted by the church. Yet, there had been no discussion about it, no arguments. The baby was welcomed and the subject of infertility avoided.

Implicit in sisterhood is a bond that involves deep connections. These connections go beyond a shared childhood, and shared responsibility for aged parents. There is also a sharing of the present, they take an active part in one another's families. The role of Aunt is honored, wields strong influence, and reaps devotion. The data indicate the possibility that the tie is closer to a sister's children than a brother's children. Sister's children were spoken of frequently. Evelyn's brother and sister both married Anglos, yet she expressed concern only for her sister's children lacking traditional training. Lupe gives advise freely to her nieces, even in the areas where she disagrees with her sister. Lupe's aunt, her mother's sister, lived with Lupe's family until her death.

Evelyn: "(to your sisters) You don't talk about sex--never ever bring it up. You may talk about a friend--but not your own personal life, never ever say a word. This is considered impolite and very private. I don't even know if my sisters are on birth control. My sister didn't want to get married or have kids right away; hers was more of the selfish want to do. She didn't have the deep traditional stuff."

Lupe: "Now my sister says to her daughters who are 23 and 24, are you going to wear that? See I've noticed my sister, she can't accept her children moving out. With her it's like disowning her. I'm glad I'm not like that."

Maria had a close relationship with a sister who recently passed away. She was 15 years older than Maria and was unusually "open" and "like a second Mom." This sister told Maria about sex and had a great influence on her. "I think my sister helped me--her and my mother would argue about (my sister) not cooking for her husband. My sister would say "he can cook" and my mother would get very angry. I started thinking..." Maria had other sisters with whom she had a more traditional relationship. When asked if she talked with her other sisters about sex she said "not too much, it is still....but I can talk to my sisters-in-law (who are Anglo)."

Brother's sister

Modesty regarding brothers was strict, as far as not seeing one another undressed. Other comments about brothers centered on his different role in the home, his privileged status.

Evelyn: "My brother, who has never done anything, was just like the man of the house. You served him, you gave him food, clothes. He never washed clothes. The only things he ever did were manly, like take out the garbage. My son (when visiting her Mexican hometown) was more free there. Boys have no limits. He could go roaming."

Maria: "My brother expected things, everything was done for him. That's another thing, the men come before the women. (My sister) hated my brother because...once I wanted an egg but there were only two. I was not allowed to have them because they were going to go for my brother. Everything for them first."

Lupe: "When I was about ten (when changing for swimming) I (accidentally) saw my brother's buttocks, and you know that stayed with me, I was so embarrassed. That's the only time I ever saw....I raised my kids the same way--you don't see your brother with no clothes."

The Role of the Wife

In the role of wife, Mexican-American women are still serving "the man of the house" like they did as a daughter and sister. Their life seems to have prepared them for the similarities in service, but not the differences in intimacy.

Before marriage

Dating, the process through which other cultures introduce coupling activities, was wrought with ambivalence.

Maria: "I never had an approved date. You were just supposed to get married and sex was just out there."

Lupe: "Before seat belts when a girl would sit next to a guy in the front seat my Dad would say, that doesn't look very nice. So I'd think--if I do that it won't look very nice."

"God forbid if a guy touched you, you never saw him again. My parents taught us not to do that (sex), things like your hand dries if you do that. Don't let him hold your hand."

Evelyn: "Single, as I am, it's hard because you don't talk about it. They don't ask if I'm dating, if you're not dating you're not doing anything. And if you are, you have to be careful. When I was dating someone back home, I always took the kids, so it was never thought of."

After marriage

In the actual marriage relationship, difficulty with intimacy seems to continue.

Lupe: "I never saw (my husband) without clothes, because there was that respect. I mean, I was thin then, and I didn't want him to see me. Once, after having my son, I almost fainted in the bathroom, he came in (to help me), and it was like don't see me! When we would go to bed we were in bed, in the dark. Yes, in the dark."

Evelyn: "This is what we were told as we were growing up. You're the wife and you need to make your husband happy. That means sex and everything else."

Maria: "My husband is so open about sex. If I had married anyone else I would probably be divorced because I was so difficult. I'm glad. I've seen it in other marriages. Sexually--just closed."

The Role of Mother

The role of mother is central to the Mexican-American woman's life. For the informants, there have been conscious decisions to break with some traditions in

parenting in order to better prepare their children for living a bi-cultural life.

Evelyn: "I just know what was good for me and the things that made it harder. What parts were good to pass on to him and his children. I felt comfortable talking to my son (about sex). This is something new I have done only because I have had to learn so much from not having been taught."

Maria: "Both my daughters went to the University of Arizona. They were told only 4% of Hispanic women graduate--but they did. I knew they had to go out in the world and be open. I knew they would need to work. They saw my mother with only one role--that wasn't for them. I always said don't make me happy--make yourself happy, even to this day."

Lupe: "With me it's, oh my god, my honey is coming, I have to be put together--hair, clothes, make-up. I'm so glad my daughter is not like that."

The Role of Homemaker

The role of homemaker involves meal preparation, high standards of housekeeping and "being there." Lupe told me that if she was out during the day she would quickly boil garlic so the house would smell like she had been cooking all day.

Lupe: "I was tired, my headaches, and (my gringo) says "Babe--relax," but before I knew it I'm up washing, doing this and that. (My first husband) would come home and the house was spotless and the kids, he could eat off my floor and my toilets..."

Maria: "Women are supposed to stay home and do all the work. It's like, this is a woman's thing--this is a man's thing."

Evelyn: "With me being in the city and away from traditional family on my own, it took a lot out of me. It almost took a breakdown to realize I couldn't do it all. That included cleaning the house from top to bottom, having meals done, working, taking care of the child, getting ready for the next day and all the other things that go along with taking care of a home."

The Role of Mexican-American Woman

The informants were middle-aged women, raised in a traditional Mexican-American culture, but with much life experience and a full-time job in the dominant culture. There seemed to be two sides to the role of Mexican-American woman. One was in relation to their extended family and traditional ties. The other was in relation to the dominant culture.

In the dominant culture

With respect to the "Anglo" world they inhabit, there is a give and take. There is a cultural pride, but also an acceptance of other ways.

Lupe: (about breastfeeding) "I know, it's so neat now, they just sit there and nurse, but I think I'll go in the back bedroom. The Anglos are different."

"We were raised to respect other's belongings. If friends ask for water you automatically go get it. But the gringos just go in and get what they want. But when

you think about it, they feel comfortable in your home. (My boyfriend) says let my children feel at home. Now, it's neat, I'm more relaxed."

Maria: "I think it hindered me a lot, not being open. I would have done better in school. I carried it over to the class. What can I talk about and what not to talk about."

Evelyn: (About two worlds) "I like going back (to my culture) because I feel comfortable and safe. I like returning (to the city) because I feel more in control. Even though I understand that I can't do it all, it's always in the back of my mind, I can't be the traditional Mexican mother."

In the extended family and community

In relation to extended family and traditional ties, there is a strong responsibility to maintain connections. Both emotional bonds and appearances are important. This means taking care of one another, opening your home to extended family, and not causing shame or worry.

Maria: "I try to keep things from (my mother) but she wants to know everything--what is going on with each child. I'm glad I live far from her. I tell her she doesn't have to worry. It has caused problems with my husband. I should have never put my mother in my marriage."

Lupe: "My kids didn't have a room until my aunt passed away--(my daughter) slept in a recliner until she was 10 years old."

"When I was little, my brothers had one bedroom, Mom and Dad had the other, my Nana and Aunt on cots and me and my Aunt on the floor. We were so happy".

"My niece asked me the other day, why do we have to be perfect and do everything, like heaven forbid I forget a birthday."

Evelyn: "You get judged by Mexican people if you're a single parent. You get judged by how you raise your child, your morality and how you make it. You hear comments like, you've done a good job with your son. If they don't say things like that it's not good. If you haven't followed tradition or you've made mistakes, a lot of times it's difficult to come back to the family gathering. People tend to shy back and not be so warm and understanding."

Cultural Themes

Four cultural themes were found throughout the domains of meaning. They were: protection, respect, servility, and conflict. Protection was further divided into "protection of the outer person" and "protection of the inner person". Respect and servant were both strong themes. The fourth theme was conflict. Influences from the dominant culture caused conflict that resulted in a process of change.

Themes were developed by the principles of similarity and difference (Evaneshko & Kay). Data were separated in a cut and paste method and attached to large index cards labeled with the different roles. Key words and ideas were then extracted. Table 2 (page 34a) lists the key words and ideas under each domain of meaning. Major cultural themes emerged across the line. Similarity and difference were used in

classification. For instance, the idea of protection is similar in each role. The meaning of respect, however, differs. The mother is respected, the daughter is respectful. Within the role of sister, the theme of servant differs; she serves her brother but not her sister. The process of conflict is similar throughout the roles, the substance of conflict differs.

In this section the four cultural themes are presented. Key words and ideas extracted from the data in relation to themes are listed in Table 3 (page 45a).

Protection

Protection encompasses the covering and sheltering of both the outer and inner person. The rules and expectations of the culture protected the women from exposure and rejection. Protecting the outer body from view was a recurring theme. There were more rules or customs for the females than for the males. For instance, Evelyn remembered her uncles babysitting for a baby girl and she was called to go down the street to change the diaper for them. "If it had been a boy baby," she explained, "it would have been no problem for them". She described dressing in the room she shared with her sisters, "we would cover ourselves with a blouse or pajama top and just sneak the bra on if we had to, otherwise it was the bathroom where we dressed." Both Lupe and Maria listed what could not be worn; short skirts, tight jeans, plunging necklines.

Two of the participants had something to say about shoes. Lupe said "a knock on the door and, hey, you put your shoes on." Evelyn said "We always had to wear shoes. I don't think my boyfriend ever saw me barefoot. That's just one of the things I would never let him see". "(Being barefoot) almost felt that you were undressed".

CULTURAL THEMES

PROTECTION

of inner person
of body
from rejection
from exposure
from view
shelter
hinder
cover

RESPECT

for others
for self
for belongings
not see undressed
not discuss sex
influence of elderly
do as told

SERVILITY

servient attitudes
not selfish
subconscious knowing
mother serves all
serve "man of house"
men first
serve guests

CONFLICT

turmoil
ambivalence
back and forth
control/freedom
traditional/contemporary
help, support
choice
change
adaptation

As important and obvious as protecting the body from exposure was, references to protecting the heart and mind were just as prevalent in the data. A few minutes after Lupe had described her marriage as "so bad," she said "we were raised to respect the man of the house; we never gave our opinion and my marriage was fine."

Evelyn talked about almost having a breakdown as she tried to be the traditional mother in a single parent role. "My family never saw it. It was like they expected me to do all that."

Maria protected herself from the world. "It hindered me (not being open). I think I would have gone to college but I lived in this sheltered home." To give an opinion, to open up, to share the reality of a bad marriage or a near breakdown, that would make them too vulnerable to rejection. They chose instead to stay safe, sheltered, protected.

Control of thought processes was noted in addition to controlling interactions. Lupe talked about being married and her parents knowing that sex was part of that. "You don't think about it, because it would drive you crazy."

Evelyn was more explicit on the same subject. "It was a total mental block, because if I thought about it I would be traumatized by it. So, you just don't think about it."

Maria, when asked what was immodest, listed types of revealing clothing and added, "To me, it all led back to sex. I tried not to think about it."

It is unclear whether this is a form of protection of the mind, or a way to protect the heart from the mind.

Respect

The idea of respect was explicit in the descriptions of every role except sister and homemaker. Sisters seem to be considered equals. Although no hierarchical respect was indicated, certainly there was respect for sisters as people, for their privacy, and for differing opinions. Keeping a "perfect" house may have also been tacitly tied to self-respect.

Respect for the "man of the house", be it husband or father, was a strong theme. This included not seeing them undressed, not offering an opinion, being where you were supposed to be and doing what was expected. Lupe stated "I respected my husband so much, I always did what he told me". This was the man with whom marriage was "so bad", the man who hit her, the man she eventually divorced. This meaning of the word respect reflects an acceptance of positional authority, as in saluting a superior officer in the military, regardless of one's feelings about that officer. This differs from common usage of the word *respect* in the dominant culture, indicating earned admiration. Professing respect for a colleague, a friend, or even a husband in Anglo-American society is understood to be a personal appraisal, a value judgement.

Respect for women includes not portraying them as objects of sexual desire or alluding to the subject of sex in their presence. Maria said "Even when my husband is only teasing, I tell him not to say things (alluding to sex) around my mother". Maria's

father was proud of having never held his wife's hand prior to their marriage. Women, both as mothers and potential wives are not to be exposed to sexual expression or innuendo.

The hierarchical aspect of respect was illustrated by Evelyn. She discussed a male cousin who was homosexual being "accepted back" into the family. "The only way is if the top, the eldest of the family, accepts them. Then everybody slowly accepts them".

The theme of respect in Mexican-American culture supports the structure of the family. It is hierarchial in nature and promotes behavior that defers to others, particularly the eldest, the males, and the mothers. Lupe explains this succinctly, "Mexican parents teach you to respect yourself and respect others, I just think it's the whole thing".

Servility

The concept of serving others was described in some way within each role in the Mexican-American culture. Daughters serve parents, sisters serve brothers, mothers serve sons, wives serve husbands, Mexican-American women serve guests and homemakers provide every domestic service for their families. Self-sacrifice and putting others first is the core of being a servant. The origin of this may be found in Roman Catholic theology. Christ honored the role of servant and the Madonna described herself as the Lord's handmaiden. Evelyn explains, "We are Catholic with the servient type of attitudes". Further illustrating the servant role as a tacit value, Evelyn talks about the

way her nieces are being raised by a non-traditional sister and her Anglo husband. "(My nieces) won't have that subconscious knowing that they are not doing the right things, and of not being selfish".

The importance of serving food is an outward demonstration of these inner values. In the home, Maria says "the mother serves everyone and then sits down herself".

Guests, either expected or unexpected, are always served food or drink. Lupe explains, "If someone walks in my door it's like--let's turn the grill on! We may have nothing to eat but we find toast and coffee". Guests are not expected to get anything themselves. "If someone asks for some water, I say, "sure" and automatically go get it for them".

Evelyn, when asked if guests never serving themselves had something to do with respect for belongings or personal space she said no "It's like, (this is my house) I'm the servant here".

Conflict

Each informant had at least one major conflict that involved several roles. Each made changes in response to this conflict, and each was helped or prompted by someone who, in a sense, gave them permission. Evelyn felt "turmoil" about not being the traditional Mexican mother, yet had a strong desire to "escape the controlled, continuous routine." "There are parts of you that want both," she explained, "I never understood it until I went back and forth." For Evelyn, it was a close Anglo friend who convinced

her that she could not "do it all," who supported her in adapting her expectations to the reality of her life.

Lupe credits her "gringo" for getting her "out of her shell." "If it weren't for my Honey, I think I would still be the same." "He makes me feel so special, really good about myself. I even go to the bathroom and he watches me." She is almost giddy with her newfound freedom. "We were coming down the highway, and a car cut in front of me. I swore and then I laughed and laughed. I woke up my Honey and said--oh my god I don't believe what I just said. I told that man to move that piece of shit." Now, Lupe supports her nieces in their questions about why they have to "be perfect." "I tell them--good, you woke up. It took me 46 years to wake up."

For Maria, it was not an Anglo or someone outside her family. Her outspoken sister started her "thinking." Maria credits her husband, who she describes as "very open about sex" with "helping her." Her husband's mother was born out of wedlock and had an Anglo father. Maria attributes her husband's openness to her influence. The changes Maria made were becoming more open and encouraging independence in her daughters. "I think it has just been that last ten years that I have changed, consequently my kids are nudists!"

The process of change that each informant experienced began with a conflict resulting from contact with the dominant culture: for Evelyn, a move to the city and divorce; for Maria, a growing awareness of the world and her employment after being a housewife; for Lupe, a new love. Conflict in relation to modesty, for these informants,

was not found within the Mexican-American sub-culture, but developed instead at the interface between their two worlds. In each case, a person was instrumental in helping them to see the choices and make the changes. Each was able to maintain the connection to family and integrate these changes into their lives.

Modesty in Health Care

Each informant was asked about their feelings of modesty in health care situations. This data is presented as separate from the informant's concept of modesty. Evelyn, who is a nurse, was the only informant who did not specifically mention being uncomfortable with a male doing personal care. Lupe was "scared" when the doctor put his hand "there." Maria refused to have care done by a male nurse on the obstetric floor. She also remembered that while she was in the hospital a Mexican man "beat up" the doctor for "seeing his wife while delivering the baby."

Both Lupe and Evelyn talked about being "embarrassed." Lupe wants "to just die" during Pap smears. Evelyn said that using the bedpan or having help in the bathroom was very stressful. She always bathed herself.

Evelyn explained the roles of family members in personal care. For a man, no one but the wife, if possible, should bath the genital area. For a woman, a daughter, niece, or nurse to bathe is acceptable, but it must be a female. Maria offered this suggestion for when there is no daughter to do the care. "Somehow let them know that you know them, not so much a stranger."

Summary

In chapter IV, the informants were described and demographic information was given. The transcribed interview yielded forty-two pages of data that was coded and categorized using ethnographic methodology. The six domains of meaning through which the informants described modesty were the cultural roles of: daughter, sister, wife, mother, homemaker, and Mexican-American woman. Excerpts from the data were included as each domain was explained. The cultural themes of protection, respect, servility, and conflict were described as they related to the domains of meaning. Modesty in health care situations was discussed.

CHAPTER V

DISCUSSION

The purpose of this study, was to discover the cultural knowledge that impacts middle-aged Mexican-American women's concept of modesty. A discussion of interpretation of the findings, implications for nursing practice, limitations of the study and recommendations for further research is presented in this chapter.

Interpretation of the Findings

The concept of modesty was not found in the literature as an identifiable component of Mexican-American culture. This exploratory, descriptive ethnography makes clear the reason why. Dress and behaviors, which would generally be considered markers for cultural modesty were only a small part of the rich, narrative descriptions offered by the informants when asked to describe modesty in their culture. Modesty emerged as a way of relating, a way of thinking, and a protective posture. For each of the informants, in response to the dominant culture, some aspects of modesty came to represent a gilded cage, (Lamb, 1967) inviting but confining. That is, modesty in the dominant culture is less restrictive, but there is familiarity, honor and safety in the Mexican-American tradition. Each one appreciated the beauty, the structure, and the protection offered by traditional women's roles. Not one of them wanted to simply fly away. In her own creative way, each found a way to prop open the door of that traditional gilded cage and live in balance between both worlds.

The Conceptual Framework

The researcher developed a conceptual framework for modesty in middle-aged Mexican-American women based on the six domains of meaning and four cultural themes extracted from the data (Figure 1, page 54a).

In this model, the first box represents the dominant American culture while the second box represents the traditional Mexican-American sub-culture. Broken lines indicate the interaction that occurs between the cultures. The six roles within the Mexican-American sub-culture emerged as domains of meaning for the informants. As modesty was described in relation to these roles, themes of protection, respect, and servility were found throughout the data. Another recurrent theme was conflict, often precipitated by interaction with the dominant culture. In this model, the cultural conflict is represented by a two-way arrow. It can be perceived to have come from either culture, and can pull the person in either direction. For example, Evelyn lives in the city with the responsibilities of full-time work and single parenthood. She goes "home" to her small traditional home town to feel "protected and safe". She feels drawn to those traditional ties and maintains close connections; it is her retreat from the dominant culture; it is her safety net. When the "modern life" seems too much she can always go home. Lupe, in contrast, has moved toward the dominant culture. While maintaining close connections with her family, she makes waves. She moved in with her significant other. She decided not to spend Christmas with her sister's family, breaking a twenty-two year tradition.

MODESTY IN MEXICAN-AMERICAN WOMEN

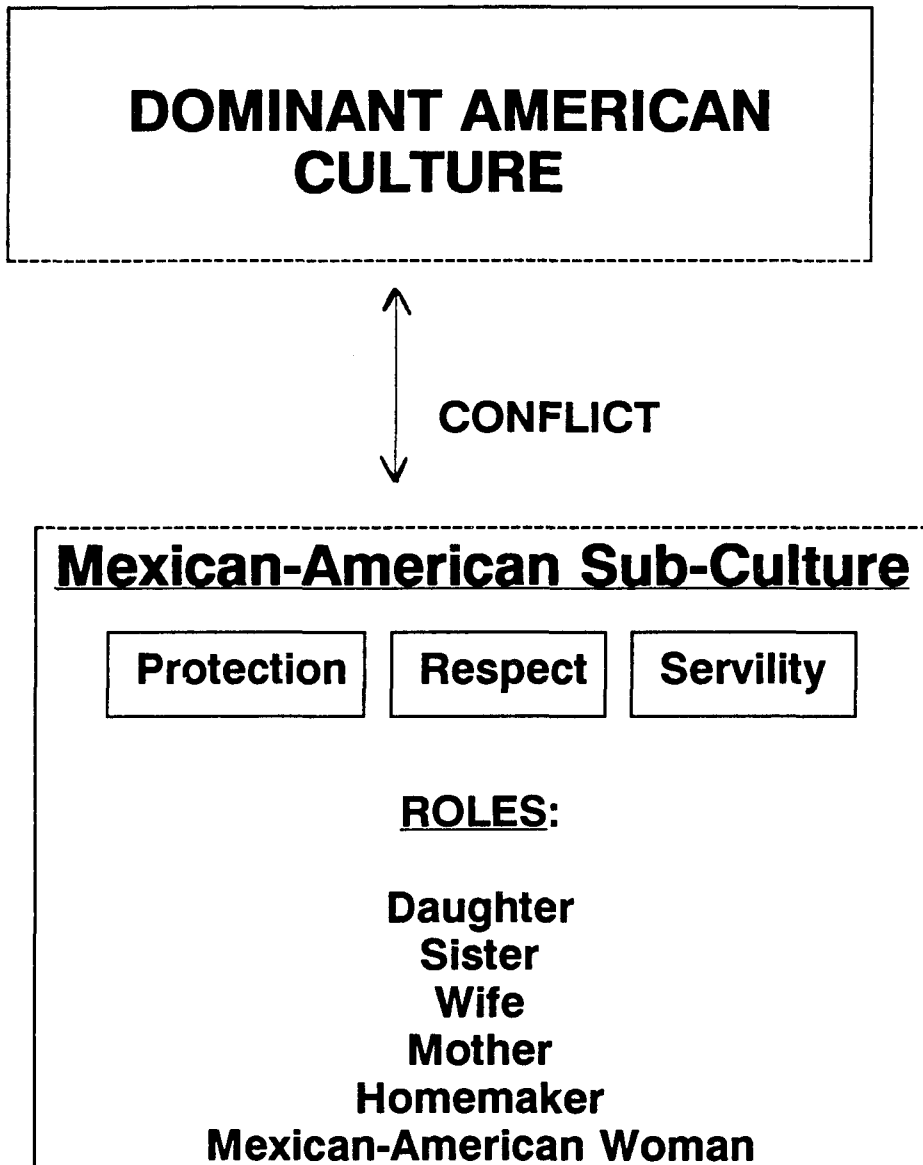


Figure 1

Implications for Nursing Practice

As the practice of nursing influences the movement of individuals and groups toward optimal health, the understanding of their culture is a key component of health care. Recommendations for nursing practice have been organized within the themes that emerged from the data. These recommendations are:

1. Understand the value of protection.

Encourage open communication. Mexican-American women may be reluctant to voice concern or dissatisfaction. Be sensitive when exposing the body. Allow the family, after being instructed, to do personal care. Avoid having a male do personal care for a female whenever possible.

2. Understand the value of respect.

Be aware of the close connections in the extended family, and the community context. Expect a large number of visitors in the hospital, and accommodate them when possible. When using the family for interpreting, avoid questions about elimination or sexuality. Seek the same gender and age interpreter if at all possible. The daughter is the preferred care-giver. A warm, more familiar approach when doing personal care may be better received than a cool, crisp professional clinician.

3. Understand the value of servility.

The tendency for females to wait on males is a cultural value and a deeply ingrained habit in some Mexican-American families. When the plan is to increase independence and self-care in a male patient, the cultural norm of the wife and daughters

wanting to do everything for him may need to be addressed. Conversely, when a female client will have a male family member in the care-giver role at home, the nurse should give specific guidelines and assess the need for support.

4. Understand the potential for conflict, and conflict resolution.

Illness, as well as the health care system, can be viewed as a dominant culture, with practices and situations that conflict with Mexican-American sub-cultural ideology. For example, Mexican-American women with a spinal cord injury may have a difficult time learning self-catheterization. The nurse can function as a facilitator in conflict resolution. It is within the nurse's role to respectfully offer new viewpoints, suggest new ways of achieving health goals and encourage change.

The Conceptual Orientation

This ethnographic study was congruent with Leininger's (1985b) concept of culture as an area of study relevant to nursing research. The data provided many glimpses into the values, beliefs, norms and lifeway practices that Leininger described as guiding patterns of thinking and action. Values of protection, respect, and servility affected the interpersonal relationships of the women as they played out their roles within the sub-culture.

Limitations of the Study

This was a qualitative study of a small, homogeneous sample of healthy, middle-aged Mexican-American women. The findings, therefore, are not generalizable to the larger population. Another limitation was the life-stage, or developmental phase, of the

women interviewed. The prevalence of conflict and change may be as much a function of mid-life, as it is of being influenced by two cultures. Mid-life crisis is a cliché in the dominant society, an idea that conjures up all manner of sudden drastic changes in appearance and behavior in an effort to recapture lost youth. There is often a kernel of truth in every cliché, and mid-life is seen as a developmental stage characterized by re-evaluation of priorities and meaningful change in a person's life. The informants describe themselves as living between two worlds, just as chronological age positions them between two generations. Their accounts of the viewpoints of their parents and children differing greatly from their own illustrates the intergenerational conflict. Between the parents they learned from and the children they taught those middle-aged women have cut their own path.

The study was done in an urban setting, using informants that worked full time in the dominant culture. The findings support that conflict resulted from contact with the dominant culture. Perhaps a study of Mexican-American women in a rural setting, or those not employed outside the home, would yield different results.

Another limitation of the study was absence of a more specific measure of acculturation. The criterion of Spanish being spoken in the home of origin may not have been sufficient to provide a homogeneous sample in this area. Information on the generation in which the family immigrated from Mexico was not obtained. The degree to which traditional culture was practiced in the informants' homes and communities may have been very different.

Recommendations for Further Research

The data indicated that there is significant variation in the concept of modesty for different age groups and acculturation levels. This study might be replicated using different sample criteria. In this study, "modesty as it related to health care" was explored, but it did not emerge as part of the larger concept of modesty. Perhaps a purposive sample of those with experience as a patient or family member in a health care setting would further illuminate this aspect of modesty. In an effort to balance the view of modesty, replicating the study with a sample of men might add valuable insights.

Conclusion

The importance of modesty to the women of the growing Mexican-American population was supported by the literature and the data. A framework for the understanding of modesty illustrates the global, holistic nature of this phenomena. Modesty influences and is influenced by every aspect of being a Mexican-American woman. Modesty cannot be explained in and of itself, because it pervades both a woman's purpose and providence. For the informants, womens' roles were the domains of meaning through which they learn and live their concept of modesty. These domains were: daughter, sister, wife, mother, homemaker, and Mexican-American woman. Modesty was further explained in terms of the cultural themes of: protection, respect, servility, and conflict.

As the physical body is protected from exposure, so is the heart and mind. Respect, both for the self and others was a strong theme. A high value was placed on

being a servant, both in the abstract idea of selflessness and the daily practice physically serving others. Another theme that emerged was conflict. Beliefs are continually challenged with respect to the dominant culture. It is difficult to maintain tradition in a non-traditional society. With inner strength and support from friends and family, these women have navigated two cultures, and in their own unique ways, have integrated the best of both worlds into rich and fascinating lives.

The results of the study are offered in the hope that a clearer understanding of modesty as a complex cultural concept in Mexican-American women will be a first step in the giving of more culturally congruent care. These informants were just three women in one age group in one city, talking about their every day experiences. Consider the wealth of information that they shared. The Mexican-American population crosses the life-span, all socio-economic strata, and all acculturation levels. There is much to learn about cultural concepts as nurses strive to meet health goals in an increasingly complex and diverse society. Understanding the cultural knowledge of client populations is important. Ethnographic nursing research is a valuable part of the quest for understanding.

Summary

In Chapter V, modesty is described as a pervasive, abiding component of the complex Mexican-American culture. Modesty cannot be extracted and looked at separately, it is part and parcel of each role that a woman plays. In the informants' descriptions of modesty, both the Mexican-American sub-culture and the dominant

American culture are influential. A conceptual framework of modesty in Mexican-American women showing the relationships between the two cultures, the domains of meaning and the cultural themes was developed by the researcher. Limitations of the study and recommendations for further research were discussed.

APPENDIX A
HUMAN SUBJECTS APPROVAL

Human Subjects Committee



1690 N. Warren (Bldg. 526B)
Tucson, Arizona 85724
(602) 626-6721 or 626-7575

November 5, 1993

Margaret A. Gigstad, B.S.N.
c/o Leanna Crosby, D.N.Sc.
College of Nursing
Arizona Health Sciences Center

RE: **MODESTY IN MEXICAN AMERICAN WOMEN**

Dear Ms. Gigstad:

We have received documents concerning your above cited project. Regulations published by the U.S. Department of Health and Human Services [45 CFR Part 46.101(b) (2)] exempt this type of research from review by our Committee.

Thank you for informing us of your work. If you have any questions concerning the above, please contact this office.

Sincerely yours,

A handwritten signature in cursive script that reads "W. F. Denny".

William F. Denny, M.D.
Chairman
Human Subjects Committee

WFD:rs

cc: Departmental/College Review Committee

APPENDIX B**SUBJECT DISCLAIMER****Modesty in Mexican-American Women**

You are being asked to voluntarily participate in a study exploring modesty in healthy Mexican-American women. The overall aim of this study is to help nurses understand, and thereby be more sensitive to cultural differences. By responding to questions in an interview, you will be giving your consent to participate in the study.

The interview will take place in a location convenient for you and will last approximately one to one and a half hours. With your permission, a tape recorder will be used. Your identity will not be revealed and your confidentiality will be maintained in all reports of this project.

You may choose not to answer some or all of the questions. Your questions will be answered and you may withdraw from the study at any time with no ill effects whatsoever. There are no known risks involved in your participation.

Thank you.

Margaret A. Gigstad, RN, BSN
Graduate Student
College of Nursing
(602) 721-7589

APPENDIX C

INTERVIEW SAMPLES

Interview with Lupe

INTERVIEWER:**Question**

Just tell me how you feel about modesty.

Reply:

Okay. I was raised by Mexican parents, Hispanic. They were born here. We were always raised like your brothers or your dad never sees you in a slip, or without a top. We were always covered and it was, I mean for example, a little girl wore a bra to school Friday, and she's only ten. She took off her blouse, and to me it was like "ohhhh". Because we were raised with our blouses always tucked in and I had sleeves, and I went to a Catholic School, and in Catholic Schools this was an Academy school for girls only, and I was taught that you should not wear sleeveless tops, you shouldn't wear sandals, you wear your skirt down to here. You're not supposed to wear shorts or pants. Even eight years before that, the other Catholic School I went to --see it was like we did it at home, and we did it at school so when I went to Tucson high my junior and senior year, we wore shoes all the time and socks. My parents were super with us, they didn't make me feel like I was different but its just how Mexican parents are, they teach you to learn and respect yourself and respect others, I just don't know, I just think its the whole thing.

Question:

It has to do with respect so tell me what respect means to you.

Reply:

Well, for example, my dad was just a super man, and when I was going to get married, this was a big example, he told me, I was 24 when I got married, - he said, "you're going to get married, you get married, but I don't want you coming home if he hits you, because of course you never thought he would, right? If he hits you or if he comes home late, I don't want you coming home to us and your a woman now, you're going to a mother some day, a wife and now you stay home. So I got married, I did that, and when he hit me, he just hit me three times in 23 years, but still it was like - oh I can't go home and tell my Mom or Dad because I respected my Dad's feelings and he told me - whatever my Dad said, I respected him, I did what he told me, and I had such a bad marriage, I never told any of my family, never, because I respected what my Dad told me, but like my mom says, Now as

Interview with Lupe *continued*

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soon as my Dad passed away, I started having a good time, like letting go of my husband, and I ran around. I would get together with the bus drivers from ██████ Elementary and just go and have a good time.

Interviewer: You know, have your own life.

Reply: Yeah, but then I would come home and cook dinner. I wouldn't get drunk or anything but it was just a group of women, like we're doing right now. Because with my husband, I respected him so much and I always did what he told me, and for me to go to your house was like "oh, can I go to Peggy's. We were always raised to respect the man of the house, you know, your dad, your husband - but ask me now.

Question: Have your feelings changed in some ways?

Answer: Oh yes, because now, you know, like I told you the other day, when we really want to get personal, my husband, as far as living together and being married, 18 - 19 years, I never saw him without clothes, because you know there was that respect. I mean, I was thin then, and I didn't want him to see me without clothes.

Interviewer: And, he in turn would respect that.

Reply: Yes, because he was Hispanic. But then, you know, we would go to bed, but it was different cause we were in the bed, in the dark. Yes, in the dark. Where now, I have a "Gringo" and he just makes me feel so special. It's so neat, because here I am, chubby now, really chubby, but he makes me feel like I am, you know, 130 lbs. He really makes me feel good about myself. I even go to the bathroom and he watches me.

Interviewer: Laughter. And that's different!

Reply: That's different. My husband never never ever saw me. When I had my first son, I was constipated really badly, constipated, of course I am sure you can relate to that and I almost passed out on the bathroom at home the first day, and I leaned on the door and, well, anyway you know what I'm talking about and he came into the room, in the bathroom, and it was like, "don't see me, don't see me. But

Interview with Maria

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R: Yes. Also, I think my sister helped me. I remember her and my mother arguing about my sister not cooking dinner for her husband. My sister would say "he can cook it himself." My mother would be very angry at her. I started thinking.

I: This was your sister that passed away?

R: Yes.

I: She had a big influence....?

R: She had a high IQ. I think she was a genius. She hated my brother because....I remember once I wanted an egg but there were only two. I was not allowed to have them because they were going to go to my brother. Everything for them first. At her house, the women would eat first! My mother would get real mad!

I: You just incorporated some of these things you learned from her?

R: Yes.

I: You seem to be walking the middle road. Do you feel that way about your son?

R: No. I try not to do that. He's the baby which doesn't make it easy.

I: No, we tend to baby those babies.

R: He's 6'4" and weighs 330 but he's my baby. The girls baby him even though they think I baby him, they do. I think a lot of that is changing. My daughters' husband is the kind of guy you want to hide in a closet until your daughter is old enough to get married. He is great. I think she really saw this. She never hung around with Mexicans.

I: They were more traditional than your family?

R: Yes. Even when she went to college and she graduated from the U of A. I never raised them either Mexican or Anglo. She looks white. When she was little she would ask "what are we?" She would also say that she didn't see a lot of the Mexican girls going to college. Her high school teacher told her "only 4% of the Hispanic women that go to college graduate, maybe you should go to a trade school." Both of my daughters graduated from the U of A. This is the kind of thing they're teaching the kids. Later she saw that teacher and told him she graduated.

Interview with Maria *continued*

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- I: That seed was planted?
- R: Yes. I remember them telling me that what I used to tell them.
- I: Do you think that there is a way to have the best of both worlds by trying to keep the closeness and be still be open.
- R: I knew that in their generation they were going to need to work. I didn't work for 15 years because I didn't have to. I was at home with the kids. I knew they had to go out in the world and be open.
- I: Not be so.....
- R: I don't think I could have gone out in the world the way I was. My daughter went to college and then got a job in Austin. She flew there and has lived there alone ever since. She is 22 years old and has traveled all over for her job. At 22 I would have never done that.
- I: Were you too sheltered?
- R: Yes. She's really 22 going on 60!
- I: They really had to be ready sooner than you did to go out in the world with these different roles. It was like your mother really didn't have a lot of roles.
- R: Yes. My kids saw that she really only had that one role. That wasn't for them.
- I: You really grew up with your daughters. You were going out into the world when they were. Do you think that it is changing all over?
- R: No. There is still a lot of that. Mothers make daughters feel really guilty when they are going to leave. You can't be happy because it is always in the back of your mind. Will my mother accept this? I didn't want my daughters to go through that. Whatever their decision it was because I would be dead and they would be alive. "Don't make me happy.....make yourself happy." Even to this day.
- I: Is your mother still living?
- R: Yes. Eighty-three years old last month. She can't do a lot.

Interview with Evelyn

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- R:** Yes. Instead of doing the quick meals, do the from scratch type meals, no frozen or microwave. My son will say things like "why don't you make tortillas" or "why don't you do this." I don't have time, but he sees his grandmother do those kinds of things. He doesn't realize that stuff like that takes time. Even though he asks all the time, he doesn't understand that you when come home from work tired you don't have the time to do that, cook dinner, and get ready for the next day.
- I:** You really haven't had much help that's for sure. Which is really the way it is when you are a single parent or living away from from family right?
- R:** Yes. You also get judged by Mexican people when you're a single parent. You get judged by how you raise your child, your morality, and how you make it as a single person.
- I:** Is this something you understand or something people say? It's not something you hear?
- R:** You will hear comments like on your son..."oh you've done a good job." If they don't say things like that it's not good. You'll hear things like, "you still work?" "Are you married yet?"
- I:** These are people you're not necessarily close to?
- R:** No these can be family members. That's just the way they are and if they don't ask you or tell you to your face they will tell or ask your parents. You get judged very easily by family members as well as friends or neighbors.
- I:** So sometimes presenting your life....you're always on display....people are watching. Is that what you are saying?
- R:** Oh sure. If you're from a big family, that has always had a tendency to be close, but say, nowadays people move away from the main family town, people you know still judge you when they see you. In order to keep your name good, you need to just be careful. You can ignore the talk, but in families like that, it can do a lot of damage if you haven't had an easy life or you've made mistakes, there is a lot of shame within a family.
- I:** So there is such a community that it's....you understand who is doing OK and who isn't....sort of like a group?
- R:** Yes.
- I:** There seems to be a lot of this is right, this is good, this is appropriate, and this isn't.
- R:** Yes, a lot of judgement in that.
- I:** So the way to live in that system is to be as traditional as possible?
- R:** And if you haven't followed tradition or done something that is inappropriate for any culture...when you've strayed from the mainstream, a lot of times it's very difficult to come back for a family gathering. People tend to shy back and not be so warm and understanding.
- I:** Other people toward this person?
- R:** And family members.

Interview with Evelyn *continued*

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- I: This feeling that you're getting from the traditional group seems to be very, very subtle. Not being as warm. There seems to be levels of being warm and you know what they mean. As opposed to someone coming out and saying "I don't like what you're doing."
- R: It's the treatment you get. Either being ignored and not being invited to family things. That person will sense it right away. You can tell especially if it's somebody you've been close to, or your own family. That in turn, once that person feels that, they still show up, but it makes them...they know that whatever they've done, or their lifestyle, it makes them more aware that people don't accept it. Though they still come and want to be a part of it they know what they've done is wrong, or what they are doing is wrong, they accept it as that, but they know. They either number one, don't care, or the ones who do care, have a tendency to let it almost ruin their whole life. Not to be accepted back into a family for one reason or another has a tendency to really tear them down.
- I: Has that happened to anybody you know or to you?
- R: Yes, I have a cousin that is homosexual, and that is just not, in a Mexican culture, especially not in the close knit family like we have, accepted.
- I: This is a male or female?
- R: Male. It was very difficult, especially, for the first one that I have ever known to be open about it, that has taken a lot of years to be accepted back. The only way that someone gets accepted for doing or being something that they are, is that the top, the eldest of the family, aunt/uncle, or whoever it is, if there are no grandparents, accepts them. Then everybody slowly accepts them. If they are not accepted or forgiven, for whatever lifestyle, like this one, because my mother is the oldest of the women, so she is considered like the grandmother, since my grandmother has been dead for many years, like 25 years; for her to accept him for what he is has taken everybody else that much longer to accept him also.
- I: So she has accepted him? And it's changing for him now?
- R: Yes. It's changing for him and he's coming back into the family. He is not afraid to show up for gatherings or holidays. People now accept it and he's OK. But he has to be accepted by somebody like, grandparents, parents, and then on down the line to aunts, uncles and cousins.
- I: That is interesting because I would think that in this society it would be the younger people that would accept him and then but they don't?
- R: No. But if the older traditional accept him - then he's accepted.
- I: This is real interesting because homosexually is something that heterosexuals really don't understand. It's not something that's talked about in a lot of ways. I have heard from other women like you, that have talked to me like you have, about the idea of sex not being talked about, even among sisters. The idea of being embarrassed when they got married because now they know that their dad is going to know what they doing. Have you felt that?
- R: Oh yes. I think at first my marriage was totally different but, yes. In fact, it's funny but I've totally blocked it out. It was a total mental block because if I thought about it I would be traumatized by it. So you just block it out and don't think about it.
- I: About what?

REFERENCES

- Aamodt, A.M. (1989). Ethnography and epistemology: Generating nursing theory. In J.M. Morse (Ed.), Qualitative nursing research: Contemporary dialogue (pp. 29-39). Rockville, MD: Aspen Publishers Incorporated.
- Aamodt, A. M. (1992). Experiencing the mystery in cross-cultural research on care. In Grant, D. (Ed.), A global agenda Pub. No. 15-2518. New York: National League for Nursing.
- Barnum, B.J.S. (1994). Nursing theory: Analysis, application, evaluation (4th ed.). Philadelphia: J.B. Lippincott H.
- Brink, P.J. (1989). Issues in reliability and validity. In J.M. Morse (Ed.), Qualitative nursing research: Contemporary dialogue. (pp. 151-168). Rockville, MD: Aspen Publishers Incorporated.
- Burns, N., & Grove, S. K. (1987). The practice of nursing research: Conduct, critique and utilization. Philadelphia, PA: W.B. Saunders Company.
- Campa, A. L. (1979). Hispanic culture in the Southwest. Norman, OK: University of Oklahoma Press.
- Chaney, E. M. (1979). Supermadre Chapter 2. Women in Latin American Society and Polity: The image and the reality. Austin: University of Texas Press.
- Choi, M. W. (1979). Women: Psychosocial - psychosexual beings. In Bermsok, L.S. & Porter, S.E. (Ed.), Women's health and human wholeness (pp. 29-37). New York: Appleton-Century-Crofts.
- Dittmar, S. S. (1989). Rehabilitation nursing. St. Louis: C.V. Mosby Company.
- Evaneshko, V. & Kay, M.A. (1982). The ethnoscience technique. Western Journal of Nursing Research, 4 (1).
- Falicov, C. J. (1982). Mexican families. In M. McGoldrick, J. K. Pearce, & J. Giordano (Eds.), Ethnicity & family therapy (pp. 134-163). New York: Guilford Press.

- Field, P., & Morse, J. (1985). Nursing research: The application of qualitative approaches. Rockville, MD: Aspen System Corporation.
- Freebairn, J., & Gwinup, K. (1979). Cultural diversity and nursing practice. Irvine, CA: Concept Media, Inc.
- Gigstad, M. (1993). Modesty in Mexican-American women. Unpublished manuscript. University of Arizona, College of Nursing, Tucson.
- Guerra, A. (1990). Middle eastern muslim women: Beliefs behaviors and expectations during childbirth. Unpublished manuscript, University of Arizona College of Nursing.
- Haffner, L. (1992). Cross-cultural medicine: A decade later. The Western Journal of Medicine, 157 (3), 255-259.
- Kuipers, J. (1991) Mexican American. In J. N. Giger & R. E. Kavidhizar (Eds.) Transcultural nursing: Assessment and intervention. St. Louis: C.V. Mosby.
- Lamb, A. (1968). "She's a bird in a gilded cage". In B. Evans (Ed.), Dictionary of Quotations. (p. 436). New York: Delacorte Press.
- Leininger, M. M. (1988). Leininger's theory of nursing: cultural care diversity and universality. Nursing Science Quarterly, 11 (4), 152-160.
- Leininger, M. M. (1985a) Qualitative research methods in nursing. New York: Grune & Stratton.
- Leininger, M. M. (1985b) Transcultural care diversity and universality: A theory of nursing. Nursing and Health Care, 6(4), 209-212.
- Miles, M.B., & Huberman, A.M. (1984). Qualitative data analysis: A source book of new methods. Newbury Park, CA: Sage Publications.
- Muholland, J. (1990). Cultural aspects of health care in Arizona: A clinician's manual (2nd ed.). Rural Health Office, Arizona Area Health Education Centers. (AzaHEC).
- National Coalition of Hispanic Health and Human Service Organizations. (NCHHHSO). (1990). Delivering preventive health care to Hispanics. Washington, DC: Author.

- Pincus, J., & Ditzion, J. (1984). Preface/Introduction. In The new our bodies, ourselves. New York: Simon & Schuster.
- Ragucci, A. (1972). The ethnographic approach to nursing research. Nursing Research, 6: 485-490.
- Spradley, J. P. (1979). The ethnographic interview. New York: Holt, Reinhart and Winston.
- U.S. Bureau of the Census. (1993). Statistical abstract of the United States (113th ed.). Washington, D.C.: Author.