IDENTIFICATION OF STRESS INDICATORS OF MOTHERS WHO COME TO A WELL BABY CLINIC

by

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ABSTRACT

A schedule for interviewing based on concepts of individual interaction and assigned family role was developed in an attempt to improve the quality and quantity of information obtained regarding the emotional status of Mexican American mothers utilizing county Well Baby Clinics. This was considered important as the emotional status of the mother is viewed as a principal factor in her ability to adequately function within her role in relation to family members.

Thirty mothers utilizing services at a Well Baby Clinic in the South office of Pima County Health Department in Tucson, Arizona, participated in the present study. Information obtained with an interviewing schedule consisting of open-ended questions related to "mother's well-being" was compared to information gathered utilizing a fixed questionnaire format.

Result of the study showed that the information obtained by the use of the open-ended interviewing format was quantitatively and qualitatively better. Implications for future studies are discussed.
CHAPTER I

INTRODUCTION

La Frontera is the mental health outpatient facility of Tucson South Behavioral Health Services, Incorporated, located in South Tucson. This facility, in cooperation with the Pima County Health Department Well Child Conference Program, provides mental health screening and education as well as parental support for those families that it serves.

The Well Baby Clinic as it is called by everyone is one of the programs offered by the Pima County Health Department. It provides physical health care and immunizations on a regular basis to children under school age. La Frontera became involved in a cooperative program with the Pima County Health Department when several factors became clear: (1) public health nurses routinely referred Well Baby families for mental health services to La Frontera; (2) mental health programs for preschool children and their families, with emphasis on prevention, were much needed in the geographic area; (3) the combined efforts of both Public Health Department staff and the staff at La Frontera could provide the expertise and personnel to develop the staff outreach prevention programs.

La Frontera personnel were interested in working with already well-established and well-accepted programs within the community in order to offer outreach services. Personnel of both agencies subsequently met to explore the possibility of a cooperative
prevention-oriented mental health outreach program. In 1975 such a program was implemented. Initially the pediatricians and nurses responded in a somewhat protective manner regarding their clients; and it was necessary to clarify the role of mental health programs in the overall public health delivery system.

The preventive mental health program functions as follows. A La Frontera staff member and a Well Baby Clinic team member interview parents regarding their own and their children's physical and emotional status as part of the regular Well Baby process. In order to insure confidentiality interviews are accomplished in a private clinic area. In this way, parents are interviewed in a generally non-threatening context. This is an important function of the Well Baby Clinic program since the population seen is often suspicious and/or uninformed about mental health resources. Thus, this contact with La Frontera staff members is often the first exposure to the mental health delivery system.

Attempts are made to speak to every parent at the clinic; however, particular attention is given to parents specifically referred by the public health nurse. These referrals are prompted generally by concern for the parent's well being, depression, and children's management tactics.

The following procedure for screening of potential or existing emotional problems was developed: First, mothers will be referred by the public health nurse after being interviewed regarding their children's health status. Second, the staff of La Frontera will introduce herself as a worker of La Frontera, then she will provide feedback on child's behavior or child management tactics observed, elicit areas of
concerns to parents, provide information about available mental health services, and explore additional topics as dictated by the client's situation. Topics often include: age-appropriate behavior of children and parents' expectations; age-appropriate methods of discipline, self care for parents; feelings about parenthood, ways of getting support for parenting, ways to foster children's emotional and intellectual development, communication between husband and wife. In addition, the workers does a mental status screening for obvious emotional problems and provides referrals when necessary for mental health services, pre-school, etc.

The investigator's experience with La Frontera preventive program indicated that most interviews were using fixed or direct questions (elaborated questions that would get "yes" or "no" answers) to solicit information about any stressful situations of mothers who come to a Well Baby Clinic. This usually resulted in the mother denying the existence of any mental health related concerns or problems or "yes" or "no" answers that provide little information. This situation prompted the investigator to explore further the assumption that mothers who come to a Well Baby Clinic will not disclose themselves and talk about their concerns or emotional problems in response to fixed questions. In light of the above the investigator suggests that the lack of difficulties expressed by interviewed mothers at a Well Baby Clinic may be a function of the interviewing approach utilized rather than an actual lack of such difficulties, and sought to confirm or reject her idea.
Statement of the Problem

The emotional health of children is strongly affected by the mother's adequacy in her mother role (Westley and Epstein, 1969). Some studies also demonstrate that emotionally disturbed children have been involved in a conflict or stressful situation which exists between parents, (Bell and Vogel 1960).

Mexican American mothers who came to a "Well Baby Clinic" were unable to disclose themselves when fixed questions were asked to learn more about their emotional status.

The research question addressed in this study was: Would the use of open-ended questions in interviewing Mexican American mothers at a Well Baby Clinic help to identify potential or existing stressful situations within the family?

Purpose of the Study

The purpose of this study was to determine if an alternative approach to interviewing Mexican American mothers who come to a Well Baby Clinic could be developed to learn more about the problems mothers experience. It also was to learn whether the content of the designed schedule would lead to identification of stressful situations within the family.

Significance of the Problem

The inability to cope with stress may create emotional problems. The existence of such problems can affect the individual's ability to cope with new stresses. Although any individual is likely to experience
emotional problems some are more susceptible due to environmental and socioeconomic pressures (Hollingshead and Redlich 1958).

Early prevention of stressful situations such as family breakdown is possible if meaningful information can be obtained; and that appropriate resources could be made available for those who are in need.

This study focuses on the difficulty of obtaining information regarding the emotional status of Mexican American mothers, who come to a Well Baby Clinic. Self-disclosure styles of Mexican Americans may have been related to the difficulty in gathering the necessary information. Since it has been found that "... they are too proud and sensitive to expose their personal problems to outsiders" (Burruel and Chavez, in Tulipan, Attneave, and Kingstone 1974, p. 108). In addition, in the Mexican culture many families continue to hold the tradition of solving their own problems and may feel a negative stigma associated with seeking services at a mental health facility. Therefore, the development of a guide or schedule to interview Mexican American mothers at a Well Baby Clinic would help the public health nurse and other health workers to identify stressful life situations. This also would help to identify, in their early stages, potential or existing emotional problems.

Conceptual Framework

The framework of the present study is based on the interactions of the family members and the roles they assume. Interactions imply a whole series of processes taking place within and between individuals,
Some of the concepts of the Interaction Theory were found useful in supporting this study.

According to Riehl and Riehl (1974), man can not be considered as an isolated individual but as a participant of a social world. All men experience needs for interactions, safety, growth, and comfort. Eshelman (1974, p. 38) stated that "Herbert Meade identified two levels of social interactions in human society, and Blumer also identified these two levels which he named as 'non-symbolic interaction' and 'symbolic interaction'." By "non-symbolic interaction" Blumer meant that interaction that takes place when one responds directly to the action of another without interpreting that action, and by "symbolic interaction" that one that involves interpretation of the action.

Within a family, members engage in non-symbolic interactions as they respond immediately and without reflection to each other's body movements, expressions, and tones of voice. However, most of the time family members engage in symbolic interactions as they seek to understand the meaning of each other's interaction. To understand the interaction process within the family, it is necessary to know that each member of a family occupies a position to which a number of roles are assigned. "These roles exist in dyads or pairs (mother-wife, etc.). A set of rules governs role-behavior and maintains some order over the family member's relationships" (King 1969, p. 26).

As the development of a family takes place, conflicts may emerge. Such conflicts may assist or restrict the growth of the family members. It is also expected that differences in personality traits as well as talents of family members will either complement each other or
be the cause of frustration and conflicts. As Kold (1973) suggested, the complementary aspect of the family enhances the self-esteem of its members. He also feels that it satisfies their needs, supports their differences, enables them to face problems, assist in situations of conflicts and support the development and fulfillment of each member's personality or capability.

Usually, the problems confronting the family can be understood in terms of interdependence of role adaptation, sexual behavior, sharing authority, division of labor and emotional and social understanding, because these are the functions of the family. Parenthood adds even more complexity to the family relationships.

The stability of the family hinges on a delicate pattern of emotional balance and interchange, in which the behavior of each member is affected by the others. In crisis situations the role pattern of a family usually is changed affecting the functioning of the family in its affection and performance of its roles.

The way the family deals with crises will depend mainly upon the family role each member performs, family integration, and previous experiences with crises. When signs of anxiety and insecurity are present in family members, performance of their roles will be difficult. Since stability seems to depend on a balance of role-relations an imbalance will cause instability. Therefore, instability can be seen as a failure of one or more individuals to perform their familial obligations.

Another factor currently affecting the family is related to the changing roles of women. In the past, the role of women was defined as wife-mother; meeting the needs of the husband and being responsible for
the care of children at home. Kala (1976) explains that today some of the important alternatives of the role of women are related to: changes in education, availability of contraceptive methods, and occupation opportunities. She also suggests that women's entrance into the work force is one of the most important events. More than ever before women now have the option of family planning or delaying childbirth indefinitely. All of the above factors can contribute to the role identification difficulties and can result in family breakdown.

In summary, interactions within the family are interrelated with role performances. Each member responds to interactions reflectively or unreflectively according to the environmental stimuli they receive. As mentioned earlier, family stability hinges on a delicate pattern of emotional balance. The way families deal with crises depends mainly on the role obligation, family integration, and previous experience with crises. Instability of a family can be due to a failure of one or more individuals to perform their familial roles. Knowing normal familial roles and communication patterns are important in determining when families need assistance.

**Assumption**

The following assumption is utilized in this investigation: The lack of stress indicators expressed by interviewing Mexican American mothers at a Well Baby Clinic may stem from the interview approach utilized rather than the lack of difficulties.
Limitations

1. The sample was limited to thirty mothers utilizing services at a Well Baby Clinic in the South office of the Pima County Health Department from April 3 through April 7, 1978.

2. The mothers were Mexican American.

3. The age of the mothers, the number of children, and the number of clinic visits were not counted in this study.

Definitions

1. Well Baby Clinic (officially known as Well Child Conference): A clinic sponsored by the Pima County Health Department that offered physical examinations, vaccinations, nutritional assessment, and information on child-related concerns.

2. Stress indicator: Any stressful situation that can cause emotional problems.
CHAPTER II

REVIEW OF LITERATURE

The review of the literature for this study focused on the following areas: (1) family viewed as a system, (2) factors producing crises within the family, (3) the Mexican American family and the ways members deal with stress, and (4) some aspects of the interviewing techniques.

Most of the experts in family studies have found it useful to view a family as a system, or a subsystem within the whole social system.

In the studies of Satir, Stachowiak, and Taschman (1975) about families they theorized that a family is a system which is constantly changing, sometimes slowly, other times rapidly. It is a system that struggles to maintain a balance or homeostasis. Satir also explains that in working with families, her team reached a point where the real question regarding the family was not to know what is a normal family; but rather to know in how many ways it is possible to be an effectively functioning family. Then, it is not a matter of needing to know the perfect way to be a family but to understand that there are many ways in which people can be a family as long as they can work out some of the problems in their interacting system.

Westley and Epstein (1969), in their study of 33 families, concluded that an organization is adequate when it meets its member's
needs. They state that the type of organization that is optimal depends on the family's composition and socioeconomic status; large, extended, poor Mexican American families obviously face different problems from small, aristocratic New England families, and the form of organization suitable to one may be useless to the other.

In other studies done by Westley and Epstein (1969), with families of "healthy" students, they found that children's emotional health is closely related to the emotional relationship between their parents. Couples who are emotionally close, meeting each other's needs and encouraging positive self-images in each other, became good parents. Since they were satisfied in many ways, they could support and meet their children's needs. The data also indicated that emotional health of children was strongly affected by the mother's adequacy in her mother role.

Glasser and Glasser (1970) suggested that today the family is more likely to experience frequent crises. The source may be from outside such as wars, political and religious prosecution, disasters; or the source may come from within the family such as illegitimacy, non-support, mental breakdown, suicide, or alcoholism.

Families of lower socioeconomic status are more likely to live with crises on a daily basis. As Bloom (1967, p. 27 pointed out; "Mental and emotional disorders are seen as the exclusive result of injustice, discrimination, economic security, and poverty and illness."

In addition, studies have demonstrated that low-income people are more susceptible to emotional disturbances. They also tend to somatize their emotional difficulties with physical complaints.
Other concomitant problems aggravate the situations of the poor. As Elling (1974) explained, alcoholism, prolonged unemployment, or irregular employment and having problems are forces leading the lower class to chronically stressful patterns of life. Single parenthood among the poor is another factor. Statistical data from the Bureau of Labor Statistics (Vaughan and Brazelton, 1976) show that among the poor the proportion of families with only one parent has risen markedly during the past decade. In 1974, about 1 out of 4 parents under 25 years of age heading a family was without a spouse.

According to Vaughan and Brazelton (1976), young parent families are seen as families at-risk since in many studies they rank high in rates of infant mortality, attempted suicide, school dropouts, unemployment, Welfare dependency, family instability, divorce rates, and single parenthood. They feel that the risks begin with the establishment of young parent family life. Very often people do not have enough information about how pregnancy occurs to prevent it.

The Mexican American Family

An attempt to present some of the most common characteristics among Mexican American families will be made.

In his participation in a seminar in Phoenix, Arizona in 1963, Sanchez G. explained that a Mexican American can not be stereotyped. He said that a Mexican is not one person, he is many people, he is many persons, culturally and in every conceivable way (Cabrera, 1971). Because of this variation, generalization can not be made.
According to Cabrera (1971), a Mexican American family is typically described as unique, in that each member has a distinct role. It is patriarchally oriented and the father is the one who supports the family. The mother is in charge of preserving the home and the family. The good wife is subservient to her husband and her goals in life are the pleasing of him and seeing that the children receive affection and attention.

He also explained that contrary to the above, in many homes in the Southwest today many mothers work and have a decision voice, if not the chief one, in family decisions, management of finances, and care of the children. Wives often supplement family income with outside employment. Cabrera also states that Mexican American families tend to be larger than the average American family. This relationship seems to be due to socioeconomic matters rather than to ethnic group.

Murillo (1971) explained that in the Mexican American subculture the family concept is composed of two subconcepts: the nuclear family consisting of wife and children and the extended family which includes grandparents, uncles, aunts, and cousins. In addition, extended family includes compadres or the godparents of the children. The relationship between parents and compadres is similar to that between parents and other adult relatives.

Cabrera and Murillo pointed out that patterns of behavior of boys and girls are taught from infancy. Mexican American children are individualistic and are just as spoiled as their Anglo-American counterparts. Murillo also states that in some families the female is supposed to have relatively few contacts with non-family members. Therefore, it
is very common that daughter and mother develop a very close relationship in which they become each other's confidant.

Ways to Deal with Stress

King (1969) demonstrated that people respond in many ways to the experience of illness and medical care, and it is possible to retain certain magical and folk beliefs and at the same time make good use of scientific medicine. Folk medical beliefs are often important cultural influences.

Mexican Americans deal with emotional problems in a variety of ways. They depend most upon family doctors, relatives, friends, and religious authorities such as priests and ministers for advice (Padilla and Keefe, 1976).

Mental health clinics are not utilized to any great extent. Heiman, Burruel, and Chaves (1975, p. 515) said that "Although Mexican Americans are constantly exposed to the stresses that threaten mental health, they use mental facilities less frequently than other groups." The reason for underutilization appears to be that such facilities do not meet Mexican American needs.

Cervantes (1971), in a study conducted in California, gave three reasons why health care programs do not help Mexican Americans: (1) health professionals either do not know enough about or do not consider Mexican American culture, (2) health care programs are not organized within the Mexican American community framework, and (3) the meaning of comprehensive health care has not been stated from a Mexican
American viewpoint. For health care programs to be effective, Mexican American sociocultural attributes must be recognized.

Heiman et al. (1975, p. 516) found that "Mexican American strong family loyalty and general mistrust of outsiders are probably major factors in their reluctance to participate openly in psychotherapy." In addition, in their culture, discussion of feelings and open communication other than the family members are not encouraged.

Burrue and Chavez (in Tulipan et al., 1974, p. 7) stated that "... disproportionately few Mexican Americans arrive as the psychiatric clinic. Of those who do contact a mental health clinic, a disproportionate number drop out after brief contact."

Padilla and Keefe (1976) mentioned the reasons for the poor use of mental health clinics in referring to the preference for alternative resources when dealing with emotional problems. The most common resource relied upon were relatives or compadres. Reliance on the extended family for support is the primary means of coping with stress. Mental health clinics tend to be the last resource for those who have unsuccessfully tried many other methods of dealing with emotional stress due to a perceived negative stigma about utilizing such a facility.

Some Aspects of the Interviewing Techniques

Communication is very important and essential as part of the health care. According to Robinson (1972, p. 30): "... interviewing is a goal-directed method of communication. It is a process that is used in the nurse-patient relationship to give and to gain information."
Many factors such as types of information, sources, and verbal interaction make interviewing a dynamic human experience.

A good method of interviewing will permit the patient to talk freely about his condition and feelings, and will require the interviewer's close attention. As Bernstein, Bernstein, and Dana (1974) suggested, a good interview will elicit the necessary information about the condition of the patient and his reaction to illness by letting the patient talk freely and by listening carefully to him.

The nurse, by using open-ended questions, will also encourage the patient to focus on his own feelings. Direct or fixed questions will often lead themselves to the answers of "yes" or "no," Hein (1973) explained that open-ended questions are well suited for initiating interviews because they do not restrict the patients' responses. He can respond in his own way to such questions, and it is by his responses that we can begin to know about his attitudes and feelings. Enelow and Swisher (1972, p. 46) pointed out that "direct questions involve a highest use of authority and exercises a great deal of control." They also explained that the degree of authority of open-ended questions will vary depending on how close they come to the area we want to explore, in which a reply is expected.

In interviewing people of different cultures or subcultures it is advisable to keep in mind that ". . . cultural differences affect the relationship of what is said to what is meant, as when no means maybe and tomorrow means never" (Lewis, 1969, p. 3).

In summary, to communicate better, it is necessary to recognize that different words mean different things to different people; and that
open-ended interviews with consideration of our own personality as well as the people's present state will be useful to gather the necessary information to provide comprehensive health care.
CHAPTER III

RESEARCH METHODOLOGY

This study was designed to explore an alternative interviewing approach that will elicit more information regarding the emotional status of Mexican American mothers at a Well Baby Clinic than the commonly used approach. This chapter describes the research design, description of the interview schedules, the sample, the setting, and the analysis of data.

Research Design

An exploratory type of design was chosen to find out if an alternative approach to interviewing Mexican American mothers at the Well Baby Clinic will provide more data regarding their emotional status. An interviewing schedule has been developed to elicit clues that mothers are experiencing stressful situations that would produce or be the cause of stress. The interviews were conducted in English and Spanish depending upon the client's choice.

Two groups of fifteen mothers each were interviewed. The developed schedule (Appendix A) was used for the study group, while a traditional schedule of interviewing (Appendix B) was used for the control group. Procedures for assurance of protection of the rights of human subjects were in accordance with Ethical Review Committee, The University of Arizona. This study was conducted after permission was obtained. The subject consent form is shown in Appendices C and D.
Description of Interviewing Schedules

The theoretical framework as well as the review of the literature provide a general structure for the developed interview schedule (questionnaire No. 2). A procedure to screen for potential or existing emotional problems was developed. Those areas that had been previously investigated and found relevant for the "Well-Being" of the mothers were explored.

Two questionnaires as guidelines were developed and used. The first questionnaire, Appendix B, included direct or fixed questions and the proposal schedule, Appendix A, included open-ended questions. The rationale for both schedules was the same.

Questionnaire No. 1

Demographic data included: age, marital status, number in the family, number of children, educational level, occupation, and source of income. Content included eight direct questions:

1. Do you have any concerns regarding your children or yourself?  
Rationale: There are some problems that make mothers worry a great deal. These can be related to children and husband's welfare as well as difficulties in communication and finances.

2. Do you have somebody to help you with your children?  
Rationale: If a mother is alone without any support system, this mother will be under considerable stress.

3. Do you discuss your family affairs with your husband or boyfriend?  
Rationale: Husband and wife need to communicate in
order to maintain the relationship. This is more crucial if they have children.

4. Do you have somebody to talk about your problems? Rationale: Keeping problems inside leads to anxiety. So, ventilation of feelings is necessary especially when problems come up.

5. Do you have some free time for yourself? Rationale: Mothers need to have an amount of free time for recreation and rest. A typical role for mothers to play in some cultures like the Mexican culture is the martyr role.

6. Do you do things together with your husband or boyfriend? Rationale: Partners need to have recreation together. Lack of recreation will make partners bored.

7. How do you feel about being a mother? Rationale: Ambivalent feelings exist when a new baby arrives. Lack of knowledge about this phenomenon causes conflicts among mothers, specifically those who are unmarried and also who are primiparas.

8. Are you and your husband or boyfriend employed? Rationale: Financial security is always needed. For mothers with small children this security is a great need.

Questionnaire No. 2 was developed after trying No. 1, which did not help to reveal enough information about the mother's emotional status.
Questionnaire No. 2

Demographic data included: age, marital status, number in the family, number of children, educational level, occupation, and source of income. Content included eight open-ended questions:

1. What kind of worries bother you the most? Rationale: There are some problems that make mothers worry a great deal. Those can be related to children and husband's welfare as well as difficulties in communication and finances.

2. Who helps you with your children? Rationale: If a mother is alone without any support system, this mother will be under considerable stress (family viewed as a system).

3. When do you talk to your husband or boyfriend about your family affairs? Rationale: Husband and wife need to communicate in order to maintain the relationship. This is more crucial if they have children.

4. To whom do you talk about your problems, any kind of problems? Rationale: Keeping problems inside leads to anxiety. So, ventilation of feelings is necessary especially when problems come up.

5. What kinds of things do you do for yourself when you have free time? Rationale: Mothers need to have an amount of free time for recreation and rest. A typical role for mothers to play in some cultures like the Mexican culture is the martyr role.

6. What kinds of things do you do together with your husband or boyfriend? Rationale: Partners need to have recreation together. Lack of recreation will make partners bored.
7. What feelings do you have being a mother? Rationale: Ambivalent feelings exist when a new baby arrives. Lack of knowledge about this phenomenon causes conflict among mothers, especially those who are unmarried and also who are primiparas.

8. Who supports the family? Rationale: Financial security is always needed. For mothers with small children this security is a great need.

To ensure validity, the interviewing schedules were pretested by another nurse with three mothers at the Well Baby Clinic. The information gathered was valuable to know the probable responses, their relevances, and their interpretations.

The Sample

The sample consisted of thirty mothers utilizing services at a Well Baby Clinic in the Southside office of Pima County Health Department. The population was not selected at random, but was found by interviewing each mother as she came in and met the criteria during a period of one week (April 3 through April 7).

The public health nurse was asked to select the clients since she is the first contact mothers make at the clinic. Next, the investigator invited the mothers to participate in the study. The prospective mothers were asked to read and sign a subject's consent form. This form states that the study has been explained and understood by the subject. Furthermore, it states that participation is voluntary and that neither her name nor address will be revealed.
The Setting

The study was conducted at a Well Baby Clinic in the South office of the Pima County Health Department.

The clinic's catchment area serves a county population of approximately 175,000 inhabitants. The population consists of Mexican Americans, approximately 50 per cent of the population; Black, 5 per cent; Papago and Yaqui Indians, 10 per cent; and the remainder Anglo; as well as a fairly large transient population. The income levels of the population within this district range from a very low poverty level to middle class income according to information gathered from Pima County Health Department South Office.

The Well Baby Clinic and the Pima County Health Department South office are county funded and services are free of charge to the clients. The clinic utilizes two examination rooms, two rooms for interviewing mothers, one room for immunizations, and a room to check the weight and height of the children. The Well Baby Clinic operates from Monday to Friday with variable hours. Approximately 600 mothers and their children are seen monthly.

The staff of the Pima County Health Department South office consists of nine public health nurses, four licensed practical nurses, five clerical staff, two full time pediatricians, and one pediatric nurse practitioner.

The Pima County Health Department South office offers the following services: (1) Well Baby Clinic and immunization; (2) family planning; (3) nutritional information; (4) consultation to school nurses; (5) control of venereal and communicable diseases; (6) home
visits for health care maintenance, for post partal cases, and for skilled nursing care patients.

Many members of the staff are bilingual and some are of Mexican American heritage.

Data Analysis

Content analysis was the primary procedure to conceptualize and categorize the data collected. This involved careful coding of all answers and developing categories appropriate to the information gathered. Similarities and differences of the responses of the two questionnaires were compared. This method of data analysis necessarily depends upon the investigator's judgment. Feedback of members of the research committee served to insure objectivity. Consultation with John Gaines, Statistician of the Division of Computer Systems of Arizona Medical Center, was needed to decide a formal statistical test was necessary in this study. The frequency distribution in most of the tables, especially those that describe the population's demographic characteristics, were similar; therefore no formal statistical test was used. In virtually all of the tables some of the expected frequencies are too small even for chi-square to be a reliable test.
CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

This chapter describes the characteristics of the sample and subject's responses to the areas explored.

Characteristics of the Sample

The sample consisted of thirty mothers who came to a Well Baby Clinic seeking services for their children. Thirty were asked to participate in this study. Two refused participation. These two stated they were afraid to answer questions about themselves. The population was not selected at random but was found by asking each mother as she came in who met the criteria.

The mothers were divided into two groups of fifteen each. The first group answered Questionnaire No. 1 which consisted of eight direct or fixed questions. The second group answered Questionnaire No. 2 which consisted of eight open-ended questions. The following analysis is made in order to learn how the two samples differed and to determine if they represented the same population. Data will be presented in tables by the group interviewed.

The age range for all mothers was 16 to 39 years with a mean of 25.7. Table 1 represents the distribution of subjects by age. The age group most represented in the sample is that of 20-29 years of age or 70 per cent of the total population. This is not surprising since this is the expected age of childbearing. It is interesting, however, that
Table 1. Age of Informants by Group

<table>
<thead>
<tr>
<th>Age</th>
<th>Group 1</th>
<th></th>
<th></th>
<th>Group 2</th>
<th></th>
<th></th>
<th>Group 2</th>
<th></th>
<th></th>
<th>Group 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Percentage</td>
<td></td>
<td>Total</td>
<td>Percentage</td>
<td></td>
<td>Total</td>
<td>Percentage</td>
<td></td>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>16-19</td>
<td>3</td>
<td>20</td>
<td></td>
<td>3</td>
<td>20</td>
<td></td>
<td>6</td>
<td>20</td>
<td></td>
<td>15</td>
<td>100</td>
</tr>
<tr>
<td>20-29</td>
<td>11</td>
<td>73</td>
<td></td>
<td>10</td>
<td>67</td>
<td></td>
<td>21</td>
<td>70</td>
<td></td>
<td>15</td>
<td>100</td>
</tr>
<tr>
<td>30-39</td>
<td>1</td>
<td>7</td>
<td></td>
<td>2</td>
<td>13</td>
<td></td>
<td>3</td>
<td>10</td>
<td></td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100</td>
<td></td>
<td>15</td>
<td>100</td>
<td></td>
<td>30</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The first age group, those 16 to 19 years old, is under-represented having only 6 mothers or 20 per cent of the sample, since young parenthood is increasing for the country at large (Vaughan and Brazelton, 1976). This may be due to the small size of the sample.

The majority, 67 per cent, of all mothers were married. Twenty-seven per cent were never married, three per cent were divorced, and three percent were separated. Table 2 represents the distribution of subjects by marital status.

A high percentage of subjects falling into the "single" category was expected (27 per cent), and reflects the marked rise in single parenthood nationwide in this decade (statistical data from the Bureau of Labor Statistics, in Vaughan and Brazelton, 1976). Nevertheless, the figures here appear to be somewhat lower than the population at large, perhaps again because of the small sample size and its non-random nature.
Table 2. Marital Status of Informants by Group

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Group 1 Number</th>
<th>Percentage</th>
<th>Group 2 Number</th>
<th>Percentage</th>
<th>Total Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>3</td>
<td>33</td>
<td>3</td>
<td>20</td>
<td>8</td>
<td>27</td>
</tr>
<tr>
<td>Married</td>
<td>10</td>
<td>67</td>
<td>10</td>
<td>67</td>
<td>20</td>
<td>67</td>
</tr>
<tr>
<td>Separated</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Divorced</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100</td>
<td>15</td>
<td>100</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

The source of income for the total population is represented in Table 3. Fifty per cent of the subjects were supported by their husband's employment; 6 per cent of the mothers were working and supplemented the husband's income and 27 per cent were receiving support from welfare. The seventeen per cent that fell into the "other" category were receiving support from unemployment benefits and from relatives.

The data here reflect the expected pattern of family support. As Cabrera (1971) has pointed out, the husband in a patriarchal culture would be expected to be the provider. Here we begin to see differences in the two populations, distinctions which may or may not be important. Sixty per cent in group 2 were supported by the husband's employment, while only 40 per cent in group 1 were supported by the husband's employment. Twenty per cent in group 2 were supported by welfare,
Table 3. Source of Income by Group

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Group 1</th>
<th></th>
<th>Group 2</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Husband's Employment</td>
<td>6</td>
<td>40</td>
<td>9</td>
<td>60</td>
<td>15</td>
<td>50</td>
</tr>
<tr>
<td>Husband &amp; Wife Employment</td>
<td>2</td>
<td>13.4</td>
<td>--</td>
<td>--</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Welfare</td>
<td>5</td>
<td>33.3</td>
<td>3</td>
<td>20</td>
<td>8</td>
<td>27</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>13.3</td>
<td>3</td>
<td>20</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>15</td>
<td>100</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

compared to only 33.3 per cent in group 1. The same percentage was found in both groups in the "other" category, which included unemployment benefits and economic support from relatives.

The next data to be considered concern the occupation that the women declared. The majority of the total subjects were housewives (77 per cent); 7 per cent were clerical workers, 3 per cent were students, and 13 per cent stated they had no occupation, and were residing with their parents. Table 4 presents the occupation of the respondents.

As can be seen, the two groups are quite similar. In general, the occupational characteristics corresponded to the expected pattern as described previously in the literature (Cabrera, 1971). Of the two subjects listed in the "clerical workers" category, the only category of employment, one was a cashier and the other was a secretary. Cabrera
Table 4. Occupation of Respondent by Group

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
</tr>
<tr>
<td>Housewife</td>
<td>10</td>
<td>67</td>
<td>13</td>
</tr>
<tr>
<td>Clerical Worker</td>
<td>2</td>
<td>13</td>
<td>--</td>
</tr>
<tr>
<td>Student</td>
<td>--</td>
<td>--</td>
<td>1</td>
</tr>
<tr>
<td>None</td>
<td>3</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100</td>
<td>15</td>
</tr>
</tbody>
</table>

noted that in the Southwest, Mexican American women are entering the work force to supplement the husband's income. The figures in this table may be depressed in comparison to the population at large, perhaps due to the sample size, and the fact that a working mother may not be able to visit the clinic. She may be at work during the hours the clinic is open.

The educational attainment of the study populations ranged from those who had finished the 9th grade (37 per cent) to those who had earned some college credits (13 per cent). Table 5 presents the distribution of subjects by years of education.

The two sample populations differed from each other in education level. Fifty-three per cent of those in group 1 had finished only nine years of schooling. Fifty-three per cent in group 2 had finished high
Table 5. Education Attainment by Group

<table>
<thead>
<tr>
<th>Education</th>
<th>Group 1 Number</th>
<th>Group 1 Percentage</th>
<th>Group 2 Number</th>
<th>Group 2 Percentage</th>
<th>Total Number</th>
<th>Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-10 years</td>
<td>8</td>
<td>53</td>
<td>3</td>
<td>20</td>
<td>11</td>
<td>37</td>
</tr>
<tr>
<td>11-12 years</td>
<td>6</td>
<td>40</td>
<td>1</td>
<td>7</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td>High School Grad.</td>
<td>--</td>
<td>--</td>
<td>8</td>
<td>53</td>
<td>8</td>
<td>27</td>
</tr>
<tr>
<td>Some College</td>
<td>1</td>
<td>7</td>
<td>3</td>
<td>20</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100</td>
<td>15</td>
<td>100</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

school and 20 per cent had studied beyond high school; e.g., business courses or some college.

The mean household size for the whole population was 4.7 and the mean number of children was 2.3. Table 6 presents the household composition and the number of children.

The number of household members for each group is similar. Besides the nuclear family, these households may include other relatives such as grandparents, aunts, cousins, and in-laws, as Kay (1972) found in her research with Mexican American families. Group number 2 tends to have a smaller household size and the number of children also is smaller than in group 1.
Table 6. Household Composition and Number of Children

<table>
<thead>
<tr>
<th></th>
<th>Group 1</th>
<th>Group 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage</td>
<td>Percentage</td>
<td>Percentage</td>
</tr>
<tr>
<td>Household</td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>3-4</td>
<td>7</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td>5-6</td>
<td>6</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>7-8</td>
<td>2</td>
<td>--</td>
<td>2</td>
</tr>
<tr>
<td>9 or more</td>
<td>--</td>
<td>--</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>15</td>
<td>30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Group 1</th>
<th>Group 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage</td>
<td>Percentage</td>
<td>Percentage</td>
</tr>
<tr>
<td>Children</td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>1-2</td>
<td>8</td>
<td>13</td>
<td>21</td>
</tr>
<tr>
<td>3-4</td>
<td>7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>15</td>
<td>30</td>
</tr>
</tbody>
</table>

Subjects' Responses to Questions About Areas Explored

Having reviewed the demographic data, I shall now consider the two types of interviews. The responses to both questionnaires were combined because the subject matter was the same and because the study was to explore differences between the two methods of interviewing, the direct or fixed questions, or the open-ended questions. Group 1 again refers to those who answered Questionnaire No. 1 which includes direct or fixed questions and group 2 refers to those who answered Questionnaire No. 2 which includes open-ended questions.
Question 1

Questionnaire No. 1: Do you have any concerns about your children or yourself?

Questionnaire No. 2: What kind of worries bother you the most?

Rationale: There are some problems that make mothers worry a great deal. They can be related to the children and husband's welfare, as well as to difficulties in communication and economic problems.

Table 7 presents the responses gathered about worries or concerns expressed by the subjects.

Table 7. Concerns or Worries by Group

<table>
<thead>
<tr>
<th>Concerns or Worries</th>
<th>Group 1</th>
<th></th>
<th>Group 2</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Yes, Children</td>
<td>3</td>
<td>20.0</td>
<td>--</td>
<td>--</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Yes, Children &amp; Husbands</td>
<td>--</td>
<td>--</td>
<td>5</td>
<td>33.3</td>
<td>5</td>
<td>17.0</td>
</tr>
<tr>
<td>Yes, Economic and Children</td>
<td>1</td>
<td>6.7</td>
<td>5</td>
<td>33.3</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Yes, Own Personal Conflicts</td>
<td>--</td>
<td>--</td>
<td>4</td>
<td>26.7</td>
<td>4</td>
<td>13.0</td>
</tr>
<tr>
<td>Yes, Extended Family</td>
<td>1</td>
<td>6.7</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>None</td>
<td>10</td>
<td>66.6</td>
<td>1</td>
<td>6.7</td>
<td>11</td>
<td>37.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>15</td>
<td>100.0</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>
The analysis revealed that the respondents of group 1, who answered direct or fixed questions, 67.6 per cent stated that they had no concerns, 33 per cent indicated concerns about children, husbands, finances, and extended family. In group 2, 100 per cent of the sample reported worries about children, husbands, finances, and their own personal conflicts.

Question 2

Questionnaire No. 1: Do you have somebody to help you with your children?

Questionnaire No. 2: Who helps you with your children?

Rationale: If a mother is alone without any support system, this mother will be under considerable stress. Table 8 presents the sources of maternal assistance.

<table>
<thead>
<tr>
<th>Sources</th>
<th>Group 1</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>No one</td>
<td>6</td>
<td>40</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Female Relative&lt;sup&gt;a&lt;/sup&gt;</td>
<td>7</td>
<td>47</td>
<td>5</td>
<td>33</td>
</tr>
<tr>
<td>Husband or Boyfriend</td>
<td>2</td>
<td>13</td>
<td>.7</td>
<td>47</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100</td>
<td>15</td>
<td>100</td>
</tr>
</tbody>
</table>

<sup>a</sup>Female relative includes mother, sister, sister-in-law, mother-in-law.
As can be seen in this particular question, both groups have resources that function as a support system. Forty-seven per cent of group 1 can count on female relatives to help with children. The same percentage in group 2 can count on a husband or boyfriend. Forty per cent in group 1 have nobody to help with the children; in group 2 only 20 per cent reported no maternal assistance. It appears that both questions can obtain the information needed to learn about the support system.

Question 3

Questionnaire No. 1: Do you discuss your family affairs with your husband or boyfriend?

Questionnaire No. 2: When do you talk to your husband or boyfriend about your family affairs?

Rationale: Husband and wife need to communicate in order to maintain the relationship. This is more crucial if they have children. Table 9 presents the frequency of communication between partners.

This analysis showed that 80 per cent in group 1 did communicate with partners; however, the frequency of the communication was not elicited. One hundred per cent in group 2 reported the frequency of communication with their partners. They also stated when they do it. For instance, one subject said, "We talk when the girls are sleeping." Another said, "We talk about our problems when we eat or when we are in bed."
Table 9. Communication with Partners

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Group 1</th>
<th></th>
<th>Group 2</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td></td>
<td>Number</td>
<td></td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>20</td>
<td>--</td>
<td></td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Yes</td>
<td>12</td>
<td>80</td>
<td>--</td>
<td></td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Often</td>
<td>--</td>
<td></td>
<td>10</td>
<td>67</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>Occasionally</td>
<td>--</td>
<td></td>
<td>3</td>
<td>20</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Seldom</td>
<td>--</td>
<td></td>
<td>2</td>
<td>13</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100</td>
<td>15</td>
<td>100</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Question 4

Questionnaire No. 1: Do you have somebody to talk to about your problems?

Questionnaire No. 2: To whom do you talk about your problems?

Rationale: Keeping problems inside leads to anxiety. So, ventilation of feelings is necessary, especially when problems come up. Table 10 presents the resources available when problems arise.

The analysis showed that 13 per cent in each group had no one with whom to discuss their problems. Forty-seven per cent in group 1 identified a female relative to speak with when they had problems, and 13 per cent spoke with their partners about their problems. In group 2, 60 per cent of the subjects spoke with their partners about their problems and 27 per cent had friends with whom they spoke about their problems.
Table 10. Resources for Emotional Support

<table>
<thead>
<tr>
<th>Resources</th>
<th>Group 1</th>
<th></th>
<th>Group 2</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Nobody</td>
<td>2</td>
<td>13</td>
<td>2</td>
<td>13</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
<td>27</td>
<td>--</td>
<td>--</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Yes, Female Relative</td>
<td>7</td>
<td>47</td>
<td>--</td>
<td>--</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td>Yes, Husband or Boyfriend</td>
<td>2</td>
<td>13</td>
<td>9</td>
<td>60</td>
<td>11</td>
<td>37</td>
</tr>
<tr>
<td>Friend</td>
<td>--</td>
<td>--</td>
<td>4</td>
<td>27</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100</td>
<td>15</td>
<td>100</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Question 5

Questionnaire No. 1: Do you do things together with your husband (or boyfriend)?

Questionnaire No. 2: What kinds of things do you do together with your husband (or boyfriend)?

Rationale: Husbands and wives need to have recreation together. Lack of recreation will make partners bored. Table 11 presents the activities partners do together.

The analysis of the data showed that 66.7 per cent of the subjects in group 1 did things together with their husbands. However, one gets no idea of the specific activities in which they participate.

Twenty-six per cent reported that sometimes they did things together and just one subject, 6.7 per cent, reported no participation. In the
Table 11. Activities Partners Do Together

<table>
<thead>
<tr>
<th>Activity</th>
<th>Group 1</th>
<th></th>
<th>Group 2</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Per-cent</td>
<td>Number</td>
<td>Per-cent</td>
<td>Number</td>
<td>Per-cent</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>6.7</td>
<td>4</td>
<td>27</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
<td>66.7</td>
<td>--</td>
<td>--</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>Sometimes</td>
<td>4</td>
<td>26.6</td>
<td>--</td>
<td>--</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Household Chores and Recreation</td>
<td>--</td>
<td>--</td>
<td>6</td>
<td>40</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Recreation</td>
<td>--</td>
<td>--</td>
<td>5</td>
<td>33</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>15</td>
<td>100</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

The second group, 27 per cent did not do anything with their partners, and the remaining 72 per cent specified that they did things together such as: cleaning the yard, going to movies, picnics, painting the house, etc.

Question 6

Questionnaire No. 1: Do you have some free time for yourself?

Questionnaire No. 2: What kinds of things do you do for yourself when you have some free time?

Rationale: Mothers need to have an amount of free time for recreation and rest. A typical role for mothers to play in some cultures, like the Mexican culture, is the martyr role (Murillo, 1971).
Table 12 presents the responses gathered about the activities mothers do when they have some free time.

### Table 12. Activities During Free Time

<table>
<thead>
<tr>
<th>Activities</th>
<th>Group 1</th>
<th></th>
<th>Group 2</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
<td>40</td>
<td></td>
<td></td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>33</td>
<td></td>
<td></td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Very Little</td>
<td>5</td>
<td>27</td>
<td></td>
<td></td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Recreation and Household Chores</td>
<td></td>
<td></td>
<td>9</td>
<td>60</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>Recreation and Personal</td>
<td></td>
<td></td>
<td>6</td>
<td>40</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100</td>
<td>15</td>
<td>100</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

The analysis of the data showed that 40 per cent of the population in group 1 reported to have some free time for themselves. Thirty-three per cent reported that they do not have free time for themselves. Twenty per cent reported that they do have very little time. In group 2, the whole population mentioned what they did during the free time. In analyzing the responses for this question, the investigator realized that both questions asked different things. First, the statement of Questionnaire 1 asked for free time, whereas the statement of
Questionnaire No. 2 asked what things they do when they have free time, assuming that mothers have free time. Therefore, this question should be worded differently.

Question 7

Questionnaire No. 1: How you feel being a mother?

Questionnaire No. 2: What kind of feelings do you have being a mother?

Rationale: Ambivalent feelings exist when a new baby arrives. Lack of information about this phenomenon causes conflict among mothers, especially among those who are unmarried and/or primiparas. Table 13 represents the responses gathered about the kind of feelings a woman had being a mother.

Table 13. Feelings Toward Role of Mother by Group

<table>
<thead>
<tr>
<th>Kind of Feelings</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
</tr>
<tr>
<td>Strongly like it</td>
<td>--</td>
<td>--</td>
<td>10</td>
</tr>
<tr>
<td>I like it</td>
<td>11</td>
<td>73.3</td>
<td>1</td>
</tr>
<tr>
<td>O.K.</td>
<td>1</td>
<td>6.7</td>
<td>--</td>
</tr>
<tr>
<td>Ambivalent</td>
<td>2</td>
<td>13.3</td>
<td>4</td>
</tr>
<tr>
<td>Don't like it</td>
<td>1</td>
<td>6.7</td>
<td>--</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>15</td>
</tr>
</tbody>
</table>

a"Strongly like it" was the label used for this category because the mothers gave more than two positive statements about being a mother.
Sixty-six per cent in group 2 described extensively how they felt being a mother, while 73.3 per cent in group 1 merely stated "I like it." This may be due to the question itself that led the subject to answer this way. The analysis also showed that 20 per cent of the whole population had ambivalent feelings about being a mother. It is interesting to note that in group 1 only 13.3 per cent recognized ambivalent feelings while in group 2, 26.6 per cent did. This may be due to the way the question was addressed or to mothers' insight about this fact. The only subject who answered "I don't like it" was having extensive marital problems.

Question 8

Questionnaire No. 1: Are you or your husband or boyfriend employed?

Questionnaire No. 2: Who supports the family?

Rationale: Financial security is always needed. For mothers with small children this security is an especially great need. Table 14 presents the responses concerning financial support.

The analysis showed that 40 per cent of mothers in group 1 were supported by the husband's income. In group 2, 66 per cent were thus supported. Thirty-three per cent in group 1 were supported by welfare benefits, while in group 2 only twenty per cent. The "other" category included unemployment benefits and economic support from other family members. For both groups the same percentage was found, 13 per cent.
Table 14. Financial Support of the Family

<table>
<thead>
<tr>
<th>Resources</th>
<th>Group 1</th>
<th></th>
<th>Group 2</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Husband's Income</td>
<td>6</td>
<td>40</td>
<td>10</td>
<td>66</td>
<td>16</td>
<td>53</td>
</tr>
<tr>
<td>Husband's and Wife's Income</td>
<td>2</td>
<td>13.5</td>
<td>--</td>
<td>--</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Welfare</td>
<td>5</td>
<td>33</td>
<td>3</td>
<td>20</td>
<td>8</td>
<td>27</td>
</tr>
<tr>
<td>Other(^a)</td>
<td>2</td>
<td>13.5</td>
<td>2</td>
<td>14</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
<td>15</td>
<td>100</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

\(^a\) Others include unemployment benefits and support from relatives.

Summary

The population most represented in this study were women aged 20-29 years of age who were housewives and who had two children. The typical subject had completed the twelfth grade and was supported by her husband's income.

Findings indicate that responses to fixed questions reduce the answers to "yes" or "no," in most cases, giving insufficient information for nursing guidance or mental health referrals. The analysis of data in group 1, who answered direct or fixed questions, showed that few mothers had concerns regarding their children, husband, finances, etc. They also reported that they communicate with partners and that they
were happy with their role of mother. For group 2, who answered open-ended questions, the analysis showed that most subjects reported worries about children, husband's finances, and own personal conflicts. The subjects reported frequent communication with their partners and what kind of activities they did together. The overwhelming majority of mothers enjoyed their motherhood role.
CHAPTER V.

DISCUSSION OF FINDINGS

The following chapter presents a discussion of the results of the study and its relationship to the theoretical framework and to the review of the literature, and conclusions and recommendations.

Findings

The study assumption stated that the lack of stress indicators expressed by Mexican American mothers interviewed at a Well Baby Clinic stems from the interview approach utilized rather than the lack of difficulties.

In analyzing the methods utilized to identify any stressful situations of mothers at a Well Baby Clinic, it was found that those who answered Questionnaire No. 1, which included direct or fixed questions, gave clues about their life situations in the areas explored. However, the quality and quantity of the responses do not help to make conclusions about whether those mothers were experiencing stressful situations.

Those who answered Questionnaire No. 2 gave more details about their life situations in the areas to be explored. The information gathered was better in quality and quantity. Thus, it is possible to learn about stressful situations. In this study mothers expressed concerns about their children's behavior, communication with husband, finance problems, and own personal conflicts. However, since the
results from both groups were different as presented while discussing the demographic data, and the size of the sample was small, one can not strongly suggest that the proposed schedule (Questionnaire No. 2) is better than the traditional (Questionnaire No. 1).

**Relationship to Theoretical Framework and to the Review of Literature**

The use of open-ended questions to identify stress indicators, based on concepts of interactions and assigned family roles showed that it is possible to identify stress indicators and ways of coping with them.

As the development of a family takes place, conflicts may emerge between family members. Such conflicts may assist or restrict the growth of the family. In the analysis of data, 63 per cent of the population expressed concern about children, husbands, finances, and own personal conflicts. If these mothers knew how to cope with their problems or worries, the family could function well. As Satir et al. (1975) explained, there is no need to know the perfect way to be a family, but to understand that there are many ways in which people can be a family as long as they can work out some of the problems in their interacting system.

In some Mexican American families mother and daughter develop a close relationship in which they become each other's confidant (Murillo, 1971). The analysis showed that 64 per cent of the population had a female relative (mother, sister, mother-in-law) as resource from whom to get support and help when it was needed. It also was found that in 50 per cent of the sample the husbands were supporting the family and 77
per cent of the mothers were housewives. As was mentioned (Glasser and Glasser, 1970), stability of a family depends mainly on a balance of role-relationships and an imbalance will cause instability. Husband and wife have specific roles to play to foster the functioning of a family.

Parenthood and the changing role of women add even more complexity to the family relationship. Despite the fact that the overwhelming 20 per cent of sample expressed ambivalence, the majority of subjects reported satisfaction with the maternal role. One subject stated that she did not like being a mother, as a result of communication problems with her husband.

In summary, the findings of this study tend to support the observations made in the review of the literature regarding the parents' accepting their roles within the family. More study is needed to clarify and further identify factors affecting the functioning of the Mexican American family.

Conclusions and Recommendations

From the findings of this study, it can be concluded that information in the areas considered important in assessing mother's emotional status could be elicited by using open-ended questions. Thus, it is feasible to identify stressful situations that mothers are experiencing; this is important for early prevention and intervention of potential or existing emotional problems such as family breakdown and abnormal child behavior.
For further studies and for the use of the proposed schedule (Questionnaire No. 2), it is recommended:

1. Revision and restructure of questions.
2. Considered that non-verbal communication also gives clues to assess emotional status.
3. Select a large sample for statistical test reliability.
4. Open-ended questions are the best way to get information from Mexican American mothers who come to a Well Baby Clinic.
5. More research is needed on the Mexican American family in general and mental health issues affecting them specifically.
CHAPTER VI

SUMMARY

The purpose of this study was to determine if an alternative approach to interviewing Mexican American mothers who come to a Well Baby Clinic could be developed to learn more about the problems mothers with infants experience. It also was to learn whether the content of the designed schedule would lead to identification of stressful situations within the family. The investigator was interested in comparing a developed schedule which included an open-ended question to one used previously which utilized direct or fixed questions.

The significance of this study is based on the importance of identifying stressful life situations of mothers who seek services for their children at a Well Baby Clinic. This is considered important since the emotional status of the mother is viewed as a determining factor for the emotional health of the children and the whole family. This also would help to identify in their early stages potential and existing emotional problems.

It was assumed that the lack of stress indicators expressed by Mexican Americans interviewed at a Well Baby Clinic stems from the interview approach utilized rather than the lack of difficulties.

The theoretical basis for this study included concepts of individual interaction and assigned family roles. The study was an
exploratory one to develop and test a schedule to interview Mexican American mothers who come to a Well Baby Clinic.

The population was not taken at random, but was selected on the basis of availability. Every mother who met the criteria was asked to participate as she came to the clinic. The sample consisted of thirty mothers who were divided into two groups. Two schedules were utilized to interview the mother. Questionnaire No. 1, which included direct or fixed questions; and Questionnaire No. 2, which included open-ended questions.

The data collected from both questionnaires were compared to know if more information about stressful situations of Mexican American mothers could be identified by utilizing open-ended questions. The result showed that positive differences in information (quality and quantity) could be obtained with the use of open-ended questioning format.

Recommendations for further studies are:

1. To revise content and language of the open-ended question schedule.
2. To select a large sample for greater statistical reliability.
3. To do more detailed item analysis,
4. To study further the nature and the importance of non-verbal communication in the evaluation of emotional status.

Generally, more research attention should be directed at the Mexican American family and specifically toward the mental health issues affecting them.
APPENDIX A

QUESTIONNAIRE No. 2

Age ____________________________
Marital Status ________________
Number in the Family ________
Number of Children _________
Education Level_______________
Occupation _________________
Source of Income ____________

The following questions will be explained by interviewing the client. The interview may be taped if permit is obtained from the client.

1. What kind of worries bother you the most?
__________________________________________________________________________

2. Who helps you with your children?
__________________________________________________________________________

3. When do you talk to your husband or boyfriend about your family affairs?
__________________________________________________________________________

4. To whom do you talk about your problems (any kind of problems)?
__________________________________________________________________________

5. What kind of things do you do together with your husband or boyfriend?
__________________________________________________________________________

6. What kind of things do you do for yourself when you have some free time?
__________________________________________________________________________

7. What kind of feelings do you have being a mother?
__________________________________________________________________________

8. Who supports the family?
__________________________________________________________________________
APPENDIX B

QUESTIONNAIRE No. 1

Age ________________________

Marital Status ________________________

Number in the Family ________

Number of Children ________

Educational Level ________

Occupation ________

Source of Income ________

The following questions will be explained by interviewing the client. The interview may be taped if permit is obtained from the client.

1. Do you have any concerns regarding your children or yourself?

2. Do you have somebody to help you with your children?

3. Do you discuss your family affairs with your husband or boyfriend?

4. Do you have somebody to talk to about your problems (any kind of problems)?

5. Do you do things together with your husband or boyfriend?

6. Do you have some free time for yourself?

7. How do you feel about being a mother?

8. Are you and your husband or boyfriend employed?
APPENDIX C

CLIENT CONSENT FORM

"Identification of Stress Indicators of Mothers Who Come to a Well Baby Clinic":

I have been informed that the purpose of this project is to find out the best kind of questions to ask mothers that come to the Well Baby Clinic to learn about their baby's health.

I have been asked to participate in this study because I am a Mexican American mother and bring my children to the Well Baby Clinic. The interview will be conducted by Ms. Estela Aviles at the Pima County Health Department Well Baby Clinic.

I understand I will be answering questions of the investigator if I agree to participate and also I will be free to ask questions about this study and to withdraw from the project at any time. No risks or discomforts are anticipated as a result of my participation in this study. The interview will last approximately 20 minutes.

In understand I will not be paid for my participation nor will be charged for it. I understand that the care of my child will not be affected positively or negatively if I choose to participate or not.

I understand that the purpose of this study is ultimately to develop a method of interviewing Mexican American mothers that will improve family health care.

I understand that my name and address will not be recorded and never be used. The data may be used for future studies.

I have read the above subject's consent. The nature, demands, risks and benefits of the study have been explained to me; I also understand that this form will be filed in an area designated by the Human Subjects Committee with access to restricted authorized personnel.

Subject's Signature ________________________ Date ____________________

Investigator's Signature ________________________ Date ____________________

Witness's Signature ________________________ Date ____________________
FORMA DE AUTORIZACIÓN

"Identificación de Indicadores que Determinan Tensión Emocional en Madres que vienen a la "Well Baby Clinic."

He sido informada, que el propósito de éste estudio es encontrar una mejor forma para entrevistar a las madres que vienen a la "Well Baby Clinic" para conocer acerca de la salud de los niños.

He sido escojida para este estudio porque soy Mexicana Americana y porque traigo a mis hijos a la "Well Baby Clinic." La entrevista será hecha por la Srita. E. Ávilés en la "Well Baby Clinic" que pertenece al Pima County Health Department.

Yo entiendo, que al permitir ser entrevistada, contestaré las preguntas que se me hagan. También, yo podrá hacer preguntas concernientes al estudio y en cualquier momento podré retirarme del estudio. La entrevista durará aproximadamente 20 minutos. Se me asegura que ningún riego o incomodidad me ocasionara el participar en este estudio.

Yo entiendo, que no se me pagará ni cobraré por mi participación, y el cuidado y atención que se le da a mi hijo en la clínica será igual ya sea que participe o no en este estudio.

Yo entiendo, que el propósito de este estudio es ultimadamente para desarrollar un método mejor para entrevistar a las madres Mexicana Americanas que vienen a la "Well Baby Clinic."

Yo entiendo que mi nombre y dirección no serán registradas y nunca serán usadas. Los datos de la investigación pueden ser usados en estudios futuros.

Yo he leído la presente autorización, y la naturaleza, demandas y riesgos del estudio me han sido explicados. También, se me ha informado que ésta forma será archivada en el lugar establecido por "The Human Subjects Committee" y solo tendrán acceso a éste material personal autorizado.

Subject's signature __________________________ Date ________________________
Investigator's signature ______________________ Date ________________________
Witness's signature ________________________ Date ________________________
SELECTED BIBLIOGRAPHY


McEwan, Peter J. "The Social Approach to Family Health Studies." Social Science and Medicine, 8(8):487-544 (September 1974).


Weaver, Jerry L. "Health Care as a Political Issue: Comparative Responses of Chicanos and Anglos." Social Science Quarterly, 846-854 (March 1973).
