

STATED PRACTICES OF MOTHERS REGARDING MINOR HEALTH PROBLEMS  
AND THEIR CHILDREN'S PERCEPTION OF THAT PRACTICE

by

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## ABSTRACT

This descriptive study determined the mother's stated health care practice regarding the care of minor health problems, where the mothers learned their practice, and their children's perception of that practice. Ten mothers and ten children were interviewed in a child health clinic. The mother's stated health care practice was classified as "helpful," "innocuous," or "dangerous." The child's perception of the mother's stated health care practice was compared with the mother's stated practice. The researcher looked for a relationship between each of the mother's stated health care practices and her child's perception of that practice. The chi square statistical analysis method was used; three values were significant. Mothers most commonly cared for minor health problems in a "helpful" way. No mother's practice was considered "dangerous." Nurses were not reported as a source of health care information for the mother. The majority of mothers learned their health care from their mothers. A future study was recommended using a larger sample.

## CHAPTER I

### INTRODUCTION

With the increase in population, Shiller (1973) has stated that it will be difficult to fill the demands for health care. To combat this, health personnel must be utilized more effectively in the future.

Another solution might be for the consumer to assume more responsibility for his own health care. The consumer, in many instances, is unaware of preventive health measures. Thus, he is not able to deal with minor health problems and seeks professional aid. However, if the consumer had been taught measures to meet minor health problems, he could deal with the problem at hand and maintain his state of well-being without seeking a health professional's help.

According to Shiller (1973), the consumer of today is ready to assume more responsibility. However, he thought this would not come about until mothers had a better basis for evaluating their children's illnesses (Shiller 1973, p. 19). Mothers perhaps should understand the basic mechanism of an illness in order to initiate home remedies that work (Shiller 1973, p. 20).

At one point in history, mothers did care for their children's health problems without help from outside the family. Time and circumstances have caused a change in the situation. Mothers would like to handle minor health problems at home, but perhaps do not know how.



They want to do what is best for their children. Because they do not know how to differentiate major from minor illnesses, they continue to bring the children to medical care for any health care related problem arising (Shiller 1973, p. 15).

This is not to say that the consumer should not seek medical care, but rather should seek and receive modern medical care when it is needed. However, he should know how to treat minor health problems and determine when he should seek professional medical care.

#### Statement of the Problem

What do mothers state they do for minor health problems, where did they learn what they do and what is the child's perception of these practices?

#### Significance of the Problem

As the consumer seeks health care in a growing population, health facilities and personnel may be inadequate. Therefore, the public may need to accept more responsibility for health care. There must be a better utilization of medical personnel in the future in order that the consumer is cared for adequately. The consumer should be able to evaluate and react positively to a situation and seek help only as needed. He should know how to handle common health problems without immediately resorting to professional care.

A major part of the public health nurse's role is the promotion and/or maintenance of health in children. The nurse needs to know what mothers do to treat minor health problems and evaluate the treatment in

relation to the adequacy for the situation. If indicated, the public health nurse might better educate parents to care for their children appropriately.

The health consumer of the future is the child receiving health care today. If no intervention is offered in his learning, he will probably practice health care as he learned it from his mother.

Many mothers come in contact with public health nurses at well baby clinics. Nurses can take a more active role in health teaching in the clinics, the community, and the home. Nurses can thus influence the public's knowledge regarding care for minor health problems.

#### Purpose of the Study

The purpose of this study was to determine the mother's present stated health care practices concerning the treatment of specific minor health problems and the source of information concerning the stated health care practice. A comparison was made with the accepted course of action found in the literature. The child was asked to describe the mother's actions with the individual health problems. A comparison then was made between each mother and her child regarding the stated practices.

#### Theoretical Framework

The theoretical framework for the study was concerned with the concept of perception as it influences learning. The Gestalt theory now is used as a basis of learning. Initially, it was primarily concerned with perception. The word "Gestalt" means "form" or "pattern" (Hill 1963, p. 92).

In Gestalt theory, an underlying area in the understanding of learning is the study of insight. Learning may occur very suddenly. This type of learning may be especially resistant to forgetting and/or may be easily transferred to a new situation. Learning here involves insight. Thus, the learner sees the situation in a new way. It includes the understanding of "logical relationships or perception of the connections between means and ends" (Hill 1963, p. 95).

During the period of time that an individual is struggling with a particular problem, the person's perception of that situation is incomplete. The situation is brought together into proper perception with a reward. Thus, one sees the total problem with the goal and the method of obtaining the goal. Therefore, the emphasis is not on obtaining a reward but rather bringing all the parts of the situation together (Hill 1963, p. 98). According to Gestalt theorists, a person's perception of a situation can be changed by a reward which causes the forming of a gestalt by the stimuli, the response, and the reward. Stimuli permit perceptions to adopt specific forms (Hill 1963, p. 99). As one moves into "the realm of perception, previous experience begins to play a part in determining what is a good gestalt. Familiar, meaningful forms tend to be better gestalten than unfamiliar, meaningless ones" (Hill 1963, p. 99). From the objects perceived, one can recall their experiences (Warnock 1967, p. 71).

#### Limitations

For the purpose of this study, the following limitations are applied.

1. The study was limited to ten mothers and their five or six-year-old children attending a child health clinic.
2. The study was limited to those children who were cared for at home by their non-working mothers.
3. The economic background of the mothers and children was varied.
4. The sample was entirely Anglo.
5. The investigator selected the 20 health problems based on the frequency in which they were mentioned in the literature and the feasibility of a mother handling these problems without professional assistance.
6. The stated practices for 20 specific health care problems were measured. Other health care problems may have been present but were not included in the study.
7. The investigator had no prior knowledge of the medical history of the mothers or children.

#### Assumptions

The following assumptions were made.

1. Mothers influence the behavior of their children.
2. Most health care in the home is provided by the mother.
3. Stated health practices can be obtained by a questionnaire.
4. Mothers and children answer a questionnaire truthfully and to the best of their ability.
5. Children's perception of a mother's health care practices could be obtained by questionnaire.

### Definitions

The following definitions were used.

1. Consumer--"a person who uses goods or services to satisfy his needs" (Webster 1962, p. 317).
2. Health practices--procedures and functions carried out by the consumer to maintain optimum health and prevent illness.
3. Health problems--events which cause a break in health.

## CHAPTER 2

### REVIEW OF THE LITERATURE

A review of the literature revealed one related article concerning mother's stated behavior regarding their children's health.

#### Study Concerning Mother and Child's Stated Health Behavior

Mechanic (1964, p. 445) also found there were few studies dealing directly with health learning. He determined that there were "relatively few studies available dealing with social psychological factors affecting children's patterns of health behavior" (Mechanic 1964, p. 444). There were investigations suggesting that medical knowledge and the patterns for the utilization of medical resources are learned from within the family. The child first becomes aware of recognizing symptoms and using medical resources when he observes family members selectively caring for their health problems. Therefore, the child's attentiveness to health problems is directly related to the mother's overt concern in symptoms and how she responds to those symptoms (Mechanic 1964, p. 445).

In his research, Mechanic (1964, p. 444) did find that "most of the studies in the area of health attitudes are primarily concerned with differences among various cultural groups, ethnic categories, and social classes." Mechanic's (1964, p. 444) study was designed to ascertain to

what extent the author could "account for varied patterns of health and illness behavior among a relatively homogeneous population."

Mechanic (1964, p. 444) studied 350 children and their mothers, to "investigate, in an exploratory fashion, the development of health attitudes and behavior." One assumption of the study was that the family, particularly the mother, plays a large role in teaching the child when and how to respond to the symptoms of health problems. Thus, the child receives his knowledge and basis for behavior regarding illnesses and utilization of health care resources from his family (Mechanic 1964, p. 445).

In the analysis of the data, Mechanic's (1964, p. 447) first hypothesis was supported when he found that there was evidence showing that the mother's attentiveness was related to the child's response. The data showed that family stress was related to the mother's illness patterns, and there was a relationship between the age and sex status of the child and his attitude toward pain. It was also found that the educational status influenced the mother's attitudes toward health and illness (Mechanic 1964, p. 448). Early detections and precautions were not as common in mothers with a lower educational status. They tended to be more fatalistic about illness. However, there were no relationships between the utilization of medical facilities and education or the children's responses to illness situations (Mechanic 1964, p. 449).

In general, the mothers tended to be more concerned about their children's health than their own (Mechanic 1964, p. 449). Mothers of younger children were more protective of their children and utilized

the physician's services more readily than mothers of older children. Those mothers who utilized health services more frequently for themselves were more likely to utilize the services more frequently for their children. Thus, there tends to be a correlation between the mother's responses regarding her own symptoms and those of her child. Other data from the study supported the fact that the mothers respond to their own health and their children's health in a like manner (Mechanic 1964, p. 450).

In conclusion, Mechanic (1964, p. 451) collected data pertaining to the idea that "mother's attitudes and behavior in regard to their children's health are important factors molding children's patterns of illness behavior." The data showed that "attitudes toward health and health-relevant matters" were dependent on their age and sex. Because those areas are learned, the mother plays a large role in guiding the child to acquire the appropriate patterns of behavior. Another consideration Mechanic (1964, p. 452) offered was that "childhood learning is dependent more on what the parents do and how they react than the attitudes they manifest."

Harris (1959, p. 39) was interested in the normal mother-child relationship and learning that results from these relationships. He stated that ". . . what happened to them as children was happening to their own children; what happened to their parents was happening to them as parents." There is a "tendency for the older generation to repeat, in an unmodified or modified way, their past experiences with the new generation and for the newer generation to take over, in an unmodified or modified way, the attitudes of the older generation."



## CHAPTER 3

### METHODOLOGY

This chapter includes the research design, a description of the sample, an explanation of the tool data collection and the analysis of the data.

#### Research Design

This was a descriptive study to discover what the mother stated she did for minor health problems, where she learned to do what she did, and what her child perceived her doing. An attempt was made to obtain a relationship between the mother's stated treatment for minor health problems and her child's perception of that treatment. Mothers and their children were interviewed using a structured questionnaire designed by the researcher.

Permission to conduct the study was sought and obtained from a nursing supervisor at the Pima County Health Department. Each mother was asked if she and her child would participate. She was told the information would be held in strict confidence and the anonymity would be preserved.

### Population and Sample

The patient population was drawn from an urban area. The clinic served an economically varied neighborhood. The mothers and children were all Anglo.

The sample was comprised of 20 individuals, 10 pairs of a mother and her child aged five or six, who visited a Pima County Health Department child health clinic during the last two weeks in July, 1974.

### Tools

Four tools designed by the researcher were used in obtaining and analyzing the information for this study.

### Recommended Practice for Minor Health Problems

The investigator selected the 20 health problems based on frequency in which they were mentioned in the literature and the feasibility of a mother handling these problems without professional assistance. Through the literature, each health problem was studied separately and a "textbook" treatment was given for each (see Appendix A).

### Demographic Information

A demographic sheet was designed to include the address, age, and education of the mother, the occupation of both the mother and father, and the age, sex and education of the child (see Appendix B).

### Mother's Questionnaire

A structured questionnaire composed of four questions for each of the 20 minor health problems was designed and used. The purpose of

the questions was to determine whether the child had experienced the particular problem, what, if anything, the mother had done and the source of her knowledge (see Appendix C).

#### Child's Questionnaire

The child's questionnaire was also structured and designed to obtain the child's knowledge of his having had a particular minor health problem, whether his mother was aware of the situation, and how the child perceived the mother's practice in caring for minor health problems. Each of the three questions was designed and used for each of the 20 minor health problems (see Appendix D).

#### Data Collection

During the child health clinics, all mothers with a five or six-year-old child were approached while waiting to be seen. The mother was asked if she and her child would agree to be interviewed after being told the nature of the study. They were told the information would be held strictly confidential and their care would not be jeopardized if they chose not to participate in the study. Eleven mothers were contacted. However, one mother did not have time to complete the questionnaire.

After permission was obtained from each individual mother, the interviewer asked her each question on the questionnaire in the absence of her child. Then the child was asked each question on the child's questionnaire in the presence of his mother. The mothers were asked to remain silent while the child was interviewed.

### Analysis of Data

The data collected on the questionnaires for each mother and child were tabulated and appear in Appendix E.

The mother's practices were categorized "helpful," "innocuous," or "dangerous." If the mothers mentioned doing any part of the treatment that was in the recommended practice, it was considered "helpful." None of the references regarding treatment of minor health problems suggested "rest" as a treatment for any of the health problems. However, in any illness rest is considered helpful; it was considered "helpful" in this study. If the treatment given was not mentioned in the tool and had no effect on the health problem, it was considered "innocuous." The response of doing "nothing" was considered "innocuous" since it was not necessarily harmful but it may not have aided in the recovery process. Only if the mother's treatment would in some way cause the problem to become worse was it considered "dangerous."

In cross tabulations, the data were analyzed for significant statistical correlations using the chi square test. The chi square,  $X^2$ , "provides a measure of the discrepancy between expected and obtained frequencies." It can be used with "unordered, qualitative variables" (Minium 1970, p. 391).

## CHAPTER 4

### REPORT OF FINDINGS

This chapter includes the characteristics of the sample and the findings and statistical analysis of the data.

#### Characteristics of the Sample

The sample consisted of 20 individuals, ten pairs of a mother and her five or six-year-old child. The mothers and children were interviewed in a Pima County Health Department child health clinic. The sample was one of convenience. The researcher interviewed all of the mothers and children who attended the clinic and met the criterion for the study.

Each mother was asked her age, occupation, level of education, her husband's occupation, the family's annual income and her child's age, sex and level of education (see Table 1). Of the ten mothers, eight mothers had an education of 12 years or over and two had an education of nine years. The mean number of years of education was 12.2. There was no relationship between the mothers' educational status and their stated health care practices. All of the mothers were housewives. Three mothers were 20-24 years old and three were 25-29 years old. Two mothers were 30-34 years old and two were 35-39 years old. Of the ten fathers, seven were classified as skilled workers, two as professionals,

Table 1. Demographic Characteristics Reported by the Mothers.

| Mother | Father's Occupation | Annual Income    | Mother's Age | Mother's Education | Child's Age | Child's Sex | Child's Education |
|--------|---------------------|------------------|--------------|--------------------|-------------|-------------|-------------------|
| 1      | Skilled             | 15,000 to 24,999 | 20-24        | 14 years           | 5           | M           | Kindergarden      |
| 2      | Skilled             | 10,000 to 11,999 | 25-29        | 12 years           | 6           | F           | 2nd grade         |
| 3      | Skilled             | 10,000 to 11,999 | 30-34        | 13 years           | 5           | M           | Kindergarden      |
| 4      | Skilled             | 7,000 to 7,999   | 20-24        | 9 years            | 5           | F           | Kindergarden      |
| 5      | Skilled             | 10,000 to 11,999 | 25-29        | 9 years            | 5           | F           | Kindergarden      |
| 6      | Professional        | 9,000 to 9,999   | 35-39        | 17 years           | 6           | M           | 2nd grade         |
| 7      | Skilled             | 10,000 to 11,999 | 35-39        | 12 years           | 5           | M           | Kindergarden      |
| 8      | Professional        | 10,000 to 11,999 | 25-29        | 12 years           | 5           | F           | 1st grade         |
| 9      | Unskilled           | 6,000 to 6,999   | 20-24        | 12 years           | 5           | F           | Kindergarden      |
| 10     | Skilled             | 9,000 to 9,999   | 30-34        | 12 years           | 5           | F           | Kindergarden      |

and one as unskilled. The mode for the annual income was \$10,000 to \$11,999. All ten mothers were housewives. The mode of the family income coupled with a relatively high educational background of the mothers suggests that none of the families were of a low socioeconomic status.

Of the ten children, three were five-year-old males, five were five-year-old females, one was a six-year-old male, and one was a six-year-old female. Seven were in kindergarden, one was in first grade, and two were in second grade.

#### Description and Analysis of the Data

An attempt was made to find correlations between the mother's stated behavior and the child's perception of that behavior. The individual responses of the mothers and their children appear in Appendix E.

The mothers' responses regarding their treatment for each of the 20 health problems were categorized in several ways. One was according to whether they notified a physician upon recognizing a health problem or whether they attempted to treat the problem without the physician's aid. The results as presented in Table 2 show that the majority of mothers did not immediately notify a physician when minor health problems occur. They do have home remedies which are practiced first. The majority of mothers notified the physician first with the problems of rashes and earaches. The sample was split with half notifying the physician and half treating the problem themselves concerning sore throats, head injuries, wounds, and hard bumps.

Table 2. Mothers' Practices Related to Seeking Medical Care or Treatment at Home in the 20 Minor Health Problems.

| Minor Health Problems | Seeks Medical Care | Treats at Home | Not Applicable |
|-----------------------|--------------------|----------------|----------------|
| 1. Sore throat        | 5                  | 5              | -              |
| 2. Rashes             | 3                  | 2              | 5              |
| 3. Fever              | 3                  | 7              | -              |
| 4. Nosebleed          | 0                  | 5              | 5              |
| 5. Dry cough          | 2                  | 4              | 4              |
| 6. Common cold        | 2                  | 8              | 0              |
| 7. Earache            | 6                  | 1              | 3              |
| 8. Nausea             | 1                  | 7              | 2              |
| 9. Vomiting           | 1                  | 6              | 3              |
| 10. Diarrhea          | 2                  | 7              | 1              |
| 11. Constipation      | 1                  | 4              | 5              |
| 12. Stomachache       | 1                  | 7              | 2              |
| 13. Headache          | 0                  | 7              | 3              |
| 14. Head injuries     | 1                  | 1              | 8              |
| 15. Joint pain        | 0                  | 0              | 10             |
| 16. Abrasion          | 1                  | 9              | 0              |
| 17. Wounds            | 1                  | 1              | 8              |
| 18. Hard bumps        | 1                  | 1              | 8              |
| 19. Sunburn           | 0                  | 8              | 2              |
| 20. Minor burns       | 0                  | 6              | 4              |



The mother's stated treatment for each health problem was also categorized into "helpful," "innocuous," and "dangerous" and can be seen in Table 3.

Table 3. Evaluation of Mothers' Treatment for Minor Health Problems.

| Minor Health Problems | Evaluation of Treatment |           |           |                |
|-----------------------|-------------------------|-----------|-----------|----------------|
|                       | Helpful                 | Innocuous | Dangerous | Not Applicable |
| 1. Sore throat        | 9                       | 1         | 0         | 0              |
| 2. Rashes             | 5                       | 0         | 0         | 5              |
| 3. Fever              | 10                      | 0         | 0         | 0              |
| 4. Nosebleed          | 1                       | 4         | 0         | 5              |
| 5. Dry cough          | 6                       | 0         | 0         | 4              |
| 6. Common cold        | 9                       | 1         | 0         | 0              |
| 7. Earache            | 7                       | 0         | 0         | 3              |
| 8. Nausea             | 6                       | 2         | 0         | 2              |
| 9. Vomiting           | 6                       | 1         | 0         | 3              |
| 10. Diarrhea          | 6                       | 3         | 0         | 1              |
| 11. Constipation      | 5                       | 0         | 0         | 5              |
| 12. Stomachache       | 5                       | 3         | 0         | 2              |
| 13. Headache          | 7                       | 0         | 0         | 3              |
| 14. Head injuries     | 2                       | 0         | 0         | 8              |
| 15. Joint pain        | 0                       | 0         | 0         | 10             |
| 16. Abrasion          | 9                       | 1         | 0         | 0              |
| 17. Wounds            | 2                       | 0         | 0         | 8              |
| 18. Hard bumps        | 1                       | 1         | 0         | 8              |
| 19. Sunburn           | 6                       | 2         | 0         | 2              |
| 20. Minor burns       | 6                       | 0         | 0         | 4              |

The majority of treatments were classified as being "helpful." Both treatments and notifying a physician were "helpful." There were no "dangerous" treatments and few if any "innocuous." The highest number of "innocuous" treatments occurred for nosebleeds. Nosebleed was the only problem in which the "innocuous" treatments outnumbered the "helpful" treatments. Diarrhea and stomachaches both had a relatively high number of "innocuous" treatments resulting from the fact that many mothers stated they "ignored" or "observed" the problem.

The mother's source of knowledge concerning her treatment for the minor health problems is listed in Table 4. Seven of the eight categories were represented. "Nurses" were not mentioned as a source for their information. Mothers most frequently learned what they know about the treatment of most of the minor health problems from their mothers. Physicians were named second in frequency as a source of knowledge for mothers in most of the health problems. "Friends" were the source of knowledge for the treatment of the majority of those who had suffered from a nosebleed. "Literature" was considered third in the frequency of the mother's source of her knowledge concerning minor health problems.

In 18 out of 20 health problems, mothers stated the child had experienced more minor health problems than the child could recall having experienced. The same number of mothers and children reported a headache and wound. One child reported a head injury and one child reported joint pain not reported by the mother (see Table 5).

Table 4. Mothers' Source of Knowledge Concerning Treatment of Minor Health Problems.

| Minor Health Problems | Family | Friends | Literature | Mother | Nurse | Physician | Other | Not Applicable |
|-----------------------|--------|---------|------------|--------|-------|-----------|-------|----------------|
| 1. Sore throat        |        |         | 1          | 6      |       | 3         |       |                |
| 2. Rashes             |        |         | 2          | 2      |       | 1         |       | 5              |
| 3. Fever              |        |         | 3          | 3      |       | 4         |       |                |
| 4. Nosebleed          |        | 3       |            | 2      |       |           |       | 5              |
| 5. Dry cough          |        |         | 1          | 3      |       | 2         |       | 4              |
| 6. Common cold        |        |         | 2          | 5      |       | 3         |       |                |
| 7. Earache            |        |         | 1          | 2      |       | 4         |       | 3              |
| 8. Nausea             |        |         | 1          | 3      |       | 4         |       | 2              |
| 9. Vomiting           |        |         |            | 5      |       | 2         |       | 3              |
| 10. Diarrhea          |        |         |            | 4      |       | 5         |       | 1              |
| 11. Constipation      |        |         |            | 3      |       | 1         | 1     | 5              |
| 12. Stomachache       |        | 1       | 1          | 4      |       | 2         |       | 2              |
| 13. Headache          |        |         |            | 6      |       | 1         |       | 3              |
| 14. Head injuries     |        |         |            | 1      |       |           | 1     | 8              |
| 15. Joint pain        |        |         |            |        |       |           |       | 10             |
| 16. Abrasion          | 1      |         |            | 8      |       | 1         |       |                |
| 17. Wounds            |        |         |            | 2      |       |           |       | 8              |
| 18. Hard bumps        |        |         |            | 2      |       |           |       | 8              |
| 19. Sunburn           |        | 1       | 4          | 3      |       |           |       | 2              |
| 20. Minor burns       | 2      | 1       | 2          | 1      |       |           |       | 4              |

Table 5. Mothers' and Childrens' Recall of Minor Health Problems.

| Minor Health Problems | Mother | Child |
|-----------------------|--------|-------|
| 1. Sore throat        | 10     | 5     |
| 2. Rashes             | 5      | 4     |
| 3. Fever              | 10     | 4     |
| 4. Nosebleed          | 5      | 4     |
| 5. Dry cough          | 6      | 3     |
| 6. Common cold        | 10     | 6     |
| 7. Earache            | 7      | 2     |
| 8. Nausea             | 8      | 5     |
| 9. Vomiting           | 7      | 6     |
| 10. Diarrhea          | 9      | 3     |
| 11. Constipation      | 5      | 2     |
| 12. Stomachache       | 8      | 7     |
| 13. Headache          | 7      | 7     |
| 14. Head injuries     | 2      | 3     |
| 15. Joint pain        | 0      | 1     |
| 16. Abrasion          | 10     | 5     |
| 17. Wounds            | 2      | 2     |
| 18. Hard bumps        | 2      | 1     |
| 19. Sunburn           | 8      | 7     |
| 20. Minor burns       | 6      | 3     |

Several mothers commented on their children's responses. One mother stated after the interview that her child remembered only the things he had experienced in the last two days. Other mothers, after their child had completed the interview, asked if they could remember having a certain problem which the child had denied. The child, in the majority of cases, could only remember it after the mother verbally repeated the treatment and the circumstances of that specific problem.

The data were analyzed for correlations using the chi square. The sample size determined the use of chi square. "The general method for testing compatibility is based on a measure of the extent to which the observed and expected frequencies agree" (Hoel 1971, p. 236). This measure is referred to as chi square. The results from the cross tabulations are listed in Table 6. All the chi square values obtained were insignificant except for three which were sore throats, fever, and nosebleeds.

The mother's stated behavior regarding sore throats and her child's perception of that behavior have a chi square of 20.933 and a significance of .05. For a fever the chi square was 15.714 with a significance of .0034. A chi square of 20.000 with a significance of .0179 was given for a nosebleed.

Table 6. Results of Chi Square Analysis for Mothers' and Childrens' Responses.

| Health Problems   | Raw Chi-square | Significance |
|-------------------|----------------|--------------|
| 1. Sore throat    | 20.933         | .0514*       |
| 2. Rashes         | 7.555          | .5795        |
| 3. Fever          | 15.714         | .0034*       |
| 4. Nosebleed      | 20.000         | .0179*       |
| 5. Dry cough      | 5.937          | .4302        |
| 6. Common cold    | 16.111         | .7097        |
| 7. Earache        | .6250          | .7316        |
| 8. Nausea         | 18.333         | .1059        |
| 9. Vomiting       | 19.375         | .2497        |
| 10. Diarrhea      | 12.857         | .6133        |
| 11. Constipation  | 4.444          | .2173        |
| 12. Stomachache   | 24.166         | .1496        |
| 13. Headache      | 6.428          | .1693        |
| 14. Head injuries | 1.071          | .9828        |
| 15. Joint pain    | -              | -            |
| 16. Abrasion      | 8.750          | .188         |
| 17. Wounds        | .277           | .8703        |
| 18. Hard bumps    | .277           | .8703        |
| 19. Sunburn       | 13.416         | .3395        |
| 20. Minor burns   | 6.875          | .3326        |

\*  $p \leq .05$

## CHAPTER 5

### DISCUSSION OF FINDINGS

This chapter presents a discussion of the findings, the findings related to the theoretical framework, the implications, conclusions, and recommendations.

Interviews with ten mothers and ten children yielded three significant correlations between the mother's stated practice concerning 20 minor health problems and her child's perception of that practice. Correlations for sore throat, fevers, and nosebleeds were significant at the .05, .003 and .01 levels respectively. These could perhaps be more significant because they are of the more common occurrences in childhood. The children interviewed could have recently experienced these particular problems.

Most of the mothers practiced their own home remedy before notifying a physician. High medical costs and the time involved in an office visit could possibly be reasons for first using home remedies. A previous visit to the physician could have taught them what was needed for future similar health problems.

For most mothers, the source of health care knowledge was their mother. Because their mother was their first teacher and the significant person in their lives when these minor health problems were affecting them, it is only reasonable that their source of knowledge would be the

person who meant the most to them at the time. The physician was mentioned as a source second only to the mother. Mothers either immediately notify the physician of minor health problems or they notify him when their remedy fails. Mothers named the literature as third in their source of knowledge of minor health problems. Because health articles appear in family magazines, mothers are becoming more aware of more effective treatment. Although all mothers have contact with the nurse at the well child clinics, no mother mentioned the nurse as her source of knowledge for treatment of minor health problems.

In this sample of ten, most mothers practice "helpful" treatments. They had learned a method which was effective and they continued to utilize it.

The children could not remember having had the majority of the problems. Possibly this occurred because they were still too young to actually remember that type of information for long lengths of time. They also were called away from play to answer the questionnaire; possibly they were not giving their complete attention to the questions.

#### Relationship of Findings to the Theoretical Framework

As stated in the theoretical framework, an individual's perception of a situation is incomplete if the person is still struggling with the problem. Emphasis is placed on completing an activity. When the problem is solved, the situation is brought together into a pattern which is perceived.



The children had perceived their mother's behavior in several ways. Some had formulated within themselves the behavior of their mothers regarding a certain health practice. Their perception of that behavior was complete. However, several children had incomplete perceptions and were unable to recall their mothers' behavior in a certain situation. Possibly the child who correctly perceived his mother's behavior had experienced a reward in some form which caused his learning regarding the behavior to be enhanced. Those children with "familiar, meaningful forms" in their past tended to "better gestalten than unfamiliar, meaningless ones" (Hill 1963, p. 99). Their responses were recalled from objects and behavior once perceived.

Most of the children at the age of five and six had not completely perceived their mother's behavior or could not recall it. However, the majority of mothers obtained their knowledge of treatment from their mothers.

### Conclusions

It is impossible to generalize from this study since the sample was so small. However, based on the statistically significant associations, the children in the study perceive and recall to a greater extent their mother's behavior for sore throats, fevers, and nosebleeds. The mother gained her knowledge from every category mentioned in the questionnaire except from the nurse. She learned most of her knowledge from her mother. Although many mothers notified the physician upon noticing a minor health problem, the majority of mothers cared for the problem without notifying the physician. Most mothers handled the situations

in a "helpful" way rather than "innocuous" and no treatment was considered "dangerous" in her practice.

### Recommendations

Based on the findings of this study, the following recommendations are made for nursing research and nursing practice.

#### Nursing Research

1. A similar study with a larger number of mothers and children.
2. A similar study using a different setting which would be more relaxed and less confusion surrounding the interview.
3. A similar study using an older age group, approximately age 10, for the sample.
4. A similar study using a lower socioeconomic group.
5. A study in more depth to investigate the source of the mother's knowledge regarding care of minor health problems.

#### Nursing Practice

1. Pamphlets should be available on the topic of minor health problems in the well baby clinics. Teaching the consumer should be an important part of the well baby clinics.
2. A class on the care of minor health problems could be taught by a nurse in the clinic while the mothers and children are waiting to be seen. It would be an open atmosphere where mothers would be free to come and go and the class would continue.
3. More literature should be available concerning the care and treatment of minor health problems.

## CHAPTER 6

### SUMMARY

The quantity of health care services are not keeping pace with the growing population. One possible solution to this situation might be for the consumer to assume more responsibility for his own health care. He should know when to seek professional help.

At one time, mothers cared for their children's minor health problems. Perhaps mothers do not do this as they once did but rather seek professional help. Few studies have been done concerning the mother's practice in treating minor health problems.

This study attempted to discover the mother's stated practice in caring for minor health problems, where they learned their practice, and their children's perception of that practice.

The Gestalt theory is concerned with perception as it influences learning. Insight is an underlying area. Learning occurs suddenly. Children may immediately learn the treatment for a minor health problem if it has relieved discomfort. If the child cannot recall the treatment, his perception of it is incomplete. The consumer of the future is the child receiving health care today.

It was assumed that mothers influenced the behavior of their children. It was also assumed that most health care in the home was done by the mother. Because the maintenance of health concerning children

has always been a major concern of the nurse, the nurse needed to know what mothers do to treat minor health problems.

To discover what mothers did for minor health problems, a total of 20 individuals, ten pair of a mother and her child, were included in this descriptive study. The mothers and their five or six-year-old children were interviewed at a child health clinic. After permission to conduct the interview was obtained, the mother was interviewed in the absence of her child. However, the child was interviewed in the mother's presence.

A comparison was made between the mother's stated treatment for minor health problems and her child's perception of that treatment. The mothers' and children's responses were also cross tabulated. The mothers' stated practice was compared with the recommended course of action found in the literature. The mother's practices were categorized into "helpful," "innocuous," and "dangerous." It was found that most mothers treated minor health problems in a "helpful" way. No treatments were considered "dangerous" and very few were considered "innocuous." Most mothers used a home remedy before notifying a physician when a health problem was noticed. The mother's source of knowledge concerning her health care practice was most frequently learned from her mother, then the physician, literature, friends, and family. None of the mothers stated they had learned what they knew regarding the treatment of minor health problems from the nurse.

In the correlation of the mother and child's responses, the chi square method was used. It was found that all of the chi square values

obtained were insignificant except for sore throats, fevers, and nose-bleeds. It was also noted that mothers recalled their children actually having more health problems than their children stated they could remember.

On the basis of the findings of this study from the analyzed data received, recommendations for future investigation included: a similar study with a larger number of mothers and children, a similar study using a different setting, a similar study using an older age group, and an investigation in more depth of the mother's source of knowledge concerning the treatment for minor health problems. Nurses should investigate whether they fulfill their role of teaching and providing more information for the consumer on the treatment of minor health problems.

In conclusion, the ten mothers participating in the study did in fact care adequately for the minor health problems of her child. This treatment she learned most frequently from her mother. Her child did not recall as many of the problems occurring to him as the mother stated, indicating his perception of the situation was incomplete.

## APPENDIX A

### RECOMMENDED HOME TREATMENTS FOR MINOR HEALTH PROBLEMS

1. Sore throats--gargling, along with rest, will relieve the pain of a sore throat. At times, especially in a dry climate, the mucous membrane of the nose will dry out and swell. This will cause the nose to become occluded which will result in mouth breathing. Thus, the low-humidity air will irritate the mucous membranes in the throat. For this type of sore throat a vaporizer or humidifier set up will almost immediately clear up the irritation (Shiller 1973, p. 68). "Mild sore throats with little or no fever can be watched for 4-7 days" (Patient Handbook, n.d., p. 14).
2. Rash--"a cutaneous eruption. May be localized or generalized" (Stedman's Medical Dictionary 1966, p. 1352). Observe whether the rash is localized, generalized, or if pruritus is present and general appearance of the rash. If a rash does not occur with a "temperature elevation, sore throat, stiff neck or other symptoms of system disease," it can be treated with caladryl to relieve the itch, lubriderm lotion to relieve the dryness and Baby Magic Oil should be applied to the skin after the bath but before drying with a towel (Patient Handbook, n.d., p. 6). The child should be encouraged not to scratch the skin. If pruritus

- is present, cornstarch or baking soda paste or baths or aspirin will help (Shiller 1973, p. 155). If the rash appears around the diaper area, the child can be rinsed in clear water with no soap. Air dry for about ten minutes. Do not use rubber pants. Use a mild soap rather than a detergent (Patient Handbook, n.d., p. 6).
3. Fever--unless the fever is very high, allow it to run its course. The fever "can be controlled by a good oral intake of water or fluids, and giving aspirin in adequate doses. Sponge for fevers over 103 degrees orally, 104 degrees rectally. Sponging causes cooling by evaporation of water from the body surface; the more surface area covered in sponging, the more effective. All clothes can be removed and the child covered with a towel soaked with room temperature or lukewarm water and changed every 10-15 minutes" (Patient Handbook, n.d., p. 3).
  4. Epistaxis--sit erect and pinch both nostrils with your thumb and forefinger. The pressure should be firm but not hard enough to hurt. Breathe through your mouth. The nostrils must be pinched for exactly 20 minutes without looking to see if the bleeding has stopped during the 20-minute period (Shiller 1973, p. 67). Do not blow the nose afterward.
  5. Dry cough--"a natural way to help clean out the lungs. It can also be a warning of a more severe illness" (Patient Handbook, n.d., p. 5). A humidifier, especially a cool, moist humidity can be helpful (Patient Handbook, n.d., p. 5).

6. Common cold--"Keep the child in bed as long as he has a fever. Give him aspirin, in proper dosage to control the fever and to provide a little relief from general discomfort, and a nutritious diet with plenty of fluids--especially fruit juices" (Henderson 1973, p. 416). When children are old enough, they should be taught the "importance of blowing their noses gently, with their mouths open, so as not to force the infection up into their ears. Also, they should learn not to stifle a sneeze for the same reason" (Henderson 1973, p. 416). At this point no specific treatment has been discovered for the common cold (Henderson 1973, p. 416).
7. Earaches--aspirin can be given and if codeine has previously been prescribed it too may be used (Shiller 1973, p. 252). "Almost all earaches should be seen especially with colds and fever . . . The pain can be the same but the treatment is entirely different" (Patient Handbook, n.d., p. 14).
8. Nausea--have the child "suck on a hard candy or a lollipop for a half hour or so. He should not be allowed to chew it. Frequently the sweet sensations to his tongue and nose pacify the urge to vomit. Follow the lollipop with the gradual feeding of chipped ice or flavored ices. Again, urge the child to suck and swallow slowly rather than chew. If this is successful, begin an orderly progression of clear liquids in small amounts: water, flat (decarbonated) cola, ginger ale, Seven-up, weak sweet tea, broth, or gelatin desserts in either solid or liquid form. The



- small-amounts-frequently concept should be followed rigidly. Try a teaspoonful every ten minutes. If the child keeps it down through a couple of doses, try a tablespoonful every 20 minutes. Finally, try one ounce every 30 minutes" (Shiller 1973, p. 116).
9. Vomiting--treatment should be directed toward the nausea. After this has been conquered, readily digestible foods that offer little roughage and few fats should be given over the next two or three days. Foods included here would be "cereals, soups, custards, puddings, soft-boiled eggs, and pureed foods" (Shiller 1973, p. 117).
  10. Diarrhea--frequent passage of loose, unformed stools. Solids should be eliminated and the child kept on liquids until the diarrhea has slowed up . . . when a part of the body is sick, it should be rested" (Shiller 1973, p. 119). Liquids should be encouraged since solids will be denied.
  11. Constipation--"abnormally hard, dry infrequent bowel movements" (Shiller 1973, p. 248). The symptoms can be quickly alleviated by cleaning the child out with laxatives, lubricants, or enemas. The focus should be placed on good bowel habits which will cut down on the problem occurring (Shiller 1973, p. 120).
  12. Stomachache--"Upset stomachs are often cured by that tincture of time and judicious neglect" (Shiller 1973, p. 114). During the abdominal pain, the child should eat no food. Clear liquids are acceptable. If the pain persists the physician should be notified (Shiller 1973, p. 114).

13. Headache--give aspirin and rest. Give the full dose of aspirin for it will relieve the headache faster. Thus, a repetition of the dose will not be necessary. Do not allow TV watching for it is a strain on the eyes (Shiller 1973, p. 194).
14. Head injuries--have the victim lie on a flat surface without a pillow. If there is any severe headache, seizures, drowsiness to the point of not being able to arouse the individual, unequal pupils, or severe vomiting, the physician should be notified. The individual will frequently vomit after a bump on the head and should not be expected to eat for several hours. Drowsiness may also be observed. If unconsciousness occurs the person should be kept awake for one hour. He can then sleep but he must be awakened in one hour to be sure he can be awakened (Patient Handbook, n.d., p. 9). " . . . all head injuries must be regarded with the utmost seriousness" (Hartley 1971, p. 240).
15. Joint pain--" . . . are not to be confused with growing pains, which occur in long bones rather than in joints" (Shiller 1973, p. 266). A cold pack (ice cubes, towel and plastic bag) should be applied continuously over the involved area for 12 hours. This will keep the swelling down. The area should also be elevated if possible for 7-10 days. After 24 to 48 hours hot moist heat two to three times daily for a 10-20 minute period should be used. This can be done by soaking in the tub or by towels (Patient Handbook, n.d., p. 8).

16. Abrasion--a scraping of the skin. Wash the area thoroughly with soap and boiled water cooled to room temperature or clean running tap water (The American National Red Cross 1965, p. 14). If available, use sterile cotton balls or a clean cloth. Use an antiseptic soap (bar--Dial; liquid--Phisohex) or plain white soap. Dry the area and apply an antibiotic ointment such as Neosporin to the area. Then the area should be covered by a dressing or a band-aid (Hartley 1971, p. 101).
17. Wounds--control of the bleeding and protection of the wound is most important. The most effective method to control the bleeding is to apply direct pressure on the wound (Henderson 1973, p. 160). Cover the wound with a sterile dressing and then apply the pressure with the palm of the hand on the back of the dressing. A bandage can then be firmly placed over the gauze dressing (Hartley 1971, p. 40).
18. Hard bumps--a contusion is a "bruise which has been rendered tender because of a fall or because of a blow" (Hartley 1971, p. 146). Remove constricting clothing and apply cold compresses (ice cubes, ice bag) to the area for eight hours if possible (Hartley 1971, p. 146).
19. Sunburn--"an irritation of the skin caused by over-exposure to sunlight. The skin becomes red and swells" (Hartley 1971, p. 283). "Apply ice cold compresses, wetted with one part of milk mixed with four parts of water, to the affected part. Apply these compresses for ten minutes out of every two hours until adequate relief is obtained" (Hartley 1971, p. 283).

20. Minor burns--the damage "extends through the epidermis and into the dermis but not of sufficient extent to interfere with regeneration of epidermis. Vesicles usually present" (Taber 1965, p. B-49). The burned area should immediately be soaked in cold water which has ice cubes floating in it for up to one hour. If the burned area is around the face, cold towels should be applied with the head erect or forward for ten minutes. The area can then be covered with a clean towel or sheet. The physician should then be notified if the burn appears severe (Patient Handbook, n.d., p. 9).

APPENDIX B

DEMOGRAPHIC DATA\*

Address: \_\_\_\_\_

Mother's Occupation:

- 1. Housewife \_\_\_\_\_
- 2. Professional \_\_\_\_\_
- 3. Skilled \_\_\_\_\_
- 4. Unskilled \_\_\_\_\_

Father's Occupation:

- 1. Professional \_\_\_\_\_
- 2. Skilled \_\_\_\_\_
- 3. Unskilled \_\_\_\_\_

Mother's Age:

- 1. 15-19 \_\_\_\_\_
- 2. 20-24 \_\_\_\_\_
- 3. 25-29 \_\_\_\_\_
- 4. 30-34 \_\_\_\_\_
- 5. 35-39 \_\_\_\_\_
- 6. 40-44 \_\_\_\_\_
- 7. 45-49 \_\_\_\_\_

Child's Age:

- 1. 5 \_\_\_\_\_
- 2. 6 \_\_\_\_\_

Child's Sex:

- 1. Male \_\_\_\_\_
- 2. Female \_\_\_\_\_

Child's Education:

- 1. Head Start \_\_\_\_\_
- 2. Kindergarden \_\_\_\_\_
- 3. First grade \_\_\_\_\_
- 4. Second grade \_\_\_\_\_

Mother's Education:

| <u>Years</u>    | <u>College</u>     | <u>Total Years</u> |
|-----------------|--------------------|--------------------|
| 5 or more _____ |                    | 17                 |
| 4 _____         |                    | 16                 |
| 3 _____         |                    | 15                 |
| 2 _____         |                    | 14                 |
| 1 _____         |                    | 13                 |
|                 | <u>High School</u> |                    |
| 4 _____         |                    | 12                 |
| 3 _____         |                    | 11                 |
| 2 _____         |                    | 10                 |
| 1 _____         |                    | 9                  |

\* Based on Green (1970).

| <u>Years</u> | <u>Elementary School</u> | <u>Total Years</u> |
|--------------|--------------------------|--------------------|
| 8            |                          | 8                  |
| 7            |                          | 7                  |
| 5 & 6        |                          | 5 or 6             |
| 3 & 4        |                          | 3 or 4             |
| 1 & 2        |                          | 1 or 2             |
| None         |                          | 0                  |

Annual Family Income (as taken from below): \_\_\_\_\_

Annual Income Category

1. \$50,000 or more \_\_\_\_\_
2. \$25,000 to \$49,999 \_\_\_\_\_
3. \$15,000 to \$24,999 \_\_\_\_\_
4. \$12,000 to \$14,999 \_\_\_\_\_
5. \$10,000 to \$11,999 \_\_\_\_\_
6. \$9,000 to \$9,999 \_\_\_\_\_
7. \$8,000 to \$8,999 \_\_\_\_\_
8. \$7,000 to \$7,999 \_\_\_\_\_
9. \$6,000 to \$6,999 \_\_\_\_\_
10. \$5,000 to \$5,999 \_\_\_\_\_
11. \$4,000 to \$4,999 \_\_\_\_\_
12. \$3,500 to \$3,999 \_\_\_\_\_
13. \$3,000 to \$3,499 \_\_\_\_\_
14. \$2,500 to \$2,999 \_\_\_\_\_
15. \$2,000 to \$2,499 \_\_\_\_\_
16. \$1,500 to \$1,999 \_\_\_\_\_
17. \$1,000 to \$1,499 \_\_\_\_\_
18. Less than \$1,000 \_\_\_\_\_

APPENDIX C

MOTHER'S QUESTIONNAIRE

Health Problems:

1. Sore throats

1. Has your child ever had a sore throat? yes \_\_\_ no \_\_\_

2. Did you do anything for it? yes \_\_\_ no \_\_\_

3. What did you do? \_\_\_\_\_

4. Where did you learn to do what you did?

Family \_\_\_\_\_

Friends \_\_\_\_\_

Literature \_\_\_\_\_

Mother \_\_\_\_\_

Nurses \_\_\_\_\_

Physicians \_\_\_\_\_

Other \_\_\_\_\_

2. Rashes

1. Has your child ever had a rash? yes \_\_\_ no \_\_\_

2. Did you do anything for it? yes \_\_\_ no \_\_\_

3. What did you do? \_\_\_\_\_

4. Where did you learn to do what you did?

Family \_\_\_\_\_

Friends \_\_\_\_\_

Literature \_\_\_\_\_

Mother \_\_\_\_\_

Nurse \_\_\_\_\_

Physician \_\_\_\_\_

Other \_\_\_\_\_

3. Fever

1. Has your child ever had a fever? yes \_\_\_ no \_\_\_

2. Did you do anything for it? yes \_\_\_ no \_\_\_

3. What did you do? \_\_\_\_\_

4. Where did you learn to do what you did?

Family \_\_\_\_\_  
 Friends \_\_\_\_\_  
 Literature \_\_\_\_\_  
 Mother \_\_\_\_\_  
 Nurse \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Other \_\_\_\_\_

4. Nosebleed

1. Has your child ever had a nosebleed?
2. Did you do anything for it?
3. What did you do?

yes \_\_\_ no \_\_\_  
 yes \_\_\_ no \_\_\_

4. Where did you learn to do what you did?

Family \_\_\_\_\_  
 Friends \_\_\_\_\_  
 Literature \_\_\_\_\_  
 Mother \_\_\_\_\_  
 Nurse \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Other \_\_\_\_\_

5. Dry cough

1. Has your child ever had a dry cough?
2. Did you do anything for it?
3. What did you do?

yes \_\_\_ no \_\_\_  
 yes \_\_\_ no \_\_\_

4. Where did you learn to do what you did?

Family \_\_\_\_\_  
 Friends \_\_\_\_\_  
 Literature \_\_\_\_\_  
 Mother \_\_\_\_\_  
 Nurse \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Other \_\_\_\_\_

6. Common cold

1. Has your child ever had a common cold?
2. Did you do anything for it?
3. What did you do?

yes \_\_\_ no \_\_\_  
 yes \_\_\_ no \_\_\_

4. Where did you learn to do what you did?

Family \_\_\_\_\_  
 Friends \_\_\_\_\_  
 Literature \_\_\_\_\_  
 Mother \_\_\_\_\_  
 Nurse \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Other \_\_\_\_\_



## 7. Earache

1. Has your child ever had an earache?                   yes \_\_\_ no \_\_\_  
 2. Did you do anything for it?                               yes \_\_\_ no \_\_\_  
 3. What did you do?

## 4. Where did you learn to do what you did?

Family \_\_\_\_\_  
 Friends \_\_\_\_\_  
 Literature \_\_\_\_\_  
 Mother \_\_\_\_\_  
 Nurse \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Other \_\_\_\_\_

## 8. Nausea

1. Has your child ever been nauseated?                   yes \_\_\_ no \_\_\_  
 2. Did you do anything for it?                               yes \_\_\_ no \_\_\_  
 3. What did you do?

## 4. Where did you learn to do what you did?

Family \_\_\_\_\_  
 Friends \_\_\_\_\_  
 Literature \_\_\_\_\_  
 Mother \_\_\_\_\_  
 Nurse \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Other \_\_\_\_\_

## 9. Vomiting

1. Has your child ever vomited?                           yes \_\_\_ no \_\_\_  
 2. Did you do anything for it?                               yes \_\_\_ no \_\_\_  
 3. What did you do?

## 4. Where did you learn to do what you did?

Family \_\_\_\_\_  
 Friends \_\_\_\_\_  
 Literature \_\_\_\_\_  
 Mother \_\_\_\_\_  
 Nurse \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Other \_\_\_\_\_

## 10. Diarrhea

1. Has your child ever had diarrhea?                   yes \_\_\_ no \_\_\_  
 2. Did you do anything for it?                               yes \_\_\_ no \_\_\_  
 3. What did you do?

4. Where did you learn to do what you did?  
 Family\_\_\_\_\_
- Friends\_\_\_\_\_
- Literature\_\_\_\_\_
- Mother\_\_\_\_\_
- Nurse\_\_\_\_\_
- Physician\_\_\_\_\_
- Other\_\_\_\_\_
11. Constipation
1. Has your child ever been constipated?                   yes \_\_\_ no \_\_\_
2. Did you do anything for it?                                yes \_\_\_ no \_\_\_
3. What did you do?
4. Where did you learn to do what you did?  
 Family\_\_\_\_\_
- Friends\_\_\_\_\_
- Literature\_\_\_\_\_
- Mother\_\_\_\_\_
- Nurse\_\_\_\_\_
- Physician\_\_\_\_\_
- Other\_\_\_\_\_
12. Stomachache
1. Has your child ever had a stomachache?                   yes \_\_\_ no \_\_\_
2. Did you do anything for it?                                yes \_\_\_ no \_\_\_
3. What did you do?
4. Where did you learn to do what you did?  
 Family\_\_\_\_\_
- Friends\_\_\_\_\_
- Literature\_\_\_\_\_
- Mother\_\_\_\_\_
- Nurse\_\_\_\_\_
- Physician\_\_\_\_\_
- Other\_\_\_\_\_
13. Headache
1. Has your child ever had a headache?                    yes \_\_\_ no \_\_\_
2. Did you do anything for it?                                yes \_\_\_ no \_\_\_
3. What did you do?
4. Where did you learn to do what you did?  
 Family\_\_\_\_\_
- Friends\_\_\_\_\_
- Literature\_\_\_\_\_
- Mother\_\_\_\_\_
- Nurse\_\_\_\_\_
- Physician\_\_\_\_\_
- Other\_\_\_\_\_

## 14. Head Injuries

1. Has your child ever had a head injury? yes \_\_\_ no \_\_\_  
2. Did you do anything for it? yes \_\_\_ no \_\_\_  
3. What did you do?

## 4. Where did you learn to do what you did?

Family \_\_\_\_\_  
Friends \_\_\_\_\_  
Literature \_\_\_\_\_  
Mother \_\_\_\_\_  
Nurse \_\_\_\_\_  
Physician \_\_\_\_\_  
Other \_\_\_\_\_

## 15. Joint Pain

1. Has your child ever had pain in the joints? yes \_\_\_ no \_\_\_  
2. Did you do anything for it? yes \_\_\_ no \_\_\_  
3. What did you do?

## 4. Where did you learn to do what you did?

Family \_\_\_\_\_  
Friends \_\_\_\_\_  
Literature \_\_\_\_\_  
Mother \_\_\_\_\_  
Nurse \_\_\_\_\_  
Physician \_\_\_\_\_  
Other \_\_\_\_\_

## 16. Abrasion

1. Has your child ever had his or her skin scraped? yes \_\_\_ no \_\_\_  
2. Did you do anything for it? yes \_\_\_ no \_\_\_  
3. What did you do?

## 4. Where did you learn to do what you did?

Family \_\_\_\_\_  
Friends \_\_\_\_\_  
Literature \_\_\_\_\_  
Mother \_\_\_\_\_  
Nurse \_\_\_\_\_  
Physician \_\_\_\_\_  
Other \_\_\_\_\_

## 17. Wounds

1. Has your child ever had a deep cut or gash? yes \_\_\_ no \_\_\_  
2. Did you do anything for it? yes \_\_\_ no \_\_\_  
3. What did you do?

4. Where did you learn to do what you did?  
 Family\_\_\_\_\_
- Friends\_\_\_\_\_
- Literature\_\_\_\_\_
- Mother\_\_\_\_\_
- Nurse\_\_\_\_\_
- Physician\_\_\_\_\_
- Other\_\_\_\_\_
18. Hard bumps
1. Has your child ever had a hard bump that was not  
 on the head? yes\_\_\_no\_\_\_
2. Did you do anything for it? yes\_\_\_no\_\_\_
3. What did you do?
4. Where did you learn to do what you did?  
 Family\_\_\_\_\_
- Friends\_\_\_\_\_
- Literature\_\_\_\_\_
- Mother\_\_\_\_\_
- Nurse\_\_\_\_\_
- Physician\_\_\_\_\_
- Other\_\_\_\_\_
19. Sunburn
1. Has your child ever had a sunburn? yes\_\_\_no\_\_\_
2. Did you do anything for it? yes\_\_\_no\_\_\_
3. What did you do?
4. Where did you learn to do what you did?  
 Family\_\_\_\_\_
- Friends\_\_\_\_\_
- Literature\_\_\_\_\_
- Mother\_\_\_\_\_
- Nurse\_\_\_\_\_
- Physician\_\_\_\_\_
- Other\_\_\_\_\_
20. Minor Burns
1. Has your child ever had a minor burn? yes\_\_\_no\_\_\_
2. Did you do anything for it? yes\_\_\_no\_\_\_
3. What did you do?
4. Where did you learn to do what you did?  
 Family\_\_\_\_\_
- Friends\_\_\_\_\_
- Literature\_\_\_\_\_
- Mother\_\_\_\_\_
- Nurse\_\_\_\_\_
- Physician\_\_\_\_\_
- Other\_\_\_\_\_

APPENDIX D

CHILD'S QUESTIONNAIRE

Health Problems:

1. Sore throat
  1. Do you remember ever having a sore throat?      yes \_\_\_ no \_\_\_
  2. Did you tell your mother?      yes \_\_\_ no \_\_\_
  3. What did your mother do?
  
2. Rashes
  1. Do you remember ever having a rash?      yes \_\_\_ no \_\_\_
  2. Did you tell your mother?      yes \_\_\_ no \_\_\_
  3. What did your mother do?
  
3. Fever
  1. Do you remember ever having a fever?      yes \_\_\_ no \_\_\_
  2. Did you tell your mother?      yes \_\_\_ no \_\_\_
  3. What did your mother do?
  
4. Nosebleed
  1. Do you remember ever having a nosebleed?      yes \_\_\_ no \_\_\_
  2. Did you tell your mother?      yes \_\_\_ no \_\_\_
  3. What did your mother do?
  
5. Dry cough
  1. Do you remember ever having a dry cough?      yes \_\_\_ no \_\_\_
  2. Did you tell your mother?      yes \_\_\_ no \_\_\_
  3. What did your mother do?
  
6. Common cold
  1. Do you remember ever having a cold?      yes \_\_\_ no \_\_\_
  2. Did you tell your mother?      yes \_\_\_ no \_\_\_
  3. What did your mother do?
  
7. Earache
  1. Do you remember ever having an earache?      yes \_\_\_ no \_\_\_
  2. Did you tell your mother?      yes \_\_\_ no \_\_\_
  3. What did your mother do?

8. Nausea
1. Do you remember ever being sick to your stomach? yes \_\_\_ no \_\_\_
  2. Did you tell your mother? yes \_\_\_ no \_\_\_
  3. What did your mother do?
9. Vomiting
1. Do you remember ever throwing-up? yes \_\_\_ no \_\_\_
  2. Did you tell your mother? yes \_\_\_ no \_\_\_
  3. What did your mother do?
10. Diarrhea
1. Do you remember ever having loose bowel movements? yes \_\_\_ no \_\_\_
  2. Did you tell your mother?
  3. What did your mother do?
11. Constipation
1. Do you remember ever having a hard time going to the bathroom? yes \_\_\_ no \_\_\_
  2. Did you tell your mother? yes \_\_\_ no \_\_\_
  3. What did your mother do?
12. Stomachache
1. Do you remember ever having a stomachache? yes \_\_\_ no \_\_\_
  2. Did you tell your mother? yes \_\_\_ no \_\_\_
  3. What did your mother do?
13. Headache
1. Do you remember ever having a headache? yes \_\_\_ no \_\_\_
  2. Did you tell your mother? yes \_\_\_ no \_\_\_
  3. What did your mother do?
14. Head injuries
1. Do you remember ever hurting your head? yes \_\_\_ no \_\_\_
  2. Did you tell your mother? yes \_\_\_ no \_\_\_
  3. What did your mother do?
15. Joint pain
1. Do you ever remember a joint hurting? yes \_\_\_ no \_\_\_
  2. Did you tell your mother? yes \_\_\_ no \_\_\_
  3. What did your mother do?
16. Abrasion
1. Do you ever remember scraping your skin? yes \_\_\_ no \_\_\_
  2. Did you tell your mother? yes \_\_\_ no \_\_\_
  3. What did your mother do?
17. Wounds
1. Do you remember ever having a wound or cut? yes \_\_\_ no \_\_\_
  2. Did you tell your mother? yes \_\_\_ no \_\_\_
  3. What did your mother do?

## 18. Hard bumps

1. Do you ever remember having a hard bump other than on the head?
2. Did you tell your mother?
3. What did your mother do?

yes \_\_\_ no \_\_\_

yes \_\_\_ no \_\_\_

## 19. Sunburn

1. Do you remember having a sunburn?
2. Did you tell your mother?
3. What did your mother do?

yes \_\_\_ no \_\_\_

yes \_\_\_ no \_\_\_

## 20. Minor burns

1. Do you ever remember having a minor burn?
2. Did you tell your mother?
3. What did your mother do?

yes \_\_\_ no \_\_\_

yes \_\_\_ no \_\_\_

APPENDIX E

MOTHERS' STATED PRACTICE REGARDING MINOR HEALTH PROBLEMS  
RELATED TO THEIR CHILDRENS' PERCEPTION OF THAT PRACTICE

Explanation of Symbols

# = Not Applicable.

+ = Don't Know.

\* = Nothing.

- = No Problems.

! = Did not tell Mother.

Dr = Doctor.



| Mothers and Children | Minor Health Problems |                 |             |                    |                |
|----------------------|-----------------------|-----------------|-------------|--------------------|----------------|
|                      | Sore Throat           | Rashes          | Fever       | Nosebleed          | Dry Cough      |
| M01                  | *                     | ointment        | ASA         | wiped nose         | vaporizer      |
| C01                  | -                     | -               | +           | #                  | +              |
| M02                  | cough syr.            | #               | ASA         | damp cloth         | #              |
| C02                  | *                     | #               | -           | wet rag            | -              |
| M03                  | ASA                   | Dr              | Dr          | cold towel         | Dr             |
| C03                  | medicine              | *               | ASA         | *                  | #              |
| M04                  | Dr                    | calamine lotion | ASA         | #                  | #              |
| C04                  | #                     | #               | #           | #                  | #              |
| M05                  | cough syr.            | #               | ASA         | #                  | cough syr.     |
| C05                  | #                     | #               | #           | #                  | #              |
| M06                  | Dr                    | #               | ASA         | #                  | vaporizer      |
| C06                  | #                     | #               | #           | #                  | #              |
| M07                  | Dr                    | Dr              | Dr          | #                  | Dr             |
| C07                  | #                     | #               | #           | #                  | +              |
| M08                  | Dr                    | #               | sponge bath | wet towel          | #              |
| C08                  | *                     | medicine        | medicine    | cloth on nose      | #              |
| M09                  | Dr                    | Dr              | ASA         | #                  | medicine       |
| C09                  | *                     | Dr 1            | #           | #                  | #              |
| M10                  | gargle                | #               | Dr          | gauze in upper lip | #              |
| C10                  | gargle                | medicine        | ASA         | cloth to nose      | cough medicine |

| Mothers and Children | Minor Health Problems |          |             |          |             |
|----------------------|-----------------------|----------|-------------|----------|-------------|
|                      | Common Cold           | Earache  | Nausea      | Vomiting | Diarrhea    |
| M01                  | *                     | Dr       | liquids     | rest     | *           |
| C01                  | -                     | -        | -           | -        | -           |
| M02                  | ASA                   | medicine | medicine    | Dr       | medicine    |
| C02                  | *                     | -        | *           | *        | #           |
| M03                  | Dr                    | Dr       | #           | #        | #           |
| C03                  | ASA                   | medicine | #           | #        | #           |
| M04                  | vaporizer             | Dr       | #           | #        | Dr          |
| C04                  | #                     | #        | *           | #        | #           |
| M05                  | ASA                   | #        | peptobismol | liquids  | observe     |
| C05                  | *                     | #        | #           | bed      | #           |
| M06                  | juices                | Dr       | tea-        | tea-     | change diet |
| C06                  | #                     | #        | crackers    | crackers | #           |
| M07                  | ASA                   | Dr       | ignore      | #        | Dr          |
| C07                  | #                     | #        | #           | #        | *           |
| M08                  | Dr                    | Dr       | Dr          | Dr       | medicine    |
| C08                  | *                     | #        | +           | +        | +           |
| M09                  | rest                  | #        | *           | observe  | *           |
| C09                  | +                     | #        | #           | +        | #           |
| M10                  | ASA                   | #        | fluids      | rest     | change diet |
| C10                  | medicine              | medicine | medicine    | medicine | Dr          |

| Mothers and<br>Children | Minor Health Problems |             |                   |               |            |
|-------------------------|-----------------------|-------------|-------------------|---------------|------------|
|                         | Constipation          | Stomachache | Headache          | Head Injuries | Joint Pain |
| M01                     | #                     | *           | ASA               | #             | #          |
| C01                     | -                     | -           | -                 | -             | *          |
| M02                     | liquids/<br>juices    | *           | ASA               | #             | #          |
| C02                     | !                     | !           | *                 | #             | #          |
| M03                     | #                     | #           | ASA               | #             | #          |
| C03                     | #                     | #           | *                 | *             | #          |
| M04                     | #                     | #           | #                 | Dr            | #          |
| C04                     | #                     | bed         | #                 | #             | #          |
| M05                     | Dr                    | rest        | ASA               | #             | #          |
| C05                     | #                     | #           | !                 | #             | #          |
| M06                     | juice                 | change diet | #                 | #             | #          |
| C06                     | medicine              | medicine    | drink of<br>water | rest          | #          |
| M07                     | #                     | rest        | #                 | #             | #          |
| C07                     | #                     | !           | !                 | #             | #          |
| M08                     | enema                 | ignore      | ASA               | observe       | #          |
| C08                     | #                     | *           | #                 | #             | #          |
| M09                     | #                     | ignore      | ASA               | #             | #          |
| C09                     | #                     | !           | *                 | #             | #          |
| M10                     | enema                 | peptobismo1 | ASA               | #             | #          |
| C10                     | #                     | medicine    | ASA               | rub head      | #          |

| Mothers and Children | Minor Health Problems |                     |            |                    |               |
|----------------------|-----------------------|---------------------|------------|--------------------|---------------|
|                      | Abrasion              | Wounds              | Hard Bumps | Sunburn            | Minor Burns   |
| M01                  | wash and antiseptic   | #                   | *          | cream              | ice water     |
| C01                  | #                     | -                   | -          | *                  | -             |
| M02                  | Dr                    | #                   | #          | #                  | #             |
| C02                  | Bandaid               | *                   | #          | #                  | !             |
| M03                  | wash and antiseptic   | Dr                  | #          | #                  | #             |
| C03                  | medicine              | #                   | #          | *                  | #             |
| M04                  | bandaid               | #                   | #          | *                  | #             |
| C04                  | wash                  | #                   | ice        | !                  | #             |
| M05                  | wash and antiseptic   | #                   | ice pack   | cream              | burn ointment |
| C05                  | #                     | !                   | #          | !                  | #             |
| M06                  | wash and antiseptic   | #                   | #          | vinegar            | ice           |
| C06                  | #                     | #                   | #          | medicine           | ice           |
| M07                  | clean                 | #                   | #          | medicine           | ice           |
| C07                  | #                     | #                   | #          | #                  | #             |
| M08                  | wash and antiseptic   | #                   | #          | spray              | #             |
| C08                  | wash                  | #                   | #          | solicaïne medicine | #             |
| M09                  | wash and antiseptic   | #                   | #          | cream              | cold water    |
| C09                  | #                     | #                   | #          | #                  | #             |
| M10                  | wash and antiseptic   | wash and antiseptic | #          | cream              | cream         |
| C10                  | bandaid               | #                   | #          | cream              | medicine      |

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