SELF-CARE HEALTH ACTIVITIES IN THE WORLD OF EARLY ADOLESCENT BOYS

by

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To my loving wife whose support and encouragement made the accomplishment of many of my goals possible and to my parents who have done much to encourage me in my endeavors.

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TABLE OF CONTENTS

TABLE OF CONTENTS--Continued

TABLE OF CONTENTS--Continued

LIST OF ILLUSTRATIONS

ABSTRACT

This thesis is an ethnographic descriptive study designed to discover what self-care health activities the early adolescent boy practices and the knowledge and beliefs which support these practices. Ethnographic interviews were conducted and participant observation was utilized to obtain the data. The informants were six boys whose ages ranged from twelve to fourteen years. Tape recordings of the interviews were transcribed and analyzed between interviews. From analysis of the data five taxonomies were developed which were: "Kinds of things that boys do that make for a healthy body," "Kinds of things that boys do to take care of themselves," "Kinds of things that boys do to keep clean," "Kinds of things that boys do when they do not feel well," and "Kinds of things that boys do when they really get sick." Three cultural themes were identified: "I wish I could . . ."--cultural conflict; "I belong . . ."--group or clique, informal techniques for social control; and "I am really good at . . ."--acquiring and maintaining status.

Recommendations for further study include: the adolescent boy's views on taking care of others; his view of self in relation to environment; his need for absolutes; and his views toward religion.

CHAPTER 1

INTRODUCTION

This study is concerned with self-care health activities of early adolescent boys. The informants for the study lived in a middle class white community in a southwestern city of the United States. Three of the informants participated in a church school class where I taught, two others were neighbors, and still another was the son of a university professor with whom I was acquainted. All of the boys were between the ages of twelve and fourteen years and all attended various junior high schools in the city.

My interest in the self-care activities of the early adolescent boy is rooted in the memories of children whom I observed when teaching science, health, and spelling to junior high students in a public school in California. In addition I had participated in various school, recreational, club, and church activities with those students. Since that time I learned a great deal more about children in general and adolescents in particular. When occasions to study aspects of early adolescent behavior and activities present themselves I take advantage of the opportunity; thus I chose to undertake this study of the self-care health activities in the world of early adolescent boys.

One of the ways to learn about the adolescent is to acquire knowledge about how the adolescent takes care of himself in his conscious or subconscious attempts to maintain or to retain optimum health. In this study I attempted to elicit knowledge of early adolescent boys regarding self-care activities. I was interested in how they utilized beliefs and knowledge in making decisions about self-care activities appropriate in their lives. I wanted to learn about culture from their point of view. The information derived from this study is of special importance to the nurse and other health care professionals because this will enable them to form a viable partnership with adolescents to assist them in processes appropriate to maintaining or attaining an optimum level of health.

Early adolescent boys can be observed to care for themselves in a number of ways. For example: they are very active in sports and other activities involving exercise and they eat immense quantities of food. With considerable coaxing from mothers most of them comb their hair, brush their teeth, wash their hands and face, and take an occasional bath. Some of them take over-the-counter medications, such as aspirin and cough remedies, for such discomforts as upset stomachs, headaches, sore throats, coughs, and other "colds" symptoms. Occasionally they do this on their own without parental involvement. In addition they are characterized by their inward-lookingness, in

their communication, music and dress; their psychic attachment to others of their own age; and their press toward autonomy, which is evidenced by their high regard for their peers who successfully challenge adult authority.

Sometimes the early adolescent boy will seek the ministrations of a nurse--especially the school nurse or occasionally the nurse in a physician's office. Advice or support for his beliefs, behaviors, and self-care activities are the source of his requests. It is therefore essential that the nurse has a broad knowledge and understanding of the needs of these boys and how to communicate with them. Nurses, as well as the other health care professionals, need an appreciation of the concepts in the culture of the adolescent and some specific knowledge of his beliefs, values, and culture.

A number of factors emphasize the early adolescent boy's self-care activities. Among these factors is the propensity toward hero-worship. As a result of his attempt to emulate someone to whom he looks up he may begin to give increased attention to his appearance and behavior. Another factor which may increase his attention to self-care activities is the awakening of his awareness of the existence of girls as pleasurable companions. This feeling of wanting female companionship may result in his attempting to increase his attractiveness to them. When a boy wants to appear attractive he will brush his teeth, comb his hair,

increase or decrease his weight, improve his body build, or get his teeth straightened. He may also become more aware of the desirability of body cleanliness and increase the number of times that he washes his face and the number of baths that he takes. The same desire to please, impress, or emulate a person or persons that he admires may lead to such antisocial behaviors as using dope, smoking cigarettes, drinking "booze," or being sloven. The influence of peer pressure can sway him to practice these activities that may also affect his health.

According to the literature, each boy's judgment is based on his level of intellectual and cognitive maturity. The young early adolescent boy is seeking the feeling of belonging. He wants to be accepted. To him, belonging to and being accepted by his own age group are of immense importance.

Statements on the Problem

Nearly every human being is concerned with his or her health. Through the experiences of living the individual person learns to understand his own level of health and wellbeing. Everyday activities such as keeping clean, exercising, and consuming a nutritious diet have a positive influence on the health of the individual. There are influences in the American culture such as formal educational programs or mass media which are designed to modify health

related activities. For example, there is considerable emphasis on programs to stop smoking; to consume alcoholic beverages only in moderation; to consume a diet low in fats and cholesterol and adequate in vitamins, minerals, and protein; and to maintain a high level of physical fitness through proper exercise.

The question is often asked, "What is health?" Since health is culturally defined, each person who is asked may have a different answer. The answer may be modified by the person's age, belief, and knowledge. According to one young adolescent "Health, to me, is feeling good all over. Not feeling sick or having anything that hurts." For comparison, the World Health Organization (in Orem, 1971, p. 43) has defined health as "a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity."

Self-care (self-help) is a first step in the health-care system utilized for maintaining and acquiring optimum health. Self-care is related to the prevention of illness through such activities as eating a nutritious diet, keeping clean, and self-administration of over-the-counter drugs. Self-care progresses in complexity from the simple acts of bathing or brushing one's teeth, through the more complex activities of choosing proper clothing to prevent exposure, and finally to complicated skills such as applying a pressure dressing to stop the bleeding from a minor wound.

Even very young children are often involved in a number of self-care activities. These range from putting on appropriate clothing to protect themselves from exposure through seeking the care of a health care professional, such as the school nurse, for a sore throat or a stomach ache. Many of the self-care activities of these children involve maintaining or seeking physical comfort rather than being conscious of maintaining an optimum level of health. Their healt-care activities may involve taking a rest period when tired or eating or drinking when hungry or thirsty.

Adolescents, on the other hand, because of their further advanced level of cognitive development than that of the younger child, not only seek mental and physical comfort through self-care activities, but actively make decisions to perform activities that have the potential to modify their health. These activities include, for example; following a diet and an exercise plan to lose or to gain weight; concerning themselves with behavior that might prevent accidents; maintaining an "acceptable level of cleanliness"; seeking professional health care when ill; preventing illness from occurring through immunizations; or practicing ways to alter consciousness.

According to nursing and medical literature, generally adolescence is a relatively healthy period of life. By the time a child reaches adolescence he has learned a number of self-care activities which are also

referred to as activities of daily living or self-help activities, which help him to maintain an optimum level of health or to regain an optimum level of health when he becomes ill. There are, however, health problems if attended to during adolescence can influence an individual's health status later in life. Frequently encountered health problems of the adolescent may be those related to accidents, sexual activities, dermatological conditions, illicit drugs, alcohol, and tobacco products.

The research problem for this study is directed at learning about self-care activities of early adolescent boys and their concern about health promotion and the maintenance of well-being. This study is designed to discover what self-care activities the early adolescent boy practices and the knowledge and beliefs which support these practices.

Purpose of the Study

The purpose of this study is to describe and analyze the knowledge that early adolescent boys utilize in caring for themselves in health and healing situations.

Operational Definitions

1. Early adolescent boys--boys who are twelve to fourteen years of age.
2. Self-care activities--those activities in which an early adolescent boy engages or practices which

assist him to maintain health or to regain health when he becomes ill.

3. Knowledge--information utilized in generating behavior and interpreting experience.

Conceptual Framework

The concepts which form a framework for the research include the following: (1) the cognitive pattern of the adolescent; (2) the concept of self-care; (3) the concept of culture and specifically the culture of the adolescent; (4) the concept of ethnography; and (5) the concept of participant observation.

The Cognitive Pattern of the Adolescent

According to one of the stage theorists of human development, Piaget (1969:152-159), there are at least four major periods in the psychological development of the individual: the sensorimotor, the preoperational, the concrete operational, and the formal operational. The sensorimotor period extends from birth to about two years of age and in this period intelligence exists without language or symbols. The preoperational period extends from about the age of two years to about the age of seven years. In this period one of the characteristics of children's thinking is that names are essential parts of the objects to which they refer. A second characteristic is related to reasons for actions,

that is, reasons are based on how they want things to be. The concrete operational period extends from about the age of seven years to about eleven years. In this period children can think about real, concrete things in systematic ways, but they have great difficulty in thinking about abstractions.

The formal operations period, the period in which we find early adolescent boys, extends from about the ages of eleven or twelve throughout adulthood. The early adolescent boy is in the beginning of the period in which the individual has the mental operations for adult thinking. During this stage the individual is developing the ability to think and reason in purely abstract terms. He no longer has to think about concrete objects. He can hypothesize and consider complex concepts. The adolescent theorizes about everything and has the ability to generate many explanations about any given phenomenon. His ideas are tested by self-designed experiments. The early adolescent boy is now beginning to think and to utilize the cognitive tools necessary for decision making. He is acquiring skills in diagnosing, finding alternative solutions, and analyzing and comparing alternatives (Hampton, Summer, and Webber, 1978:243). With application of these decision making skills the early adolescent boy will be able to make choices between various health-care options available to him which include self-care

activities. According to Piaget the formal operations period is the highest level of cognitive development.

The Concept of Self-Care

Self-care is a concept which can be explained as a process by which persons practice behaviors and beliefs which result in their own health promotion through activities in disease prevention, detection, and treatment essentially outside the sphere of professional services. Self-care activities involve daily personal care habits and play an important role in determining an individual's level of health. Many of these behaviors are universal, routine, self-initiated, self-maintained, and self-monitored. Some health-care activities, such as the use of over-the-counter (OTC) or non-prescribed drugs, according to a number of American and British studies, are nearly universal among all patients.

A large proportion of deviations from a healthy state are cared for exclusively by individuals and families without professional medical intervention of any kind. If it were not for self-care, any formal system of health care would be overwhelmed.

In contrast to the concept of self-care, the care for others involves a process or series of processes which consist of appropriate assessment and intervention activities, by the health care giver, with either the consent or

the acquiescence of the person receiving the care or treatment. These professional assessments and interventions are complicated and highly organized. The care of others may also involve a commitment of time, inconvenience, and emotional investment, which may or may not be present in self-care activities.

The Concept of Culture

Spradley and McCurdy (1975), Goodenough (1957), and others describe culture as that which one must know or believe in order to function in such a way that one's behavior is acceptable to other members of one's culture. The study of culture is significant because of its importance in understanding the entire human family. In this study the focus is on the culture of the adolescent, especially the early adolescent boy.

There is evidence that a "culture of adolescence" does exist. For example, for some adolescents a world of their own exists in which adults play only a background role. This is evidenced by the unique language of the adolescent, the ways that they dress, and in the types of music they prefer. Adolescents are highly involved in their own social system and have developed distinct cultural norms toward school work, relations between the sexes, athletics, and other items including use of drugs. These and other attributes can be said to describe an adolescent culture, not

because they constitute a homogeneous culture, nor because they characterize all adolescents, but because, taken together they are activities initiated by adolescents and pursued more by adolescents than by adults. This "culture of adolescence" is learned both directly and indirectly by the young person while he labors through the processes necessary to becoming an adult. Self-care is one of the many components which make up the culture of the adolescent as well as the cultures of all other age groups from childhood through adulthood. The idea that there is a "culture of adolescence" provides the health care professional with the rationale for learning about what the adolescent knows and does about health care activities for himself or herself.

The enculturation process (acquisition of a culture) according to Goodman (1967:128) is both formal and informal. The processes related to acquisition of beliefs, ideas, and ideals are more often informal and unconscious. Children learn not only the ideal systems of a society, but also form their own idea systems by utilizing many of the viewpoints present in the social environment which happens to be theirs.

A number of factors will, according to Goodman (1970:3), influence what a child knows and what part of the total culture he or she will command. These factors include age, sex, intelligence, curiosity, insight, and the amount of education, both formal and informal. Opportunities to develop knowledge and beliefs and also motives to do so may

be affected by the social class and the ethnic position of parents and the other persons who make up the child's social world.

One of the ways the adolescents' beliefs and knowledge about their culture will be expressed is through their behaviors. Goodman (1970:145) explains this behavior by stating "Cultural pressures toward dignity, conformity, and conservatism will, in most cases go far to produce adolescents who are on the average dignified, conforming, and conservative." She continues by writing that the adolescent's behavior will be the expression of a bioculture mix. The "bio" side of these characteristics will conspicuously include: (1) a high level of physical energy, possibly the highest level of the life span; (2) a high level of psychic energy, which seeks an outlet which our society knows as "kicks"; and (3) a new high in awareness of the self as standing on the threshold, of approaching or having just reached the point of being tried and tested in the adult world. These "highs" may explain what is apparent or recalled by adults as a restlessness, an erratic emotional pattern, a thrill in trying oneself at something new, and especially something believed to be at least a little dangerous or daring.

Among the methods by which an outsider can learn what is necessary to know to be accepted and to effectively

function in a given culture are (1) ethnography and (2) participant observation.

The Concept of Ethnography

Ethnography is defined by Spradley (1979:3) as "the work of describing a culture." The term refers to both the work of studying a culture and the written material resulting from reports of the study. Through ethnography the researcher attempts to discover the cultural categories that influence the knowledge, beliefs, and behavior of the individual adolescent and the members of an adolescent culture. Spradley (1979:98) describes categories as "an array of distinct things that we treat as if they were equivalent." For example, Spradley sees six trees in his backyard and treats them as equivalents by calling them "elms." One method by which an ethnography may be generated is the utilization of the Developmental Research Sequence which is a series of twelve steps proposed by Spradley (1979). These steps include such activities as locating an informant, which involves finding an informant that knows his or her culture well, one that is currently involved in the culture, who is from a culture unfamiliar to the investigator, one who has an adequate amount of time available for interviews, and one who is non-analytic in the responses to questions; asking several different types of questions through interviews which include structural questions,

taxonomic questions, and contrast questions; and making analyses of the findings which seek to discover the psychological reality of the informant's world.

Ethnographic studies are used to obtain the point of view of the informant. Anthropologists distinguish between what they call "etic" description of a culture which are based on categories created by the investigator and "emic" descriptions of the culture which depend on discovering the native's (informant's) categories and perceptions.

The Concept of Participant Observation

Participant observation, a fundamental ingredient in anthropological field work, is a technique by which a researcher actually participates in the interactions and community activities of a given culture. The reports of these observations then become a part of the data. This participation involves learning to take the role of the other people, to look at life through their eyes, and to share their experiences. This also involves a "kind of detachment from one's own perspective on life, but not a detachment from those whose culture is being studied," according to Spradley and McCurdy (1975:62). The objective of participant observation is to learn the cultural events of the community and the way the cultural informants categorize, code, and otherwise define their world.

Significance of the Study

There has been little material written on just exactly what young adolescent boys do to take care of themselves to promote their own health or to prevent illness or what knowledge and beliefs lie behind their activities. By combining a study of the cognitive developmental level of the early adolescent boy with a study of his culture and adding actual participant observation and an ethnographic study, an investigator should be able to learn about the activities, beliefs, and behaviors utilized by the early adolescent boy that indicate his concern about health promotion and maintenance of his wellbeing.

When these self-care activities and behaviors and the knowledge and beliefs that lie behind them are discovered, the information revealed may modify and increase the effectiveness of the care and treatment of the early adolescent boy in the hospital, in ambulatory care situations, and in the activities of daily living at home, at school, and at play. Herein lies the significance of this study.

CHAPTER 2

REVIEW OF THE LITERATURE

This review of the literature focuses on the following areas: (1) the concept of self-care--definitions and methods; (2) the concept of culture; (3) the culture of the adolescent; (4) the adolescent and self-care; and (5) ethnography--a methodology for discovering self-care activities.

The literature provides very little material concerning the self-care activities of the early adolescent boy. However, there is considerable evidence in the literature that self-care is an integral part of a health care system for persons of all age groups.

The self-care activities of an early adolescent boy are those in which an early adolescent boy engages or practices which assist him to maintain health or to regain health when he becomes ill. The purpose of this study is to describe and analyze the knowledge that early adolescent boys utilize in caring for themselves in health and healing situations. Ideas, beliefs, and knowledge influence behavior and, as investigators, we can learn the knowledge base of sub-cultural systems, such as in this study of knowledge the adolescent utilizes in self health care

activities. Through the tools of ethnography it is possible to "get inside the heads of the natives" and through the utilization of these tools a great deal can be learned about the culture of the adolescent. New programs have been or are being developed in which professionals, such as nurses, are working in partnership with clients to put into practice concepts that will encourage and/or improve self-care activities.

The Concept of Self-Care: Definition and Methods

In this section the literature related to the concept of self-care will be reviewed. Among the self-care topics expressed are: the definition of self-care, roles of self-care, self-care as action, kinds of self-care, and nurses supporting self-care activities.

A working definition of self-care is provided by Levin (1976:206): "A process whereby a layperson can function effectively on his own behalf in health promotion and prevention and in disease detection and treatment at the level of the primary health resource in the health care system."

Self-care encompasses a broad spectrum of skill. Some skills exist almost universally among the population, such as those associated with self-medication and first-aid procedures, while others are new requirements, such as self-feeding and independent ambulation, which are needed by

persons in rehabilitation situations. Self-care is concerned with building or supplementing health skills that cover the entire spectrum of behaviors from health promotion through disease treatment and illness control or restoration of health. Self-care is an integral part of the health care system. Fry (1973) observed that self-care practices are nearly universal among patients in a study carried out in Great Britain. He contends that without self-care any system of health care would be swamped.

Kinlein (1977) writes that the concept of self-care in health, which recognizes and emphasizes the inherent human attributes of individual domain over one's action, can be applied to an individual's health state. In essence, an individual practicing self-care activities is attacking the biggest of all unknowns, namely, health.

Lay persons have been taught about health negatively, that is, how sick they were not, or how they could prevent themselves from becoming ill from a particular disease. The objectives of and funding for medical research have been toward diagnosis and treatment of disease. There are few guidelines in the literature for the scientific identification of health states. The discussion of health, the protection of the individual against some illness to which his particular population is prone is the greatest concern.

Self-care is a learned behavior. Ways of determining and meeting one's self-care needs are not inborn.

"The activities of self-care are learned relative to the beliefs, habits, and practices that characterize the cultural way of life of the group to which the individual belongs" writes Orem (1971:14). For example, keeping the body clean is a meaningless gesture in some cultures but an acceptable precaution in others.

Orem (1971:20) writes that in order for self-care to be therapeutic, that is, it is supportive of life processes, it must contribute to the achievement of: (1) support of life processes and promotion of normal functioning; (2) maintenance of normal growth, development, and maturation; (3) prevention, control, or cure of disease processes and injuries; and (4) prevention of or compensation for disability. Some of these results are required by all persons on a continuing basis during all stages of the life cycle, but others are required only in the event of disease or injury. On this basis, self-care action can be divided into two types: (1) that which is required by all individuals at all times--for example, adequate nutrition and (2) that which is required only in the event of injury, disease, or exposure to disease producing agents--for example, self-feeding activities.

Fry (1973) identified four roles for self-care. These he presented as: health maintenance, disease prevention; self-diagnosis; self-medication and self treatment;

and patient participation in professional care (use of services).

Levin, Katz, and Holst (1975:11) find that self-care behaviors have the following common premises: voluntary, self-limited, non-organized, universal, and a varying complex of behaviors which have evolved through a mixture of cognitive and socializing experiences.

Fuchs (1974:151) provides a rational for self-care activities when he states: "By changing institutions and creating new programs we can make medical care more accessible and deliver it more efficiently, but the greatest potential for improving health lies in what we do and don't do for and to ourselves."

A question which is often discussed is "Why are healthy people healthy?" Kinlein (1977) writes that a person's daily personal care habits must play an important role in determining whether health can be retained or regained. She also writes that self-care practices of individuals can contribute valuable nursing data and medical data. Unfortunately, most individuals are unaware of many of the self-care practices that would serve to benefit their health status. This suggests that one possible justification for undertaking a study of self-care activities is in reference to a question proposed by Kinlein (1977:600) which reads "If information about the self-care practices of <u>many</u> individuals were gathered when they were healthy, would

these facts lead us to a more effective way of handling any deviation from the health state when and if it occurs?"

Self-Care as Action

Perhaps self-care can be equated with health behavior which is defined by Kasl and Cobb (1966:246) as "any activity undertaken by a person believing himself to be healthy for the purpose of preventing disease or detecting it in an asymptomatic stage" together with illness behavior which they define as "any activity undertaken by a person who feels ill to define the state of his health and to discover a suitable remedy."

An error would be committed if one were to perceive of self-care as existing solely independent from professional care. Only twenty-five per cent (Levin et al., 1975:13) or more of health care is undetaken with professional intervention. Self-care includes behaviors which both supplement and substitute for professional health care procedures. There must be a balance between practice of self-care and availability and utilization of professional services. Ideally they mutually supplement one another, not substitute one for the other (Levin et al., 1975:14-15).

There are times when certain self-care behaviors are the steps which lead to the entrance into the professional health care system. Obviously it is not easy to obtain optimum balance between self-care and professional care.

According to Levin et al. (1975:14) some pertinent findings do emerge. Among these findings are:

> (1) The decision to contact the professional caregiver is largely, but not totally, at the initiative of the patient; (2) a good part of the care for a given complaint takes place prior to sharing responsibilities with the physician; and (3) treatment decisions may be patient-determined (particularly patient requestions for medications).

Among the many self-care practices is the use of non-prescribed or over-the-counter (OTC) drugs. One study (Bush and Robin, 1976:1014) reports that non-prescribed medications are perceived as alternate ways to resolve health problems. They are used to help with minor and transient illness and injuries, and in most cases, probably are harmless.

Self-care is a form of human activity referred to as deliberate action. Self-care is goal- or result-seeking activity which implies that the meaning of the result sought is identified prior to the action. For example: individuals tend to care for themselves to sustain, protect, and promote human functioning. Orem (1971:31) states "Deliberate action is essential action to achieve a foreseen result which is preceded by reflection and judgment to appraise the situation and by a thoughtful, deliberate choice of what should be done." Hence, the early adolescent boy will do various exercises to increase his physical fitness which will, in turn, help him to promote a healthy body.

Orem (1971) writes that age and health are individual factors which generally determine the scope of self-care activities a person can perform. In addition, each person's established pattern of responding to internal and external stimuli will affect his decisions and other activities relative to self-care. Values and goals also affect the selection and performance of self-care actions in health or in sickness. Self-care measures compatible with a person's goals and values are likely to be seen as beneficial for him. Whether or not he can perform the measures is the judgment upon which their practice depends. Among the first steps in the practice of self-care are the questions: Is it beneficial for me? Can I do it?

Kinds of Self Care

The kinds of self-care might be labeled "universal" referring to the kinds of self-care that are universally required and "health-deviation" for those that are required only in the event of illness, injury, or disease.

The category of universal self-care includes all those demands and actions which are referred to in the health and health-related literature as "meeting basic needs," "activities of daily living," or as "personal hygiene--physical and mental." Orem (1971) writes that this kind of care is focused on integrated human functioning or on some aspect of human development or functioning. These

activities include breathing to replenish oxygen and eliminate carbon dioxide, drinking to replenish water in the body, eating to replenish nourishment, elimination to dispose of waste products from the body, activity and rest, solitude and social interaction, and activities directed toward achievement or maintenance of normality such as developing and maintaining a realistic self concept.

The category of health-deviation related self-care activities, according to Orem (1971), include: adjusting the ways of meeting universal self-care requirements, establishing new techniques of self-care, modifying the self-image, revising the routine of daily living, developing a new life style compatible with the effects of the health deviation, and coping with the effects of the health deviation or the medical care used in the diagnosis or treatment of it. Nurses have a unique role in aiding individuals to enter into and manage these relationships as concepts of self-care.

Nurses Supporting Self-Care Activities

When do nurses enter into the life situations of individuals in support of their self-care actions? Societies are quite specific in designating the conditions which make it legitimate for its members to seek the available human services in their communities. These conditions become the criteria that members of the society use in determining

whether or not a particular human services can or should be utilized.

In the adult, the condition which validates the existence of a requirement for nursing, according to Orem (1971:2) "is the absence of the ability to maintain for himself continuously that amount and quality of self-care which is therapeutic in sustaining life and health, in recovering from disease or injury, or in coping with their effects." The criteria for intervention into the life of the adolescent would be essentially the same as that for an adult.

In contrast, according to Orem (1971:2) with children the condition is the "inability of the parent (or guardian) to maintain continuously for the child that amount and quality of care which is therapeutic." Therapeutic is used to mean supportive of life processes, remedial or curative as related to malfunction due to the disease process, as well as contributory to personal development and maturing.

According to Lewis (1974), in the context of child-initiated self-care activities, the interaction between a professional, such as a nurse, and a child is based on the concept that when an individual participates in a decision-making process, such as those relating to his own self-care activities, he will have a stronger feeling of belonging and a stronger desire to accept and comply with the consequences of that process. Lewis et al. (1977) write that

the degree to which a child can share in the responsibility of self-initiated self-care activities is relative depending on his developmental readiness. The child should not be expected to accept a level of responsibility too great for him; neither should he be protected and guarded from any responsibility at all. Whenever the child accomplishes a different and novel life problem-solving technique, he has acquired a constructive growth experience.

The Concept of Culture

The concept of culture is, according to Spradley (1979:5) "the acquired knowledge that people use to interpret experience and to generate societal behavior." He also stated that "Culture can be viewed as a set of instructions for carrying out ordinary activities of life. These instructions might give the recipe for being a tramp, a waitress, or some other kind of person representing a particular culture" (Spradley, 1979:214).

Related to cultural knowledge that influence ordinary activities of life are one's beliefs. A belief can be defined as a state or habit of mind in which trust or confidence is placed in some person or thing. Aamodt (1978:42) writes that "Beliefs are learned; processes related to beliefs are beyond the mechanisms related to knowing and understanding." She continues by listing examples of feeling states, such as stomach aches, headaches, itching

feet, sore feet, sleeplessness, and swollen hands, that stimulate people to call forth their beliefs.

Orem (1971) writes that the individual first learns of cultural standards within his family group. Hence, there are many variations in self-care practices. The child learns from his parents or guardians who learned from their parents or guardians. While growing up, the child learns of additional and improved ways of self-care from other persons in his life: teachers, classmates, neighbors, friends, and playmates.

Stafford (1978) writes that in a given cultural group there is frequent agreement about knowledge and beliefs about health and illness. These beliefs affect the individual's recognition of illness, the selection of a health care provider, the expectation of the provider-patient encounter, and the attitude toward professional institutions and social agencies in which the medical care is invested. The knowledge of the health beliefs and practices of many cultural and socioeconomical groups, developed through the discipline of cultural anthropology, can be of considerable assistance to the practitioner both in the management of the individual patient and in the planning of health care delivery to specific cultural and social groups. Although in any client encounter, the client is viewed as an individual, knowledge of cultural norms enhances the ability of the practitioner to understand the client's problems.

Culturally defined knowledge and beliefs are thus related to motivation. Gochman (1972:286) writes "health motivation plays a role in organizing health relevant beliefs." He continues by saying that health behavior is an emergence of several interacting beliefs. These are perceived vulnerability (person's expectancy of being susceptible to some health problem); perceived seriousness (person's belief that encountering the problem will have some severe consequences for him); and perceived benefits (person's belief that certain behaviors will lead to desired outcomes). High levels of acceptance of these perceptions presumably interact to insure the likeliness of a person taking or intending to take some specific health action. These perceptions are also excellent variables for explaining the differences between beliefs and practices.

The Culture of the Adolescent

There exists in America a youth (adolescent) culture which is distinguishable from the adult culture (Smith, 1962). When the distinguishing characteristics are analyzed it is apparent that the adolescent culture does not exist totally independently from the adult culture. Many of the characteristics of the adolescent culture are apt to be modifications or adaptations of those of the adult culture. However, since, according to Grinder (1973), society presents the adolescent with a confusing, stressful, and

sometimes incoherent array of moral values and expectations, his only recourse is to withdraw partially from the adult world and to rely on his peer groups for standards of conduct.

An adolescent culture, which helps young people express collectively a cohesive cultural distinctiveness, is characterized by special language, grooming, clothes, idolized actors and singers, music magazines, and ritualistic role patterns in the clique, gang, crowd, early dating, and going steady (Grinder, 1973). Adolescent culture is the sum total of the ways of living of adolescents; it refers to the "body of norms, values, attitudes, and practices recognized and shared by members of the adolescent society as appropriate guides to action" (Havighurst, 1962:59). Adolescent culture describes the way adolescents think, behave, and live.

Adolescent culture can not realistically be described as a body of beliefs, values, and practices uniformly practiced by all adolescents throughout the country, according to the Committee on Adolescence, Group for the Advancement of Psychiatry (1968). Just as there are regional, ethnic, and class versions of the national adult culture, so there are variations in expression of adolescent culture among differing segments of the population. Adolescent culture is not completely homogeneous, so the popular image of adolescent culture usually refers to urban, middle

class youth. Actually there may be important deviations from this pattern (Arthur/Kinks, 1969). Brody writes that a more accurate description would imply that there are numerous versions of adolescent culture expressed by various segments of American adolescents who share some common elements of a general middle class youth culture, but who participate selectively and in varying degrees in the activities of the organized adolescent society (Brody, 1968).

One aspect of the adolescent culture, which is a universal phenomenon appearing in all societies, are the informal and intimate relations which appear in all societies whether adolescent or adult. Also, solidarity and concealment of behavior may be viewed as universal characteristics of adolescent culture.

Smith (1962) writes that adolescent culture imposes a conformity upon its members, which is intensified by the withdrawal of young people from adult socializing institutions, such as the church, schools, economic system, political system, and family; and by the resulting secrecy, which acts as an obstacle to the supervision and control of adults over youth activities. From this secrecy, a series of conflicts arises between the culture of the adolescent and the culture of the adult that is characteristic of American society.

Adolescent culture maintains continuity, which is a universal characteristic of all cultures, by the provision

of institutions for the socialization of its members. American adolescent culture acts as a vehicle for the transmission of its norms to succeeding generations of young people.

Piaget (1932) writes that, although all age-sex levels are to some extent cut off from each other, young persons tend to look up to their contemporaries in the age-grade immediately above them and attempt to emulate their behavior. In this gradual way children are initiated into adolescent culture and ultimately inducted into adult society.

Two institutions which involve both the youth culture and the adult culture are the family, which provides the primary field of socialization and the basis for continuous material subsistence; and the school, which is essentially organized and controlled by adults. The school provides an ideal framework for the passing on of youth norms from age-grade to another.

The transitional institutions with the adolescent culture include: the clique, the gang, the crowd, the date, and courtship. These institutions serve as channels for information, particularly on taboo subjects, especially those relating to sexuality. Because of their lack of knowledge of youth culture, adults do not understand adolescents. Consequently, young people tend to seek help and guidance from their peers. The exclusion of adults from

youth activities, and the silence involved, protect youth from the criticism and sanctions of adults (Smith, 1962).

Smith (1962) writes that in the culture of the adolescent the clique provides the first transitional institution that is genuinely independent of adult supervision and control. Cliques set norms that are often the highest authority for its members and may take precedence over both family and other adult norms. Cliques operate as primary groups for Americans all of their lives, except for the period of infancy. The clique is essentially an intimate nonkin group which may vary in membership from two to thirty persons. It is an informal association because it has no explicit rules of entrance, of membership, or of exit. Ordinarily it has no regular place or time for meetings and possesses no elected officers nor any formally recognized hierarchy of leaders. There are no specifically stated purposes, and its functions are less explicit than those of a family. All of its members know each other intimately and participate in frequent face-to-face relations. In early adolescence one of the characteristics of the clique is that it is made up of one sex. The clique is a fundamental sentiment-binding group, its relationships being based on norms and strong affectional ties among its members. The clique acts as a protective structure, which may oppose and evade adult authorities and sanctions. Cliques will, in

fact, discipline youth who accept or practice disapproved adult norms (Smith, 1962).

The gang is similar to the clique in both basic structure and functions. However, according to Bossard (1948), a crucial difference is that the gang is the initial transitional institution of lower-class youth and receives its members from school drop-outs. He describes the gang as a more integrated and a more formal group than the clique. The gang has a longer life and experience and develops more in the way of tradition and morale. There is often a strong bond of solidarity but membership is less exclusive and more capable of being earned than in the clique. The gang demonstrates its concreteness through formal symbols, such as names, slogans, passwords, grips, and uniforms. One important item of gang structure is that the gang is often the training ground for the juvenile delinquent, with behavior ranging from drinking to gambling, from assault to robbery to gang warfare and homicide (Bossard, 1948).

Smith (1962) writes that the crowd is the heterosexual transitional group from the clique to normal dating. A crowd may be formed around a nucleus of boys or girls. One crowd was formed when several boys met by dating members of a girls' clique and came together only through the crowd's activities. The crowd performs an important socializing function, but is limited in unity and duration. The basic function of the crowd is to provide a tentative,

exploratory, and experimental group within which the behavior and rituals of dating relations may be practiced. During the early adolescent period, much of the dating is within the crowd and the relationships are brief and constantly changing.

The date has the primary function of providing an essential link in the series of institutions leading from the parental to the marital family. Its major contribution is that it initiates and perpetuates heterosexual pair relations during a period when courtship is premature and marriage is unattainable (Smith, 1962).

The courtship process is an aim-directed, group-sanctioned practice that provides norms and rituals whereby one person may approach another in search of ultimate mutual sexual satisfaction. Young people must learn to inhibit an immediate response to stimulation. This is accomplished by sustaining, diffusing, and releasing tension in approved courtship rituals. Transition from the courtship process into the adult institution of marriage formally terminates membership in the adolescent society (Smith, 1962).

The Adolescent and Self-Care

The impression that I have received from reading the literature on self-care, especially specifically concerning the adolescent, is that there is remarkably little research in print. What little literature there is available deals

primarily with the use and abuse of medications (Pratt, 1973) and the relationship of self-care to the medical profession (Levin et al., 1975). I was unable to locate any literature written from the point of view of the adolescent on the subject of self-care.

Daniel (1975) writes that during the years from ages twelve to fifteen, the adolescent spends considerable time thinking or thinking about thinking. This is a result of having reached the point of having the capacity for abstract thought and the ability to develop hypotheses relating to plans of action for self, peers, parents, and teachers. Irritated adults call this "day dreaming" for most of the thoughts are directed inward, but this introspection is an important aspect of adolescent development. Daniel's concept of cognitive development closely parallels the concept of cognitive development presented by Piaget (1969) in his writings.

Continuing on with the characteristics of the adolescent, the common theory of adolescence that is prevalent today is based on small groups and often untypical types of youngsters, writes Adelson (1979). Within the context of the so-called "generation gap" the images that so often come to mind are: rebellion toward parents, peer oriented, restless, emotionally turbulent, intense, and impulsive. Although this picture of the adolescent is quite compelling, according to Adelson (1979) it is actually

untrue. He states these characteristics can be attributed to some youngsters some of the time. His view is based on study of ordinary adolescents as distinguished from studies based on addicted, delinquent, disturbed, or the ideologically volatile youngsters and often on males usually more impulsive and rebellious than females. He summarizes his view of adolescence as a non-volatile stage in human development: "Adolescents, as a whole, are not in turmoil, not deeply disturbed, not at the mercy of their impulses, not resistant to parental values, and not politically active or rebellious" (Adelson, 1979:34).

Although it focuses on an age group younger than adolescents, a study by Neuhauser et al. (1978:335) involving twenty-four white, middle class children from a small university town in California is relevant because it revealed that the young children's understanding of the process of healing involved both the level of cognitive development and the locus of control. "The importance of the children's locus of control orientation to their understanding was found to depend upon the interaction of the cognitive level and the complexity of the concept considered" (Neuhauser et al., 1978:335). Thus, a child's stage of cognitive development may have an effect on the amount of control he feels he had over the healing process. In this study by Neuhauser and her colleagues twelve of the children were 8 to 9 years of age functioning cognitively at the

concrete operational stage and 12 of the children were 4 to 5 years of age and were functioning at the preoperational stage of cognitive development. Each group consisted of twelve girls and twelve boys.

In dealing with the adolescent and his self-care activities there are times when behavior needs to be modified. Janzen and Love (1977:931-934) made recommendations which were used in a group home for adolescent girls with behavioral problems: a child should not be labeled, should be permitted to assist in identifying the problem and should be involved in assessing the problem, the plan of treatment, and the evaluation. These recommendations, appropriately modified, could be used as guidelines in alterning the behavior of any adolescent and assisting him in developing and practicing self-care activities.

Jelnick (1977:57) writes that many researchers view adolescent adjustment problems as principally cultural in origin. This view reflects on the many highly concentrated demands that are made upon the adolescent in our society. Adolescence is not viewed as a particularly difficult period in cultures which have demands that are neither as complex nor as restricted to one age group. Adolescents face a number of tasks in our culture which include achieving independence, making peer and heterosexual adjustments, choosing a course of education and vocation, and developing a workable set of personal and social values. All of

these tasks have an influence on the development of self-care activities.

In a study reported by Lewis et al. (1977) over 300 children, ages 5 to 12 years, were permitted over a period of two years to act independently of adults in seeking care from the school nurse practitioner. The children were told that if they had a problem related to illness while in a classroom that they could not solve they could leave their classroom--after filling out a provided form and leaving the appropriate part with the teacher--and go directly to the nurse. Obtaining the permission of the teacher was not necessary.

There was a similarity in the patterns of the use of services between these children and adults. During the two year period of the study seventeen per cent of the children did not make a visit to the nurse (outside of the mandatory visits for physicals and immunizations). Approximately 15 per cent of the children accounted for 50 per cent of the visits.

The same variables that affected the rates of utilization of adults were evidenced among the children: sex (female), social class (more affluent), ordinal position (only-children or youngest children), and health orientation (Lewis et al., 1977).

One of the findings of this study (Lewis et al., 1977) was that children who used the system placed greater

emphasis on their own responsibilities for maintaining their health.

According to Aamodt (1972) how children organize their health care experiences is important information. Papago children are informed from a Mexican belief system, Anglo belief system, as well as Papago belief system. How they arrange these beliefs is different from the adult world of the Mexican, Anglo, or Papago.

Ethnography

Ethnography is defined by anthropologists as the work of describing a culture. Ethnographers make observations "but their goal is to discover the hidden meanings behind what they see, to crack the codes that other people are using" (Spradley and McCurdy, 1975:43). Every culture has a code. The ethnographer's task is to understand the code or, in other words, to describe and understand the meaning of the activities that are observed.

Spradley and McCurdy (1975) divide strategies for doing ethnography into two categories. The first is to gather information from those who know the culture from the outside. These are the secondary sources who have studied the culture from outside the culture and not from living within the culture. These secondary sources might be considered "authorities," but their point of view is often biased by their training, background, and experience. One

would get a legal perspective from law enforcement officials and a medical perspective from individuals knowledgeable about drugs. These perspectives may provide useful information but do not lead to an ethnographic description. They do not reveal what the studied individuals know and think. Secondary sources have a tendency to unintentionally distort the meaning of a studied culture.

The second category is the gathering of information from inside the culture by observation and interviewing. This entails getting involved with the daily life of an informant from the culture being studied. Participant observation is a fundamental ingredient of anthropological field work. "Every ethnographer must learn to take the role of other people, to look at life through their eyes, and to share their experiences" (Spradley and McCurdy, 1975:59). This entails a kind of detachment from the investigator's perspective on life, but not a detachment from the members of the culture being studied.

One of the approaches an ethnographer uses to gain information about a culture is the ethnographic interview. Spradley (1979:58) explains that an ethnographic interview is "a series of friendly conversations into with the researcher slowly introduces new elements to assist informants to respond as informants." Spradley (1979:59) gives the three most important ethnographic interview elements as:

1. Explained purpose, which means that both the researcher and the informant know that there is a purpose and direction for their conversation. Eventually the researcher takes more control of the talking by directing it into channels that lead to discovering the cultural knowledge of the informant.
2. Ethnographic explanation in which the informant learns to become a teacher while the ethnographer is learning about the informant's culture. There are five types of explanations: project explanations, recording explanations, native language explanations, interview explanations, and question explanations.
3. Ethnographic questions of which there are essentially three types: descriptive questions, structural questions, and contrast questions.

A major part of any ethnographic record, writes Spradley (1979:70), is made up of field notes. These field notes are derived from observations, interview notes, records, diaries, and other personal documents. Very early the researcher is involved with the problem of language. Language influences ethnography discovery and ethnographic description, which may occur at the same time. The ethnographic records act as a bridge between discovery and description.

Spradley (1979:94) lists and describes four kinds of ethnographic analysis which lead to the discovery of cultural meaning. These are: domain analysis which involves searching for the larger units of cultural knowledge called domains; taxonomic analysis which entails a search for the internal structure of domains and leads to identifying contrast sets; componential analysis which entails searching for the attributes that indicate differences among symbols in a domain; and theme analysis which entails searching for the relationships between domains and their linkage to the culture as a whole.

How can ethnography be related to nursing? There is considerable evidence in the literature and in the practice of nursing that indicates that there are numerous contacts by the nurse with many different cultures. For example, the nurse contacts the various age-related cultures such as the adolescent and the elderly; the alcoholic; members of different races and nationalities; and people with varying levels of education--to list but a few of the many possible cultural contacts. Each of these groups has its own particular culture--that which each person knows and believes about his/her own group.

In order for the nurse to effectively communicate with and give support to the members of the various cultures he/she needs to know how to "get into their heads." Skills in ethnographic interviewing can give nurses and important

tool in understanding the beliefs and behaviors of other people. Aamodt (1979:9) states:

> Ethnographic research provides a technology for discovering some of the dimensions of nursing. The greatest contribution probably will come in the form of qualitative characteristics in becoming human within a social environment, needing care and taking care of or doing care for others.

This review of the literature suggests that little is known about the self-care activities of the adolescent and especially the early adolescent boy. A great deal is written, much of it from a biased point of view, on the characteristics of the adolescent but little or nothing is written about the culture of the adolescent, especially from the adolescent's point of view. The literature on ethnography indicates that there are methods by which a great deal could be learned about the culture of the adolescent and from the adolescent's point of view.

CHAPTER 3

METHODOLOGY

Introduction

This chapter describes the research design, the sample, the role of the investigator, human subject consideration, collection and analyais of the data, the interview protocol, and the assumptions and limitations.

The idea for this study was triggered while I was a member of a team of four adults teaching the junior high church school class at a local church each Sunday morning. The class membership was approximately equally divided between boys and girls whose ages ranged from twelve to fourteen years. Before the beginning of my data collection I was involved with the activities of this class for approximately eight months and met with the class members an average of three Sundays per month.

Research Design

The research design for this study is exploratory ethnographic research and is designed to discover the knowledge and beliefs that lie behind the activities of early adolescent boys which indicate their concern about health promotion and the maintenance of wellbeing.

The data for this study were gathered over a period of four consecutive weeks. A portion of the data was gathered from a group of boys who initially met together as a group one time apart from the regular church school class. At this meeting the purposes and objectives of the study were presented to the group. After the initial group meeting I met privately with each individual informant for fifteen to forty-five minute periods of time. In addition to the members of this group three other informants were utilized. The interview techniques were modeled after Spradley (1979) and included descriptive questions, structural questions, and contrast questions. Categories of information were developed and organized as they emerged from the data.

All of the interviews were tape-recorded after obtaining the consent of all the informants and transcribed at a later time. Field notes were written after the interviews. The field notes were a written record which described behaviors which the tape-recording could not produce. These behaviors included eye contact, body movements, moods, gestures, and other non-verbal behavior. A description of the environment was also recorded. A copy of the transcripts which were in my possession at all times and the analyses were made available to the informants for any additions or corrections which would improve accuracy.

Informants

Three of the six boys who were selected as informants for the study were members of the junior high church school class at a local church. Boys were selected for the study because I assumed that the research would be facilitated if the sample informants were of the same sex as I am. These boys all regularly attended the church school class and were chosen for the study after they volunteered. Three other informants who were used in the study were not members of the church school class. The boys from twelve to fourteen years of age were all Anglo-American and attended various junior high schools throughout the city. One of the boys attended a private school.

Role of the Investigator

Among the activities of the role of a team teacher of this church school class is being responsible for presenting the lesson or part of the lesson. Other activities include leading small discussion groups. When no responsibilities are assigned to a particular team member, he or she becomes part of the class and joins with the class or discussion group in discussing whatever topic that has come under consideration as a result of the presentation. Another role of the teaching team member is that of a resource person to whom questions of concern can be addressed by either the teacher or the participants. The teaching

team members also participate in outside activities with the children such as car washes, bake sales, swimming parties, bowling, skating parties, and retreats such as we took to the mountains over the Veteran's Day holiday weekend.

The method I utilized to acquire the volunteers for the study was, before formally beginning the study, to take some time from a regular church school meeting to explain in some detail who I was, what I would be doing, why I was conducting the study, why I used only boys, how I would acquire the informants, and what I intended to do with the information I obtained.

Human Subject Considerations

The rights of the informants were safeguarded in accordance with the guidelines of the Department of Health, Education and Welfare. Signed consent forms were filed with the Director of Research in a designated area in the College of Nursing.

Permission was granted to conduct this study at the church by an authorized representative of the church and with the knowledge and approval of the Ethical Review Committee of the University. A consent form, a sample of which is found in Appendix A, after being thoroughly explained to the informants, was completed and signed by the parent or guardian of each informant as well as each of the informants.

Collection and Analysis of Data

The procedures for the collection of the data for this study followed the guidelines for the ethnographic interview as proposed by Spradley (1979). Three major tasks encountered by the investigator in the data collecting process were locating the informants, conducting the interviews, and analyzing the data between the interviews.

The criteria utilized in selecting the informants for this study were those proposed by Spradley (1979) which were: (1) thorough enculturation, (2) current involvement in the culture being studied, (3) member of a cultural scene unfamiliar to the investigator, (4) adequate time, and (5) characterized as a nonanalytic informant. The investigator was interested in locating informants who were knowledgeable and thoroughly enculturated into the cultural scene of the early adolescent boy and who were willing to talk in a nonanalytical manner.

The individual informants for this study were chosen primarily because they were available and agreed to participate in the series of interviews. Fortunately all of the informants who volunteered for this study fell within the criteria proposed by Spradley and adapted for this study.

The group of informants that became the subjects for this study had a number of common characteristics: all were boys, all fell within the age range of twelve years to fourteen years, two of the boys were twins, three of the

boys are members of the same church school groups, only one boy had a job, three of the boys lived with both a mother and a father, three of the boys lived with just one parent--a mother, all of the boys had brothers and/or sisters, all of the boys were Anglo-Americans, three of the boys were seventh graders and three were eighth graders in schools, and three of the boys had pets.

The cultural scene was early adolescent boys and the belief and knowledge of health care activities. The boys were viewed as being knowledgeable about the cultural scene of early adolescent boys. I, the investigator, being considerably older than the boys, had forgotten most of what I had known about the culture of the early-adolescent boy and therefore had minimal knowledge of the culture of the early adolescent boy. Although I had been a junior high school teacher in a public school a number of years ago, I felt that my knowledge of early adolescent culture was appropriately meager. Furthermore, my view of the culture as "outsider" was different from the view of the boys as insiders. In most cases ample time was available for the individual interviews and the period of time allotted for the series of interviews was adequate.

The interviewing process began in the small group meeting during the afternoon of the day the study was explained to the entire church school class. This meeting was informal and was not tape-recorded. A more detailed

explanation was made of the study at this time than was made at the large group meeting. It became apparent at this meeting that arranging interview appointments with the informants was going to be difficult because of their very busy schedules. Nevertheless a tentative appointment was made with one of the informants and a process that would be used to secure appointments with other boys was determined and agreed upon. The interviews were to be conducted either in the home of the informant or at the church for the three boys from the church group, whichever was most convenient for them. The interviews for the three boys who were not members of the church group were held either in my home or in an office at the College of Nursing. The informants were interviewed over a period of four weeks (6 November 1979 to 3 December 1979).

The Interview Protocol

The contents of the ethnographic interview, according to Spradley (1979), involve three elements: explicit purpose, ethnographic explanations, and ethnographic questions. The following discussion of these three elements will include the component parts used in interviewing each informant. Explicit purpose refers to the practice that during each interview I, the investigator, informed the subject of the purpose of the interview. The

following quotation is an example of my explanation of the purpose of the interviews:

> First, I want to thank you for taking time out of your busy schedule to talk with me. The reason for these interviews is because I want to find out what it is like to be a junior high school boy. As a university student, myself, I am learning how to interview and discover things from your point of view. I will be writing a paper on what you, and other junior high school boys do each day, the things you like best, and what you do to stay healthy, and what you do when you are sick. I am especially interested in finding out how you talk about things, how you see things. I want to understand things from your point of view. I would like for you to talk to me just as if you were talking to another junior high school boy. Remember you are helping me to learn your language, and how it is to be a junior high school boy. It has been a very long time since I was a junior high school boy and I have no real idea what it is like.

The first interview was constructed more formally than would be a conversation. The underlying purposes of this first interview were to establish rapport and to elicit language samples on how the informants talked about self-care activities.

Essential to the continuity of the interview sessions were the ethnographic explanations. These ethnographic explanations involved five different types of explanations to the informants. My interest in adolescent boys and their self-care activities was repeatedly expressed. The reasons for using the tape-recordings and transcripts was explained and the explanation repeated at the beginning of each interview. The boys were strongly encouraged to converse using the typical language of a junior high school

boy. In the final interview, for the two informants who completed the series of interviews, the reasons for the triadic card sorts and lists were explained.

Three main types of ethnographic questions make up the core of the ethnographic interview. These are descriptive, cultural, and contrast. The purpose of the descriptive questions is to enable the investigator to collect an ongoing sample of the language of the informant. These questions are used throughout the series of interviews. Structural questions are intended to discover domains; the process is termed domain analysis, which consists of a search for the larger units of cultural knowledge called domains. The general domain for this study was "the self-care activities of the early adolescent boy." The answers to the structural questions helped to show how the boys organized their activities associated with self-care activities.

Contrast questions are designed to discover differences in the meanings of various terms the informant uses. For example, three items were selected from a list related to food. The informant chose the two items which were more alike and explained why he thought they were more alike. This procedure, termed taxonomic analysis, was utilized to provide insight into the tacit culture as differentiated from explicit culture.

In addition to domain analysis and taxonomic analysis, according to Spradley (1979), there are componential analysis and theme analysis. Componential analysis consists of a search for the attributes which indicate differences among symbols in a domain. Theme analysis consists of a search for the relationships among domains and how they are linked to the culture as a whole.

During the interviews the domains "kinds of things that boys do that make for a healthy body," "kinds of things that boys do to take care of themselve,s" "kinds of things that boys do to keep clean," "kinds of things that boys do when they do not feel well," and "kinds of things that boys do when they really get sick" were revealed.

Assumptions and Limitations

The following assumptions were utilized in this study:

1. Early adolescent boys practice self-care activities.
2. Early adolescent boys have the cognitive ability to report and to discuss the knowledge and beliefs which lie behind their self-care activities.
3. Early adolescent boys have a level of cognitive development which enables them to reason and to make appropriate decisions concerning their self-care activities.

4. This study utilizes a theoretical sample rather than a statistical sample and thus is interested in the variation in meaning among informants rather than in their distribution among informants.

The following limitations influenced the outcome of this study:

1. The information obtained was limited to what the informants in the study were willing to discuss with the investigator.
2. The informants were obtained from a selected group of early adolescents, one group of junior high church school students and three other informants.
3. The study was confined to what adolescents say they do and not necessarily what they actually do.
4. There is no known systematic way of combining information from two or more informants.

Summary

The interviews with the early adolescent boys were planned to elicit knowledge and beliefs that these boys held regarding their self-care activities which they perceived as a means to maintain or regain a healthy body. Tape-recordings were made and field notes gathered which were analyzed after the tape-recordings were transcribed following the method of analysis described by Spradley (1979). Definitions of categories and their meanings to the boys

were described and related to the way the boys utilized the information in their self-care activities.

CHAPTER 4

PRESENTATION AND ANALYSIS OF THE DATA

The topics to be discussed in this chapter include: collection of the data, description of the informants, interviewing and analysis, ethnographic statements on self-care activities of early adolescent boys, and cultural themes.

Collection of the Data

The data for this study were gathered using three principal means: participant observation, informal interviews. Information was collected while I participated as a team-teacher for about eight months with a junior high church school class which met each Sunday morning. During this period I had many opportunities to get acquainted with the members of the class through participating in activities such as a swimming party, a three day retreat into the mountains and at regular meetings. During this time I had numerous personal contacts with the early adolescent boys who later became some of the informants for this study.

At the beginning of the formal data collection, a meeting was held after a regular Sunday morning session with all of the boys who were members of the class. The study was explained and volunteers were recruited. Three of the

boys volunteered and a meeting time was set for a more thorough description of the project and what it would entail. At this meeting arrangements were made with each boy to begin individual interviews. The interviews were planned for a time and for a place most convenient for the boy-informants at times other than regularly scheduled class or activity time. Since all of the boys had very crowded schedules their available time was severely limited. The interviews were scheduled and usually held either in the homes of the boys or at the church. The interviews were verified by telephone after the informants had cleared the interview time and place with their parents.

In addition, three informants were recruited from outside of the church school class. Two of these informants, who happened to be identical twins, lived in my neighborhood. The remaining informant was the son of one of the professors at the University. The procedures for scheduling interviews were essentially the same as for the church school informants.

Matt, Don, and Ken[1] were the boys from the church school class. Matt was interviewed once in his home and three times at the church. Don and Ken were interviewed twice. Ernie and Carl were interviewed twice. Pete, the son of the professor, was interviewed three times.

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1. Pseudonyms are used for all personal referents.

Interviewing

With the permission of the informants, all of the interviews were tape-recorded and after each interview, a transcript of the interview was made. At the next interview the informant read the transcript and suggested any corrections or additions which would improve accuracy. The interviews were all conducted during four consecutive weeks beginning 6 November 1979 and ending 2 December 1979.

As stated earlier, the first meeting with the informants was primarily concerned with the introduction of the study to the boys. I explained the study and encouraged questions from the boys. The boys were assured that what they said would be held in the strictest confidence and that they were free to discontinue their association with the study at any time without prejudice. Each boy also was informed that there would be approximately four interviews depending on what I needed to learn. For the boys who were not members of the church school class the explanation was given at the beginning of the first interview.

At the first interview, after the initial greetings and conversation, I presented a short review of the study and its objectives. Next I asked demographic questions to establish the informant's identity such as age, date of birth, school attended, grade in school, family make-up, and hobbies. This gave me some information about his background and some clues to the origins of his knowledge and beliefs.

The next step involved a verbal "tour" (a grand tour question) of a typical day's activities. In all cases, a typical school day began with getting up in the morning and ended with retiring for the night. In the utilization of this grand tour question I had a number of objectives in mind: (1) to obtain a sample of the informant's language; (2) to obtain a beginning understanding of the way the informants view and organize the activities of their day, (3) to sense the presence or absence of the beginning of a positive relationship between the informant and me, and (4) to attempt to create a feeling of relaxation on the part of the informant during the interview.

Usually the second interview began with a discussion which clarified for me ideas presented by the informant in the first interview. Then specific questions generated from my analysis of the first interview were introduced. In general these questions were introduced to learn about ways boys took care of themselves, ways they got along with teachers, and ways they talked about the things that they do to take care of themselves. Sometimes the boys were asked to use words gleaned from their previous interviews in a sentence. The purpose of this activity was to determine the meaning the boys perceived for the words without directly asking them what the words meant to them. These responses gave further clues to the knowledge and beliefs

the boys held on health-related concepts such as friend, food, sick, play, exercise, temper, and health.

During the third or fourth interviews the transcripts of the previous interviews were read by the informants and any corrections were made that the informants recommended to clarify meaning. The informants were encouraged to comment on or to ask questions concerning the previous interviews. They were free to challenge my interpretations of what they said.

Two methods were used to elaborate the existing data and discover similarities and differences among domains. These were the triadic sort and the card sort. Only Matt accomplished the triadic sort and both Matt and Pete accomplished the card sort. In the triadic sort the informant was presented with three cards. On each card was typed a "kind of thing." For example, Matt was presented with three cards which read "eat the right food," "eat food that does not contain too much sugar," and "eat food to get enought nourishment and vitamins." He was asked why two were more alike and the third was different. He answered that "eat the right food" and "eat food to get nourishment and vitamins" were more alike because they both had to do with what is good about eating. He said that "eat food that does not contain too much sugar" is different because it is a warning against eating the wrong kinds of food. He said that a person should not eat food that contains too much

sugar because too much sugar is bad for your body. In the "card sort" Matt and Pete were given an entire stack of cards, which represented a domain, and were asked to sort them into meaningful piles. These methods thus made explicit (1) details in the form of specific examples, for example, wash face, take shower, take care of skin, and brush teeth detailed examples of to "keep clean"; and (2) dimensions or attributes which help to differentiate symbols in a culture.

For the final interview taxonomies and paradigms were devised to form a schematic representation of the method the informants use to categorize and organize their cultural knowledge. Two informants were requested to "fill-in" the paradigms and examine the taxonomy for accuracy and completeness. Each informant was given a different paradigm and each had appropriate additions to make in addition to filling in the blanks with the designated symbols (yes, no, not applicable). For example: one of the informants was given a list of items related to "Things done to keep clean" such as "take a shower every two days." We then devised a list of the reasons why he does these things to keep clean. He then contrasted the "things done to keep clean" with the reasons why he does these things. One of the resulting contrasts was that he "takes a shower every two days because "he wants to," "he knows that he should," and "so that I

will not smell bad." He does not take a shower every two days just "because my mother tells me to."

Description of the Informants

After an initial display of some skepticism on the part of some of the informants, most of the informants became interested in the study and cooperated fully, within the limits of time imposed by conflicting schedules. The three informants who were members of the church school class and I had planned to do some interviewing during the retreat up into the mountains but the very crowded schedule and the high level of fatigue during the one break in the schedule prevented this plan from being carried out. However, common experiences including large group activities such as eating, worshipping, singing, and sleeping together in one large room provided opportunities for group interaction and encouragement of group cohesiveness. The small discussion groups where topics were discussed such as getting to know oneself and others better and becoming better versed in Christianity served to bring members of the small groups together into greater harmony. Participant observation in this setting provided me with greater insight into the beliefs and knowledge in the culture of the early adolescent, although none of the informants in the study was assigned to my group.

The Church School Group

Matt, Don, and Ken were all members of the church school class and the Youth Club at the church. The Youth Club met each Thursday evening and included members from all age groups from early school-age through high school. The club is divided into groups according to grade in school and the junior high group is composed of nearly the same boys and girls that make up the church school class. There are a few youngsters who are members of either the church school class or the Youth Club but not both. The Youth Club members enjoy such activities as drama, bible study, eating together, and a period of recreation. On occasion I observed this group and participated in special activities such as "kidnap breakfast" and the long weekend retreat into the mountains.

Matt. Matt was my first informant and was always the first to be exposed to my interview techniques.

Matt was small for his age, in the seventh grade, and twelve years of age. He was the youngest member of a family consisting of his father, mother, a sixteen-year old brother, a fifteen-year old sister, and himself. The family had at least four dogs and two cats. During the course of the four weeks that Matt and I met one of the cats had to be put to sleep. This opened the door to a discussion of what Matt talked about with his sister and mother. He

reported that the death of the cat was a topic of discussion with his mother and sister. Matt's hobbies include painting by numbers, basketball, and playing "nurff" football (played in the house with a soft sponge-rubber football) with his older brother. He would also enjoy building model ships but he reports that his mother considers them "dust collectors" and will not permit model building. During the four week period that our interviews covered Matt tried out for the school basketball team and made the team. He has also been involved in other after-school sports such as tennis and track. He states "I am really good at track."

Matt was quite verbal and seemed to enjoy the interview sessions. He expressed himself very well, but with some deliberation at times. He appeared to make a conscious effort to talk with me as if I were another seventh grade boy, just as I requested. The first interview was conducted in his home with both of us reclining comfortably on a couch with the microphone and one of the cats resting between us. The second interview took place in a church office. Due to a transportation problem Matt was late for the appointment and because of another scheduled commitment he had less than fifteen minutes for the interview. However, he was relatively at ease throughout the interview despite the pressure of time. Another interview was held in the front seat of my car and the last interview was held in the church parlor while Matt waited for his mother and I

waited for my wife, both of whom were in church choir rehearsal.

In addition to being relaxed, Matt held my gaze with his eyes intermittently during the interviews and gestured freely when emphasizing a point. He was always cheerful and participated well in the activities of his group. He usually spoke up when involved in a discussion group. Matt was a good informant.

Don. Don was the second informant from the church group. He was fourteen years of age and in the eighth grade in a local junior high school. Don was a member of a family which consists of his father, mother, two younger brothers ages ten years and nine years, and himself. He had several hobbies including model building, playing soccer, and photography. He has a very busy schedule which includes a very heavy school schedule, soccer practice, and working almost every evening in his father's store. He was friendly and outgoing. Both of the formal interviews with Don occurred at the church. Don also attended the weekend retreat into the mountains. His tight schedule prevented completion of the series of interviews. During the interviews Don appeared relaxed, demonstrated his concentration by holding my gaze with his eyes, and smiled freely. He was the tallest and appeared to be the most physically

mature of all of the informants. He spoke with greater ease and more complete sentences than the other informants.

Ken. Ken was the third of the informants from the church school class. He was twelve years of age and also appeared to be small for his age. He was in the seventh grade in a local junior high school. His family consisted of his father, mother, a younger brother who was seven years of age, and an older brother who was fifteen years of age. He also included his dog as a member of his family. The members of Ken's family were very active in church activities (as are Matt's). Ken's parents belong to the church school class that my wife and I attended before we became involved with the junior high church school class. Ken was the one informant that stated that "I kind of promote sickness. I usually kind of like to step into puddles and things like that. I really don't do a lot of things to promote health." Ken was eager to participate in the study but he and I were able to meet only twice and only one of these times was a formal interview accomplished. This interview, however, accomplished the objectives of at least two interviews.

Ernie. Ernie was one of the twin boys. They were fourteen and one-half years of age and attended the eighth grade at one of the local junior high schools. They attended the same school as Matt but the boys did not know

one another. Ernie's immediate family consisted of his identical twin brother and their "mom." The boys were adopted by their "mom" when they were very young. There were two older brothers and an older sister, all of whom were adults and living away from home. Ernie reported that his hobbies included building models of cars and trucks. His typical day included school with the usual subjects and sports activities. For one of his classes he acted as a Library Aide with children in the near-by elementary school. He reported that he assisted in checking out and checking in library books and exerted some control over the behavior of the children. He stated, "I chew kids out . . . when they run and all that."

Ernie was the only one of the informants to admit that he had a "girl friend." Several other informants expressed a growing interest in girls but none of the others admitted to having a "girl friend." His after school sports included wrestling and soccer and he also has played football. Ernie told about two occasions when he went out of his way to be helpful. One related to his work with the younger children in the library and a second occasion which he reported happened "about two weeks ago. This kid was wanting to quit (school) and I pulled him out of it and now the kid's still going to school."

Ernie emphasized the need to eat the right foods which to him meant "don't eat too much sugar," "drink lots

of milk," "eat carrots because they are good for your eyes." He, without consulting his "mom," occasionally takes an aspirin for a headache. He was the only informant who reported taking medication on his own. Ernie was also the only informant who had been a patient in a hospital. He stated "I had gas in my stomach." His complaints about his hospitalization, which occurred a few years ago, were: the food ("They wouldn't let me eat food one day. They gave me a cheeseburger once. I couldn't eat it. I didn't want to. I just didn't feel too good"), the "rotten bath" ("They made me sit in a tub. I wanted a sponge bath by the nurse"), and the bed ("It was like a crib. It was cage-like"). Ernie had enjoyed talking with his roommate who was a boy with his eyes bandaged. During the two interviews that I had with Ernie we sat on pillows on the floor in the "den" in my home. He was quite relaxed and cooperative. He used gestures and facial grimaces to emphasize a point.

Carl. Carl was the second of the twins whom I interviewed. Of course, most of the demographic data were the same for both Carl and Ernie. Carl was the more verbal of the twins. He talked more freely and needed less prompting to elicit responses to questions. He claimed to be the older twin and stated he was the heavier of the twins. The twins appeared to be large for their age but did

not appear to be particularly overweight. They both played football on their school team. Carl also claimed that he made better grades in school than Ernie and got along better at school, especially with teachers. Carl explained that a person can tell one twin from the other because of the fact that he wears a broad green elastic band around each wrist and Ernie wears his baseball cap on backwards. However, even after having lived right next door to the twins for more than six months I could not distinguish one from the other. Carl's hobbies included building model airplanes and working on his bicycle. Unlike his twin, Carl denied having a girl friend but admitted to be interested in girls. Like his twin, Carl participated in sports, his favorites being football, soccer, and wrestling. Carl helped others by working with the elementary school children by assisting them in their reading program and in helping them to cut pictures out of old magazines. He was also an aide in the school nurse's office and assisted with the children who reported to the nurse's office with an illness or minor injury. He assisted in applying bandages and ice to such injuries as a sprained elbow.

After the initial contact Carl was interviewed on two occasions. Both interviews were held in my home. Carl and I sat on some pillows on the floor and he appeared quite relaxed. He spoke easily, occasionally digressing from the subject under discussion. His voice occasionally

dropped to such a low volume that the tape-recorder failed to adequately record it. His answers to questions were usually rather short but on occasion he would present a rather long monologue. He got rather excited at one point while describing an incident that occurred at school. Carl reported that he does not get sick, but on rare instances when he does get sick it is caused by something that he ate or the weather. He valued eating as a means to staying healthy, as well as exercise. He also took showers, washed his face and brushed his teeth, with some encouragement from his mother. He had missed some school from being sick with an upset stomach and a headache. He had visited a physician for "strep throat" and an emergency room for a puncture wound in his elbow but has never been hospitalized.

Pete. The final informant was Pete. Pete was twelve years of age and was in the seventh grade in a local private school. Pete's immediate family consisted of his mother and his fourteen year old sister and himself. Pete's parents were divorced. Among Pete's hobbies were car model building and building bicycles from used parts. He acquired parts of bicycles from his friends and "around the bushes" and put them all together to build a new bicycle. He was very proud of his new racing bicycle which replaced one that was stolen last year. Like all of the rest of the boys Pete had a very busy schedule each day. He was in a local boy's

chorus. Pete's mother was a professor of nursing and our interviews were conducted in her office while she was away. Part of one of the interviews was tape-recorded in the front seat of my automobile while Pete and I waited outside of a skating rink for the rest of Pete's classmates to arrive for a skating activity. All of these interviews were held early in the morning before Pete's classes began.

Although Pete did not have a girl friend, he had expressed an interest in a little blond girl who had just begun attending his school. Pete was the only one of the informants that I had not known prior to the beginning of the data collection. His mother, who I did know, introduced us just prior to the first interview.

Pete was very cooperative and quite verbal. He was among the easiest of the six informants to interview. He demonstrated the greatest amount of interest in the study and was one of the two informants to complete the series of interviews. This may have been due to the fact that his mother, being heavily involved with teaching and research, exerted a little pressure on Pete and went out of her way to encourage participation and cooperation. Pete was one of the informants who utilized the services of the school nurse when he felt ill at school and he, too, slowed down his activities when he was not feeling well. Like the other informants Pete saw sports, exercise, good food, and being clean as ways of keeping healthy. He admitted that he was

so busy that he did not feel like running in to the bathroom and washing his face, especially in the morning. He brushed his teeth often but did not like using dental floss because "if you don't use it for a while it really makes your gums hurt." He took a shower about every two days. Pete has never been hospitalized but last year he lost two weeks of school due to a bad cold. He had stitches once after he got his big toe caught in the chain of an exercise bike.

Researcher as Informant

Since participant observation is one of the most important tools used in an ethnographic study and I chose to use this tool in my study, I will make a few statements about my actions and feelings while conducting and writing up this study.

My initial contact with the church school group that provided most of my opportunities for participant observation and which provided three of my six informants was prompted by two objectives. First, I had needed to participate in a community project as one of the requirements of one of my courses and secondly, I wanted to increase my level of knowledge and understanding of the young adolescent. Assuming the role as one of the teachers for this junior high church school class met both of my objectives.

My first encounter with the class was something of an "eye-opener." The class was more rowdy and less self-disciplined than I had remembered this age group being. They paid little attention to the teacher-in-charge and continued to chat and "horse-play" despite her repeated requests for their attention. I learned that this teacher believed in setting few restraints on behavior of the youngsters and practiced what she believed. She stated that she felt that the youngsters should be free to "do their own thing."

Since I am of the opinion that adolescents need and actually desire reasonable limits to their behavior, providing they are aware of just what these limits are, when I was teacher-in-charge, I set limits to the youngsters' behavior. This did present some problems with the youngsters because of the inconsistency in behavioral expectations among the teachers. After a period of several weeks the youngsters began to accept the limits on their behavior that I imposed although there were several boys who never did completely accept limits on their behavior.

I felt that as time passed I was accepted more and more by the youngsters as I participated with them in their class and outside of class activities. The first of these activities was a swimming party where I had numerous opportunities to interact with the youngsters while participating with them in swimming, eating, chatting, and

even in dancing. These activities gave me the opportunity to see how the youngsters interacted with members of their own sex and members of the opposite sex. Some of the younger boys and girls were at first very shy about dancing with each other but, with some gentle encouragement, all of the youngsters participated in the dancing. Also, with considerable encouragement, I was persuaded to participate in the dancing. Disco dancing is not one of my greatest skills but I actually enjoyed the participation.

There were several more activities that presented opportunities for participation and observation. The most outstanding of these was the three-days and two-nights retreat up into the mountains. This retreat was attended by both senior high and junior high school youngsters. Most of my contact was with the younger children but I did have some opportunity to observe the older youngsters. As I participated with the youngsters in a number of their activities I was able to interact with them in a way that would have been impossible had I just stood back and observed. Along with the youngsters I experienced great joy in being together in worship, singing, discussions, being out in the fresh air, the smell of burning firewood, the welcome heat from the fireplace, standing in line waiting to eat, eating good food, preparing food for others, setting up for meals and cleaning up afterwards, sleeping in a large group--the list could go on and on. We all also

experienced: a high level of fatigue from too little sleep and unaccustomed exercise, intense cold, hunger because the activities whet our appetites, sore bodies from sleeping on the floor despite our warm sleeping bags and air mattresses, inconvenience of rather primitive restroom facilities which were far, far away, the cold water that we had to use to wash our face and hands--this list, too, could go on and on. All of these shared experiences and careful observations of the children gave me a feeling of belonging and intimacy with this group of youngsters that would have been absolutely impossible had I observed the youngsters from a comfortable armchair or had read about them in a book.

From these experiences and observations I learned or had previous knowledge reinforced that: Adolescents are a lot of fun to be around. Adolescents care for one another--both members of their own sex and members of the opposite sex. They have strong religious convictions. They verbalize a knowledge of what is right or wrong and that they are often strongly moralistic; at least so they state in discussions. They verbalize concern about health and appreciation for good nutrition, exercise and keeping clean. They are concerned enough about cleanliness to brush their teeth, wash their hands and wash their faces in water that was near the temperature of freezing. They changed their clothing without being pressured (more often the girls rather than the boys) and they put on the appropriate

clothing when they went out into the cold. They were capable of showing emotions that ranged from the weeping of deep loss to the weeping and laughter of great elation. They offered comfort to a sorrowing group member. One young girl had a very sick grandfather who was not expected to live and her mother was away taking care of the grandfather. During one of the worship services the girl broke into tears and was comforted by both boys and girls. Also one of the boys became ill and several of the other youngsters went out of their way to comfort and help him. This list could continue indefinitely.

I also observed that these youngsters could be spiteful. Several girls were in a group discussing the behavior of an absent member in very derogatory terms. Cruelty was also observed in a rather vicious game of "keep away" among a small group of boys. Another boy was observed to put a snowball down the back of one of the girls.

Most of my observations made me feel very good about these adolescents. One of the results of my participant observation of these youngsters is that I get a warm feeling whenever I pause to think about the activities that I shared with these youngsters.

The group of early adolescent boys in the study represented a select group of early adolescent boys. All were white, middle-class Anglo-American children. Most of the children were active participants in church activities.

The participant observation data were gathered while the children were engaged in church related activities with adult supervision.

Rapport with the youngsters was increased by the use of humor and through participation with them in their activities. They also seemed to appreciate the adults who would talk with them and not down to them. They appear to want an adult as a friend but not as a "buddy." They did not seem to respect the adult who became involved in their "horse play" and did not seem to respect the adult who gave them "free-rein" in their behavior.

I observed that as time went on my rapport with the group improved greatly. As for the individual informants, in all cases there seemed to be a high degree of rapport from the beginning. The informants seemed to be interested in the project, eager to respond to the questions, and cooperative in scheduling the interviews. Perhaps their rapport was enhanced because I was careful to explain what my objectives were, such as learning their language; that they were free to discontinue participation in the study at any time; and that the interviews would be scheduled at times convenient to them.

My teaching background consists of teaching junior high school and teaching nursing in a small community college. My nursing background is primarily nursing of infants and pre-school age children and a couple of years

of psychiatric nursing. This study has served to refresh and add considerably to my knowledge of adolescent youngsters, especially the early adolescent boy. A number of ground rules that I discovered for working with these young adolescents include the following:

1. Set reasonable limits on their behaviors.
2. Inform them of what the limits of their behaviors are.
3. Be completely honest in your dealings with them.
4. Treat them as individuals.
5. Be willing to non-judgmentally participate in their activities.

"Set reasonable limits on their behaviors" means do not permit them to do things that might result in their injury or to embarrass them. They respect limitations on their behavior when they discover that these limits are in their best interest and not just for the convenience of the adult in charge.

"Inform them of what the limits of their behaviors are" means that they want to know where they stand. They want to know what they can and cannot do within the limits of safety and appropriate behavior. Most of them want to be seen as mature, well-behaved youngsters and want to be "gently" taught what proper behavior is.

"Be completely honest in your dealings with them" means that they want to know that they can trust you. They want you to be consistent in your behavior and to mean what you say. They want to know where they stand with you and do not want to continually have to reevaluate their relationships with you.

"Treat them as individuals" means that they do not want to be treated as "just one of the group." They appreciate you knowing their names and referring to them by name. They are often pleased to perform some task when they are requested to do so by name. Even when they misbehave they are more receptive to correction when called by their name.

"Be willing to non-judgmentally participate in their activities" means that they enjoy adult participation in some of their activities but they resent adults making judgments about the value of their chosen activities. For example, they encouraged adults participating in their dancing but would have resented the adult making a value judgment on the particular type of dancing which happened to be "Disco" which is not a dance that many adults find enjoyable.

Interviewing and Analysis

The analysis of the data began with the first formal interview with the informants and continued throughout the

data collection period of four weeks. As stated above, the objective of the first interview was to elicit language samples for the tour questions. Structural questions were devised from the later interview. The informants listed activities related to their self-care activities and other activities in which they engaged throughout a typical day in their lives. These served as tentative domains from which the taxonomies developed.

Spradley (1979:100) defines domain as "any symbolic category that includes other categories." For example "exercise and running" was one kind of thing in the domain of "things that make for a healthy body." A taxonomy is "a set of categories organized on the basis of a semantic relationship. It shows the relationship among all the folk terms in a domain" (Spradler, 1979:137). In the example of "exercise and running" a subset included "run a mile," "jog with mother," and "exercise." Another example of a domain, only distantly related to health behavior, is "Kinds of things boys do to get along with their teachers." This domain included such subsets as "don't make trouble," "keep up grades," "do the assigned work," and "be polite to 'them.'" A complete set of taxonomies eventually shows relationships among all folk terms in all domains of a given culture.

After the first interview, I developed additional lists of subset activities from the transcripts of the

interviews. At the beginning of each interview or during the interview the informants were asked to add to the lists that had been derived from his previous interviews and the interviews of the other informants. Examples given by the informant in earlier interviews were presented utilizing a variation of a structural question such as: "You stated earlier that you play sports, ride your bicycle and run for exercise. Can you think of any other things that you do for exercise?" "Play basketball with my brother" was a typical answer which was then added to the taxonomy. The informants were reminded often that the objective of ethnographic interviewing was to obtain their wording and phrasing of statements. To clarify what the informant perceived as the meaning of a word that he used, the informant was requested to use the word in a sentence or two. For example "exercise" was used in a sentence thus: "I get a lot of exercise when I am on the swim team." This meant that the informant perceived "exercise" as an activity associated with the swim team. As other informants were requested to use the same word in a sentence, the meaning as understood by the members of the early adolescent culture, became apparent.

Following each interview lists were reviewed and informants were given an opportunity to add to the list. As stated previously, to clarify the meanings of a number of the terms the informants were verbally given a list of about

twenty-five terms used by one or more of the informants. Each informant was requested to use the word in a sentence or two. This method of determining meaning was used rather than asking the informants the meaning of the terms to avoid the problem which emerges when informants become analytical in attempting to define terms. From the review of the lists and the inferred meanings of the terms I monitored the taxonomies as they were developing. Questions were developed to check suspected trends, for example: "Is it true that early adolescent boys ask their school nurse for advice on handling health problems?" When the boys answered in the affirmative I hypothesized I was on the right tract toward developing a set of terms, meanings, or relationships.

Five domains were identified in the original language samples. They were the most closely related to health-care activities. These domains were developed into five taxonomies and two componential analyses. These were:

1. Kinds of things that boys do that make for a healthy body.
2. Kinds of things that boys do to take care of themselves.
3. Kinds of things that boys do to keep clean.
4. Kinds of things that boys do when they do not feel well.

5. Kinds of things that boys do when they really get sick.
6. Things done to keep well.
7. Things done to keep clean.

These taxonomies provided the basic structures for the development of the ethnographic statements presented in the next section. They provide one "cognitive map" which informs, in part, the behavior of early adolescent boys in their self-care health activities.

Ethnographic Statements on Self-Care Activities of Early Adolescent Boys

There are many systems that operate in the culture. Self-care activities related to health is one small system of the total system of the culture of early adolescent boys. The ethnographic data collected in this research suggested the following culturally relevant areas that inform the behavior of early adolescent boys: keeping healthy (taking care of self, healthy body and mind, keeping clean); not feeling well and really being sick; doing it alone or doing it with others; and because I want to or because I know I should. Ethnographic statements are presented under these headings in order to make explicit some of the detail in this segment of the culture of early adolescent boys.

Keeping Healthy

This culturally relevant area includes taking care of the self, healthy body and mind, and keeping clean. These are areas that the boys perceive as being important in maintaining an acceptable level of health. The information was obtained from the boys through the ethnographic interview.

Taking Care of the Self. "Kinds of things that boys do that make for a healthy body" (Figure 1), "Kinds of things that boys do to take care of themselves" (Figure 2), and "Kinds of things that boys do to keep clean" (Figure 3) are all related to the early adolescent boy's view of activities associated with taking care of themselves.

Taking care of the self involves caring for the body in such ways as eating good meals, exercising, protecting the body against exposure, and keeping clean. Some of the items involved in keeping the body healthy are things done with other people, such as eating and exercising, for example: jogging and team sports. However, a number of activities are done alone, for example: exercise such as running the mile and lifting weights; studying; and most of the activities associated with keeping clean. Some activities show concern about protecting the body from exposure, for example: putting on a jacket or hat and changing clothing.

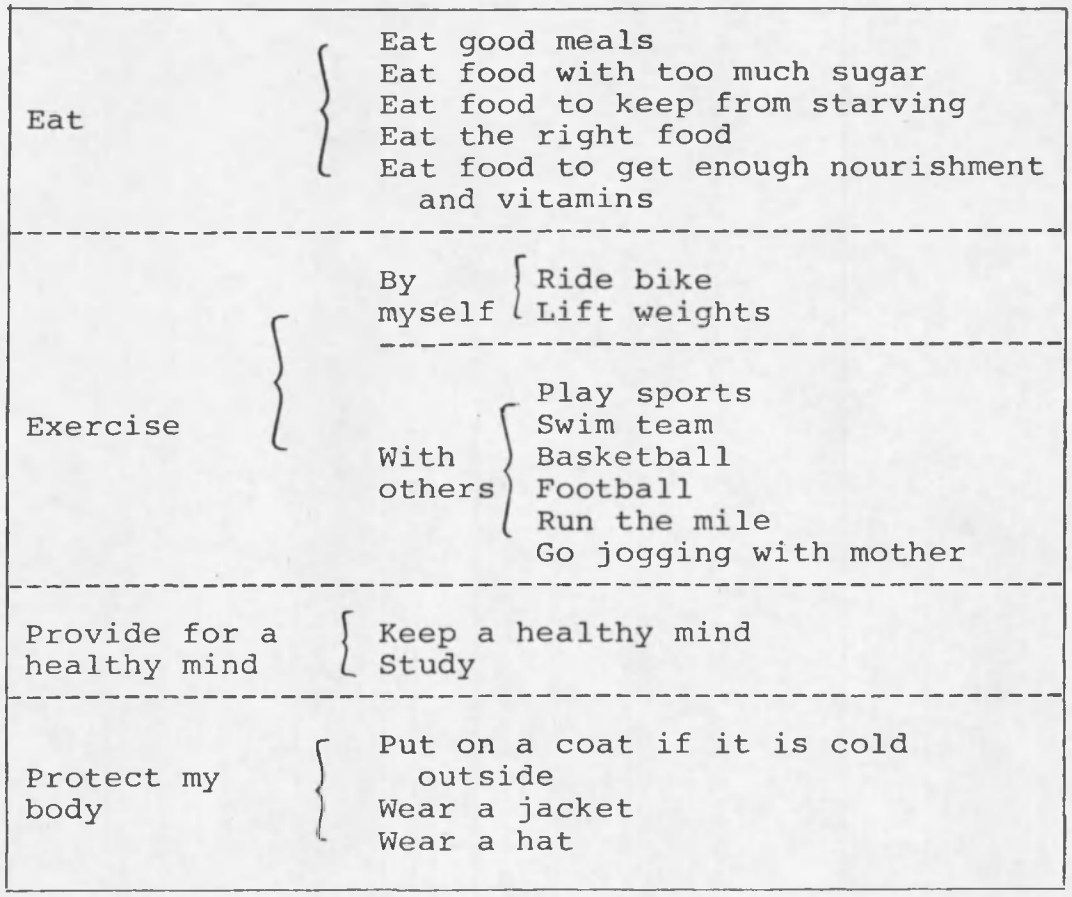

Figure 1. Kinds of things that boys do that make for a healthy body.

Eat	Put enough food into body
Exercise	Go jogging Go riding on bicycle Exercise Work
Rest	Get enough sleep
Keep clean	Wash face Take shower Take care of skin Brush teeth
Eliminate wastes	Go to the bathroom
Go to the doctor or nurse	Go to doctor for check-up Go to nurse for immunizations
Study	Learn how to care for body

Figure 2. Kinds of things that boys do to take care of themselves.

Wash outside of body	Wash with soap and water Wash hands Wash face Wash hair Take shower daily
Clean teeth	Brush teeth Use dental floss
Change clothing	Take along a change of clothing

Figure 3. Kinds of things that boys do to keep clean.

Proper eating is important to the boys. Boys make many references to eating and activities related to eating. They say that eating was not only a time for obtaining nourishment but also an opportunity for social interaction. One informant stated "I like to eat with my friends. We talk about all kinds of things especially sports and girls." Among the things that they report eating are "hamburgers from MacDonald's" and carrots about which they say "carrots are good for your eyes."

Exercise is also one of the ways the boys take care of themselves. They play team sports such as swim team, basketball, football, and soccer. They also enjoy team games such as "Ditch 'Em" and "Steal the Bacon" which involved not only competition but also fun. Occasionally these team games, such as "Steal the Bacon" involved teams which were mixtures of both boys and girls but most activities were just with other boys. The most common exception to this "just boys" were many of the team games played during the recreational time at Youth Club where many mixed-team games were played.

Healthy Body and Mind. One informant perceives a difference between activities which contribute to a healthy mind and activities which contribute to a healthy body. He responded to the question "Can you think of anything you do that helps keep you healthy" by answering "You mean in

the body or in the mind?" He views studying as a means of acquiring a healthy mind in the same way exercising, eating properly, and keeping clean are means of acquiring and maintaining a healthy body.

Boys usually say they do not do much studying. However, they talk about the kinds of things they learn from studying. For example, one of the boys indicated that through study he learned to take better care of his body. Furthermore, he learned the importance of proper nutrition through eating food containing vitamins, minerals, and "not too much sugar." He also learned about the importance of exercise and keeping clean in "Home Ec" and physical education classes. Several boys mentioned learning about the harmful effects of drugs through study.

Adolescent boys have ideas about the relationship of cleanliness to disease, nutrition to good health, and exercise for fitness. They also are aware that becoming overinvolved in activities can be harmful to health. Boys are aware of the dangers of drug use. One of the informants summed up his ideas about taking care of his body and mind by offering this advice to his peers:

> Okay, I would probably tell them that the most important thing is to keep clean and to eat the right foods. If you stay dirty you can get all kinds of diseases. When you eat the right food and vitamins your body is going to stay in a lot better health. Not so if you eat a lot of candy and stuff. I would run or play soccer or be in some kind of physical activity where you can get

> out and do something. If you are going to be inside watching television all day . . . even it's good to stay away from television and read a book or something else. Definitely do not eat too many of the wrong kinds of food. You do not want to get so over-involved that you can't handle it because then you start getting real tired from that and get sick. The most important thing is the physical activity and eating the right food. I wouldn't put drugs into my body because an overdose of drugs or if you get addicted to them is not good for your body. It's the pits.

Food and exercise are equated with health whereas television and drugs are not. In each instance, concepts related to mind and body are intertwined in a way that is difficult to conceptualize.

Keeping Clean. "Kinds of things that boys do to keep clean" (Figure 3) includes such activities as taking showers, changing clothes, and going around mud puddles. Several informants maintain that keeping clean is important. One informant explains his actions associated with keeping clean and changing clothing as well as his feelings about stomping feet in mud puddles by stating:

> Well, I take showers every day and I change clothes unless I am at camp and even then I bring along an extra pair of clothes. I know a lot of guys, like when it rains they go around stomping their feet in puddles but I always try to go around.

This informant's behavior concerning cleanliness goes counter to the stereotyped view of the adolescent boy that he is sloppy, dirty, and cares little about being clean. Further, one of the informants described with great distaste

the feelings that he had from the appearance of a school acquaintance who was very dirty. He stated:

> It made me feel like washing my face. It was really disgusting with all the "sleepy seeds" hanging out all over his face. His neck would be black with dirt and all over his arms. He never washed his hands before he ate.

This statement serves as a clue that keeping clean is important at least to this group of members of the "adolescent culture."

To summarize, the ideas of taking care of self, maintaining a healthy body and mind, and keeping clean all contribute to the adolescent boy's concept of kinds of things that he does to keep himself healthy. This entails proper eating, appropriate exercising, studying about health, and the activities necessary to keep the body clean.

Not Feeling Well and Really Being Sick

Not feeling well and really being sick emerged as two domains related to what early adolescent boys do when they are "unhealthy." Not feeling well is characterized by information on where the individual is and what he does, whereas, really being sick is not as focused.

Not Feeling Well. In the taxonomy "Kinds of things that boys do when they do not feel well" (Figure 4) information emerges about where the boys are at the time that they do not feel well. The choices available are school, home, or work. What the boys do and where they get help are the

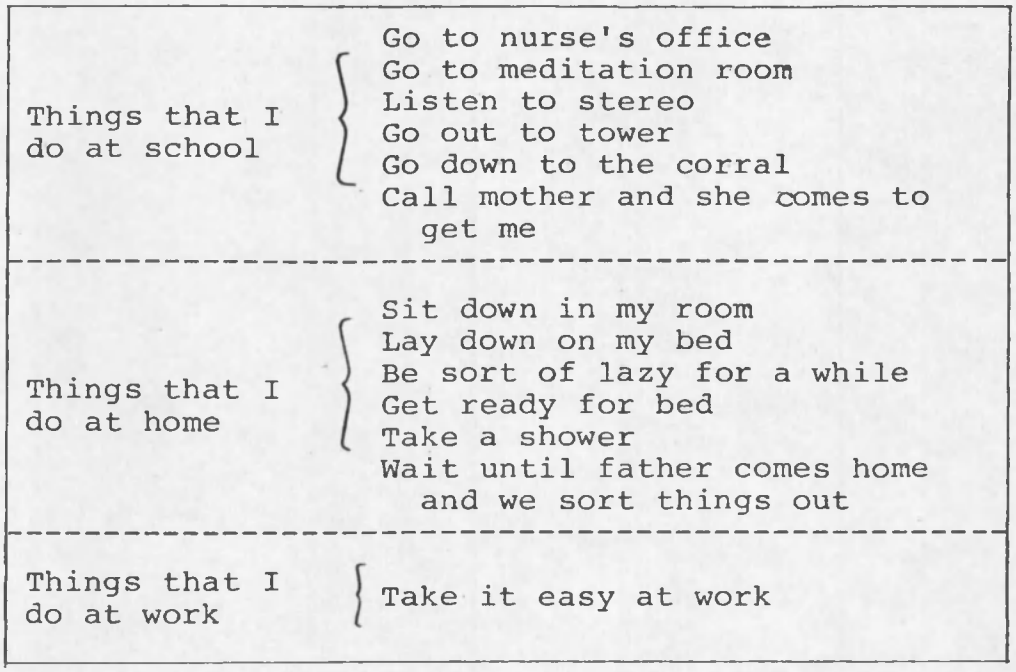

Figure 4. Kinds of things that boys do when they do not feel well.

subset features that provide a framework for the ethnographic detail about each of these scenes.

At school: When at school the boys can go to the school nurse's office, go to a meditation room, or call someone, usually mother, to come and get them. For example, one of the boys developed a stomach ache, went to the nurse's office and called his mother. His mother came to the school, picked him up, and took him home. Upon reaching home, his mother gave him some "medicine" and he went to bed.

At home: When the boys are at home and do not feel well, they do such things as "sit down in my room," "get something to eat," "take a shower," or "get ready for bed." One boy stated "I wait until my father comes home and we 'sort things out.'" He explained this by saying that they talk over what he should do to "get to feeling better" or they discuss something that might be bothering him. In one instance he was feeling bad over a problem he was having with a friend at school. His father suggested he approach the boy and talk out the problem. He suggested that, what ever the result, this would be better than "bottling up the problem inside."

At work: When at work helping in his father's store, one of the boys reported that he would "just take it a little easy." He explained this by saying that he slowed

down a little or sat down for a while. If this did not help he would go home.

Really Being Sick. The boys said they seldom got really sick and had little experience with the activities associated with really being sick. Only one of the informants had experienced hospitalization although several had lost time from school due to illness. Several of the boys had experienced injuries which entailed visits to the emergency room for "stitches" or "shots."

Contrast among things to do when they really get sick was identified, for example: "Ask for ice-chips," "Stay in bed all day," "Drink lots of stuff," "Take aspirin," and "Throw up." Getting "shots" for immunizations was yet another category.

"I throw up" was the very explicit response to "kinds of things boys do when they really get sick" (Figure 5). Other informants report that they increase their fluid intake and ask for medication. When the boys really get sick they seek a degree of isolation by going to bed but in involving their parents by asking for medication or advice they change roles from being relatively independent in their behavior to the role of dependency.

To summarize, not feeling well and really being sick contrast with health. The boys experience little illness but when it occurs it can happen at school, work,

Ask mom or dad for something	Ask my mother what I should take Beg mother for something Ask for ice chips
Sleep or rest	Try not to walk around Just stay in bed and sleep Go out in another room and watch T.V. Stay in bed all day Sit down
Drink things	Drink lots of fluids Drink a lot of stuff Drink "pop" or water
Take something	Take aspirin
Throw up	Throw up

Figure 5. Kinds of things that boys do when they really get sick.

or home. Ultimately the boys slow down in their activities, seek comfort, and often go to bed. Participant observation indicates the boys discern a difference between illness, injury, and immunization but all three of these experiences have one thing in common, for each of them the boys seek help.

"Doing It Alone or with Others"

One of the contrasts that becomes evident in the tacit culture of the adolescent is between the activities that the boys do alone and those that they do with other people. This becomes most obvious in "Things done to keep well" (Figure 6). The activities that the boys reported that they often do alone include "go jogging," "go riding on my bike," "exercise," "wash my face," "take showers," and "study." Among the other activities that the boys reported that they did alone included: "visiting my girl friend" (as opposed to being accompanied by another boy or an adult), "turning on the T.V. or talking to myself when I am bored," "working on my hobby," and "running." One of the informants, reporting on activities that he does alone, stated "sometimes when I have a headache I will take an aspirin or two and go lie down for a while." Some of the activities, such as studying and running, in the expressed opinion of the informants, are more enjoyable when done with someone else, but are usually done alone. One of the boys

Contrast Set	Dimensions of Contrast							
	I do it alone	I do it with others	Mom/dad tell me to do it	I want to do it	I would rather not do it	I need the exercise	I enjoy doing it	I do it to keep in good health
Put good food into my body	NO	YES	YES	YES	NO	NA*	YES	YES
Go jogging	YES	YES	NO	YES	NO	YES	YES	YES
Go riding on my bike	YES	YES	NO	YES	NO	YES	YES	YES
Exercise	YES	YES	NO	YES	NO	YES	YES	YES
Try to get enough sleep	YES	NO	YES	YES	NO	NO	YES	YES
Wash face	YES	YES	YES	YES	YES	NA*	NO	YES
Take shower	YES	NO	YES	YES	NO	NA*	NO	YES
Take care of skin	YES	NO	YES	YES	NO	NA*	YES	YES
Brush teeth	YES	YES	YES	NO	YES	NA*	NO	YES
Go to bathroom	YES	NO	NO	YES	NO	NA*	NO	YES
Do what doctor says	NO	NO	YES	YES	NO	NA*	NO	YES
Study	YES	YES	YES	NO	YES	NA*	NO	YES
Put on coat when it is cold	YES	YES	YES	YES	NO	NA*	YES	YES

Figure 6. Things done to keep well -- *Not applicable.

stated "There are some times when I would rather study alone because there are fewer distractions and I can get it done a lot faster."

The boys indicated that there were many things that they enjoyed doing with others. "I like to eat with my friends so that we can talk about all kinds of things like sports, things that we look forward to doing, and girls." In addition to eating with their friends, other activities the boys report doing with others include riding bicycles, working, studying, attending classes, playing sports, participating in Youth Club, and talking with friends. The boys express the opinion that, in most cases, they would rather do activities that involved others rather than activities that they do alone.

In summary, the boys indicate that there are a number of activities that they do alone such as taking showers. On occasion, some things are done alone by preference, such as studying. The boys do a great many activities with others such as attending classes and talking with friends. In most instances the boys enjoy doing things with others rather than alone.

"Because I Want To" or "Because I Know I Should"

The informants decide on activities for one of several reasons. The reasons given by the boys as to why they do some things include "I do it because I want to" or

"I do it because I know I should." Two of the areas where this contrast shows up are in eating and keeping clean. The following paragraphs describe an analysis of the contrasts between the activities in which the boys engage to keep clean and the reasons for accomplishing these activities.

"I take a shower every two days and one of the reasons I take a shower is so that I will not smell bad" is one of the statements that led to the development of the contrast set "Kinds of things done to keep clean" (Figure 7). This figure shows nine folk terms (members of the contrast set): take a shower every two days, wash hands, wash face, brush teeth, wash hair, change clothes, take a shower after P.E., use dental floss, and go around mud puddles. All of these terms show things that early adolescent boys do to keep clean. Not all boys do all of these things and some boys do things not listed here to keep clean.

From the figure it is apparent that there are at least four different dimensions of contrast which define the various reasons why the informants perform the activities involved in keeping clean: I do it because I want to, I do it because mom/dad tells me to, I do it because I know that I should, and I do it so that I will not smell bad. For any particular term it is now possible to designate four attributes of the meaning for the term.

Contrast Set	Dimensions of Contrast			
	I do it because I want to	I do it because mom/dad tells me to	I do it because I know that I should	I do it so that I will not smell bad
Take a shower every two days	YES	NO	YES	YES
Wash hands	YES	NO	YES	YES
Wash face	YES	NO	YES	YES
Brush teeth	YES	NO	YES	YES
Wash hair	YES	NO	YES	YES
Change clothes	YES	NO	YES	YES
Use dental floss	NO	NO	NO	NO
Go around puddles	YES	NO	YES	NA*

Figure 7. Things done to keep clean -- *Not applicable.

There are obvious differences between the folk terms. This figure demonstrates numerous semantic relationships for the folk terms which belong to the category kinds of things done to keep clean. This figure does not reveal all of the distinctions boys make about things done to keep clean nor does it fully define any single term. The function of the figure is to give some important information in summary form and allow quick examination of the differences in reasons the informants keep clean.

During one of the group discussions one boy referred to attending classes at school as being something that he did because he knows that he should and not necessarily because he particularly wants to. Likewise, some of the things the boys eat, especially at home, are eaten because they are "good for them" and not because they particularly enjoy eating the food. Some items, such as peas and carrots, are seldom eaten when served at school. One informant stated "I eat carrots because they are good for my eyes and because my mother tells me that I have to."

The ethnographic statements on the self-care activities of the early adolescent boy have served to reveal the knowledge and beliefs which affect the activities that the informants perform to promote their own health and well-being.

Cultural Themes

A cultural theme, as defined by Spradley (1979: 186), is "any cognitive principle, tacit or explicit, recurrent in a number of domains and serving as a relationship among the subsystems of cultural meanings." The search for cultural themes, for this study, involved identifying cognitive principles that appeared again and again in numerous reviews of the transcripts, field notes, and taxonomies.

As a result of the search through the transcripts, which are a record of what the boys said during the ethnographic interview; the field notes, which resulted from participant ovservation; and the literature, three cultural themes emerged as relevant organizing domains in the ethnographic data. These refer to the early adolescent boys' recognition of the culture conflict, need for others, and need for status.

In the search for cultural themes I was looking for ways to better understand the general pattern of the culture of the adolescent. One of the things that emerged from my search were reasons why boys behaved and believed as they do. Among the reasons for their behavior is the conflict that they perceive exists between them and the adult culture. Another reason for their behavior is the pressure exerted upon them by their peer group. Still another

influence on their behavior is their desire to attain status in their group--to be accepted and to belong.

The three cultural themes that were identified were: "I wish I could . . ."--cultural conflict, "I belong . . ."--group or clique: informal techniques for social control, and "I am really good at . . ."--acquiring and maintaining status.

"I Wish I Could . . ."--Cultural Conflict

"I wish I could (build models) but my mother calls them dust collectors," "I take them (aspirin) when my mother tells me to but I don't like them," and "I eat some kinds of food (carrots and peas) that I don't like because my mother tells me I have to because they are good for me" are statements made by the informants that indicate that some conflict exists between the adolescent culture and the adult culture. Other things that the boys do because mom or dad tell them to do when the boys would rather not include: "get enough sleep," "take showers," and "brush teeth."

Not only what they report but also their observed behavior indicates there is conflict between the adolescent culture and the adult culture. This is evidenced in the church school class when the teacher is attempting to present lesson material and the youngsters are acting out or interacting. These behaviors include pushing and

shoving one another, the boys slapping one another on the thigh, talking among themselves, and writing on the chalkboard. This behavior persists despite repeated requests by the teacher for attention.

Other evidence of the conflict between the cultures of the adult and the adolescent is the fact that a number of adolescents either withdraw or attempt to withdraw from socializing institutions which are influenced or controlled by adults such as school and church. For example, two of the boys in the study do not attend religious services despite encouragement from their parents.

The literature (see Levin, 1976; Orem, 1971) indicates that there are also pressures exerted by members of the health professions to encourage the adolescent to conform to certain behaviors which health professionals see as essential to good health. These include receiving immunizations, practicing dental hygiene, and eating nutritious meals. These behaviors are not always acceptable to the adolescent and are often resisted. The adolescent's resistance is demonstrated by resisting immunizations, ignoring dental hygiene, and practicing "fad" diets or refusing to eat certain foods such as carrots and peas when served in school-lunch programs. Some early adolescent boys do not see a great deal of value in the daily bath ("I take a shower whenever I get around to it"); brushing their teeth after each meal ("I brush my teeth about once

every month"), or studying ("I almost never study"). These activities are often highly valued by members of the adult culture, whereas the counter activity is highly valued by early adolescent boys.

The boys perform many of the activities of daily living, including health-care activities, simply to avoid conflicts with adults. "Yes, I take showers, brush my teeth, and eat what I am told to, most of the time. If I don't want to, my mother keeps after me until I do them anyway. It saves a lot of yelling and I get grounded when I don't do what I am told" was the rationale one adolescent boy voiced for conforming to the pressure exerted by his mother to do some of the things that he did not want to do.

Another area of conflict was brought out in one of the discussion groups. The children talked about some times when their parents did not approve of their friends. In some cases the parents forbade the children to associate with a particular friend. The children stated their parents objected to somf of the things the children's friends did and the way they talked.

"I Belong . . ."--The Group and the Clique: Informal Techniques for Social Control

"I belong to the Youth Club over at the church" was the response of three of the informants when asked about membership in clubs or organizations. Other groups or organizations the informants belong to are the

projectionist's club at school and various sports teams. All of the informants belong to at least one sports team. The teams listed include soccer, football, basketball, and swimming. The boys indicate that team sports give them opportunity for exercise, which is included, along with working and taking care of the skin, as an activity the boys practiced in taking care of themselves or keeping healthy. But an overriding theme is the need to be with others.

"I like to eat with my friends. Once we went to MacDonald's for hamburgers," "Sometimes we go get a hamburger or something or go to a football game and just goof around," "When I am with my friends we talk about sports and girls," and "Sometimes I get into personal stuff that helps me to make a decision" are comments made by the informants referring to what they do with their close friends. Each of the boys indicated that he had one or two close friends with whom he enjoyed being. When asked what made them like one or two friends better than other people the boys answered "Their attitude, how they react to other people, and how they react to me and how I react to them," "Well, a friend . . . he'll stick by you. And someone who just comes along . . . you don't even know them and you get into a problem or something they laugh at you 'cause they don't know you that well," and "Because they are more like me."

Evidence of the importance of the intimate small group, or clique, exists in the knowledge and beliefs the boys share concerning activities related to eating exercise and cleanliness. For example, the boys eat in their cliques, play in their cliques, and gain support for their level of cleanliness from their clique. Often their mode of dress is dictated by their clique. The clique even influences the relationship of the member with parents.

During participant observation of activities it became apparent that small groups, or cliques, were composed of two to four or five youngsters of the same sex who demonstrated similar attitudes about many things, including health-care activities. They often dressed and behaved in similar fashion. The members of the individual cliques appeared to exert control over the behavior of each other by ostracising members who did not conform to the knowledge, beliefs, and behaviors of the clique. For example, in the Youth Club, a small clique of four boys spend much of their time together during the various club activities. Another boy, who apparently would like to join the clique was rebuffed because, according to one of the members "He thinks that he is better than we are." His attitudes and behavior were unacceptable to the clique.

The junior high church school class is a group which is composed of members of cliques of both sexes. The girl-cliques and the boy-cliques stay apart from one another and

come together to form a larger group only in group discussions and some of the activities requiring teams. When dividing into small groups for discussion, the individual cliques attempt to stay together excluding members of the opposite sex. However, when choosing teams for various activities the youngsters voluntarily chose some members of the opposite sex.

The group is composed of two or more cliques and may consist of both boys and girls. Although still often an informal entity, the group is sometimes organized for some purpose. For example, the Youth Club is loosely organized to provide opportunities for a group of youngsters who are interested in church related activities. The group's methods of control are not as rigid as those of the clique but are similar.

"I'm Really Good At . . ."--Acquiring and Maintaining Status

For the early adolescent boy the idea of status relates to the relative position that he holds in his particular intimate group. Some boys strive, either consciously or subconsciously, for leadership and prestige in their group through accomplishments. The boy feels that by accomplishing something out of the ordinary, such as being class manager or performing some activity at a higher level of skill than his peers, for example playing soccer

so well that he becomes a member of the "All Stars," he raises his status.

"I'm really tood at track," "I was just made manager of my first class," "Sometimes I go out and play soccer because I made the 'All Star.' I hope I am not sounding conceited. I go out there and they watch me," are examples of statements made by the informants that indicate that status is important to them. They are interested in acquiring and maintaining status.

These boys acquire and maintain status through membership in cliques and groups. Initially each boy gained the status of belonging and being accepted by becoming associated with his immediate friendship group or clique. This clique supports his status. Within the clique he can feel comfortable about exercising his athletic prowess and performing status-related activities such as demonstrating or talking about whatever talents or skills he may possess, for example: being an aide in the school nurse's office. He is comfortable in doing this because of the close ties between members of his own clique. Pete's clique performed such diverse activities as biking together, playing war games, visiting each other's homes, and studying together. Each member bolstered his own status by accepting and/or participating in the activities of the intimate clique.

The adolescent boy is also concerned about losing status. He keeps clean and changes his clothing so that "he will not smell bad." He feels that if he "smells bad" he might lose status and be ostrasized from his clique. His desire to maintain status may also increase his desire to keep physically fit through exercise, maintain appropriate growth through proper nutrition, and proper development of skills and knowledge through study.

Summary

This chapter discussed the collection and analysis of the data collected during the study. The processes utilized in locating and interviewing the informants were presented. Presentation of the data relating to the individual informants was intended to demonstrate the knowledge and beliefs which influenced their responses. Analysis of the data resulted in five domains which were further developed into five taxonomies and two componential analyses. This information was derived from ethnographic interviews, informal interviews, field notes resulting from participant observation, and the literature. The processes utilized in developing taxonomies were presented. Ethnographic statements on self-care activities of early adolescent boys emerged from the data and were presented. Lastly, three cultural themes were presented.

CHAPTER 5

CONCLUSIONS

This concluding chapter discusses the relationship of the findings to the conceptual framework and the review of the literature, relationship of cultural themes to self-care activities, implications for the practice of nursing, some recommendations for further study, and some hypotheses for future testing.

This is a descriptive study using an ethnographic approach. The research problem for this study was to learn about self-care activities that indicate concern about health promotion and the maintenance of well-being. Ethnographic interviews of six early adolescent boys were conducted with the objective of acquiring insight to their cultural knowledge and beliefs concerning self-care. Conclusions were drawn based on the investigator's interpretation of the data.

Relationship of the Findings to the Conceptual Framework and the Review of the Literature

The four concepts that were utilized in the development of the conceptual framework of this study were:

1. The cognitive pattern of the adolescent.
2. The concept of self-care.

3. The concept of culture and specifically the culture of the adolescent.
4. The methods of ethnographic interview and participant observation.

The Cognitive Pattern of the Adolescent

Early adolescent boys are in the beginning stage of development where they have the ability to think and reason in purely abstract terms. They have a beginning ability to develop hypotheses about the many things that occur in their environment. In the formal operations period, as in the concrete operation period which precedes it, the adolescent boy desires to know the reasons why things happen. However, in the formal operations period he now has the cognitive ability to reason out the "why" of the reasons for things happening. This means that he no longer simply accepts from an adult "It is because I say it is," but can reason "It is because the following is true."

In a number of instances during the study, when theoretical questions were presented, the informants could provide answers which indicated that they were mentally forming and testing hypotheses. For example, I asked "What would you want me to say about the health care of kids?" One of the informants answered "I would probably tell them that the most important thing is to keep clean and eat the 'right' food . . . ." The answer indicates that informants

are learning what they are taught. The informants could reason that certain behaviors would lead to various outcomes without the necessity of actually experiencing the outcomes. They could draw conclusions from evidence. For example, one of the informants stated "I wouldn't put drugs into my body because an overdose of drugs is not good for your body." Even though he had never first-hand experienced drug use he still "knew" that drugs were harmful to his body from evidence from his studying and observations.

The Concept of Self-Care

Nearly all people, including the early adolescent boys in this study, practice self-care activities. These activities are those practices in which a person does something which he believes will promote his own good health or to regain good health if he is ill without formally involving a health-care professional.

The early adolescent boys who were the informants in this study practiced a number of self-care activities. Most of the self-care activities involved eating an "adequate" diet, ingesting an "adequate" quantity of fluids, getting an "adequate" quantity of exercise, keeping clean, and putting on clothing to prevent exposure. Other activities included taking medication for a headache, going to bed when ill, contacting the school nurse when ill at school, and seeking the advice of a parent.

The Concept of Culture

The data acquired during this study indicate to me that there exists a "culture of the adolescent." "Culture" is used here as defined by Spradley (1979:5) as "the acquired knowledge that people use to interpret experience and generate social behavior." Whether or not there is a culture of adolescence is an argument that has and will continue to interest many persons who associate with adolescent children. The idea that there is a culture of adolescence does provide the health-care professional with the rationale for learning about what the adolescent knows and does about health-care activities. Not enough has been written about the adolescent's culture and nothing has been written from the point of view of the early adolescent.

The early adolescent boy differs from the older adolescent in a number of ways. Just one of these is that he often has just entered puberty and is still in some ways just a little boy. As a result he has some problems with interpersonal relationships, especially with girls, because of his relative lack of physical and cognitive maturity. At twelve years of age he is often less physically mature than the girls of the same age and he may be acutely aware of it. This may make him either very shy and withdrawn in the presence of girls or quite boisterous and loud. In either way he often fails to positively impress the girls which may cause him to find ways to compensate. This is

often done through sports or academic achievement, or on the other hand, delinquent behavior.

As time passes the early adolescent boy gains maturity both cognitively and physically and many of his interpersonal problems, especially with girls, lessen. Of course, other problems to solve replace them.

The adolescent culture is perhaps the most diversified of all cultures considering the wide range of age, maturity, experience, family influences, ethnic background, class status, education, and many more.

Consider also that the adolescent culture, along with the culture of the child, the adult culture, the Indian culture, and many more, is just a segment of the American culture, which is part of the North American culture, which is a part of the Western culture, which is part of . . . until we have encompassed the entire species Homo sapiens.

A study of the domains that emerged from the data indicate that the boys possessed a body of knowledge about health-care activities that they utilized to interpret experiences and generate social behavior. The adolescent culture of these boys is distinguished from the adult culture by a special language ("Let it out") grouping (the long, usually clean, but occasionally unkept hair of the boys); clothing (jeans and tee shirt); music ("hard" rock), and the ritualistic role patterns in their groups (cliques and other organizations like the Youth club in which one can observe

the adolescent's behavior such as the shyness between the sexually homogeneous cliques). These characteristics were demonstrated by what the informants said in the interviews and the observations of their behavior.

The boys practiced a number of behaviors that "make for a healthy body" such as eating ("Eat good meals," and "Eat food to get enough nourishment and vitamins"); exercising ("Ride bike" and "Lift weights"); and protecting their bodies against exposure ("Put on a coat if it is cold outside" and "Wear a hat"). They also provided for a healthy mind through study which was a source of information in better caring for the body.

The boys indicated that they do a number of "things to take care of themselves" such as exercising ("Go riding on my bicycle" and "Go jogging"); eating ("Put enough food into my body"); rest ("Get enough sleep"); keep clean ("Wash my face," "Take a shower," and "Brush teeth"); elimination ("Go to the bathroom"); see doctor ("Do what the doctor says"); and study ("Learn about how to take care of my body").

The boys implied to me that cleanliness was important by listing "things that boys do to keep clean." These included washing the outside of the body ("Wash with soap and water" and "Take a shower daily"); clean teeth ("Brush teeth" and "Use dental floss"); and change clothing ("Take along a change of clothing").

In the domain "Things that boys do when they do not feel well" the informants indicated that what they did depended on where they happened to be at the time they did not feel well. When at school they did such things as "Go to the nurse's office" and "Call mother to come and get me." When at home they "Lay (lie) down on my bed" and "Sit down in my room." One informant indicates that when at work he "just takes it easy for a while."

On the other hand, in the domain "kinds of things that boys do when they really get sick" the boys said they "ask mom or dad for something"; sleep or rest ("Just stay in bed and sleep" and "Go out into another room and watch T.V."); drink things ("Drink lots of fluids" and "Drink 'pop' or water"); take something ("Take aspirin"); and "Throw up." These domains and their categories indicated that adolescent boys possess a body of knowledge and beliefs which generates behavior and integrates experience related to self-care activities.

The Ethnographic Interview and Participant Observation

In my endeavor to discover the reported self-care activities of early adolescent boys, I used two primary means of gathering data. These methods were the ethnographic interview and participant observation. The data resulting from the two methods differ in that the information derived from ethnographic interview consists of that

which the informant tells the investigator concerning the informant's knowledge and beliefs about the day to day activities in his culture. Participant observation provides information about a culture which the investigator derives from actually participating in the day to day activities of the informant.

The ethnographic interview is a series of interviews in which several different types of questions are asked an informant. Each type of question is based on information acquired in previous interviews or earlier in the same interview.

In this study I interviewed six early-adolescent boys who ranged in age from twelve years to fourteen years. Each informant was interviewed from two to four times. During the first interview, after obtaining some demographic data, I asked a broad or "grand tour" question "Could you tell me about a typical day in your life beginning with when you get up in the morning and ending with when you go to bed at night?" The informant then proceeded verbally through a typical school day. During his discourse I would occasionally ask a question to clarify a point or to express my interest in what the informant was saying.

The interviews were essentially informal but were planned to accomplish certain objectives which were explained to the informant at the beginning of each interview and restated throughout the interviews. The boys were

given as much latitude as possible in their presentations in order to get samples of their word usage, phrasing, and sentence structure as well as information concerning their knowledge and beliefs.

The data acquired from the interviews were information that the boys were willing to verbalize and may or may not have been exactly what they believed. The boys provided demographic data which was obtained primarily to differentiate the data given by the individual informant without actually identifying him by name. Thus the anonymity of each informant was protected. Other information obtained, by far the most important, were the boys' knowledge and beliefs about their culture which resulted in the discovery of some of their self-care activities and several of their cultural themes.

Frequently, information was presented by the informant on topics other than health-care activities such as how they interrelated with friends; other children, especially girls; teacher; parents; and other adults. They spoke freely about their play activities. One of the informants spoke at great lengths about the activities of the Youth Club. The boys also expressed their concerns about boy-girl relationships, the problems concerning drugs, and conflicts with parents.

In summary, through ethnographic interviewing I learned what the informants were willing to tell me about

their knowledge and beliefs concerning their day-to-day activities which included a number of self-care activities. Most of these self-care activities related to exercise, eating, studying, and keeping clean.

The second technique that I utilized for obtaining data for this study was participant observation. In this method the investigator actually participates in the activities of the culture that he is observing.

The data gathered during participant observation differ significantly from that obtained through ethnographic interview. However, the information is often complementary; one method supporting the other to make a more complete picture. A great deal of information about a given culture can be learned through observing the day-to-day activities of its members while actually participating in those activities. In this study, I found that while actually participating with the children in their activities, such as group discussion, playing games, hiking, eating, and worshipping, they were much more relaxed than they were during the more formal interviewing. Interaction was greatly facilitated between the children and me while we were participating in the same activities.

Much of the information reported in this study was obtained during formal and informal group discussions where the children and I talked quite freely about numerous subjects. Their feelings about situations and each other

were expressed quite freely. I felt the interaction was greatly facilitated by my willingness to share my feelings and concerns with the children. The sharing of feelings was expressed more freely in the group discussions than during the individual interviews. The children appeared to be less threatened in the group discussions. Their interactions provided opportunities for me to appraise their knowledge and beliefs through their conversations and behaviors.

The observed behavior of the children provided information on how they practiced what they said they did. Almost without exception their behavior reflected what they stated they believed and practiced. They did try to eat well, get adequate rest, take time for physical exercise, maintain the highest level of cleanliness that the prevailing situation permitted and study in the few occasions the opportunity presented. There was one exception. Although several informants expressed the knowledge that they should protect themselves from exposure to the cold through the wearing of appropriate clothing, several were observed running about out-of-doors wearing inadequate or inappropriate clothing.

This group of children, selected from a church school class, demonstrated few of the stereotypical characteristics of the adolescent that are popular in the current media. Although a few of the younger children were somewhat

rowdy during the church school class, there were no observed vicious or degrading behaviors. Although there were some comments made by the children indicating they sensed some conflict between their culture and that of the adult, there was little overt behavior to indicate the conflict.

In summary, during participant observation I was able to collect a great deal of data concerning the knowledge and beliefs of the children which complemented the information I obtained through ethnographic interviewing.

Relationship of Cultural Themes to Self-Care Activities

In this section the relationship of the cultural themes to the reported self-care activities of the early adolescent boy will be discussed. The three cultural themes are: "I wish I could . . ."--cultural conflict; "I belong . . ."--group or clique: informal techniques for social control; and "I am really good at . . ."--acquiring and maintaining status.

The early adolescent boys in this study expressed a desire to be as independent as possible. The cultural theme "I wish I could . . ." is one indication that the informant is uncomfortable with certain of the restrictions imposed upon him by a member of the adult culture, his mother. Self-care activities is one way that shows how he accepts independence. For example: he brushes his teeth,

washes his face, takes a shower, does exercises such as running and riding his bicycle, puts on a jacket and a hat when it is cold and may even fix himself a meal, such as breakfast. These activities serve, among other things, to give him a feeling of being somewhat independent.

Conflicts occur. Adolescents eat certain foods, such as carrots and peas, that they do not like but eat because their mom tells them to. Conflict also arises when they are forced to go to health-care practitioners for such services as immunizations, medical or surgical treatment, or dental care. Conflict also occurs in the quality of self-care activities as practiced by some of the adolescents in the study. The results of their washing their faces and brushing their teeth may not be up to the standards imposed by their parents. Thus, the adolescent boy may have to re-do an activity to come up to the standards of his parents. This he may interpret as an infringement on his independence. Another source of conflict, as reported in one of the discussion groups, is the parent's objection to the child's choice of friends. The child's friends impose certain standards and value systems on the child which may not be acceptable to the adult. The adolescent's friends help set standards for health care activities which the adult cannot accept.

To summarize, the boys in this study do perceive cultural conflict between themselves and adults in the area

of self-care activities. Often these conflicts occur when the adult and the adolescent boy do not adhere to the same standards related to self-care activities.

"I belong . . ."--group or clique: informal techniques for social control expresses the early adolescent boy's desire and need to be accepted by his peers. The boys in this study indicated that they sometimes go to great pains to modify their behavior to conform to the expressed or unexpressed demands of their particular intimate group.

In order to conform the boys maintain a level of cleanliness and a style of clothing dictated by the group. The boy who does not conform to the standards of his group in cleanliness, attitude, and behavior may be ostrasized or refused admittance. Likewise standards of fitness may be imposed which are attained by exercise, such as running. The boys want to "keep up" with their peers and this may force him to keep in good physical condition. The clique may set standards of dress which may be for a boy to dress in such a way that may be dangerous to his health. His clique may distain the wearing of a jacket or hat when it is cold or raining and this may lead to the boy catching a cold. This behavior was observed among one small clique at the retreat. Food fads may be determined by the clique and this may modify his choice of food which can affect his nutritional health. One of the boys at the retreat either

would not or could not drink milk and at least one of his friends also refused to drink milk.

In summary, the clique or group does influence the boy's self-care practices. In some groups the pressure from the group on the individual members encourages behaviors in self-care which aid in increasing the level of health in the individual. In other cases, the pressure of peers may lead to activities that are detrimental to the boy's health. Whatever the case, the boy's desire to belong to a certain group or clique will encourage him to follow the dictates of that clique or group.

"I am really good at . . ."--acquiring and maintaining status is a cultural theme which indicates that, to this informant, that status is important to him. In order to attain status each boy strives to excel in sports, academics, or in interpersonal relationships. The most common of these areas is sports. One boy stated that he was good enough in sports to be a member of the All-Star soccer team and the basketball team. All of the informants were members of at least one sports team. Another boy indicated that he felt his status was elevated because he had a girl friend. At least two of the boys stated that they did very well in school and this gave them status within their groups.

The desire to participate and excel in sports encouraged a high level of fitness among the informants. They agreed that physical fitness was made possible by

exercise, adequate nutrition, and a level of cleanliness which the boys perceived as a way to prevent illness. Thus, the boys were concerned with and increased their self-care activities that were related to exercise, nutrition, and cleanliness in order to participate and excel in sports which increased their status within their clique or group.

Some of the informants perceived a need for good health through cleanliness and good dental hygiene to facilitate their increasingly numerous contacts with girls. They also perceived that through physical fitness, which was made possible through adequate nutrition and exercise, they would be more attractive to girls.

In summary, status is important to the boys in this study. They attained status through their accomplishments in sports, academics, and interpersonal relationships. Through self-care activities they were able to maintain fitness which enabled them to participate in the activities that gave them status. The knowledge and beliefs he has concerning health care will influence his behavior by modifying the decisions he makes concerning the activities in which he engages in attempts to increase his status.

Implications of the Cultural Themes for the Practice of Nursing

Knowledge, on the part of the nurse practicing in a hospital, a community, or in ambulatory care situations,

concerning the culture of the early adolescent boy, can assist in modifying the nurse's behavior.

When the nurse is cognizant of a boy's awareness of and concern with the existence of conflict between the adolescent and adult cultures, the nurse will strive to lessen the conflict. One method of lessening the conflict is to give the early adolescent boy the greatest opportunities possible to make decisions about his own care. When he takes a significant role in the assessment and decision making he is more likely to follow through with the plan of action than if he is simply told what to do. He should also be involved with the evaluation of the results of any treatment. Simply stated he should be involved, within the limits of his ability in assessment, planning, treatment, and evaluation of any intervention by and interaction with the nurse.

The nurse who is aware of the adolescent boy's need to be a member of a group and be involved with its activities might modify scheduling of treatments and other related activities so they will not occur during visiting hours. The boy needs companionship of boys his own age and permitting visitation by friends will serve to increase the adolescent boy's morale. Whenever possible he should be assigned to an adolescent wing of the hospital or to a room with another boy of his own age or near to his own age. If at all possible he should not be placed in a room with an

adult unless the adult is knowledgeable of the needs of an adolescent boy and is willing to assist in providing those needs.

Im ambulatory health and community situations the adolescent boy should be treated by practitioners who are aware of the needs of the boys.

The nurse who is aware that boys seek to attain and maintain status will seek to prevent exposing the early adolescent boy to situations that will cause him to lose status. He should be provided with the greatest degree of privacy possible. When a painful or uncomfortable procedure must be performed on the boy, he should be moved out of hearing range of his peers. In the event that he should cry or otherwise express that he is experiencing pain, he will not be unduly embarrassed if he knows that his peers cannot hear him. The adolescent boy also gains status by making decisions. Ample opportunity for him to make decisions regarding his care and treatment should be provided.

In summary, the relationship between nurses and early adolescent boys will be greatly enhanced when the nurse is cognizant of the cultural conflict that exists between the adolescent and adults, the boy's need for group membership and the controls imposed upon him by his peers, and the boy's need to attain and maintain status. Of course

the nurse must modify practice to assimilate this knowledge into the factors which influence the nurse's behavior.

Recommendation for Further Research

The ethnographic statements reported in the research provide an outline of the culture self-care activities of the early adolescent boy. Data suggest the following areas for further data collection and analysis: the adolescent boy's view on taking care of others or altruism and helping; view of self in relation to environment; a need for absolutes or a need for reasons for doing things related to health care as well as other things in their environment; views toward religion--related to questions on what they believe about being a Christian, the meaning of Christianity, and going to church; their concept of sexuality--their own and others and how it relates to their being a total person; meanings related to kinds of illnesses and contacts with the health care delivery system.

Other recommendations for further research might include:

1. Replicate the study using a greater number of informants over a greater period of time.
2. Replicate the study using boys from other ethnic groups.
3. Replicate the study using girls instead of boys.

4. Replicate the study using informants from fifteen to eighteen years of age.
5. Replicate the study using a female investigator.
6. Conduct a longitudinal study on one informant to determine changes in knowledge and beliefs over time.
7. Conduct a comparison study determining differences between the self-care activities of boys and girls.
8. Conduct a study to determine the beliefs and knowledge about death and dying in the culture of the early adolescent.

Hypotheses

1. Early adolescent boys are more likely than older adolescent boys to have problems in interpersonal relationships due to cognitive and physical immaturity.
2. Early adolescent boys are more likely to follow prescribed courses of medical treatment if they are given a role in the assessment plan of action and evaluation of efficacy of that treatment.
3. Early adolescent boys have a narrower range of self-care activities than do either early adolescent girls or older adolescent boys.

4. The early adolescent boy will increase participation in self-care activities as his interest in girls increases or to emulate an older role model.
5. Early adolescent boys are aware of peer pressure and will modify their behaviors to conform to peer pressure.
6. Early adolescent boys are aware of cultural conflict with adults and will either modify behavior to reduce conflict or will resist conforming and experience the consequences.

APPENDIX A

HUMAN SUBJECTS CONSENT FORM

Self-Care Activities Reported
by Early Adolescent Boys

My son and I understand that he is being asked to participate in a study of early adolescent boys (boys 12 to 14 years of age) to discover those activities that boys do which help themselves to stay well or to get well when they become ill.

My son will give consent by signing this consent form and by cooperating with the researcher. The boy may, at any time, refuse to continue to participate in the study without penalty of any kind.

The boy will participate in a group discussion and will be individually interviewed three times. Questions concerning his beliefs about health and his self-care activities will be discussed. The group discussion will occur at the church and the individual interviews will be conducted either at the church or in our home.

The researcher has advised me that there will be no financial remuneration for our participation in this study which involves giving a total of approximately two to three hours of time, nor is there any cost to us. There are no known risks involved in participating in this study.

Although I/my son will not benefit directly from this study his participation will help doctors and nurses to have a better understanding of how to meet the needs of the early adolescent boys in health-care settings, such as in a hospital or a doctor's office. I am aware that I/my son are free to ask the researcher any questions that we might have about the study.

The researcher has informed me that the group discussion and the interviews will be tape recorded with the permission of my son and transcripts of the recording will be made available to my son for corrections to ensure authenticity. The tapes will be erased but the transcripts will be retained by the investigator for a thesis, teaching, and possible publication. However, under all circumstances the identity of my son and of me will not be revealed. A summary of the findings of this study will be made available upon request.

I have read the above Parent and Subject Consent Form. The nature, demands, risks, and benefits have been explained to me. I understand that I/my son may ask questions. My son is free to withdraw from the study at any time without incurring ill will.

I also understand that this consent form will be filed in an area designated by the Human Subjects Committee with access restricted to the principal investigator or

authorized representatives of the particular department. A copy of the consent form will be made available to me.

_____

Parent Date

_____

Subject Date

APPENDIX B

EXAMPLES OF "GRAND TOUR" QUESTIONS

Examples of "grand tour" questions are:

1. When you do not feel well, what do you do?
2. What things do you do to keep well?
3. What kinds of things do you do to keep clean?
4. What kinds of feelings or questions make you want to see a doctor?

APPENDIX C

PERMISSION TO CONDUCT THE STUDY

APPENDIX C

THE UNIVERSITY OF ARIZONA
TUCSON, ARIZONA 85724
HUMAN SUBJECTS COMMITTEE
ARIZONA HEALTH SCIENCES CENTER 2N4
TELEPHONE 626-6721 OR 626-7975

October 29, 1979

Jerry D. Metzler, R.N., M.A.
College of Nursing
Arizona Health Sciences Center

Dear Mr. Metzler:

I have reviewed your project entitled, "Self-Care Activities Reported by Early Adolescent Boys," which was submitted to the Human Subjects Committee and concur with the Departmental Review Committee's examination and recommendations of this minimal risk project. Therefore, approval is granted effective October 29, 1979.

Approval is granted with the understanding that no changes will be made in the procedures followed or the consent form used (copies of which we have on file) without the knowledge and approval of the Human Subjects Committee and the Departmental Review Committee. Any physical or psychological harm to any subject must also be reported to each committee.

A university-wide policy requires that all signed consent forms be kept in a permanent file in the Departmental Office to assure their accessibility in the event that university officials require the information and the principal investigator is no longer on the staff or unavailable for some other reason.

Sincerely yours,

Milan Novak

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

MN:pd

xc: Margarita Kay
Departmental Review Committeee

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