A Study of Preventive Health Practices in Selected Spanish-American Families

Ruth Fishwild Stewart

University of Colorado Boulder

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A STUDY OF PREVENTIVE HEALTH PRACTICES IN
SELECTED SPANISH-AMERICAN FAMILIES

by

Ruth Fishwild Stewart

B.S., University of Colorado, 1961

A Thesis submitted to the Faculty of the Graduate
School of the University of Colorado in partial
fulfillment of the requirements for the Degree
Master of Science
School of Nursing
1965
Stewart, Ruth Fishwild (M.S., Nursing)

A Study of Preventive Health Practices in Selected
Spanish-American Families

This Thesis for the M.S. degree by
Ruth Fishwild Stewart

has been approved for the
School of Nursing

by

Sholtes C. Ford

The historical development of Hispanic culture and the beliefs emerging from it regarding disease causation, treatment and prevention were presented.

An exploratory study was done to ascertain if Spanish-American families utilized measures to prevent disease in their children and to identify any measures used. During this phase an interview guide and the interview method were tested.

The survey consisted of semi-structured interviews with thirty-seven subjects, nineteen Hispanic and eighteen Anglo-American, who were residents of a public housing project and fulfilled the child-care role in the family. Random selection was the basis for choice of the housing project and the subjects used.

All subjects in each cultural group utilized some measures to prevent disease in their children. Of the
This investigation was designed to identify the practices used by selected Spanish-American families to prevent disease in their children, and to compare these practices to those used by Anglo-American mothers of similar socioeconomic status.

The historical development of Hispano culture and the beliefs emanating from it regarding disease causation, treatment and prevention were presented.

An exploratory study was done to ascertain if Spanish-American families utilized measures to prevent disease in their children and to identify any measures used. During this phase an interview guide and the interview method were tested.

The survey consisted of semi-structured interviews with thirty-seven subjects, nineteen Hispano and eighteen Anglo-American, who were residents of a public housing project and fulfilled the child-care role in the family. Random selection was the basis for choice of the housing project and the subjects used.

All subjects in each cultural group utilized some measures to prevent disease in their children. Of the
measures employed, only use of food in prevention of disease showed a significant difference in the two cultural groups when tested by chi square, with a 0.05 level of significance accepted. Other measures found to be used to prevent disease by subjects representing each cultural group were:

1. prevention by chemical means; such as drugs or disinfectants
2. prevention through adjustment of the environment: control of human contact, adjustment of the household, or adjustment of clothing
3. prevention through religious practices

Subjects from both cultural groups considered the emotional state of the child important in disease prevention. Not one subject in either group reported using magical practice to prevent disease.

It is recommended that public health nurses working with Hispanos study each family as a unique entity and avoid cultural generalizations.

This abstract of about 250 words is approved as to form and content. I recommend its publication.

Signed Loreta C. Ford
Instructor in charge of dissertation
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CHAPTER I

INTRODUCTION

Statement of the Problem

Public health nurses are very directly and deeply involved in attempts to improve community health through educative and preventive nursing measures. Their efforts to affect change in health habits in the community can be effective only when their clientele are motivated toward change. Difficult as this task is under any circumstances, its difficulty is compounded for the public health nurse whose work in the community involves persons from all social and educational levels as well as from diverse cultures.

Community health is possible only when all the individuals who comprise the community are interested in their own well-being. Motivation, the "impulse, emotion or desire that moves one to action,"¹ must be generated throughout the community if health goals are to be achieved. This inner drive can, and must, be stimulated by health workers through appropriate management of the environment.

so that learning is facilitated for the individual. New methods for this environmental management need to be developed and present methods improved if health education is to be effective throughout the community. Continued study of class and cultural factors affecting health habits and their change is one of the measures necessary to promote more effective public health nursing practice.

The general purpose of this study was to examine the cultural beliefs that affect disease control in the Hispanic home.

The specific aims of the study were to:

1. Identify measures utilized by selected Hispanic and Anglo-American mothers to prevent their children from contracting any of three common disease syndromes: measles, mumps, and colds.

2. Compare the disease prevention practices of the two cultural groups selected for the study.

Significance of the Study

Public health nurses working in the Southwest have traditionally been concerned with teaching family health education, especially teaching of family health habits. Because public health nurses have ready access to many Hispanic families, it would be to promote family similarity and to teach family health habits. Health habits are a part of family health education. Because public health nurses are well acquainted with many Hispanic families, it would be to promote family similarity in the United States with a language.

States and the rest of the world. A conclusion from one long-term study of the health of representative urban families was that infectious disease accounted for more than half of the illness that occurred in these families despite high-quality medical care. Interruption of the transmission of infectious disease is one way to reduce disease occurrence. The efforts of public health personnel are not sufficient to prevent this transmission, however, without concomitant preventive action within the homes of the community. Because public health nurses have ready access to many homes, they are in an excellent position to promote family education and action toward preventive health. Familiarity with the customary prevention practised by each family is basic to the public health nurse's understanding of family health knowledge and her programming for family health education in the area of disease prevention.

Background of the Problem

Public health nurses working in the Southwest have traditionally maintained case loads laden with families with Hispanic surnames, such as Martinez and Jaramillo. This is not surprising, since the Spanish-American is the largest ethnic group in the United States with a language...
other than English as its mother tongue. Puerto Ricans and Cubans, settling along the eastern seaboard of the United States, have in recent years increased the influence of the Spanish language and culture in these areas. The relative dominance, however, of the Spanish influence remains in the southwestern United States, part of which was once Mexican territory. Spanish history of the area is recorded in names such as Colorado, Santa Fe, El Paso, and Los Angeles. Words in common usage such as patio, rodeo, and arroyo have been appropriated directly from Spanish. Numerous customs and designs now employed by the non-Spanish population of the Southwest originated south of the border.

Public health nurses working with the Hispanos in the Southwest have been aware of the differences between the way the Spanish and the non-Spanish families lived their lives, reared their children and viewed matters of health and illness. These differences have sometimes frustrated public health nurses whose own cultural backgrounds have influenced their expectations for behavior. Ideas and practices related to communicable disease within the family have been one area of particular concern to the public health nurse working with Hispano families. The germ theory of disease has been found by most public health nurses to have

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little meaning to Hispanos. This misconception about disease causation has been corroborated by the observations of several social scientists.\(^5\) Since Hispanos do not accept the germ theory of disease, the efforts by public health nurses based on this concept are seldom successful. Fatalistic acceptance of disease as resulting from God's will or the forces of nature or witchcraft\(^6\) also interferes with disease control measures.

Although health problems are an accepted part of Hispano life, it is still imperative to Hispanos that all known means be attempted toward maintaining normal and preventing abnormal health. Health maintenance or disease prevention is practised in certain circumstances through dietary regulation, anti-witchery, amulets, and supplications to saints. Although these measures are not always considered effective by health personnel, they can be systemically linked with public health recommendations to increase

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acceptance of the latter.

Systemic linkage is defined by Loomis as "the process whereby the elements of at least two social systems come to be articulated so that in some ways they function as a unitary system." Social change results from the linkage between the existing or target system and the alternative system considered more desirable by the intervening change agent.

It is through familiarity with the health prevention customarily practised in Hispano homes that the public health nurse can more effectively link the two systems of preventive practice, cultural and public health.

Definitions of Terms

Hispano

Descendants of Spanish or North American Indian groups, or a combination of the two, who usually speak the Spanish language and think of themselves as a group in response to the labels of "Spanish-speaking," "Mexican," "Mexicano," "Latin-


American," "Spanish-American" and similar terms.\textsuperscript{9}

\textbf{Spanish-American} See Hispano. These terms will be used interchangeably.

\textbf{Anglo-American} The numerically dominant population that is not readily identifiable as Spanish, Indian, Oriental or Negro.

\textbf{Belief System} The articulation of beliefs so that they reinforce one another and form a coherent whole.\textsuperscript{10}


\textsuperscript{10}Hanson and Saunders, \textit{op. cit.}, p. 22.
CHAPTER II

HISPANO CULTURE AND HEALTH CONCEPTS

Historical Development of Hispano Culture

The promise of the New World lured to its shores from the old the adventurous, ambitious and exiled. The settlement of the United States by those from throughout western Europe has provided this country with a composite culture, the origins of which are often lost to the past. Prominent among the contributors to its culture were the Spaniards, the first of the European colonizers to the Americas. Led by an Italian, Christopher Columbus, they first settled the Caribbean Islands in the late Fifteenth Century and from there established the Spanish flag and followers in South and Central America, Mexico and the West Indies. In the early Fifteenth Century Florida was dis-covered by Ponce de Leon in his futile search for the fountain of youth and continuing explorations resulted in Spanish claims to much of North America. Despite this, Spanish settlements were established only in Florida and in what is now southwestern United States. Some of these areas remained Mexican territory until as recently as 1853 when the Gadsden Purchase acquired for the United States the land the Mexicans gave to them.  


necessary for a southern railway to the Pacific. Much of the territory gained from Spain and Mexico for the United States was not relinquished by choice but through annexation or military conquest. As Haselden says, "the Mexicans . . . did not come to the United States, the United States came to them." Mexican, rather than Spanish culture, is the heritage common to present-day Hispanos. The amalgamation of Mexican culture from the Spanish and the Indian resulted in a thorough mixture of genes, ideologies and customs, which evolved into a distinctive culture. Spanish women were rare among the colonists so that the founding of home and family by the conquistadores was possible only through intermarriage with the indigenous Indians, the progeny of these unions being mixed-blood "mestizos." The slave trade which brought Negroes to this country also affected the genealogy of Spanish-descended Americans as some intermarriage took place with them. Negroes, however, did not leave a noticeable cultural imprint on the group. Haselden states that it is highly improbable that after 450 years of racial mingling there are many Hispanos


of genetically pure European ancestry. The proportion of Indian to Spanish ancestry, however, does vary considerably. Although most of the original Spanish colonists took Indian wives, succeeding generations often married within their own village, and since the early Nineteenth Century some of these groups have been virtually endogamous. This breeding-out of Indian blood resulted in the group Saunders differentiates as "Spanish Americans" as opposed to the "Mexican Americans" who have a greater physical heritage from their Indian forebears. Common Spanish ancestry, however, has provided these people with a similar cultural basis.

Delineation and denomination of the group of Americans variously termed Hispano, Spanish-Americans, Spanish-speaking, Mexican-Americans and other less agreeable appellations is difficult and hazardous. It is, according to Saunders, almost impossible to find any single criterion by which these people are distinguishable from the rest of the population. They are not a nationality group as many are United States citizens by birth and others through naturalization. Nor are they a distinct racial group, though they refer to themselves as "la raza" or "the race." Culturally, even, they are not homogeneous as some retain village folkways and others have acquired urban character-
Although "Spanish-speaking" is frequently used to designate this group, there are many who do not speak Spanish though they still share the Spanish-Indian background with those who do. This decrease in the use of the Spanish language is increasingly apparent among the younger generations. Designation of membership through Spanish surname, as used by the United States Bureau of Census, is not adequate for classification because of the many non-Spanish family names resulting from intermarriages with other ethnic groups.

Despite the difficulties in defining the group, the Spanish-speaking people do have characteristics that distinguish them from the Anglo-American population. The common genetic background inherited from Spain and various North American Indian tribes has produced identifiable physical traits. Combinations of cultural traits derived from either Spain or Mexico are apparent that are not typical of the Anglo-Americans. Psychologically they react as "we" to the labels of "Spanish-speaking," "Spanish-American," and "Hispano." Conversely, these identifications evoke responses of "they" from Anglo-Americans. Usually several of these criteria will be used in identification rather than

any single one of them.\textsuperscript{5} The classificatory name for the mestizo in the United States varies considerably with the choice of the regional population and with the writer. Purity of lineage from the conquistadors is implied fallaciously in the term "Spanish" and this term is applied to the more favorable aspects of Mexican culture. Evolving from this has been the notion that intellectual superiority and Spanish ancestry are related. "Mexican" is a term considered by most Hispanics to be appropriate to identify residents of or immigrants from Mexico.\textsuperscript{6} Its use when applied to Americans of Mexican ancestry is considered derogatory and is resented. George I. Sanchez, an authority on Spanish-Americans, is quoted as having once said "My people in New Mexico... prefer to be called Spanish-Americans. They'll fight, if you call them Mexicans." "Latin-American" is an affable title often bestowed upon these people, but has no actual meaning. "Spanish colonials," "Spanish-Americans," and "Hispanos" are the names most acceptable to many of this group.\textsuperscript{7}

\textsuperscript{5}\textit{Ibid.}, p. 43.
\textsuperscript{7}\textit{Haselden, op. cit.}, pp. 18, 32.
The Southwest in its present character reflects not only the original Spanish and Indian cultures, but the later confluence of these cultures with that of the Anglo-Americans following the Santa Fe Trail into the annexed territory.

One looking casually at both the English-speaking and the Spanish-speaking people of this region, says Saunders, is more likely to be impressed by the similarities of the two groups than by the differences. The routine of everyday life is much the same for each group, with each living in similar homes, dressing in much the same manner, eating equivalent meals at the same intervals, and entertaining themselves with the same movies and radio and television programs. Both groups customarily include husbands going out to work and wives caring for the children and the home. The children of both groups attend school, usually the same one. Drugstore preparations are used by both groups for the treatment of minor ailments, and both seek professional assistance when these preparations prove inadequate. The differences between Hispano and Anglo ways in the Southwest are a matter of degree.

Saunders, op. cit., p. 249. The "Southwest" as explained by Saunders roughly coincides with the Spanish colonization west of the Mississippi. It includes all of Arizona and New Mexico, and parts of Colorado, California and Texas.

Ibid., p. 104.
It is where cultural differences are not great, according to Saunders, that more difficulty exists in acceptance of variant behavior of another group. The basic similarity of the Anglo-Americans and the Spanish-Americans creates the expectation that the similarity extends through all areas of life. Dissimilarities, however, are existent and notably so in the attitudes toward health and illness.

HEALTH CONCEPTS AMONG HISPANOS

The Hispano has a variety of sources on which to base his health-related concepts. He shares with his Anglo neighbors the part of scientific medicine that has been transmitted to the public and that has become common knowledge. He also shares with them the part of Anglo folk-medicine harmonious with his traditional beliefs. The sources of medical lore unique to the Hispano are those acquired from medieval Spain or from American Indian tribes. Although the original sources are not usually known, a considerable accumulation of beliefs and practices of Hispano folk medicine is extant. Traditional variations exist within the medical folklore resulting from the isolation of

11Ibid., p. 141.
some villages and the difficulty of communication, as well as from varying contact with indigenous Indians. Differences among Hispanics in present-day knowledge, belief, and practice relating to health are very probably based on differences of age and participation in Anglo culture. Some health concepts have been found to be fairly common throughout Hispano folk medicine.\footnote{Ibid., pp. 143-147.}

**Health and Illness**

Health to the Hispano is not a state of complete well-being but relates primarily to his ability to carry out his daily duties. A sturdy body and the absence of persistent pain, both necessary to routine function, are the elements necessary for health to the Hispano.\footnote{Robert G. Hanson and Lyle Saunders, Nurse-Patient Communication. The Bureau of Sociological Research, Institute of Behavioral Science, University of Colorado, Boulder, Colorado, and the New Mexico State Department of Public Health, Santa Fe, New Mexico, 1961, p. 34.}

Samora takes exception to these generally accepted criteria for health of Hispanics, stating that a breakdown in normal performance is not necessary for illness to be recognized.\footnote{Julian Samora, "Conceptions of Health and Disease Among Spanish-Americans," American Catholic Sociological Review, Vol. XXII (Winter, 1961) 320.}

A desire to avoid being different and inferior keeps...
the Hispano from succumbing to minor illness. It is to be expected that life is wrought with difficulties and it is expected also that these will be borne with courage and dignity. Young children are not expected to have developed this stoicism, and a child's complaints about physical symptoms are reasonable. The stamina expected of adults is often noted, however, when children are sent to school with cold and earaches because they "aren't very sick."\(^{15}\)

Inability to adequately perform one's role, on the other hand, is not sufficient in itself to classify an individual as sick. Saunders points out that illness and health are as much social phenomena as biological, necessitating cultural compliance for their establishment.\(^{16}\)

One major source of this compliance, according to Madsen, is from the head of the family. Only when he agrees that a member is sick, can that member be considered sick.\(^{17}\)

Establishment of an individual's illness by others is primarily based on a decrease in his usual physical functioning but also involves his physical appearance. Because plumpness is valued, thinness is associated with poor health.

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\(^{15}\) Margaret Clark, Health in the Mexican-American Culture (Berkeley: University of California Press, 1959), pp. 195-196.

\(^{16}\) Saunders, op. cit., p. 142.

Good color and bright eyes are perceptible signs of health, and their absence denotes sickness. Deviations from the usual state of robustness, such as a bleeding wound, vomiting or fever are recognized as symptoms of illness that necessitate treatment. Such abnormalities as scratches, runny noses, sprains and stings are not considered to be illness though persistence or advancement of the condition may place them in this classification.\(^1\)

Conversely, if neither performance nor appearance indicate a state of illness, then an individual is considered well. It is difficult for Hispanos to understand that a disease process may be existent, revealed by x-ray or laboratory tests, when it is inapparent to the individual or his associates. Though the scientifically determined pre-clinical stages of illness are not always accepted, the concept itself is not alien to Hispano culture. It is commonly recognized that the symptoms of susto, resulting from extreme fright, may not occur for some time after the actual episode. It may, in fact, be averted if proper measures are taken during the pre-symptomatic period.\(^2\)

**Disease Causation**

\(^{18}\)Hanson and Saunders, *op. cit.*, pp. 42-45.

\(^{19}\)Clark, *op. cit.*, p. 228.
medical lore, and any illness may have more than one cause. The origin of these beliefs are as diverse as the cultures contributing to that of the present-day Hispano. From the American Indians came the belief that illness is a result of disharmony with the cosmos or the failure to perform appropriate rituals. This, too, is the source of beliefs about infliction of disease through spells, ghosts or supernatural beings. Illness as an expression of God's will or displeasure was contributed by the Spaniards. Spanish origins are evident as well in the idea that fondling a child can make it sick, that air can be dangerous and that witches can produce incurable ailments. Anglo-American folklore provided such etiological explanations as the production of ulcers from eating greasy foods, appendicitis resulting from chewing fingernails and congenital malformation of a child following emotional upsets of the mother during pregnancy. Contact with present-day Anglo culture has also imposed the alien and poorly-understood idea that some diseases are "catching." Among the possible and probable origins of illness, that of God's will remains dominant.

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The patient is considered a "passive and innocent victim of malevolent forces" upon whom an illness has been perpetrated. The malevolent forces may be any of several that are known to cause illness, and the following discussion presents observations by Clark in San Jose, California.

The "hot and cold" concept of health is based on the Hippocratic theory that a state of health results from balance of the four "humours": phlegm, blood, black bile and yellow bile. Because some of the humours are considered innately "cold," proportionate distribution of those hot and those cold is necessary. An upset in this balance results in illness, and can be caused in various ways. A common source of balance, or imbalance, is diet. Foods were traditionally considered hot or cold through some classification unrelated to actual temperature. Because few modern Hispanics are familiar with the hot and cold qualities of food as traditionally accepted a tendency exists to classify food in terms of temperature. One California woman related how important it is to avoid a combination of "hot" chiles and "cold" beer in the same meal. Beer, however, is considered in Mexico to be a "hot" food.

Body imbalance of heat and cold may result from factors other than diet, such as contact with cold air.

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Clark, op. cit., p. 196.
This results in "catching cold" in the body with a painful knee or shoulder resulting. A head cold does not come under this classification. Other conditions that are attributed to imbalance are infant colic, tonsillitis, nose-bleeds, skin eruptions, and barrenness of women.

A change from normal position of body parts, real or imagined, is another source of illness. The most common of these is mollera caída or a depressed fontanel in an infant, which is considered the cause of the diarrhea with which it is associated. Bolitas, tissue nodules, are considered a result of displacement of nerves. Barrenness in women may result from a misplaced womb as well as the body imbalance mentioned previously.

The magical origin of disease is most frequently represented by mal ojo, the evil eye. The perpetrator of this dread condition is not a witch and may be completely unaware of the damage done by him. The disorder occurs among children after they have been admired by an outsider, usually a woman, without being touched by them. It is evidenced by vomiting, diarrhea, fever and restlessness of the child. Mal aigre, in California, is thought to be primarily related to hot and cold imbalance, but in Mexico it is considered the work of evil spirits. Facial twisting or paralysis is the common symptom. Brujería, witchcraft, is considered a cause of illness by many. One Spanish-speaking
doctor estimated that twenty-five per cent of his patients believe their illness related to witchery.\(^2^3\)

Two emotional states that are thought potential sources of illness are fright and anger. **Bilis**, literally "bile," occurs in adults following by a day or two, a fit of rage and produces acute nervous tension and fatigue. **Susto**, which follows a severe fright, is one of the most common folk diseases. It occurs more commonly in children than in adults and results in nervousness, pallor and thinness. It is thought that the soul has been separated from the body by the shock and is considered an extremely serious condition.

Other conditions unrelated to the above categories but that are considered disease states are **latido** and **empacho**. **Latido** means "pulsation" and is diagnosed when a pulsation is felt in the abdomen. It is said to be caused by going without food for several days, and can be fatal. **Empacho** is characterized by a large ball in the abdomen, usually occurring in children under two years of age. It results from overeating of certain foods, such as cheese, eggs, bananas and soft bread.\(^2^4\)

A different but corresponding classification of

\(^2^3\)Ibid., p. 174.

\(^2^4\)Ibid., pp. 164-180.
disease causation is provided in a study of Espanola, New Mexico. It was reported here that although illness exists only through the will of God, there are times when an individual has done something so abhorrent to God that special castigo, punishment, is meted him. The affliction often is a form considered appropriate to the misdeed, as contraction of a venereal disease by an unfaithful wife. Often the affliction affects not the malefactor but someone close to him, with a congenitally deformed child thought to be a definite castigo for a sinful parent.

Nature's forces are beneficial, but exposure to them at the wrong time or under special conditions may bring harm to man. Air, an essential to life, is an example of this. If it enters the body through routes other than the nose and mouth (as through ears, anus, vagina or the cavity left by an extracted tooth) it can produce aigre or may contribute to body disharmony that precipitates other illness.

The nature of life produces certain conditions that generate illness. Some afflictions are related to the sex of the individual and some to his age, whatever the stage in life he has attained. Heredity, too, has a great deal to do with the onset of certain disease.

25 Schulman and Smith, op. cit., pp. 107-121.
"Mana" among anthropologists denotes unusual powers believed to be possessed by some individuals. Creating or intensifying a disease condition is among these powers, and may be possessed by individuals who are unaware of this facility. **Ojo** and **encono** are diseases commonly afflicted by these unwitting witches, with greater potential power for **ojo** from pregnant women and for **encono** from ugly persons.

**Brujos** are those individuals knowingly possessed with the power to bewitch and utilizing it to their own advantage. Specific formulas or accessories may be used by anyone to whom they are available to induce bewitchment and individuals employing these become witches for the occasion. Diseases which have no routine or normal predisposing factors are often considered an **enfermidad postiza**, a result of witchcraft.

The Hispano village folk see the world as a set of elements in balance and health a result of harmonious balance. Disturbance of this balance is one of the causes of diseases and may come about from immoderation in such things as amount or type of diet, activity, worry, thought, or bible study.

There are other beliefs about disease origin that cannot be categorized easily. One of these is the idea that a minor illness may result in a major one, as a cold
bringing on pneumonia and this in turn tuberculosis. Violation of time-honored tabus is considered a cause of punishing illness. Rarely mentioned is the American Indian concept of disease causation, that of object intrusion, wherein a foreign object somehow works its way into the body and disrupts function.\(^\text{26}\)

Hispano beliefs concerning etiology are placed into three overall categories by Saunders: those of magical, psychological and empirical or natural origins.\(^\text{27}\) Punishment by God, witchcraft or fright by ghosts are the supernatural origins considered the cause of mental illnesses.\(^\text{28}\)

Folklore is often used to explain even diseases recognized as "scientific." The Hispano is generally skeptical about the ability of unseen germs to produce illness. To villagers in northern New Mexico, the idea of "catching" a disease from another person is still a "highly exotic belief."\(^\text{29}\) Disease transmission from an infected person is sometimes given as a possible factor in illness, but only

\(^{26}\)Schulman and Smith, op. cit., pp. 107-121.

\(^{27}\)Lyle Saunders, Cultural Differences and Medical Care, op. cit., p. 148.


\(^{29}\)Schulman and Smith, op. cit., p. 120.
one of a variety of possible causes. When ten patients in a San Jose tuberculosis sanitorium were questioned about the source of their affliction, their answers included such causes as diabetes, severe loss of blood, and drinking cold pop while overheated (a hot and cold imbalance). Only one of the ten said her infection had been acquired from contact with an infected individual.

Considered without reference to other health beliefs, an individual's ideas of etiology are relatively unimportant. Notions about disease causation, however, affect what is done about treatment or prevention and are thereby crucial.

**Remedies**

Illness, whatever its cause, is recognized by Hispanics as an inevitable part of life and as an act of God. Emotional support as well as technical care is provided by the family during illness and constitutes the cultural context of illness by the family was discussed earlier. Older females, often the patient's mother, are typically the family members first sought for consultation on illness. Many years

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30 Hanson and Saunders, *op. cit.*, p. 50.
33 Schulman and Smith, *op. cit.*, p. 124.
intellectual and material resources. The action taken when illness occurs depends largely on its gravity. Recognition of illness is the primary consideration in treatment. Many conditions such as scratches, bruises or occasional headaches are not considered abnormal so are not treated as illness. Because illness involves, to the Hispano, a change of appearance and a change in ability to perform the routine, conditions such as the early stages of tuberculosis may not merit treatment. Recognition that performance is being thwarted by one's physical condition results in measures to improve it. Should this condition be considered very mild or temporary, the individual may treat himself from his knowledge of folk medicine. The social nature of illness in Hispano culture, however, usually involves the family.

Emotional support as well as technical care is provided by the family during illness and constitutes the cultural definition of "good" care. The necessity for validation of illness by the family was discussed earlier. Older females, often the patient's mother, are typically the family member first sought for consultation on illness. Many years

34 Lyle Saunders, Cultural Differences and Medical Care, op. cit., pp. 160, 173.
35 Schulman and Smith, op. cit., pp. 128-129.
36 Lyle Saunders, Cultural Differences and Medical Care, op. cit., p. 166.
of experience with her children and her children's children have provided a mother with expertise in matters of health and disease. Other family members, too, may suggest remedies and the patient is free to accept or reject these. Although it is desirable to be free of the malady, unless it is grave there is no concerted drive to effect this.

Because a child has not yet acquired knowledge of remedies, he is expected to seek help for even minor afflictions, and this usually from his mother. She may in turn engage the assistance of others, very likely her mother.

When illness appears to be of more serious nature, or has not improved from family efforts, therapists from outside the family will be recruited. The type of therapist consulted will depend on the causative factor underlying the illness when this has been determined by the family. If the basis for the illness is not apparent to the family, a diviner or adivino may be consulted for this purpose.

Folk conditions that are not understood or accepted by professional medical practitioners are considered best treated by traditional practitioners. The four specialists in folk cures are the sobador, the partera, the medica

37 Schulman and Smith, op. cit., p. 130.
38 Ibid.
39 Madsen, op. cit., p. 25.
40 Hanson and Saunders, op. cit., p. 69.
or curandero and the albolarlo. The sobador is an individual with recognized ability with massage, which is considered efficacious for non-specific maladies such as the fright syndrome or sprain, cramps and muscle stiffness. The medica is usually an older woman who is considered particularly proficient in the preparation and administration of remedios, the cures. Remedios are commonly preparations to be taken orally and include herbal compounds patent medicines and common kitchen items. A cure, however, may also necessitate special procedures or prayers. All ordinary afflictions are considered amenable to the ministrations of a medica but bewitchment is an exception. The medica is considered particularly competent with ailments peculiar to women and may be a midwife, or partera as well as a medica.

When bewitchment is thought to be the reason for infirmity, the services of an albolarlo, anti-witch, are necessary for its cure. The remedios used by him are prayers, magical formulae or rituals or any combination of these. Although the idea of witchcraft pervades the Hispano culture, it is usually attributed to the "old days."

Although folk therapists are preferable for certain conditions, practitioners of "scientific" medicine are consulted under appropriate circumstances. Such procedures as immunization, x-rays, diagnostic tests and surgery have no counterparts in traditional therapy so do not conflict
with cultural patterns when employed. When such measures are recognized by Hispanics to be effective in care of illness, they can be accepted. Even where there are traditional equivalents, as in childbirth and its associated maternal care, the superiority of professional care has been recognized by many Hispanics. Often a medical doctor is sought because all other methods of treatment have proven futile.\footnote{\textit{Ibid.}, pp. 59-71.}

Much of the prevention reported is related to pregnancy, which may be related to more thorough study of hygiene or prevention, than to preventive measures in this area.

\textbf{Disease Prevention}

It has been only in recent years that scientific medicine has made any great progress in forestalling illness, not merely perfecting, produces a dichotomous relationship of health and disease. There is only health or a lack of health, not a state in which one is relatively free from pain and able to carry out the duties of everyday life allows for consideration. It is not surprising, therefore, that cultures that are not yet scientifically oriented should be deficient in the preventive aspects of health. The Hispano culture, it has been argued, is totally lacking in prevention though observations are replete with health precautions, protections and avoidance. Treatment is certainly dominant in the health system of the Hispano as it is in other cultures, but this does not negate prevention.\footnote{Schulman and Smith, \textit{op. cit.}, pp. 60-61.} The prevention practised, however, is not related to the germ theory of disease.
and is usually alien to scientific principles of disease control. Health promotion among Hispanics falls into two general classifications, one relating to the maintenance of good health and the other to prevention of poor health. Furtherance of these aims is insured through the negative practice of avoidance as well as positive prophylactic measures. Much of the prevention reported is related to pregnancy, which may be related to more thorough study of maternity care rather than to preventive emphasis in this area.

Hispano consideration of the self as a whole person not needing perfecting, produces a dichotomous relationship of health and disease. There is only health or a lack of it, but no gradations, no "better health." Health as a state in which one is relatively free from pain and able to carry out the duties of everyday life allows for considerable malfunction before the condition is noteworthy. As long as one's physical condition remains within the bounds of "health," he need not worry unduly about what it will be in the future, as the future is expected to be like the present.

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Religious acceptance of God as all-knowing and all-powerful also affects Hispano efforts toward health. One's state of health or illness results from God's wisdom and will. Human efforts are only incidental to God's desires. Traditional culture influences preventive health practices of the Hispano through definition of health, orientation toward time and religious perspective.

These interfering factors subdue but do not eliminate the Hispano struggle against the forces of the world. If a way is known and considered appropriate for avoiding or minimizing an illness, it will be used. Because Hispanics believe that man does not maintain sole jurisdiction over his life, failure of his efforts are accepted fatalistically.

As well as traditional folklore and folkpractices available to the Hispano, he also has recourse to those of the Anglo-American culture in which he lives. When conflict between the cultural systems necessitates choice, this choice will usually be made in favor of the known and generation-proven methods.

"Keeping things right," maintaining one's ability to carry his share in the social scheme, is basic to Hispano life. Health, along with religious conduct and filial and

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\[44\] Schulman and Smith, op. cit., p. 106.

\[45\] Lyle Saunders, Cultural Differences and Medical Care, op. cit., p. 173.
community allegiance, makes up the right way of life. Health is maintained by a "good regime" of adequate physical activity, proper diet and fluid intake, regular evacuation, good sleeping habits and moderation in all things. The traditions of everyday life have provided this regime without individual consideration of the process as a health-related operation. Early rising is essential to the agricultural way of life and conservation of lighting requires early bedtimes, resulting in regular and sufficient rest. Activity is provided by the strenuous physical work required for subsistence. Diet is balanced without thought by the availability of foods, primarily high-protein beans and wild greens. Balance is considered vital to one's way of life and any of the essential activities should be carried out in moderation to achieve this balance. This was illustrated by Hispano villagers when asked how a person could maintain good health. "Well, sleep and rest," replied one. "And work, too," said his companion. "Not kill himself, and at the same time work in order to be strong." Diet is important in a good regime for health. The foods considered to be most healthful are those that are

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46 Mead, op. cit., p. 168.
47 Schulman and Smith, op. cit., p. 63.
48 Ibid., p. 65.
common in daily fare, such as the food grown in dooryard gardens or gathered from nearby hills. Corn and chili are two home-grown products that are particularly important to health maintenance. Meat is highly valued, but is rare in most homes today. As such, it is an exception to the relationship of food value and accessibility. Traditionally, however, meat was common fare when wild game was hunted by the menfolk. The change in source of livelihood from village to the outside has now reduced the time that the men can spend on this activity. Store-purchased foods are suspected, with canned and frozen foods thought to have lost their strength and flavor. Foods considered "strengthening" include the blood of a newly-slaughtered animal, raw eggs, and oregano added to other dishes. Milk is good for one, with goat's milk particularly healthful. Milk that is fresh from the udder and warm is thought more enjoyable than if cold. Water is also beneficial and spring water is thought superior to stationary sources, while piped water is the least desirable source.\textsuperscript{49}

Balance in the diet of hot and cold foods is important, as mentioned previously. Foods are classified as either hot or cold, and maintenance of health requires compatibility of these factors. Actual temperature of the food

\textsuperscript{49}Ibid., pp. 65, 69-70.
has nothing to do with its classification, and physiological effect is not necessarily a consideration. 50

Regular elimination of the food ingested is another necessary component of body balance. Fruits are helpful in achieving this and are included in the diet for this purpose. Dried apples are said to be carried by shepherders when away from home.

The world, as seen by the Hispano, is full of hostile forces that threaten his normally healthy state and against which protection is needed. It is usually when the threat to health is immediate and real that precautions are taken. There are typically four categories into which health protection measures fall: 1) avoidance, 2) wearing of protective devices, 3) performing specific procedures not involving medications and 4) medications. More than one of these methods may be used against a threatened illness if considered necessary.

Because the illness is thought by the Hispano to be caused by factors outside himself, the best method of prevention is to avoid these malevolent factors. They may be persons, objects, places, natural forces, significant actions of others or unintentional exposure of oneself. Enconadores and hacedores de ojo, individuals who can inflict encono and mal ojo, are individuals to be avoided, as

50 Clark, op. cit., pp. 166-167.
are known witches. Strangers, too, should be avoided by families with children, as they are a source of ojo to an attractive child.

Places where such persons might be inadvertently encountered, as public functions, should be avoided by those considered susceptible. A wet seat is also dangerous, and hemorrhoids might result from sitting on one. Rattlesnake infestations should be circumvented if at all possible, as well as frightening situations of any type.

Fresh air is beneficial when taken during the day and under favorable circumstances, but can result in aigre when exposure occurs at night or in the form of a draft. Undue exposure to such conditions is to be avoided so that sleeping uncovered or under an open window are undesirable. Moonlight, sunlight and water are other natural elements that are good in some circumstances but can be harmful if exposure is excessive or poorly timed.

Protective devices may be used for protection against vague and general dangers or very specific ones. Religious medals and amulets may be worn, or a piece of ajo, garlic, tied in a small bag. Any of these can ward off the ill effects of an enconador on a wound. Osha root has a wide range of protective powers, including encona and aigre as well as against rattlesnake bites. Copper bracelets and rings are often worn by older Hispanics to retard or reduce
the ravages of arthritis or rheumatism. The wearing of a red ribbon can prevent the depression or melancolico caused by separation from one's family. This is particularly helpful when children are to be separated from their mothers. Coral is often effective in prevention of ojo, so that children often have a piece pinned to their clothing. Obsidian or chips from the parish altarstone also have some effect against this, but not as reliably as coral, and when used it is usually in addition to the coral, not in place of it.

Performance of special rituals is necessary for protection against certain ailments. When one's efforts at avoidance fail and one enters a situation in which either ojo or rattlesnake bite are possible, there are further precautions still possible. When an outsider makes affectionate overtures toward a child, either verbally or by glance, the danger of mal ojo may still be avoided if the offending individual will apply sharp physical contact to the child, such as a pat. Counteraction may also be achieved by the offender asking the aid of God as "May God protect such a lovely child" or by an insult such as "This child is, indeed, ugly." When a particularly dangerous situation must be encountered, as a rattlesnake nesting area, the danger may be minimized by raising one's hand with the thumb over the index finger, in the sign of the cross.
Water, as one of the potentially dangerous elements, must be approached with caution. When wading or swimming, balance of the body heat must be maintained by wetting the top of the head. When sweating excessively, one should wet the wrists before drinking cold water, again to balance the body.\textsuperscript{51}

Because witches are ineffective against the signs of God or his saints, any religious talisman is a precaution against bewitchment. Any object that is suspected of being cursed should be refused, or the sign of the cross made to dispel the charm. Any parts of the body, as nail clippings or hair, should be disposed of carefully so that they may not be used in making a hex-doll.\textsuperscript{52}

Medications, remedios, may have properties that are strictly preventive, or more commonly are used as both curatives and preventives. A raisin applied over the naval of an infant, held in place by a belly band, is used to prevent both aigre (by keeping the air from entering the orifice) and a rupture. Inmortal, when ground and steeped in water, is useful in the treatment of headache. Any of the decoction remaining after treatment of the afflicted individual is drunk by the rest of the family to prevent

\textsuperscript{51}Schulman and Smith, \textit{op. cit.}, pp. 73-84.

\textsuperscript{52}Ibid., p. 115.
headaches. L. S. M. Curtin has compiled an extensive review of the herbs utilized by Hispanos of the upper Rio Grande region, and among them are several with preventive use. Ajo, garlic, is said to be used to prevent diphtheria when contact is possible with this disease. Cal, lime, is used to prevent the "ever-present possibility of stomach trouble." Buckwheat stems, colita de rata, are used to clean the teeth and keep them in good condition. Pneumonia can be prevented if the horse bean, hobos, is baked in the oven and then boiled with salt. Another way of preventing rheumatism, of the feet this time, is to sprinkle powdered leaves of the creosote bush, hediondella, in one's shoes. Sunburn can be averted by drinking a decoction of Western Wallflower, yerba del Apache, ground and mixed with a little water. The ajalote, which is probably a tiger salamander, is dreaded during pregnancy. It is thought to emerge at night and should it enter the bed of a pregnant woman, immediate steps are necessary to protect the unborn infant. If the mother will sit over a pail of hot milk, the ajalote will be attracted by the milk and thus leave the baby safe.

The relation of food to health goes further than

\[\text{Ibid., pp. 85-86.}\]

\[\text{L. S. M. Curtin, Healing Herbs of the Upper Rio Grande (Santa Fe: Laboratory of Anthropology, 1947), pp. 18, 4, 3, 67, 95, 108, 203.}\]
maintenance of health and is thought to prevent certain
ailments as well as in some instances cause them. Chili,
a highly valued condiment in everyday diet, is recommended
to prevent chest maladies.55 The feeding of infants is
considered important to his adult health, despite the usual
lack of concern for the future. Breast feeding for three
to four years is considered essential for a strong stomach.
Bananas are given to infants only sparingly because of the
danger of empacho.56

The course of the prenatal and postpartum periods
involves many precautionary measures thought essential for
the welfare of either the mother or the infant. Diet is re­
stricted during pregnancy because of the common belief that
the foods eaten by the mother can affect the infant. Chilis
are commonly thought to result in poor digestion for the
infant, if eaten by the mother during pregnancy. They also
can result in chincual, a form of diaper rash, in the new­
born. Although uncommon, a few people believe that certain
foods taken during pregnancy can result in "marking" of the
child. Fish is avoided for the reason of the belief that
the baby will be born with scales.57 Water intake is

55Schulman and Smith, op. cit., p. 68.
56Clark, op. cit., pp. 128-129.
57Ibid., p. 122.
limited to prevent the fetus' head from becoming too large for an easy delivery. The delivery is thought to be facilitated for the mother by frequent bathing and exercise during pregnancy. From the time the baby's first movements are felt, a muneco, a tight band is worn around the waist to keep the baby in the proper position and to prevent damage to the mother's lungs. The moon is said to dislike women and so will try to harm their unborn children. An eclipse of the moon is especially dangerous for the infant unless it is protected. Doors should be closed and windows covered to prevent the shadow from falling across the mother while she is in bed. Keys hung around her waist, to "lock in" the child are an additional protection.

Emotional equanimity during pregnancy is considered essential to a healthy baby, and upsets or unpleasantness are avoided if possible. "Marking" of the infant and even deaths have been said to result from prenatal fright. The delivery room should also be cheerful or the mother will be in danger.

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58 Lyle Saunders, Cultural Differences and Medical Care, op. cit., p. 148.


60 Clark, op. cit., p. 122.

61 Ibid.

62 Lyle Saunders, Cultural Differences and Medical Care, op. cit., p. 147.
La cuarenta, the forty days immediately following delivery, is considered a critical period for the new mother. Hot and cold qualities are important in the diet of the mother during this time, both for her and for her nursing infant. Some foods such as pork, tomatoes, and fruit juices are "too cold" for the stomach and should be avoided. "Bumps on the legs" or varicosities are said to result if this precaution is not followed. Chincual or colic of the infant is thought to result from the effect on the mother's milk of hot or sour foods, although few young women adhere closely to the restrictions. Adequate lactation is a prime concern in diet selection and certain foods are considered particularly good. Among these are chicken, cooked cereals, eggs, toasted bread, crisp tortillas, sweet breads and atole, a thin gruel of cereal with milk and chocolate. A backrub with a mixture of warm olive oil and powdered sulphur is considered good for keeping the new mother's lungs and chest clear, thereby insuring adequate lactation. A pleasant environment is as important during the postpartum period as it is during the rest of the maternal cycle. 

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63 Clark, op. cit., p. 126.
64 van der Eerden, op. cit., p. 48.
65 Clark, op. cit., pp. 127-128.
practised today, were aimed at prevention of chilling which was thought to result in a decrease of blood-flow from the womb and causing abdominal distention. Keeping well covered while asleep, with the feet covered at all times were involved in this precaution, as well as complete avoidance of water to the body. 

The traditional Hispano belief system has been shown to include a definite organization of ideas about the origins of disease, and about what may prevent and, if necessary, cure it. These health beliefs are a synthesis of ideas derived from the Spanish and American Indian forebears of the Hispano people. Association with the Anglo-American culture dominant to the United States has affected traditional health patterns, the extent of this alteration varying with the age and cultural participation of the individual Hispano.

Method of the Exploratory Phase

Nineteen Hispano families with dependent children who were living in Boulder or Taos were the subjects. The interview guide and interview procedure in the family was chosen to be the source of information about 

66van der Eerden, op. cit., pp. 46-47.
CHAPTER III

THE METHOD FOR THE STUDY

The purposes of this study were: (1) to identify measures utilized by selected Hispano and Anglo-American families to prevent measles, colds or mumps in their children; and (2) to compare the prevention practised by the two cultural groups.

PHASE I

This study was conducted in two phases. The first phase was an exploratory study in which a group of Hispano families in a restricted geographical area were studied. The purposes of this phase were: (1) to ascertain if Spanish-American families in a selected locale employed preventive measures to avoid disease in their children; (2) to identify these measures, if used; and (3) to test the interview guide and interview procedure.

Method of the Exploratory Phase

Nineteen Hispano families with dependent children who were living in Boulder or Longmont were the subjects. The individual fulfilling the child-care, mothering-role in the family was chosen to be the source of information about
the family. This decision was made because in the Hispano family, the mother is the family member from whom consultation and care are expected in case of illness. It was reasoned that she would also be the family member most familiar with measures utilized to maintain health or prevent disease.

A system for categorizing the anticipated data had been established prior to this phase of the study. Methods for disease prevention reported in the literature were used as a basis for the categorization. The categories were:

1. Prevention by chemical means
2. Prevention by adjustment of the physical environment
3. Prevention through psychological states or religious practices
4. Prevention through practice of magic

The interview guide for this phase of the study was designed:

1. to determine if measures were utilized to maintain health
2. to determine if measures were utilized to prevent disease
3. to identify measures used to promote health or prevent disease

The data reported by the subjects were recorded on a form designed to facilitate that process (Appendix A). Notes were taken in longhand, with extensive use of

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1 Sam Schulman and Anne M. Smith, *Health and Disease in Northern New Mexico*, Institute of Behavioral Science, Boulder, Colorado [n.d.].
Abbreviations. Personal information about each subject was elicited after the health-related questioning and recorded on a separate form (Appendix B).

Analysis of the Data from the Exploratory Phase

Preventive health practices were found to be used by all the Spanish-American families studied.

The data from the exploratory interviews were categorized. It is interesting to note that all the data on prevention could be placed in two of the categories previously established. These categories were: (1) prevention by chemical means; and (2) prevention by adjustment of the environment.

Only two of the preventive measures reported in the exploratory phase were similar to those reported in the literature. These were: (1) use of foods; and (2) use of drugs, for disease prevention. Even these, however, differed in the types of foods and drugs that would be used and the rationale for using them. The preventive practices reported in the interviews but not mentioned in the literature were: (1) use of chemical disinfectants; (2) general cleanliness in the home; (3) such household adjustments as care of eating utensils and "airing" of the house or bedding; (4) separation of healthy children from those ill; and (5) use of "proper" clothing.
Because the disease prevention that would be used by these Hispano families did not follow the traditional Hispano patterns of disease prevention reported in the literature, the plan for the investigation was modified following the exploratory phase. Although the purposes of this study remained unchanged, they were expanded to include a comparison of disease prevention practices of Hispano and Anglo-American families.

The interview guide for the survey was revised. Questions were designed to elicit information on preventive practices reported in the exploratory phase as well as those presented in the literature.

**PHASE II**

The second phase of the investigation was an interview survey of selected Hispano and Anglo-American families in a restricted geographic area. The purposes of this phase were:

1. to identify measures utilized by selected Hispano and Anglo-American mothers to prevent their children from contracting any of three common diseases: measles, mumps, or colds; and
2. to compare the disease prevention practices of the two cultural groups selected for the study.

**Method for the Survey Phase**

Hispano and Anglo-American residents of a public
housing project in Denver were selected as the population from which the sample was selected. Permission for use of the records maintained on housing project residents was obtained from the Director of Management of the Denver Housing Authority. The project used was randomly selected from among the nine housing projects in metropolitan Denver.

For administrative purposes, the housing project residents are classified by ethnic grouping as: (1) Anglo-American; (2) Spanish-American; (3) Negro; or (4) oriental or Indian. Ethnic classification of each family is decided by the admissions personnel of the Housing Authority, upon the family's acceptance for project housing. The decision is based on the experience of the admissions personnel and relates to physical characteristics and surname. The manager of the project chosen for the study reports the usual ethnic composition of that project is forty per cent Anglo-American, forty per cent Spanish-American and the remaining twenty per cent Negro, oriental and Indian.²

The socio-economic status of the families residing in the project is controlled by the eligibility requirements for public housing in Denver. The maximum income for any family eligible for public housing is $5,500. A family with this income is eligible for public housing only if it

²Statement by Kenneth Fuller, Project Manager, in a personal interview.
includes seven or more members. For a family of one or two members, $3,000 is the maximum income for occupancy.3

The home of the subject selected was chosen as the specific locale for each interview. It was thought that the subject would be more willing to participate in the interview if she did not have to leave her home. Distractions to the interview resulting from the setting were anticipated, but an attempt was made to minimize these by the timing of the visits. All visits to women not working outside the home were initiated in the morning between 9:30 and 11:30 or in the afternoons between 2:00 and 4:30, avoiding the meal-preparation time for most families. Those subjects known from their project records to be working outside the home were visited between 7:00 and 8:15 in the evening. When the timing of the visit was not convenient, a return visit was arranged for a time suggested by the subject.

Selection of the Subjects

The criteria for selection of the subjects for this investigation were:

1. Subjects must be residents of a selected Denver housing project at the time of the study;

2. Subjects must be mothers of dependent children (under eighteen years of age) living with them

3Ibid.
in the home, or be fulfilling the child-care, mother-role for such children;

3. Subjects must be classified by the Denver Housing Authority as being Spanish-American or Anglo-American.

The records of the housing project selected were used to determine the populations from which the samples would be chosen on the basis of the established criteria. Random selection was made of thirty Spanish-American and thirty Anglo-American families. The name of each family meeting the criteria for selection for the study was listed on a slip of paper, with separate groupings of names by ethnic classification of the family. The name slips were uniform size and shape. They were folded twice and placed in a large container. For each ethnic group, the thirty names were withdrawn, one at a time, with thorough mixing of the names between withdrawals. Twenty families from the Hispano group and twenty families from the Anglo-American group were to be interviewed, with the additional ten families selected as alternates for those among the original twenty lost to the study.

Interview Guide

Three disease conditions—measles, mumps and colds—were selected as the focus for this investigation. These diseases were considered by the investigator to be common
to most Hispanic families at some time during the child-rearing period. Most subjects, therefore, would have had or would anticipate having experience with these diseases while rearing their families.

A semi-structured interview was chosen as the technique for data collection, with use of an interview guide. Completely structured interviews were not considered appropriate to a home atmosphere with its many distractions. A rigid structure might also prevent securing important information. Specific areas of information were desired, however, so that some structure to the interview was necessary. A guide was developed to direct the thinking of the subject to certain areas of homemaking and child-care pertaining to the disease prevention. These questions about preventive health practices were based on traditional Hispanic practices as reported in the literature and the practices reported by interviewees in the exploratory phase of the investigation. The categories of prevention about which each subject was questioned were:

(1) Prevention by chemical means
   a. through use of drugs or herbs
   b. through use of foods
   c. through use of disinfectant

(2) Prevention by adjustment of the environment
   a. through regulation of human contact
   b. through adjustment of household environment
   c. through adjustment of clothing
(3) Prevention by psychological states or religious practice

- through emotional or mental state
- through religious practice

(4) Prevention by practice of magic

Visual Stimulus

Drawings were made, each graphically portraying a child with the commonly-recognized symptoms of measles (Appendix C), the common cold (Appendix D), or the mumps (Appendix E). Two-by-two inch photo-transparencies were made from the drawings and these were presented during each interview by a battery-operated, table-model viewer. These pictures were developed to provide a common stimulus to all subjects; to instigate response by the subject; and to increase interest in the interview.

Interview Procedure

The home of the family chosen for each interview was approached by the investigator, who introduced herself by name and as a student from the University of Colorado. Identification as a professional health worker was avoided. This was done to prevent restraint in response that might occur if the investigator was known to be educated in the health field.
The investigator explained that she was doing a study about the procedures mothers employed to prevent illness in their families. The subject was asked if she had time for questioning. If she was busy, she was then asked if another time would be agreeable and what time would be convenient to her. Return visits were made as necessary until the interview was completed or until the subject refused directly to participate. Direct refusal on the initial visit occurred only once. That subject indicated that she would consider participation in an interview in three or four weeks, but that she was helping her husband look for work at the time.

During one interview the investigator was asked for confirmation of identification. This was requested only after the interview had been almost completed. University student identification was presented.

When access to the home had been gained, the interviewer chose a chair that was near the subject. The subject was told by the investigator, "I'm interested in the ordinary, everyday things that mothers do to keep their families healthy. You probably think more about the things you do to get them well once they are sick. I'm interested in finding out, though, the things you do to keep them from getting sick in the first place. You may not have thought much about the things you do because they are so routine to you."
The slides and viewer were removed from a bag and placed in a location accessible to the investigator and within view of the subject. These were explained by telling the subject "I have some pictures here to show you the types of diseases I want to find out about."

The first slide shown depicted measles. The investigator withheld comment on this slide until the subject had reacted to it. In most instances correct identification of the disease syndrome was made by the subject. When she identified it incorrectly, the correct representation was then mentioned by the investigator. Questioning ensued on the measures used in this home to prevent measles, following the form of the interview guide.

The data were recorded in longhand, with extensive abbreviation, on a form developed for this (Appendix F).

On occasion the subject appeared to be, in the judgment of the investigator, discussing the curative care of the disease rather than the preventive. At such times, the subject was asked "Would you do that before he got sick or afterwards?" When the reply indicated the latter, the practice was deleted from the data.

The interview procedure was repeated three times: first for measles, second for the common cold, and third for mumps. The same interview guide was used each time, but the visual stimulus was changed to the appropriate disease.
characterization.

The personal background of each subject, relating to education level, religion and the language spoken in her childhood and the language spoken in her home at present was elicited following the health-related interview. Her age had been previously obtained from the housing project records. These data were recorded on the form provided for this (Appendix B).

Time

No time limit was established for the interview. The time necessary for each subject to respond to all questions was provided. The majority of the interviews required twenty minutes, but several required as much as one and one-half hours to complete.

Participation in Interview

The residences of fifty families, twenty-three Hispano and twenty-seven Anglo-American, were visited in an attempt to interview twenty mothers in each cultural group about practices utilized by them to prevent certain diseases in their children. Thirty-seven of these resulted in
interviews, although not all on the initial visit. The thirty-seven successful interviews were with nineteen Hispano and eighteen Anglo-American families.

Non-Participation in Interview

Four of the visits to Hispano homes, 17.4 per cent of the number attempted, did not result in usable interviews. One of these four individuals did participate in an interview, but because a translator was used, these data were eliminated. One family selected as a subject had moved from the project before the interviews were conducted. Two Hispano mothers refused to be interviewed. One refused initially and directly, and the other by avoidance of the interviewer after the initial request had been made.

Among the Anglo-Americans contacted, nine or 33.34 per cent were not interviewed. Of these, five had moved or were never found at home. Two refused to be interviewed, although only after several visits during which excuses were given for not participating. Two others agreed to be interviewed at a later time, but were not home at the time agreed upon or on subsequent visits.

Personal History of Subjects

The Hispano interviewees, nineteen in number, ranged
from nineteen to sixty-four years of age, with a median of 34 years and a mean of 32.9 years. Their educational level extended from the sixth grade through the twelfth grade, with a median of nine years of schooling and a mean of 9.1 years. Eighteen of the nineteen Hispanics reported Catholic religious affiliation. There was one Protestant in this group.

The eighteen Anglo-American interviewees were between twenty-four and fifty-six years of age with the median age being 37.5 and the mean age 38.5 years. Their formal education varied from sixth grade to "some" college. The median for school attendance was eleven years and the mean for school attendance was ten. Thirteen of the Anglos were Protestant and five of them were Catholic. These data are presented in Table I.

Analysis of the Data

The data from the Phase II interviews for each cultural group were organized according to the pre-established categories of preventive practice. Chi square was used to test the significance of the differences of responses between the two groups. The 0.05 level of significance was accepted.

Each of the nineteen Hispanic mothers and the eighteen Anglo-American mothers reported at least one type of
TABLE I

AGE, EDUCATION AND RELIGIOUS AFFILIATION OF HISPANO AND ANGLO SUBJECTS

<table>
<thead>
<tr>
<th>Personal Data</th>
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<tbody>
<tr>
<td></td>
<td>Hispanic</td>
<td>Anglo</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>19-64</td>
<td>24-56</td>
</tr>
<tr>
<td>Median</td>
<td>34.0</td>
<td>37.5</td>
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<tr>
<td>Mean</td>
<td>32.9</td>
<td>38.5</td>
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<tr>
<td>Years in School</td>
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<td></td>
</tr>
<tr>
<td>Range</td>
<td>6-12</td>
<td>6-12+</td>
</tr>
<tr>
<td>Median</td>
<td>9</td>
<td>11</td>
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<tr>
<td>Mean</td>
<td>9.1</td>
<td>10</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Protestant</td>
<td>1</td>
<td>13</td>
</tr>
</tbody>
</table>

Prevention that would be used by them to protect their children against one of the diseases presented. Prevention through magical practice was the only method presented that was not reported utilized at least on some occasion by representatives of either cultural group. The methods of prevention used by the mothers interviewed and the differential acceptance of these methods by cultural group will
be discussed below.

Prevention by Chemical Means

TABLE II

NUMBERS OF HISPANO AND ANGLO SUBJECTS WHO WOULD USE CHEMICAL PREVENTION AGAINST MEASLES, MUMPS OR COLDS

<table>
<thead>
<tr>
<th>Chemical Prevention</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Drugs and Herbs (including Vitamins)</td>
<td>Hispanic: 9</td>
</tr>
<tr>
<td></td>
<td>Hispanic: 9</td>
</tr>
<tr>
<td>Disinfection</td>
<td>Hispanic: 9</td>
</tr>
</tbody>
</table>

Chemical prevention was reported by more Anglo interviewees than Hispano. Nine Hispanics and fifteen Anglos would use drugs or herbs to prevent disease. This difference was not significant.

Food would be used for preventive health purposes by nine Hispanics and by seventeen Anglo-Americans. This category of prevention was the only one of those studied that revealed a statistically significant difference between Hispano and Anglo practices. Several of the Hispanics
indicated that food as a method of prevention was a new concept to them. One of them replied, to a question regarding this, that she "hadn't thought about that." Another stated that "I wouldn't know what I'd do about it. Never had that question asked me before." She then went on to state that "it would have to be something you do all the time, wouldn't it? Like a good diet all the time."

Disinfection as a means of prevention was reported by nine Hispanos and by twelve Anglos. There was no significant difference revealed.

Prevention by Adjustment of Environment

<table>
<thead>
<tr>
<th>Environmental Adjustment for Prevention</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation of Human Contact</td>
<td>18</td>
</tr>
<tr>
<td>Adjustment of Household Environment</td>
<td>10</td>
</tr>
<tr>
<td>Adjustment of Clothing</td>
<td>3</td>
</tr>
</tbody>
</table>

**TABLE III**

NUMBERS OF HISPANO AND ANGLO SUBJECTS WHO WOULD USE ENVIRONMENTAL ADJUSTMENT IN PREVENTION AGAINST MEASLES, MUMPS OR Colds
Adjustment of the environment for protection against disease varied slightly between the two cultural groups. A significant difference was not indicated. Family contacts would be adjusted by eighteen of the Hispanos and by fourteen of the Anglo-Americans.

The household environment would be altered by ten of the Hispanos and seven of the Anglo-Americans. Some measures classified in this category included care of eating utensils or bedding; adjustment of the temperature or humidity of the home; "airing" of the house' and special cleaning. Several interviewees, representing both ethnic groups, said that if they "knew something to do" in their housekeeping, they would do it.

Adjustment of the type or amount of clothing worn was considered important in prevention of disease to only three of the Hispanos and to eight of the Anglo-Americans.
Prevention Through Psychological States or Religious Practice

TABLE IV

NUMBERS OF HISPANO AND ANGLO SUBJECTS WHO WOULD USE PSYCHOLOGICAL STATES OR RELIGIOUS PRACTICE IN PREVENTION AGAINST MEASLES, MUMPS OR COLDs

<table>
<thead>
<tr>
<th>Psychological State or Religious Practice</th>
<th>Frequency</th>
</tr>
</thead>
</table>
| Emotional or Mental States              | 6 Hispano  
|                                        | 5 Anglo   |
| Religious Practices                     | 5 Hispano  
|                                        | 4 Anglo   |

Importance of the mental or emotional state to an individual's health was asserted by six of the Hispanics and by five of the Anglo-Americans. A significant difference was not indicated. Two interviewees who did not consider the mental state an important preventive factor in children's health stated that they did consider this important in adult health.

Religious practices would be carried out for health protection by five Hispanic mothers and by four of the Anglo mothers. One of the mothers, an Anglo-American, who does not utilize this method to prevent disease stated the philosophy that "God helps me get through every day, but I
wouldn't do anything special. Doesn't hurt to pray, but I wouldn't depend on it. I'd help myself." Another subject, a Hispano, said that "prayer is a consolation to oneself, not a weapon." The difference between the Anglo-Americans and Spanish-Americans in the use of religious practices in disease prevention was not significant.

Prevention Through Magical Practice

The type of magical practice that might be expected in prevention of disease could be special rituals or the wearing of protective devices, either religious or secular. None of the interviewees in either ethnic group expressed belief in magic as a form of health prevention. The typical reply to questioning about magical practice was "I don't believe in that stuff," accompanied by a smile. Several subjects went on to say that they supposed a lot of people did believe in it. In one Hispano home, the mother replied "I don't think so" to the question concerning the efficacy of magic in health maintenance. It was noted that the infant was wearing a red bead bracelet, and it was conjectured by the researcher that this might be a form of amulet used to maintain the health of the infant. The mother was asked about the bracelet, and she replied that the child's aunt had put it on her at birth and it had "just been left on."
Disease Acceptance

Ten of the mothers interviewed expressed a fatalistic acceptance of these diseases and a comment repeated frequently was "If they're going to get it, they're going to get it." Of these ten mothers, four were Hispano and six were Anglo. Three of the mothers, two Anglo and one Hispano, volunteered the suggestion that they might deliberately expose their children to measles to "get them over with."

(2) Compare the disease prevention practices of the two cultural groups selected for the study.

The historical development of Hispano culture from the Spanish and American native origins has been presented as background to the health practices peculiar to Spanish-Americans. Hispano beliefs and practices related to disease prevention, treatment and prevention have been reported from the literature on the subject.

General categories of preventive practice established from the literature were:

1. Prevention by chemical means
2. Prevention by adjustment of the physical environment
3. Prevention through psychological states and religious practices
4. Prevention by practice of magic

The investigation was conducted in two phases.
CHAPTER IV

SUMMARY AND CONCLUSIONS

Preventive Health Practices

The purposes of this investigation were to:

1. Identify measures utilized by selected Hispanic and Anglo-American mothers to prevent their children from contracting any of three common diseases: measles, mumps, or colds.

2. Compare the disease prevention practices of the two cultural groups selected for the study.

The historical development of Hispanic culture from its Spanish and American Indian origins has been presented as background to the health practices peculiar to Spanish-Americans. Hispanic beliefs and practices related to disease causation, treatment and prevention have been reported from the literature on the subject.

General categories of preventive practice established from the literature were:

1. Prevention by chemical means

2. Prevention by adjustment of the physical environment

3. Prevention through psychological states and religious practices

4. Prevention by practice of magic

The investigation was conducted in two phases.
Phase I

An exploratory study was done to ascertain if Spanish-American families utilized measures to prevent disease in their children and to identify any measures used. During this phase an interview guide and the interview method were tested.

Interviews were conducted with the individuals fulfilling the child-care, mother-role in nineteen Hispano families. These data indicated that preventive health measures were used in all these families. It was possible to classify the measures reported into two of the pre-established categories of prevention, those by (1) chemical means and (2) adjustment of the physical environment. Only two of the preventive practices reported by the interviewees were similar to those reported in the literature, these being the use of foods and the use of medications in disease prevention. Even these differed in the types of foods and drugs used for this purpose and the rationale for their use.

Although the major purpose of the investigation remained unchanged, the specific aims of the study were expanded to include a comparison of the preventive practices of selected Hispano and Anglo-American families.

Phase II

Subsequently, an interview survey of selected subjects
was conducted to collect the desired information. The sampling consisted of randomly-selected Hispano and Anglo-American residents of a Denver housing project who were mothers caring for dependent children, or other individuals fulfilling the responsibilities of the mother-role. Thirty-seven interviews were held with nineteen Hispano and eighteen Anglo-American subjects. The housing project used for the study was chosen at random.

The interviews were conducted in the home of each subject. An interview guide was used in questioning each subject to provide a focus for discussion. A visual stimulus was presented during each interview graphically representing a child with the symptoms commonly associated with each disease discussed. This stimulus was presented by two-by-two inch photo-transparencies shown by means of a table-model, battery-operated viewer.

Each subject was questioned to determine what practices, if any, she would employ to prevent illness in her children when measles, mumps or colds were prevalent. The findings indicate that: (1) all mothers in each cultural group interviewed utilized some form of prevention at some time to maintain the health of their children when measles, mumps or colds were prevalent; and (2) that measures utilized by the interviewees in prevention of these diseases include:
(a) use of specific medications, foods, and disinfectants
(b) control of contact with other people
(c) adaptation of clothing or the household environment, and
(d) use of religious practices.

It was found also that (3) mothers in each group considered the emotional state of the child important in disease prevention, but that (4) no mother in either group reported use of magical practice in disease prevention.

Chi square was used as the test for significance of differences between the two cultural groups, with a 0.05 level accepted. The only statistically significant difference in the prevention practised was in use of food to prevent disease. The Anglo-American subjects reported this measure more than did the Hispanic subjects.

Although the findings of this study do not provide a basis for broad generalization about the preventive practices of Spanish-Americans, one conclusion seems warranted. Preventive health measures are commonly utilized by families, but the cultural background of the family cannot be assumed to provide a pattern for the prevention practised.

RECOMMENDATION

It is recommended that public health nurses working with Hispanic families to control communicable disease, learn
to know each family as a unique entity. The measures utilized for disease prevention by the family should be investigated thoroughly as well as the rationale for their use. The nurse should avoid assumptions about the family's health practices based on their cultural background.

Additional knowledge is needed about the disease control measures used in Hispano homes. Further study could add to this knowledge through:

(1) investigation of selected factors such as educational background, social class and urbanization on the preventive health practices of the Hispano family;

(2) investigation of the sources of the beliefs about preventive health practices;

(3) investigation of the factors that affect modification or change of Hispano beliefs about preventive health; and

(4) testing of the applicability of the theory of systemic linkage to disease control in Hispano homes, by linking the practices traditionally used by the family to those recommended by public health personnel.
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BIBLIOGRAPHY


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<td>Sickness in Fam. Ngbr.</td>
<td>Sickness or Condition</td>
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## APPENDIX B

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<tr>
<th>NAME</th>
<th>LANGUAGE</th>
<th>PRESENT CHILD</th>
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**MEASLES**
APPENDIX C

COLDs
MEASLES
APPENDIX D

COLDS
APPENDIX E

MUMPS
APPENDIX F

Name__________________________ Slide #_______

______________________________________________

Medicine/Herbs

Foods

Housekeeping

People

Religion

Think/Feel

Magic/Spirits