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Mexican American mothers' health practices for febrile children in southeast Wisconsin

Cynthia Foronda

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Running head: MEXICAN AMERICAN MOTHERS' HEALTH PRACTICES

MEXICAN AMERICAN MOTHERS' HEALTH PRACTICES
FOR FEBRILE CHILDREN IN SOUTHEAST WISCONSIN

BY

Cynthia Foronda, RN

A Master's Thesis Project

submitted to Cardinal Stritch University College of Nursing

in partial fulfillment of the requirements for the degree

Master of Science in Nursing

Cardinal Stritch University

Milwaukee, Wisconsin

August 2003

CARDINAL STRITCH UNIVERSITY
College of Nursing

THESIS/PROJECT DEFENSE
COMMITTEE APPROVAL FORM

Date August 5, 2003

We hereby recommend that the project prepared by Cynthia Foronda entitled MEXICAN AMERICAN MOTHERS' HEALTH PRACTICES FOR FEBRILE CHILDREN IN SOUTHEAST WISCONSIN be accepted as fulfilling this part of the requirements for the Degree of Master of Science in Nursing.

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Dedication

I would like to thank so many people for assisting in the process of comprising this thesis. First, I must express my gratitude to all of the Mexican American mothers who donated their time and willingly participated in the study. I sincerely hope that this study leads to increased knowledge about this very unique, beautiful population of Mexican American mothers. Second, I thank all of my instructors at Cardinal Stritch that positively influenced me and shaped my nursing career. Third, I thank my family for their constant support and belief in me. Finally, I thank my husband for inspiring my interest in diversity and supporting me every step of the way. His love was the rock that gave me the strength to endure through thick and thin.

ABSTRACT

MEXICAN AMERICAN MOTHERS' HEALTH PRACTICES
FOR FEBRILE CHILDREN IN SOUTHEAST WISCONSIN

BY

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Master of Science in Nursing

Cardinal Stritch University College of Nursing

Milwaukee, Wisconsin

August 5, 2003

Dr. Ruth Waite, Chairperson

Abstract

The purpose of this study was to identify the health care practices Mexican American mothers use for children with fever. The survey results (N = 47) indicated the following three most common practices: 1) giving acetaminophen (85%), 2) removing warm clothes (66%) and 3) giving ibuprofen (53%). The potentially harmful practice of administering aspirin to children with fever was indicated by 23% of the mothers. In addition, 29% of mothers placed alcohol on the body, a practice contraindicated by Western medicine. A variety of other remedies for fever were identified by Mexican American mothers including applying cold compresses, praying, giving cold baths, Vaporub, tea, placing tomatoes on the body, placing eggs on the body, dressing with clothes, using herbs, magic, enemas, electrolyte drinks, placing alcohol in the belly button, giving water, giving Nyquil, and keeping the child in the house. No participants indicated the use of a *curandero* [italics added], placing mud on the body, or the use of arzacón. Thirty-six percent of the mothers reported using home remedies more due to lack of money or insurance. Forty three percent of the mothers used remedies obtained from Mexico. While many mothers in the survey utilized accepted Western practices, 96% of the mothers used alternative practices unique to the culture. After reviewing the study findings, the researcher encourages health care givers to practice culturally sensitive care and promotes increased awareness of teaching opportunities for Mexican American mothers about the safe and potentially unsafe practices of treating fever.

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Chapter I

Introduction

Statement of the Problem

Many people refer to the United States of America as a “melting pot” due to the ethnic diversity of the population. Hispanics are the most prevalent and fastest growing minority group within the United States (Mikhail, 1994; Zambrana, Ell, Dorrington, Wachsman, & Hodge, 1994), today representing 12.5% of the population (U.S. Census Bureau, 2000). The majority of Hispanics residing within the United States are Mexican in ethnicity (U.S. Census Bureau, 2000). Because of the increasing numbers of this minority population, there is a growing need for health care providers to have knowledge of the Mexican culture. The Mexican heritage is comprised of a unique system of beliefs and values that over time has influenced and shaped a distinct culture. Warda (2000) revealed that Mexican Americans have their own definitive perceptions of what they consider to be competent health care, and that health care workers need to be knowledgeable of these perceptual differences to provide optimal care. The health care practices of Mexican Americans differ from traditional Western practices, often incorporating the use of folk medicine within treatment (Becerra & Iglehart, 1995; Mikhail, 1994; Wilson & Robledo, 1999). Some remedies used by Mexican Americans, such as the use of arzacón, a lead-based tea, have proven harmful for children (Caudle, 1993). Other practices seem inconsequential, and certain treatments truly contribute to health. Furthermore, some mothers combine folk medicine with over the counter (OTC) medicine, potentially leading to drug interactions. Researchers have only begun to discover the actual treatments used by Mexican American mothers residing in the United

States. Nurses need to know about these health care beliefs and practices of their patients and families to provide culturally competent, safe, and congruent care (Leininger, 1996).

Purpose of the Study

Most research regarding the Hispanic population has been conducted in the Southern United States. However, Mexican Americans live throughout the United States and more studies need to be performed in northern states to search for differences between these populations. It is important to study the health care practices of Mexican Americans in the north as well as the south, as the greater distance from Mexico may influence types of treatment due to the variance in access to herbs, folk healers, and family. Additionally, some studies have involved populations of Hispanic mothers, but have not addressed the unique population of Mexican American mothers. The large Mexican American presence in the United States warrants an investigation of specific cultural differences of Mexican Americans from other Latin cultures. More specifically, only a handful of studies depicted the treatments Mexican American mothers provide in relation to a distinct illness. From this existing research, the remedies appeared to vary according to each illness. The investigator found no research that solely addressed Mexican American mothers' health practices on the specific condition of fever. Therefore, the researcher identified a gap within the literature addressing the health care practices Mexican American mothers use for their children. The purpose of the study was to obtain knowledge on this specific topic for education of both professional health care providers and home caregivers.

This study examined the health care practices Mexican American mothers, living in a northern state, utilized in treating their febrile children. The researcher used a survey

to identify these practices. Furthermore, the researcher identified which specific treatments Mexican American mothers used most frequently as well as which treatments were deemed the most important in reducing fever. The findings of the study are presented to identify effective and non-effective practices.

Research Question

The gaps in the literature lead to the following research question of this descriptive study: “What are the health practices of Mexican American mothers in Southeast Wisconsin in treating their febrile children?”

Significance for Nursing

This study contributes to the knowledge base of nursing. Along with revealing the different remedies practiced by Mexican American mothers caring for febrile children, the research findings may give nurses information about cultural variances and may influence one’s nursing care. With knowledge about “culture care” of ill children (Leininger, 1996), nurses will be able to assess clients in relation to cultural practices, influence certain health care behaviors, and enhance relationships and satisfaction of patients and families. This knowledge may increase nurses’ cultural sensitivity as well as comfort level when working with Mexican American patients and families.

Definition of Terms

For the purpose of this study, the definition of *Mexican Americans* [italics added] as utilized by Warda (2000) was applied; “Mexican Americans are defined as individuals of Mexican descent either born in Mexico or the United States who are currently residing in the United States” (p. 204). The age parameters applied for the word *child* [italics added] range from zero to, but not including, 18 years old. The definition of *fever* [italics

added] was a perceived rise of body temperature either by judgment or verified by a thermometer. This definition is intentionally general in description to prevent any limitation of findings. Since the exact responsibilities of the term *curandero* [italics added] differ by region, in this study, the term *curandero* [italics added] meant a folk healer who treats illnesses of the natural and supernatural. The words *alternative therapy* [italics added], included “those health practices that fall outside conventional mainstream healthcare and include, but are not limited to, herbal medicine, prayer, massage, charms, and folk healing” (Keegan, 1996, p. 279).

Leininger’s Culture Care Theory (1996) recognizes that humans vary in their values and beliefs and she acknowledges that Mexican Americans possess a discrete culture. Her theory encourages nurses to learn about these diversities and structure nursing care according to the client’s culture, thus providing culturally congruent care (Leininger, 1996). The researcher applied the following definition of *culture* [italics added] as defined by Leininger (1996): “the lifeways of a particular group with its values, beliefs, norms, patterns, and practices that are learned, shared, and transmitted intergenerationally” (p. 73). This study was performed to examine the practices Mexican American mothers use for their febrile children so that information about cultural practices may be available to nurses.

Limitations of the Study

A major weakness of the study was the convenience sampling approach. In addition, the small Milwaukee sample limited the generalizability of the study. Also, the small amount of 47 surveys may not have elicited the full range of health practices of Mexican American mothers living in the Midwest. The sampling of mothers from a

church may have skewed the results since faith may influence healthcare practices, but most Mexican Americans are of Catholic faith. The surveys were distributed in a mass performed in Spanish, further limiting the sample to Spanish-speaking Mexican Americans. A strength of this study is that it proposed to identify health care practices of Mexican American mothers as opposed to the heterogenous group of Hispanic mothers. To control for Hispanic mothers of other origins participating, one of the initial questions of the survey asked if the mother was of Mexican descent.

Assumptions

The researcher made the following three assumptions: 1) that the Mexican American culture influences the health beliefs and practices of Mexican American mothers treating their febrile children, 2) that Mexican American mothers may use alternative therapies in conjunction with traditional Western practices, and 3) that the Mexican American sample is literate, speaking Spanish. These assumptions did not appear to jeopardize the validity of the study.

Summary

The Mexican American population continues to increase throughout the United States (U.S. Census Bureau, 2000). Previous research has indicated that this population practices many alternative forms of health care, including ineffective practices according to Western medicine. The amount of published research about Mexican American mothers' health practices is minimal. Investigations regarding the health care practices of Mexican American mothers living in the Midwest is almost non-existent as the researcher only identified one such study (Colucciello & Woelfel, 1998). Research is warranted regarding these health practices in the Midwest for various reasons. First, the

identification of the health practices Mexican American mothers use is important to gain information so that nurses have an opportunity to practice in a culturally competent manner. Second, Mexican American mothers may demonstrate ineffective practices in caring for febrile children which would portray a need for culturally sensitive education of Mexican American mothers. Finally, this study serves to increase the nursing knowledge base in reference to the health care practices Mexican American mothers in Southeast Wisconsin use for febrile children.

Chapter II

Review of Literature

Theoretical Framework

Madeleine Leininger's (1978, 1991, 1995) theory of transcultural nursing was chosen for the theoretical framework of the study. Her theory recognized the diverse values of society and devised an approach for nurses to provide culturally congruent care. She proposed that caregivers' thoughts and actions stemmed from their cultural beliefs (Leininger, 1978). Besides having an awareness of one's own culture, Leininger believed that nurses must provide care that is culturally congruent for the client. In specific regards to caring for the Mexican American patient, Leininger encouraged the nurse to consider the significance of family and support health beliefs whenever possible (Leininger, 1995). When describing the health practices embraced by Mexican Americans, Leininger reported that Mexican Americans believe in using certain foods to heal (Leininger, 1991). They use folk medicine and folk healers, and practice according to the "hot and cold" theory (Leininger, 1991). Mostly Roman Catholic, Mexican Americans accept the will of God when illness strikes, and the mother plays the primary role in deciding the medical care in the family (Leininger, 1991). Leininger's theory explains the need for cultural sensitivity when providing care and her research displays some of the commonly shared values of the Mexican American community.

Perceptions of Culturally Competent Care

Warda (2000) studied Mexican Americans' perceptions of culturally competent care using a qualitative approach. She utilized four focus groups with 22 participants in California with Mexican American nurses and Mexican American healthcare recipients

and derived several concepts from the data. In recognizing one's cultural self in relevance to health care, the concepts of family, spirituality, health beliefs and practices, and healthcare options arose. Respondents spoke about the system barriers to health care, including language, inadequate cultural knowledge, inadequate client education, lack of humanistic care, illness-based care, dissonant verbal and non-verbal communications, and long waits as the emergency room was a primary site of medical attention (Warda, 2000). Warda (2000) further elicited the following three personal barriers to health care: "1) economic constraints, 2) limited knowledge of the health care system and health care practices, and 3) monolingual fluency in Spanish (p. 218)." When discussing health beliefs and practices with the respondents, Warda found that the use of folk healing practices was influenced by socioeconomic status (p. 217). Warda identified respect, caring, understanding, and patience as key themes and vital elements of the Mexican American receiving proper treatment within the health care system (p. 203). In addition, her study acknowledged the importance of health care providers' awareness of their own health beliefs and practices when working with Mexican American clients.

Folk Illnesses

Mexican Americans follow traditional beliefs about certain illnesses. The most prominent folk illnesses include the following: *Mal de ojo* [italics added] (evil eye), a magical belief that when someone else admires a child, that child may get sick with symptoms such as diarrhea, vomiting, fever, and irritability (Folk Medicine, n.d.; Robledo, Wilson, & Gray, 1999); *empacho* [italics added], "bad" or undigested food remaining in the stomach causing poor appetite, stomach ache, and vomiting (Folk Medicine, n.d.; Robledo, Wilson, & Gray, 1999); *caida de la mollera* [italics added], or

fallen fontanel, leading to crying, irritability, vomiting and diarrhea (Blue, n.d.; Folk Medicine, n.d.); *susto* [italics added], a magical illness caused from a frightful experience including symptoms of irritability, lethargy, anxiety, or depression (Blue, n.d.; Folk Medicine, n.d.); and *mal puesto* [italiacs added], a hex placed on an infant causing screaming, crying, or convulsions (Blue, n.d.; Folk Medicine, n.d.; Kemp, 2001). Many of the above symptoms could be concurrent with a febrile illness and affect the mother's understanding of the cause and hence treatment of the illness. Therefore, these common beliefs may influence the Mexican American mother as to when and how she treats her child.

Health Care Beliefs and Practices

Folk medicine has been practiced for centuries, and the common health beliefs and practices of Mexican Americans have been articulated within many articles. Hispanics, a term including the subgroup of Mexican Americans, believe in the "hot and cold" theory where the imbalance of hot and cold causes illness and can be used to treat illness (Blue, n.d.; Folk Medicine, n.d.; Kemp, 2001). For example, to treat a "hot" illness such as a rash, one would administer "cold" water.

Another factor, the influence of God, affects the practices of patients and caregivers. "Orque, Bloch, and Monrroy (1983) found that 85% to 90% of Mexican Americans are Roman Catholic" (as cited in Zoucha & Reeves, 1999, p. 16). The literature reveals conflicting information regarding the implication of this religious value. On one hand, the belief in an all-powerful creator and fate-like philosophy causes Mexican Americans to assume a passive role, accepting one's illness as God's will (Blue, n.d.; Leininger, 1991; Zoucha & Reeves, 1999). Yet, this same belief in God prompts

Mexican Americans to use prayer as an attempt at healing. God offers hope and guidance within the course of illness (Becerra & Iglehart, 1995; Kemp, 2001). On the contrary, some researchers found Mexican Americans view illness as a punishment from God, a negative implication of the religion (Ahmed, n.d.; Zoucha & Reeves, 1999).

Along with the abstraction of religion, Mexican Americans associate supernatural causes to illness (Blue, n.d.; Stauber, 1994). They believe in magic as a means for curing disease (Applewhite, 1995; Stauber, 1994). These ties to the supernatural world support the use of *curanderos* [italics added] (Keegan, 1996; Stauber, 1994). *Curanderos* [italics added] are local folk healers, providing spiritual support and practicing with traditional remedies to restore harmony (Keegan, 1996; Kemp 2001; Wilson & Robledo, 1999). The amount of people using *curanderos* [italics added] is difficult to determine and may be under-reported as some believe the *curanderos*' [italics added] powers are derived from the underworld (Kemp, 2001; Stauber, 1994).

Applewhite (1995) examined the health beliefs and practices of 25 elderly Mexican Americans living in Arizona using semi-structured interviews. Most participants expressed a firm belief in God and divine intervention. Twelve percent of the participants admitted they used a *curandero* [italics added] for treatment. Seventy-six percent of the participants believed in the effectiveness of herbal remedies and “chose to treat themselves with a common folk treatment, self-medication, or herbal remedy” (Applewhite, 1995, p. 251). Eighty-four percent of respondents stated they had received folk treatments and utilized folk healers to treat their children (Applewhite, 195, p. 249). Besides demonstrating the strong belief in alternative treatments and common usage of folk medicine among Mexican Americans, the participants identified negative views of

the United States health care system. Health care providers were deemed impersonal and disrespectful and perceived problems with communication and distrust of physicians influenced their receipt of Western health care (Applewhite, 1995). Eighty-five percent of participants “indicated that they did not have the money or health insurance to see a doctor regularly” and Applewhite noted “economic hardship was the most important factor influencing their views about modern health care” (Applewhite, 1995, p. 251). Applewhite’s interview methodology encompassed the Mexican American values of respect and personal sharing, while bringing forth the beliefs, practices, and influences of health care.

Keegan (1996) used a survey form to study the use of alternative therapies among 213 Mexican Americans in the Texas Rio Grande Valley. Of the convenience sample, 13.75% of the respondents admitted using a *curandero* [italics added] within the year. Forty-four percent of the participants stated they had used some form of alternative therapy within the year. The Mexican Americans in her sample chose herbal medicine as the most commonly used alternative therapy. Other frequently sought therapies included spiritual healing, prayer, massage, relaxation techniques, chiropractic, and use of a *curandero*. Alarming, 66% of the respondents reported they do not mention their use of alternative treatments to their primary care providers (although, Keegan did not ask participants how many of them actually see a primary provider). In addition, “the majority (66%) never report visits to alternative practitioners to their established primary health provider” (Keegan, 1996, p. 277). A strength of the study, the sample size appeared adequate to establish significance. The study was also advantageous in exploring the subgroup of Mexican Americans as opposed to the heterogeneous Hispanic

population. As with Applewhite's study, Keegan's research displayed a prominent use of alternative therapy among Mexican Americans as well as the theme of not communicating these practices with a traditional Western health care provider.

Becerra & Iglehart (1995) concur about the use of folk medicine by the Mexican American population. After performing a literature review, Becerra & Iglehart define folk medicine or home remedies as “ ‘cures’ that have been passed on through generations” (Becerra & Iglehart, 1995, p. 37). According to Becerra and Iglehart, the data from their review of literature show that folk medicine and home remedies are widely used among Mexican-Americans and these practices are used in conjunction with formal health care (Becerra & Iglehart, 1995). Drinks such as cumin tea, eucalyptus tea, chamomile tea, and oregano tea are commonly used remedies (Becerra & Iglehart, 1995; DePacheco & Hutti, 1998; Stauber, 1994; Wilson & Robledo, 1999). Stauber (1994) notes that “nearly every town in south Texas, regardless of its size, has a store called a yerberia or a botica” (p. 347). Yerberias and boticas are stores that sell herbs for use as remedies and south Texas is a heavily populated Mexican American area (Stauber, 1994).

Mexican American Familial Roles

Understanding what the Mexican American mother believes and how she treats her child is essential for nurses to know, as the mother is the primary caregiver of the household (Grothaus, 1996; Villarruel, 1995). The mother is the one who makes the decision of whether or not to use folk remedies (Becerra & Iglehart, 1995). The gender role of women is to care for the home and family (Villarruel, 1995). On the other hand, the Mexican American father is the head of the family and this authority is respected by the family (Villarruel, 1995). The father supports the mother's actions of feeding and

changing diapers, but is not involved as much as the mother in these responsibilities (Villarruel, 1995). The father, instead, is the lead disciplinarian (Villarruel, 1995). Both the Mexican American mother and father tend to place family as a top priority (Caudle, 1993; DePacheco & Hutti, 1998; Grothaus, 1996). Along with the hierarchy of the familial structure, the cultural norm is for Mexican Americans to be polite and respectful, even if they disagree or do not understand what was said (Caudle, 1993; DePacheco & Hutti, 1998; Villarruel, 1995). In a qualitative study by Villarruel (1995), Mexican Americans displayed patterns of helping others any way possible, demonstrating their willingness to care for others. An elicited theme from the study, tolerating pain is a sign of strength and is esteemed (Villarruel, 1995). The study revealed the selfless values and enduring culture of Mexican Americans.

Mexican American Mothers' Access to Health Care for their Children

Although the Mexican American mother may desire to help her sick child, many barriers exist that may prevent her from doing so. Hispanics living in the United States, especially those of Mexican origin, report obstacles such as lack of insurance, high costs, immigration laws, and language barriers as some of the reasons for not obtaining health care (Zambrana et al., 1994). A 1990 study of 80 immigrant Latino mothers in the Los Angeles area examined the relationship between psychosocial status of these mothers and the use of emergency pediatric services (Zambrana et al., 1994). Thirty-six of the mothers reported using the emergency room (ER) as their usual source of healthcare. Most of the mothers expressed feeling high levels of stress, and the mothers that indicated higher stress levels corresponded with perceiving more barriers to obtaining health care for their children. In other words, the findings indicated that "the mothers' psychosocial health

status may influence the delayed use of pediatric services” (Zambrana et al., 1994, p. 100). This study reiterated Applewhite’s (1995) and Keegan’s (1996) findings regarding the barriers to health care of Mexican Americans, however, Zambrana is able to hone in these barriers with direct relation to Latino mothers seeking health care for their children. In addition, Zambrana introduces the idea that the stress that Latino mothers endure may relate to a delay in use of traditional health care for their children.

Health Practices of Mexican American Mothers for Children

Along with using teas, Hispanic, including Mexican American, mothers have been known to use additional treatments for their children. Sometimes mothers give alcohol rubs, tepid baths, and enemas for fevers (Becerra & Iglehart, 1995; Mikhail, 1994; Wilson & Robledo, 1999). Many times, a rice water concoction is administered in the case of diarrhea (Mikhail, 1994; Becerra & Iglehart, 1995). For children with cold symptoms or respiratory illness, Vicks Vaporub, water from boiled raisins, and honey with lemon are provided (Mikhail, 1994; Wilson & Robledo, 1999). For conjunctivitis, mothers may use a chamomile eyewash or place drops of breast-milk in the eyes (Mikhail, 1994; Neff, n.d.). When an infant is teething, some may give their children arzacón, which contains lead and is a harmful practice (Caudle, 1993; Neff, n.d.). For the common skin rash, a variety of substances may be applied to the skin including cornstarch, alcohol, or lemon (Mikhail, 1994; Neff, n.d.). In the case of a burn, aloe vera may be utilized (Mikhail, 1994; Neff, n.d.), and other remedies include applying pork lard, butter, toothpaste, raw onion, or egg whites (Mikhail, 1994). For psychological illnesses, Mexican Americans utilize massage therapy with oils (Blue, n.d.; Stauber, 1994). In summary, a wide variety of alternative treatments exist and are being used

today. Some of these treatments are safe and effective, others ineffective but harmless, and furthermore, some are not only ineffective, but dangerous.

Practices for Select Health Problems

Robledo, Wilson, and Gray (1999) investigated Hispanic mothers' knowledge and care of their children with respiratory illnesses. The six participants, all Mexican in origin, were guided through interviews in this qualitative study. Five themes resulted from the inquiry including perception of children's health status, perceptions of causative factors of respiratory illness, mothers' understanding of symptoms of respiratory illness, health practices, and perceptions of folk illnesses. In one finding, the mothers perceived their children's health as good. The mothers' reasoning for the illness varied but included the "hot and cold" theory. The mothers' knowledge of the illnesses also varied from a good understanding to a limited one. In regards to treatment, all mothers used home remedies to treat a cold. Some of these remedies included Tylenol, cough syrup, Vaporub, and teas. In treating against respiratory illnesses, mothers combined home remedies with modern or Western practices. All mothers also reported awareness of the folk illnesses of evil eye and empacho, demonstrating the cultural implications of perceiving and treating illness. The limited sample size of six participants stifles transferability of the findings, but the pilot study succeeded in pulling specific beliefs and practices of Mexican American mothers into clear, applicable information with relevance to respiratory illnesses of children.

Mikhail (1994) performed a study in rural California, exploring Hispanic mother's practices regarding selected children's health problems. These problems included fever, cough, diarrhea, vomiting, conjunctivitis, skin rash, minor wounds, and

minor burns. The majority of the sample, 98%, had Mexican ethnicity and the remaining 2% were born in Central or South America. The mothers (N = 105) were interviewed and asked about their beliefs of specific illnesses and how they would treat the selected problems. Despite the fact that the sample was served by a nonprofit clinic using a sliding fee scale, “only 32% of the mothers used health care professionals as the initial source of advice for children’s illnesses” (Mikhail, 1994, p. 634). When discussing the cause of ailments, the mothers frequently mentioned the hot and cold theory, the common folk illnesses, and infection. Mikhail’s study, although referring to several children’s illnesses, revealed that 81% of the participants reported using home remedies to treat their children’s illnesses. For cough, the majority only used home remedies. When their children had diarrhea, 31% of the mothers provided home remedies while another 31% sought medical advice from a health care provider. The authors explained that most of the mothers recognized the dangers of dehydration from diarrhea. For vomiting, 40% of the mothers opted for medical advice. The findings for treatment of conjunctivitis were varied. About one third of the mothers used home remedies, 27% used OTC drugs, and 28% asked a health care professional what to do. For skin rashes, minor wounds, and minor burns, the majority of mothers chose to handle the problems themselves by either home remedies or OTC drugs. Besides the common treatments, several alternative practices were revealed that a few mothers used. For conjunctivitis, 3% of mothers mentioned placing lemon drops in the child’s eyes, and other remedies included “washing the face with warm urine, exposing the eyes to cigarette smoke, and applying potato slices over the eyes” (Mikhail, 1994, p. 631). Using monkey blood, spider webs, and mud were stated to help remedy minor wounds. When asked about the use of azarcón, a lead-

based and therefore highly toxic substance for children, 11% of the mothers claimed administering it as a treatment.

In regards to the select illness of fever, Mikhail's (1994) study revealed that 58% of the sample of mothers combined OTC medicines with home remedies when treating fever. In addition, she found that many of the mothers obtained drugs from Mexico to treat illnesses. Some mothers used aspirin in attempts to decrease fever, a dangerous practice associated with Reye's syndrome. Alternative treatments mentioned included cold water compresses, tepid baths, alcohol rubs or baths, liquids, teas, and removing clothes (Mikhail, 1994). However, Mikhail (1994) discovered some unconventional home remedies for treating fever such as

applying roasted tomatoes on the chest and bottom of feet, praying, rubbing the stomach with a mixture of lard and sodium bicarbonate, keeping the child well covered, applying mud over the abdomen, sweeping the body with a raw egg, instillation of alcohol and vinegar in the belly button, and administering an enema made of Holy Hawk salt and oil (p. 631).

Some of these practices are blatantly hazardous while the others are detrimental since they prevent appropriate treatment and possibly lead to worsening of the illness. This result demonstrates the prominence of these alternative practices and warrants further, more specific study. Potentially confounding variables such as age, education, and length of stay in the United States statistically showed no significance between the use or non-use of home remedies. This well-executed study separated the distinct illnesses with the type of treatment provided by Hispanic mothers living in central California. The large sample size, mainly Mexican American, increased its applicability to the Mexican

American population. Unfortunately, 2 % of the subjects were not of Mexican ethnicity, a small but influential variable. Also, the study was completed in a rural clinic. It is plausible that mothers far away from health care facilities may use more home remedies than those living in an urban setting with easier access to care. This study brought forth a multitude of valuable data and can be used to support further research.

Colucciello and Woelfel (1998) performed an exploratory pilot study in central Wisconsin examining the types of cultural health care provided by Mexican American mothers to their ill children at home. They interviewed 10 Mexican American women, and asked how they treated colds, fever, and ear infection. For treatment of a cold, 40% of the mothers administered Tylenol, 30% provided tea, and 30% used Vicks or another vapor rub (Colucciello & Woelfel, 1998). With an ear infection, five mothers stated they would go to a doctor for antibiotics, two mothers used Tylenol, one mother placed olive oil drops in the ear, and one mother placed vapor rub in the ear (Colucciello & Woelfel, 1998). In regards to fever, five mothers indicated they used Tylenol, while 80% of the mothers added use of an external method, such as bathing or swabbing alcohol, to bring down temperature (Colucciello & Woelfel, 1998). “When asked what remedies they thought worked extremely well, one mother described old cigarette butts applied to the temples to relieve a headache and geranium leaves placed in the anus for constipation” (Colucciello & Woelfel, 1998, p. 38). All mothers answered that they were the ones who stayed with their child when their child was ill (Colucciello & Woelfel, 1998). Also of significance, “many of the mothers in this study cited their own mothers as the source of medical advice” (Colucciello & Woelfel, 1998, p. 39). This pilot study was the only study the researcher found that addressed the practices of Mexican American mothers for

febrile children in the northern United States. Colucciello & Woelfel (1998) identified the use of alternative practices, including dangerous ones, but their small sample limits the findings and encourages further research. Due to the lack of previous research on the subject completed in the Midwestern United States, and the suggestions that dangerous health practices are in progress, the researcher has perceived a need and purpose for study.

Summary

The review of the literature revealed that Mexican Americans exhibit cultural differences in relevance to health care beliefs and practices. Elements such as religion, access to health care, magic, folk illnesses, and alternative remedies influence the treatments Mexican Americans utilize in times of illness. There is limited research about the health care practices of the specific population of Mexican Americans living within the United States. Furthermore, few have studied the practices Mexican American mothers use for their children with select illnesses. In addition, the majority of previous research regarding Mexican Americans has been completed in the southern United States. Only one study was discovered that investigated the treatment Mexican American mothers, living in the Midwest, use on their children. The limited existing research has demonstrated that Mexican American mothers utilize alternative remedies, some of which are ineffective and warrant identification. These practices need to be examined, so that health care professionals along with Mexican American mothers can be educated appropriately.

Chapter III

Methodology

Design

In this study, a descriptive, quantitative design was used to identify as well as measure the frequency of the specific practices Mexican American mothers use for their children to treat fever. The researcher's tool was a survey (see Appendices A and B) listing specific health care practices and requesting a response to indicate which, if any, practices the mother uses. The survey included an open-ended question asking for other treatments not listed that mothers use to treat their children with fever. A benefit of the design, the one-time administered survey, avoided threats of selection, maturation, and mortality. Although this design was relatively internally sound, there were threats to external validity of sampling. Leininger's theory of Culture Care Diversity and Universality supported the inquiry of the research, exploring cultural differences by means of surveys. Her theory embraced the notion of cultural diversity in healthcare and promoted investigation for further culturally specific knowledge.

Sample

The researcher used a convenience sampling approach, attending mass in a highly Mexican-populated church in Milwaukee, Wisconsin. The researcher provided an announcement to the church during the designated announcement time in mass, requesting that Mexican American mothers, aged 18-64, voluntarily participate in completing a survey. However, the mothers did not have to presently have children under the age of 18. This study applied to all mothers, including grandmothers, who had ever treated a child for fever. Research volunteers assisted the researcher in distribution of the

surveys during this portion of the mass. The survey was provided in Spanish, limiting the sample to Spanish-speaking, literate mothers. Participants were asked to turn in their survey into a drop box upon leaving mass. This purposeful sampling of choosing Mexican American mothers attending church compromised generalizability; however, this convenience sampling was a practical, affordable approach for the researcher. A minimum of 30 completed surveys was established as sufficient to provide meaningful results. One potential obstacle for obtaining adequate participation of the church members was the fear of research. However, the researcher offered the surveys in Spanish, therefore increasing accessibility to the Mexican American participants. Despite the set number of 30 surveys, the researcher attempted to obtain 50 surveys to increase the probability of identifying any unnamed practices.

In the case of a low response rate, several alternative plans were in place. The first option was to attend the next Spanish-speaking mass, with the maximum of attending three masses at the church within the same day. The next plan was to attend mass again the next week and try to reach mothers who didn't complete the survey the first time around. To avoid the possibility of the same participants filling out the following week, the researcher would have made an announcement addressing the members not to partake in the study twice. This process of attending mass and distributing surveys would have continued until the researcher received the minimum number of 30 completed surveys. The surveys were distributed near the end of mass as opposed to after mass to increase the probability of a large response. Participants were given pens to keep as both incentive and compensation for their participation. Despite the back up arrangements, the researcher received an adequate response rate after attending one mass.

Protection of Human Subjects

The research proposal was approved by the Institutional Review Board of Cardinal Stritch University. Implementation of the study was also supported and approved by the pastor of the church, validated by completion of the affiliation agreement form. The risk of harm to participants was minimal. The researcher made a broad statement during mass asking for volunteers to complete the distributed surveys. The announcement and surveys, both provided in Spanish, stated that participation was voluntary. The researcher did not physically check personal identifications for verification of age, however, announced the age requirements of being at least 18 but less than 65 years of age for participation. The age requirements were additionally stated on the survey. The announcement further directed the church members about the intended population of study, being Mexican American mothers or grandmothers noting that grandmothers did not presently have to have children under the age of 18 years to participate. The surveys did not have any questions requesting identifying personal information to ensure a free response and anonymity. If ineffective practices were identified, the researcher arranged to discuss the best methods of educating the mothers with the pastor upon completion of the study.

Participants voluntarily filled out a five-minute survey during the near end of mass. The researcher understood that some church members may be opposed to the idea of utilizing time in mass to complete a survey, however, this was a risk the researcher felt essential to receive an adequate response. In addition, the pastor of the church recommended and supported the idea of survey completion during mass since the five-minute survey was so brief. The survey had a statement indicating that consent was

assumed by completion of the survey and assured that confidentiality would be maintained (see Appendices C and D). Participants were informed on the consent form that all surveys would be kept within a locked file cabinet and destroyed after three years. In addition, the researcher agreed to not disclose the identity of the church and only report in aggregate findings.

Data Collection

The researcher provided an announcement to the church members near the end of mass, indicating the intent of the research and voluntary nature of the participation. Mexican American mothers were encouraged to participate in completing an anonymous survey regarding health care practices on children with fever. The following criteria for participation were announced: 1) The participant must be a mother of Mexican descent, 2) the mother is currently older than 18 but less than 65 years of age, and 3) that grandmothers do not have to currently have children less than 18 years of age to qualify for participation. Volunteers distributed the surveys including the consent form and pens to people throughout the pews. The mothers were directed to keep the pens as compensation for their participation and informed that the researcher would be available after mass to answer any questions about the study. The mothers were provided approximately five minutes within mass to complete the eleven-question survey.

The survey had a number of common and uncommon practices for treating fever listed on it for mothers to answer if they ever have used the practice or not. One question was open-ended asking the mother to add any additional practices used in treating fever that were not listed on the survey. The surveys were two-sided: with the consent form on one side and the survey on the other side. The surveys, including the consent, were

written in Spanish. The surveys contained a few questions to screen and ensure the participants were 1) mothers, 2) over 18 years of age, and 3) of Mexican background. Grandmothers were included as mothers since one must have been a mother first before becoming a grandmother. The survey also asked the participants to name the one treatment used in treating a febrile child that was considered the *most important* [italics added] as well as the one treatment that was used the *most* [italics added]. Finally, the following four yes or no questions were asked: 1) Do you combine over-the-counter medicines with home remedies when treating a febrile child, 2) Do you tell the child's doctor or nurse of the alternative treatments used, 3) Does a lack of money or lack of health insurance increase your use of alternative therapy for your children, and 4) Do you ever use medications obtained from Mexico to treat a child with fever? When finished completing the survey, participants were asked to fold the survey to enhance confidentiality of answers and place the responses into a drop box when exiting the church. The folding of the surveys and drop box were implemented to alleviate potential anxieties of identification of person with responses and discourage social desirability bias.

The study had the potential for non-response bias (the invited participants do not participate) for several reasons. The members may have chosen not to partake in the study due to factors of inconvenience, time, or resentment of the study taking place during mass. Social desirability response set bias (participants answering in the direction of social norms) was possible since the researcher was of a different race as well as was a healthcare provider within the Westernized traditional healthcare system. Participants may have felt embarrassed to report behaviors that are viewed as inappropriate in

Western society. Since there was purposeful sampling, systematic bias was likely but unavoidable. As with any survey, there was the potential for inaccurate or false reporting. The researcher did not attempt to examine subgroup effects due to the minimal identifying information of participants on the surveys. The results are presented in frequencies and percentages regarding usage of a particular practice. In addition, any unlisted and newly identified practices are reported.

Instrument Selection

The survey was an investigator-developed tool derived from previous literature on the topic (Applewhite, 1995; Keegan, 1996; Mikhail, 1994). The researcher cited health care practices identified in previous articles to obtain a foundation for the survey. The tool was translated to Spanish by the bilingual researcher and revised by a fluent assistant. The researcher performed a pilot study with one mother to increase validity of the survey as well as enhance the perceived approximation of the length of time necessary to complete the survey. The population of the Mexican American mothers of the inner city church in Milwaukee, WI, appeared appropriate for the subject matter investigated in this study.

Chapter IV

*Findings**Data Analysis*

The researcher distributed 135 surveys and received 67 surveys back for a response rate of 49.6%. Twenty of the 67 surveys had to be removed for a remaining sample size of 47. The researcher did not accept surveys that displayed 1) more than four unanswered questions, 2) participants not Mexican American in descent, and 3) participants not being within the age requirements of older than 18 years or younger than 65 years of age. The nominal data was reported in percentages to display the number of participants that selected a particular health practice or remedy.

Most Mexican American mothers (85%) reported they used acetaminophen to treat a child with fever. Roughly two-thirds of the mothers (66%) removed warm clothing. Ibuprofen was the third most frequently mentioned treatment with 53% of the mothers selecting the treatment. Other common remedies included drinking tea, giving cold baths, placing alcohol on the body, praying, using Vaporub, and applying cold compresses to the body. Twenty-three percent of the mothers used Aspirin in treating a child with fever. Four participants (9%) stated that they placed tomatoes on the body as a remedy. Two participants used the practice of placing eggs on the body. One participant wrote that she used an enema and magic to treat her febrile child.

In response to the open-ended question asking the mothers to list any other practices that were not already identified, several additional remedies were revealed.

Table 1.

Identified Practices of Mexican American Mothers Treating Children with Fever

Treatment	Number Selecting the Treatment	Percentage
Acetaminophen	40	85%
Removing warm clothes	31	66%
Ibuprofen	25	53%
Applying cold compresses	20	43%
Praying	18	38%
Rubbing alcohol on the body	14	29%
Cold baths	13	27%
Vaporub	13	27%
Aspirin	11	23%
Tea	11	23%
Placing tomatoes on the body	4	9%
Placing eggs on the body	2	4%
Dress with clothes	3	6%
Herbs	2	4%
Magic	1	2%
Enema	1	2%
<hr style="border-top: 1px dashed black;"/>		
Electrolyte drink	3	6%
Placing alcohol in the belly button	2	4%
Water/Fluids	2	2%
Nyquil	1	2%
Keep child in the house	1	2%

Note. N = 47 mothers. Mothers could indicate use of more than one treatment. Practices listed below the dashed line were answered within the open-ended question portion of the survey, as opposed to the checklist portion as listed above the dashed line.

Three mothers provided an electrolyte drink either bought or self-concocted by adding salt and sugar to water. Similarly, two more mothers increased fluids or gave water to their child. Two participants placed alcohol in the belly button. One mother stated that she kept her child in the house and another mother used Nyquil to treat fever. An overwhelming majority of the sample, 96% of the mothers, indicated using some type of alternative remedy.

When asked which one treatment the mother uses most in treating a child with fever, many respondents answered with more than one treatment. Since the researcher did not want to lose valuable data, the following findings are based on the 28 surveys that listed only one treatment that the mother used most. Acetaminophen (61%) and Ibuprofen (21%) were the treatments the mothers claimed to administer most often. Furthermore, two participants (7%) listed cold compresses as the most used treatment. One mother listed aspirin as the most used remedy. However, when including data from the surveys of mothers that cited more than one answer for treatments they used most ($n = 44$), three mothers used aspirin, took off warm clothes, and placed alcohol on the body. Within this same data, four mothers used cold compresses, three mothers gave an electrolyte filled drink, and one placed tomatoes on the body.

In response to the question of which one treatment is most important, again, some mothers answered with more than one treatment. The researcher found 29 surveys in which only one treatment was listed as most important. The majority of mothers felt that Acetaminophen (62%) and Ibuprofen (17%) were the most important treatments. Ten percent believed putting alcohol on the body was most important. When examining the compiled data including the surveys with more than one treatment listed ($n = 40$), seven

women noted that removing warm clothes was most important. Other less frequently mentioned treatments included aspirin, cold baths, applying cold compresses, Vaporub, praying, giving an electrolyte drink, and placing tomatoes on the body.

Of the 47 mothers surveyed, 91% said that they do not mix over the counter medicines with home remedies. Thirty-six percent of mothers stated that they may use home remedies more often because of lack of money or health insurance. A large amount of mothers (43%) said they used remedies obtained from Mexico. When asked if you tell your doctor or nurse about the use of alternative treatments, 43 mothers answered the question. Seventy percent of the mothers answered yes while 30% answered no.

Significance of Findings

The sample size of 47 was large enough to display commonalities of specific practices as well as unveil some practices that were previously unidentified by the researcher. When compared to the existing literature, this study revealed both similarities in findings as well as differences in reference to health practices. As suggested in research by Warda (2000) and Applewhite (1995), the study's findings reiterated the notion that lack of money or insurance may influence the increased use of alternative treatments. As in Mikhail's (1994) findings, many (43%) mothers in this study also admitted to obtaining remedies from Mexico.

This study contributes to the existing evidence that Mexican Americans utilize alternative medicine. The findings duplicated those of Mikhail (1994) including identifying treatments such as using cold water compresses, tepid baths, alcohol rubs, liquids, teas, applying tomatoes, placing alcohol in the belly button, enemas, eggs, and removing clothes. The mothers in this study and Mikhail's (1994) study also used aspirin

in children to treat fever, a potentially harmful practice. However, in Mikhail's (1994) study the majority of mothers combined OTC medicines with home remedies when treating fever, however 91% of the mothers in this study indicated they did not combine OTC medicines with home remedies.

Similar to Colucciello and Woelfel (1998)'s study, the majority of mothers in this study answered that they used Tylenol to treat a fever demonstrating a prominent use of pharmaceutical as well as alternative treatment within the Mexican American population. However, more than half of the mothers in this study admitted using Ibuprofen, a drug that was not frequently demonstrated as administered to children in Colucciello and Woelfel's (1998) study.

In contrast to the research by Keegan (1996), the majority of the participants of this study (70%) said that they do tell the doctor about the use of alternative practices. Another difference, while 13.75% of the respondents of Keegan's study admitted to using a *curandero* [italics added] within the year, not one participant of this study acknowledged use of a *curandero* [italics added]. Although these studies both encompassed the health care practices of Mexican Americans, the differences in the locations of the studies and the subject matter of treating children as opposed to adults are major influencing and pertinent variables to consider.

Research Question

The researcher successfully identified the health care practices that Mexican American mothers in Southeast Wisconsin use in treating their febrile children. The following treatments were listed: acetaminophen, ibuprofen, aspirin, cold baths, dressing with clothes, removing warm clothes, putting oil on the body, putting alcohol on the

body, tea, praying, herbs, Vaporub, cold water compresses, putting tomatoes on the body, putting eggs on the body, magic, enema, electrolyte drink, giving water to drink, placing alcohol in the belly button, Nyquil, and keeping the child in the house. No participants used a *curandero* [italics added], arzacón, nor the practice of placing mud on the body as mentioned in previous research (Applewhite, 1995; Caudle, 1993; Keegan, 1996; Mikhail, 1994). In addition, the researcher drew forth new information about the number of Mexican American mothers that utilize specific practices within the area of Southeast Wisconsin.

Chapter V

*Discussion and Implications**Discussion*

The surveys provided evidence that Mexican American mothers utilize alternative remedies when treating a child with fever, and identified some of these remedies. Additionally, the researcher obtained insight into the rationale of using these remedies, information regarding the origin of the materials obtained for these remedies, and information about the communication of using these remedies to their health care providers.

The three leading treatments of fever demonstrated by the surveys were the administration of acetaminophen, ibuprofen, and removing warm clothes. The fact that the researcher was both a nurse and of Caucasian race may have influenced the reporting to a more Westernized skew. On the other hand, the researcher used some bilingual assistants in distributing and collecting the surveys, provided the surveys in Spanish only, and stated alternative practices on the survey to avoid this influence. In addition, the results displayed that many respondents ended up citing many alternative practices.

Similarly, the participants were informed that the researcher was a nurse before completing the survey, and this information could have influenced the reporting to the question about telling your doctor or nurse about your use of alternative remedies. The socially desirable answer to the question would have been “yes”, however, 30% answered “no” leading the researcher to believe that the anonymous procedure alleviated this bias.

Finally, although 91% of the sample did not admit to mixing alternative remedies with over-the-counter medications, the researcher noticed that most participants identified both medications and alternative remedies when answering a different question on the

survey. It is possible that the participants did not fully understand the difference between home remedies as opposed to over-the-counter medications. However, the definition of alternative treatment was provided on the survey. It is also important to note that 43% of participants said they obtain remedies from Mexico, yet few surveys reflect use of materials or remedies from Mexico through the identified treatments. It is plausible that participants did not list these Mexico-derived remedies, however, the survey included an open-ended question for participants to write in any treatments that they use that were not listed.

Implications

The results of this study demonstrate that Mexican Americans in Southeast Wisconsin use both alternative and traditional treatments when dealing with febrile children. An alarming 23 percent of mothers (N = 47) stated that they used aspirin to treat a child with fever. Three of the 44 mothers that answered the question cited that they utilized this specific treatment most often. In addition, 29% of the mothers answered that they place alcohol on the body, a practice contraindicated by Western medicine. Other potentially ineffective practices revealed included putting oil on the body, putting tomatoes on the body, placing alcohol in the belly button, placing eggs on the body, using magic, keeping the child in the house, and administering an enema. Of the 43 mothers that answered the question, almost one third of the mothers admitted to not telling their health care provider about their use of alternative treatments. Thirty six percent of the mothers (N = 47) wrote that they increase their use of home remedies due to lack of money or insurance. Forty three percent (N = 47) of mothers said they obtain remedies

from Mexico. The researcher did not ask what specific remedies were obtained from Mexico.

These findings demonstrate a need for nurses to sensitively yet thoroughly question Mexican American mothers about what treatments they use for their children. Nurses may use some of the identified practices derived from this study as a framework for assessment. This study suggests an obligation for nurses to educate the Mexican American mother about the recommended and ineffective treatments of fever. The mothers in this study used several practices that are contraindicated in Western Medicine. The data obtained from this study may help to educate Mexican American mothers about how best to treat fever.

Besides educating the Mexican American client, this study purports a need to educate health care professionals, in general, regarding the identified health care practices. Nurse practitioners, physician assistants, doctors, as well as nurses would benefit from knowing about the alternative, ineffective, and effective practices that are currently being used Mexican American mothers. Increased awareness regarding use of remedies in conjunction with OTC medicines may prevent adverse interactions. Information regarding common practices can help direct practitioners when educating a client and delineating a treatment plan for a client. Finally, the findings may lead to increased knowledge about Mexican American mothers and have the potential to assist practitioners in providing culturally sensitive care.

This study supports Leininger's Culture Care Theory (1996) and provides evidence that Mexican American mothers behave in a way unique to their culture. Many of the identified practices, for example, applying tomatoes to the body, demonstrate

practices that are incongruent with Western societal norms. Although, it is important to note that many mothers in this study utilized both “traditional Western” and “Mexican” practices. The identification of these varying practices between American and Mexican American cultures supports Leininger’s theory of people having different belief systems. It is beneficial to the nurse and the Mexican American client for the nurse to have awareness of these diversities to practice in a culturally congruent manner. We live in an increasingly diverse society, and continued research will help in discovering our differences and similarities of each other.

When performing the literature review for this study, the researcher noticed that there were few published studies regarding health care and the Mexican American population. Of these limited studies, many address samples of Hispanics and this very broad term includes varying ethnicities from all over the world. The researcher recommends that more studies be performed to learn about the Hispanic population but urges researchers to specifically address one culture per study such as the Mexican American population.

Another recommended study would be to investigate the health care practices that Mexican American mothers use for children with select illnesses other than fever. Different illnesses necessitate different treatments and it is plausible that new practices could be identified. Nurses would benefit from this information. There is minimal published information regarding Mexican American mother’s treatment of select pediatric illnesses and further research is needed to support or refute the existing findings.

Furthermore, since this study was the first study to selectively examine the health care practices of Mexican American mothers for febrile children, it warrants more

research on the topic to strengthen the data or identify additional practices. The researcher also encourages that additional studies be performed in different geographical areas within the United States to identify potential differences in practices possibly due to region.

In relevance to nursing practice, the researcher hopes that this study will improve Nursing's knowledge base regarding the health practices of Mexican American mothers treating children with fever. The information in this study provides nurses insight into the practices of Mexican American mothers in Southeast Wisconsin that are currently in effect and demonstrates areas for client education. This information helps nurses to better understand, assess, and educate their clients. It also provides evidence of cultural differences, and supports the importance of increased cultural sensitivity when working with a client from any culture different from one's own.

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Appendix A

Health Care Practices of Mexican American Mothers for Children with Fever

1. Are you a mother (or grandmother) of Mexican descent?

(For purposes of this study, Mexican descent means having any Mexican ethnicity).

_____ Yes _____ No

2. Are you at least 18 years of age? (You must be at least 18 years old to participate in this study.)

_____ Yes _____ No

3. Are you under the age of 65? (You must be under 65 years old to participate in this study.)

_____ Yes _____ No

4. What following health care practices have you used to treat a child with fever? (For purposes of this study, *child* = less than 18 years old, *fever* = perceived rise in body temperature by judgment or checked by a thermometer.)

Please check all that apply.

- | | |
|--|-------------------------------------|
| _____ Acetaminophen (Tylenol) | _____ Herbs |
| _____ Ibuprofen (Motrin or Advil) | _____ Vaporub |
| _____ Aspirin | _____ Arzacón |
| _____ Cold Baths | _____ Applied cold water compresses |
| _____ Dressed the child with warm clothing | _____ Applied tomatoes to the skin |
| _____ Removed warm clothing | _____ Applied mud to the skin |
| _____ Applied oils to the skin | _____ Applied eggs to the skin |
| _____ Applied alcohol to the skin | _____ Magic |
| _____ Hot tea | _____ Enema |
| _____ Prayer | |
| _____ Curandero (a folk healer who treats illnesses of the natural and supernatural) | |

5. Please write any other practices that you have used to treat a child with fever.

6. Of all the treatments above, which one treatment do you use the most?

7. Of all the treatments above, which one treatment do you feel is most important?

8. Do you use over-the-counter medicines with home remedies when treating a child with fever?

Yes _____ No _____

9. Do you tell the child's doctor or nurse of the alternative treatments used?

(Alternative therapy = those health practices that fall outside of conventional mainstream healthcare and include but are not limited to, herbal medicine, prayer, massage, charms, and folk healing.)

Yes _____ No _____

10. Does a lack of money or lack of health insurance increase your use of alternative therapy for your children?

Yes _____ No _____

11. Do you ever use medications obtained from Mexico to treat a child with fever?

Yes _____ No _____

*When finished, please fold this paper and place it in a pink box located at the back of the church.

Thank you!

Appendix B

Practicas de Salud en Niños con Fiebre por Madres Méjico-Americanas

1. **¿Es Ud. Madre (ó abuela) de descendencia Mejicana?** (Por propositos de este estudio, descendencia Mejicana significa cualquier familiar mejicano.)

Sí No

2. **¿Es Ud. mayor de 18 años?** (Ud. Necesita ser almenos 18 años para participar en este estudio.)

Sí No

3. **¿Es Ud. menor de 65 años?** (Ud. Necesita ser almenos 65 años para participar en este estudio.)

Sí No

4. **¿Qué es lo que hace cuando su niño está con fiebre?** (Por propósitos de este estudio, niño=menos de 18 años, fiebre=temperatura elevada al tocar ó con termómetro.)

Por favor marque todos los remedios que utiliza.

Acetominophen (Tylanol)

Hierbas

Ibuprofen (Motrin)

Mentisan/Eucalipto/Vaporub

Aspirina

Arzacón

Baños frios

Compresos de agua fria

Vestir al niño con ropas

Colocar tomates al cuerpo

Quitar la ropa caliente

Colocar barro al cuerpo

Colocar aceites al cuerpo

Colocar huevos al cuerpo

Colocar alcohol al cuerpo

Mágia

Té

Enema

Rezar

Curandero

5. **Por favor escriba cualquier otro remedio que usted utiliza para tratar a un niño con fiebre.**

6. **¿De tódos los remedios arriba, cuál es el más utiliza?**

7. **¿De tódos los remedios arriba, cuál cree que es el más importante?**

8. **¿Usted mezcla medicinas de mostrador con medicinas caseras en un niño con fiebre?**

Sí No

9. **¿Usted explica al doctor ó enfermera de los remedios alternativos que utiliza?** (Remedios alternativos=remedios caseros que no incluyen medicinas que un doctor receta como hierbas, rezar, masajes, amuletos ó creencias.)

Sí No

10. **¿Usted utiliza mas remedios caseros por no tener dinero ó seguro médico?**

Sí No

11. **¿Usted utiliza remedios de Méjico para tratar a un niño con fiebre?**

Sí No

* **Cuando termine, por favor doble su papel para cubrir sus respuestas y botar en cualquiera de las tres cajas rosadas al salir de la iglesia, al finalizar la misa.**

Appendix C
Informed Consent

STUDY: Mexican American Mothers' Health Practices For Children
with Fever in Southeast Wisconsin

Your assistance is being requested to participate in a study to investigate the health care practices Mexican American women use for children with fever. Please note that your participation in the study is completely voluntary and if you do not wish to participate, you may hand this form back to the research team. If you do choose to participate, please be assured that your responses will remain anonymous and confidential. Please do not put your name on this. The information on the surveys will be locked in the researcher's file cabinet and destroyed after three years. The findings of this study will be reported by group findings. In no way will you or St. Anthony's Church be identified. By completing this survey, you are providing your consent to participate in this study. Your participation will contribute to nursing's knowledge base and help educate both health care providers and Mexican American mothers regarding the treatments Mexican American mothers use for their children with fever.

Thank you for participating in this study. **Please be aware that some of the practices listed on this survey are not recommended.** If you have questions about the health care practices for children with fever or would like to discuss concerns, the researcher, Cynthia Foronda, will be available after mass to talk with you.

The pastor of St. Anthony's Church, Father Anthony Cirignani, OFM, has approved implementation of this study. In addition, this study has been thoroughly reviewed and approved by the Institutional Review Board at Cardinal Stritch University.

If you have any further questions or concerns regarding this study, please contact the research study's committee chairperson, Dr. Ruth Waite or the chairperson of the Institutional Review Board, Joan Whitman.

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If you are interested in the results of this study, please tell the researcher, Cynthia Foronda, after mass. When the study is done, the full report will be provided to Father Anthony Cirignani, OFM, of St. Anthony's Church for your review.

If you would like to participate, please complete the 11 questions on the other side of this paper.

Thanks again for your time and contribution toward improved health care!

Cynthia Foronda
Master of Science in Nursing Student at Cardinal Stritch University

Appendix D

Formulario de Consentimiento Informal

ESTUDIO: Practicas de Salud en Niños con Fiebre por Madres Méjico-Americanas del Sudeste de Wisconsin

Se requisita su asistencia para participar en el estudio sobre practicas de salud en niños con fiebre por madres Méjico-Americanas. Por favor, tenga en cuenta que su participación en este estudio es completamente voluntaria y si no desea participar, Ud. necesita devolver este cuestionario al equipo de investigadores. Si Ud. desea participar, por favor este segura que sus respuestas serán anonimas y confidenciales. Por favor, no escriba su nombre en este papel. La información en estos cuestionarios serán asegurados en los cabinets de los investigadores y destruidos despues de tres años. Los resultados de esta investigación seran reportadas como encuentro de grupo. En ningun momento, Ud. o la iglesia de St. Anthony serán identificadas. Completando este cuestionario, Ud. esta proveyendo su consentimiento para participar en este estudio. Su participacion ayudará como base de conocimientos a enfermeras y de educación há aquellos que practican medicina. Tambien ayudara a madres Méjico-Americanas acerca del uso de los tratamientos en niños con fiebre.

Gracias por su participación en este estudio. *Tenga en cuenta que algunos de los remedios en el cuestionario no son recomendados.* Si Ud. tiene preguntas o preocupaciones hacerca de cualquier practica ó de cualquier tratamiento en este cuestionario, la investigadora, Cindy Foronda, estará disponible despues de la misa para responder sus preguntas.

El padre de la iglesia de St. Anthony, padre Anthony Cirignani, OFM, aprobó la implementación de este estudio. Tambien, esta investigación hasido aprobada por el comité intitucional de la universidad de Cardinal Stritch.

Si Ud. tiene preguntas adicionales sobre este estudio, por favor colóquese en contacto con la directora del comité de investigaciones, Dra. Ruth Waite ó la directora de la Mesa Intitucional de Revisiones, Joan Whitman.

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Si Ud. esta interesada en los resultados de este estudio, vea a la investigadora, Cindy Foronda, despues de la misa. A la conclusion de este estudio, un reporte completo sera proveido a Padre Anthony Cirignani, OFM, de la iglesia de St. Anthony, para su revición.

Si Ud. quiere participar, por favor complete las 11 preguntas en la otra página de este papel.

Gracias por su tiempo y contribución para mejorar el cuidado de salud.

Cynthia Foronda
Estudiante de masterado en ciencias de enfermeria de la universidad de Cardinal Stritch.