

A PROFILE OF MIGRANT INFANT CARE  
AND PUNISHMENT PRACTICES

by

JEANNETTE JOHNSON HAMBY, B. S. N.

A THESIS

Presented to  
the University of Oregon School of Nursing  
and the Graduate Council  
of the University of Oregon Medical School  
in partial fulfillment  
of the requirements for the degree of  
Master of Science

June 6, 1968

APPROVED:

A black rectangular redaction box covering a signature.

Associate Professor in Charge of Thesis

A black rectangular redaction box covering a signature.

Chairman, Graduate Council

This study was supported by a United States Public Health Service  
Traineeship from Grant Number NT-35-C10.

## ACKNOWLEDGEMENTS

For the indispensable guidance and assistance given me throughout the preparation of this study, I wish to express my sincere appreciation and gratitude to Miss Lucile Gregerson.

Special indebtedness is proffered to the Washington County Health Department and the nameless migrant mothers who graciously cooperated in providing data essential to the study.

I wish also to acknowledge the help of Miss Dorothy Johnson whose interest and assistance was wholeheartedly appreciated.

A special thank you to my husband and his family for their devoted support and continued encouragement throughout the study.

I should like to thank Taryn and Tenya who are tolerant of the busyness of their mother's life; and who, by involving me so deeply with themselves, have taught me more than I could ever otherwise have known of the complexities of infant care.

And finally, I would dedicate this thesis to my mother and father, from whom I first learned of compassion and humanitarianism.

j. j. h.

## TABLE OF CONTENTS

CHAPTER	<u>Page</u>
I. INTRODUCTION	1
Introduction to the Problem	1
Statement of the Problem	3
Justification for the Study	4
Definitions	6
Assumptions	7
Limitations	8
Design for Research	9
Sources of Data	9
Collection of Data	9
Procedure	9
Overview of the Study	11
II. SURVEY OF LITERATURE AND RELATED STUDIES	12
Introduction	12
Migrancy: A Style of Life	14
Mexican-American Migrants	18
"La Raza"	18
Socioeconomic Characteristics	20
Family Characteristics	22
Child-Rearing Patterns	26
Anglo-American Migrants	30
Introduction	30
Socioeconomic Characteristics	31
Family Characteristics	34
Child-Rearing Patterns	37
Child-Rearing Patterns - Low Income	38
Review of Related Studies	43

TABLE OF CONTENTS (Continued)

CHAPTER	<u>Page</u>
Korsch Study	43
Child-Rearing Patterns - Migrants	50
III. PROCEDURE AND FINDINGS	53
Introduction	53
Procedure	54
Description of Selected Area	54
Preliminary Steps in Procedure	55
Obtaining the Data	57
Plan for Analysis	59
Analysis of Data	60
Demographic Data	60
Sample Comparison	66
Comparisons of Child Rearing Patterns	67
Mothering Activities	67
Sleep	70
Medication	74
Temper	75
Punishment of Infants	80
Husband-Wife Relationship	90
Maternal Frustration	91
IV. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	93
Summary of the Study	93
Findings	94
Conclusions	96
Recommendations	97
BIBLIOGRAPHY	99

TABLE OF CONTENTS (Continued)

CHAPTER	<u>Page</u>
APPENDICES	106
A. CORRESPONDENCE	106
B. INSTRUMENT FOR COLLECTION OF DATA	107
C. GEOGRAPHIC AREA	111
D. RAW DATA	112

## LIST OF TABLES

Table		<u>Page</u>
1	Age Distribution of Sample Population in Korsch Study	44
2	Night Waking: Percentage of Infants Waking Regularly at Night in Relation to Mothers' and Staff's Expectations	47
3	Numerical Distribution by Race of Migrant Mothers with Children Under 18 Months Living in 14 Migrant Camps of Study Area	59
4	Numerical Distribution by Age Group of the 76 Migrant Families	62
5	Mean Educational Levels by Race of 152 Migrant Parents	63
6	Comparison by Age Category of the 25 Anglo Mothers and the 51 Mexican Mothers as to the Mean of Children Per Mother	65
7	Age Distribution of Migrant Children Sample According to Race	67



## LIST OF FIGURES

Figure		<u>Page</u>
1	Percentage Distribution of 76 Migrant Families by "Home" State	61
2	Comparison by Race of Responses of 61 Migrant Mothers Reporting Their Babies to Show Temper Indicating the Preferred Method of Handling an Infant's Temper	79
3	Comparison by Race of Responses of 76 Migrant Mothers Indicating the Spanking of Infants	84
4	Distribution of Responses by Age Mothers Felt Babies Were Ready to be Punished to Make Them Mind	86

## CHAPTER I

### INTRODUCTION

#### Introduction to the Problem

So long as there shall exist, by virtue of law and custom, a social damnation artificially creating hells in the midst of civilization, and complicating the destiny which is Divine with a fatality which is human; so long as the three great problems of the age--the degradation of man through poverty, the ruin of woman through hunger, the crippling of children through ignorance--are not solved; so long as in certain regions social asphyxia is still possible--in other words, and from a still wider point of view, so long as ignorance and wretchedness exist on earth, books like this (*Les Miserables*) cannot be useless.

--Victor Hugo

They come from the closed mines in the mountains of Kentucky and West Virginia, from farms in the Black Belt, from wherever men are desperate for work. They come by whatever means they can find; riding in flatbed trucks, old condemned school buses, or prewar vintage cars packed with bundles, pots and pans, and children crying. They cross and recross America. To the migrant, there's always a harvest somewhere.

The migrant child may never develop any idea of home. Home to him is where he happens to be. He seldom sees a doctor and it is

almost certain that he will have pinworms and diarrhea along with other untreated ailments.

In flimsy one room hovels live large families, sleeping at close quarters on cots or on the floor; eating, without utensils, a diet poor in vitamins and protein. Refrigeration is nonexistent so the baby's milk sours quickly. He is given warm Coke. The only water in the camp drips from a leaky faucet, a single cold water tap located between the long buildings.

A vote, a telephone, a library card, minimum wage protection, are "rights" most Americans take for granted but the migrant lives without.

These are only some of the factors which affect the lives of these people, and their relationship to others around them. In turn, these factors become forces which shape the thinking of children, the behavior of parents, the experiences of both. In many respects these "environmental" forces significantly determine the way migrants touch and feed their children, toilet train them, bring them up to get along with one another and themselves as they grow and develop. (16)

In attempting to assess the environment of any child the culture must be considered. The cultural patterns, the kind of society the child will live in, and the kind of personality which is appropriate to this society, must be related to the growing needs and capacities of the child. (14) For effective health care it is just as important for

nurses to understand the patient's culture as is the knowledge of the psychological and physiological aspects of his illness. False assumptions, superficial knowledge and a rigid ethnocentric position will not suffice if health workers are to be successful in helping people from other cultures. (38)

#### Statement of the Problem

This research has been undertaken to determine the profile of child-rearing practices, particularly methods of punishment, of the migrant worker. Primarily exploratory, this study attempts to assess maternal behavior as influenced by the migrant environment.

The subjects of this study are of a lower socioeconomic level. In almost every phase of health care and behavior, the poor behave differently from the middle class and more affluent sectors of American Society. A subsidiary study explores the awareness and understanding of medical personnel regarding the attitudes and consequent child-rearing practices among the migrant population. Any identifiable differences in the practices and expressed attitudes of the migrant mothers and those anticipated by the medical personnel will be used to further describe the study. No hypothesis has been formulated.

### Justification for the Study

Essential to the basic needs of the human infant is the receiving of affective warmth and stimulation from a maternal figure, as underscored by Ribble, (56) Spitz, (67) and others. Marcus (44) in his chapter on emotional growth and development writes that the mother's attitudes toward feeding, holding, caring for, and later training the baby will thus influence his emotional development. But when this emotional growth does not proceed in a healthy manner, disturbances in feeding, sleeping, toilet habits, socialization and personality traits may then occur.

A mother's behavior towards her baby is bound to reflect her own very personal feelings and attitudes, which in turn, greatly influence the child's development. A contrast between expectations and the actual developmental progress of the infant may lead to frustration on the part of the mother. In turn, what child-rearing practices are stimulated by this frustration?

The study of maternal behavior properly lies within the sphere of professional nursing, although significant to many disciplines. The transmission of cultural and social values through maternal behavior concerns the social scientist. Biologically or genetically determined behavior interests the ecologist. Imprinting and causal relationships in behavior of the young through maternal behavior

concerns the psychologist. All contribute to our understanding; however, as we attempt to apply the findings of these diverse disciplines, the significance and essence of the whole seems lost in the particulars of the parts. Only through independent study and investigation within our own discipline can we hope to improve our techniques and enrich our understanding in the promotion of good physical and mental health in the patients entrusted to our care.

Health standards are low in the migrant culture. Their poverty is itself a health hazard. The poor are more vulnerable to disease and less able to cope with it. (10, 20, 29, 37, 57) They have less factual information about causes, treatment, and outcome of various diseases. (70) The use of folk medicine is so common that every individual, regardless of whether he practices it or not, is still profoundly affected by its use by others. Consequently, the need for understanding is great if the failure of medical treatment is to be forestalled. The burden of such understanding falls heavily upon the nurse.

A study of the migrant culture promotes an increased awareness and support for improved health care and environmental living conditions for the migrant worker and his family. More and more families each year leave the migratory stream to settle and remain in the rural areas. Ineligible for aid or welfare assistance (due to residency requirements) they continue to struggle in poverty.

In order to be effective, the medical staff-patient relationship and advice offered the migrant mother must be based on objective knowledge of parents' practices. In the original research done by Dr. B. Korsch (36), medical personnel responses were found to be based on experiences with their own children, or "out-and-out guesses".

A basic premise of this study is that the identification of migrant child-rearing patterns will provide information that can be used to improve maternal-child follow-up by public health nurses. The data collected for the purposes of this study will promote insight and a better understanding of the migrant mother and her child through her stated attitudes and opinions.

The migrant culture reflects profound social problems. More attention must be paid to an evaluation of the family and home situation, parent-child relationships, and careful assessment of the problems.

#### Definitions

For the purpose of this study the following definition are given:

Anglo-American:

Widely used in the Southwest to designate nonforeignborn whites who are not of Mexican origin. The terms Anglo-American and Anglo are used

<u>Attitudes:</u>	interchangeably. Tendencies to experience or act toward an object in a way indicating some degree of favorableness-unfavorableness toward the object. (32)
<u>Medical Personnel:</u>	Any registered or student nurse, physician or medical student employed by the local health department and functioning as a part of the medical staff.
<u>Mexican-American:</u>	Participants of the study who are Spanish speaking Americans of Mexican descent. The terms Mexican-American and Mexican are used interchangeably.
<u>Spanking:</u>	Any kind of physical punishment provided that the parent responds affirmatively to the question, "How often does he have to be spanked?".

#### Assumptions

1. The questions relating to the maternal practices and attitudes will be answered by the migrant mothers, accurately, according to their concepts of child rearing.
2. The questions relating to maternal practices and attitudes



surveyed among the attending medical personnel will also be accurately expressed.

3. The interview and survey are instruments that will adequately describe and elicit information for the purposes of this study.
4. All participants will express their opinions freely to the interviewer.

#### Limitations

The participants of this peripheral sample were limited to 76 migrant mothers with children under the age of 18 months. Information was obtained in 14 migrant labor camps during the week of July 2 through July 8, 1967.

Foster mothers or other forms of mother surrogate were not included.

The medical personnel were limited to eight doctors and nurses in clinic attendance and working directly with the parents.

This study was further limited to information obtained from the participants in the study. Since all interviews were done by the researcher, both the interviewer and the instrument may limit the study further. The study is valid only for the area surveyed.

## Design for Research

### Sources of Data

The area selected for the study is Washington County. Located in the northwest section of Oregon, the county is comprised of approximately 465,000 acres of which 45 percent is devoted to agriculture. Over 12,000 acres are utilized for crops such as berries, beans, prunes and nuts which are harvested by the local farm labor force and 3,000 plus agricultural migrant workers.

Forty-two farm labor camps operate in Washington County, with 35 camps operating on a short term basis during peak load periods.

All migrant camps housing more than ten persons were contacted.

### Collection of Data

Although data collection was accomplished by structured interview, an effort was made to keep the home visit as informal as possible.

### Procedure

The design for this study may be described in the following steps:

1. An investigation was made of available literature to determine what should be studied.
2. The Korsch interview guide was modified. Comments and suggestions were obtained from a public health nurse, public health doctor, and a clinical psychologist.
3. A pilot study was carried out at the Portland City Bureau of Health Well Child Conference to test for appropriateness and content.
4. Revisions were made as need was indicated.
5. Permission was secured from the county health officer, Dr. James Stewart, to conduct the study.
6. A schedule for visiting the migrant camps was arranged.
7. Permission was obtained from each camp owner to enter the camp and conduct the interviews.
8. Information was obtained from 76 migrant mothers.
9. The questionnaire was submitted to the eight member medical staff of the Evening Family Health Clinic.
10. The data were categorized to provide quantitative data. Responses to open end questions were tabulated according to frequency and nature of response. Medical personnel data were tabulated to determine differences between groups and the findings were presented.
11. Conclusions were drawn and recommendations were made.

## Overview of the Study

The remainder of the thesis is organized and presented as follows:

Chapter II contains a review of the literature with presentation of related studies.

Chapter III describes the conduct of the study with an interpretation of the findings.

Summary, conclusions, and recommendations are presented in Chapter IV.

## CHAPTER II

### SURVEY OF LITERATURE AND RELATED STUDIES

#### Introduction

"Being poor, living in poverty, is indescribable." These are the words of public health nurse Gloria Bigham, who, as a child, was a victim of the syndrome of poverty. "Its effects are an inability to practice charity or to love, a kind of loss of faith, a kind of loss of hope, a kind of hurt for which there are no words, but which are devastating to those who are a part of this other America". (8)

Anthropologist, Oscar Lewis, draws attention to the positive factors found in the culture of poverty in that, ". . . it has a structure, a rationale, and defense mechanisms without which the poor could hardly carry on . . . a way of life, remarkably stable and persistent, passed down from generation to generation along family lines". (39)

It has been said that the legacy of poverty is passed on from parents to children in a vicious cycle. (19) Parents are unable to give their children the opportunity for the education needed to improve their lot. (24) The poor are sick more and are sick longer than anyone else in society. (22) They lose wages and work and in turn are

unable to pay for adequate housing, diet, or medical care. (22, 62)  
They drop to an even lower level.

In short, poverty is many different things-" . . . a sick old man on welfare, a drunk beating his wife, cockroaches in the kitchen and the stench of urine in the corridor, a dirt farmer fighting an unwilling soil, an unwanted Negro boy sitting on a stoop, a miner with nothing to do". (50) All this and more are suggested in the statistics on poverty.

In the report to the President transmitted to Congress in January, 1964, the Council of Economic Advisers defined a family with less than \$3,000 a year of money income as poor. (19) In 1960 a domestic migrant worked an average of 157 days and had earnings of \$1,016. Almost two-thirds of all migrants earned less than \$1,000. About 40 out of every 100 experienced some involuntary unemployment; one out of ten were out of work for at least half the year. (23) These are the poverty stricken families to which this study concerns itself.

In attempting to understand a culture, it is important to see how the customs are transmitted through the family to the child. But many aspects of a culture are, at best, only indirectly expressed in the family life. Consequently, before discussing the child-rearing practices of the migrant family some of the outstanding characteristics of this culture will be presented.

### Migrancy: A Style of Life

The history of migratory farm labor goes back well into the Nineteenth century, when roving bands of men moved about reaping and bundling our wheat crops. (71)

After the first World War, large scale industry of growing fruit and vegetable produce developed. These farms were scattered over great distances and covered entire regions of the nation. Employment was found by those families willing to move frequently and regularly. (7, 64)

With the onset of the depression years, small farmers, or dispossessed sharecroppers crossed the continent in search of a decent chance of work. Their fate, in migration or on sharecropper farms, has been described by Steinbeck and Carey McWilliams. (47, 48, 68)

There are three major migrant streams for domestic migrants. The largest followed by about 250,000 workers is the mid-continent movement. Made up heavily of Mexican labor, but with a large number of whites and Negroes, they travel from South Texas, Louisiana or Oklahoma and move northward, terminating in the States of Minnesota, Michigan, or Wisconsin. The East Coast stream attracts almost 100,000 workers, mostly Negro. This stream moves north from Florida to the Carolinas, then on to New York. The West Coast stream of approximately 100,000 move from southern

California up to Washington and back as the harvesting season itself moves northward, then southward. According to the Department of Agriculture, the migrant work force numbers almost 500,000. (23)

Heterogeneous as these migrants are, most of them share common characteristics.

The minority group background of the Mexican American, Puerto Rican, Indian and Negro serves to isolate them from the host community which in turn sees them not as a potential payroll but as a blight to the community's health and a threat to the relief rolls. (51)

There is deprivation due to the subsistence-level income. The average domestic migrant in 1962 earned \$1,123 for the year. Male workers averaged \$1,290, while the female counterpart earned an average of \$474. (13)

The low educational status of the migratory farm laborers has persisted since 1940, and the low educational level is especially marked for workers aged 45 and over and for the nonwhite migrants. Among the migrants aged 20 or over, 30 percent would be classified as functionally illiterate, with less than five years of school. Only 14 percent had completed high school. (23)

More than 50 percent of the migrant children lag behind other children in their school work by one to four years. Approximately 225,000 children travel with their parents over the side roads of farm towns and labor camps. (23) Thirty-three percent of these



children may work the fields.(23) while smaller children may be left to play in roadways or drainage ditches, or spend long hours in hot cars or locked in hot cabins all day with little or no supervision. (75)

The migrants also share common problems. The only housing some families know is the series of make-shift one room shelters they find in seasonal farm labor camps. Sometimes the purity of the water supply is questionable. Often the only means of human waste disposal is an unsanitary privy. Garbage and trash are likely to be strewn around the camp premises or on nearby dumps. Little or no provision is made for food preparation and storage. (13, 16, 18, 42, 51)

The poor health conditions reported among the migrant children are a natural result of exposure to a poor environment, plus lack of ready access to health care. J. Robert Linsay, M. D., Chief of the Migrant Health Branch under the U. S. Department of Health, Education, and Welfare reports these children suffer from:

. . . serious upper respiratory infections, ear infections, impetigo, diarrheal disease, whooping cough, parasitic infections, accidental injuries, and nutritional deficiencies. . . . In those requiring continued treatment over a period of time, failure to obtain needed follow-up care has led to such effects as permanent crippling. (42)

Among the poor, physical discomfort alone is not identified as illness. Only when one is incapacitated, when he cannot fulfill his daily responsibilities, is he "sick". (35) This is further emphasized in a 1963 seasonal farm labor health project. Migrants were queried

as to previous visits to a physician. More than one-third stated they had never before visited a physician. (1)

In another project area, four out of five among 313 migrant women of childbearing age reported having had one or more fetal deaths. About two-fifths of the women reporting fetal deaths had received no prenatal care, and about two-thirds had delivered at "home". (3) The labor camp setting was "home" for many of these women.

The use of a hospital by a migrant usually represents an emergency. Among 63 deaths studied in a southern migrant labor area during a three month period in 1962, 25 persons were dead on arrival. Causes of death included heart attacks, gun shot wounds, poisoning, drowning, intoxication and violence, influenza, burns, prematurity, and pneumonia. (76)

The relationship between income and the seeking of health services points up the relativity of health definitions. When the migrant's income is uncertain and not always enough to cover food and rent, "health" is understandably likely to be defined as the ability to keep working.

By the age of 20, signs of physical deterioration begin to show in the once "cheerful, spontaneous, and affectionate" migrant child. "A gradual change of mood or spirit. . . ways of thinking which indicate their response to the cumulative stresses of their kind of

existence." Psychiatrist Robert Coles comments further:

They may drink heavily before or after work, using cheap wine and beer they can afford to dull their senses in the face of, or in the wake of their long hours of harvesting. They may become nasty and violent with one another, just as when children they were allowed to be toward neighbors.

They often become careless and hurtful toward the homes furnished them by the farmers, destroying screen doors, stopping up the central plumbing facilities of a camp. Some may call such behavior 'accidental' but many farmers, in our opinion, are correct in sensing the barely submerged hostility and resentment at work in these people. (16)

In summary, it can be said that migrants have developed certain characteristic attitudes on the basis of their work and travel habits. These common problems and remarkably similar responses to them separate to some extent migrant behavior from that of the rest of the poor. (16, 39, 51)

The strain of adapting to such unusual facts of environment is further accentuated in the minority group by discrimination.

### Mexican-American Migrants

#### La Raza

The Mexican-American thinks of himself as both a citizen of the United States and a member of La Raza (The Race). (40) It is the cultural and spiritual bonds derived from God, designated by use of this term, that embodies all Latin-Americans united by esoteric bonds

of blood and custom. They refer to themselves as "Mexicans" or "Mexicanos" but tend to resent these terms if used by Anglos because of the derogatory connotations attached to these names. Chicanos, a term evolved in the United States, is used in a less serious vein. (27)

The paramount nature of Divine Will emerges as the dominant force affecting values and behavior. For example, the world view of the Mexican-American was eloquently expressed in William Madson's case study of the South Texas Mexican:

We are not very important in the universe. We are here because God sent us and we must leave when God calls us. God has given us a good way to live and we should try to see the beauty of His commands. We will often fail for many are weak but we should try. There is much suffering but we should accept it for it comes from God. Life is sad but beautiful. (43)

It is God, rather than man, who plans the future and controls events. Mexican-Americans regard the future as both vague and unpredictable. Planning for the future, so characteristic of the American culture, is therefore not their way of life.

The limited assimilation and acculturation of Mexican-Americans is related to the differences between the "deeply rooted" value orientations of the original Mexican culture and those of the dominant American culture. In a recent study by Florence Kluckhohn, contrasting orientations toward some basic universal human problems are shown between the two cultures. For example, in the

relation of man to nature, she finds the Mexican culture is "Subjugation-to-Nature", but there is "Mastery-over-Nature" in the American culture. (31) The fatalistic attitudes and behavior of the Mexican-American springs from the orientation that the environment cannot be controlled. "What the Anglo tries to control, the Mexican-American tries to accept. Misfortune is something the Anglo tries to overcome and the Latin views as fate." (43)

The minimal acculturation and assimilation of the Mexican-Americans are also reflected in their socioeconomic status.

#### Socioeconomic Characteristics

Thirty-five years ago, in his classical work on Mexicans in the United States, Manuel Gamio showed that even if "they are American citizens, they remain on economic, political and social levels always inferior to those occupied by Americans of like condition and capacity". (25) This is still true, as expressed in the 1960 census data. Although found in all walks of life, there are relatively few in high-ranking and many in low-ranking occupations. Only five percent of the urban employed Mexican-American males but 16 percent of the Anglo-American males of the five southwestern states are in the professions. As many as 24 percent of the former but only five percent of the latter are laborers. (74)

If the comparison is limited to two extreme categories of

education, one finds Mexican-Americans strikingly overrepresented in minimal employment and underrepresented in higher education. In the five southwestern states, more than one-third (36 percent) of the Mexican-American males but only five percent of the Anglo-American males, 25 years of age and over, are illiterate or functionally illiterate (having one to four years of schooling). (74)

Sociological literature comments on the lack of internal differentiation among Mexican-Americans as compared with most other ethnic groups, in terms of occupation, income and schooling. (12) Both in the degree and rate of acculturation and assimilation Mexican-Americans are among the least "Americanized" of all ethnic groups in the United States. Their educational and occupational achievements, as well as other socioeconomic characteristics rank them "close to lowest" among all minority groups. (45) Perhaps most striking is the conclusion reached by Donald J. Bogue on the basis of his analysis of the 1950 census data, that of all ethnic groups in the United States, the Mexican-Americans constitute "the only ethnic group for which a comparison of the characteristics of the first and second generation fails to show a substantial inter-generational rise in socio-economic status." (9) This merits thought, since the Mexican-American comprises the third largest minority group in the United States. (66)

The homogeneity in socioeconomic status stems largely in

their thinking about La Raza. A number of studies, nevertheless, cite internal stratification. In both George Barker's investigation of the Tucson, Arizona, Mexican community (5) and William Madsen's study of Hidalgo County in south Texas (43) five strata are identified. Each author divides the lower strata into an "upper-lower" stratum of steadily employed unskilled and semi-skilled workers, and a "lower-lower" stratum of unskilled migrant workers. Composed mainly of immigrant laborers and first generation Mexican-American laborers, the migrants work the land with pride and consider it a noble labor. It is within this class that one finds "the stronghold of the folk value system of La Raza". (43)

#### Family Characteristics

"The most important role of the individual is his familial role and the family is the most valued institution in Mexican-American society." (43) Highly traditional, family authority within the nuclear unit is vested in the father or, in the case of his absence, in the oldest male wage earner. (30) According to traditional norms, the husband is regarded as the authoritarian, patriarchal figure who is both head and master of the family. In the words of William Madsen,

While the Mexican-American male may be a second-class citizen in an Anglo-dominated world, he can be a king in his own home. He is entitled to

unquestioning obedience from his wife and children. He is above criticism due to his 'superior' male strength and intelligence. (43)

Outside of his devotion to his family, the male's "manliness" outweighs all other values. Since he must represent his family with honor and devotion, he must not be indebted or obligated to anyone, and he must not be proven wrong or weak.

So to question the beliefs of another is to belittle him. "One may think as he pleases but he should not try to impose his ideas on anyone else. These concepts of propriety are a major factor in the hostility felt toward missionaries and public health workers who are trying to change Mexican-American beliefs". (43) It manifests itself in "extreme sensitivity to insult", (72) as seen from the Anglo-American standpoint, the reaction is one of "touchiness." (27)

The most common way of belittling others is to attain greater material or social success than one's friends. This can be done in many ways. A Mexican-American explained:

My people cannot stand to see another rise above them. When I rented my own little store, my best friends became jealous. When I painted my house my neighbors thought I was trying to shame them. And after I purchased my new car several people stopped speaking to me. Every one tries to pull the one above him down to his own level. If you try to get ahead, you make enemies. If you don't get ahead you are criticized for laziness or stupidity. My people are hard to live with. (43)

This lack of emphasis upon "making good" in conventional



terms is consistent with the theme of fatalism and resignation which run through Mexican-American culture. It is also significant in their education and intellectual effort.

As the husband sees himself as being self-reliant, proud, and virile, the wife plays the perfect counterpart. She is submissive, where he is aggressive. She is respectful toward him, while he is condescending toward her. The wife does exercise a considerable amount of control within the home, however, especially concerning the children since "husbands keep aloof from the petty details of the household". (40) The husband cannot be expected to remain faithful to his wife, but the wife owes the husband absolute sexual fidelity and is expected to regard the peccadillos of her husband with tolerance. The mother is expected to teach the children good habits and to see to their religious training. Children are urged to show respect, obedience, and humility in their behavior toward parents and are drilled in courtesy. (59) As Ruth Tuck observes, "Good manners stand high in the list of desirable attributes for children, even in humble homes". (73) Although children are subdued and inhibited in the presence of their father they are less consistent in their behavior toward their mother, "thus reflecting her own varying attitudes, for she is at the same time punishing and protective, authoritative and submissive, serving and demanding". (41)

"Men feel most secure (regarding the faithfulness of their

wives) when their wives are pregnant or have an infant to care for; thus to have one child follow close upon another is a desirable state of affairs from the men's viewpoint". (41)

Analysis of the 1960 census shows clearly that Mexican-American youths as a whole come from much larger families than those of the "white" segment of the population. Of the total families with children under 18, the proportion of families with four or more children is twice as high among Mexican-Americans (32.9 percent) as among "whites" in general (15.5) (75) There is some evidence that the family among Mexican-Americans has not become smaller in size than has the family in Mexico, nor does it vary in size with generations in the United States. (72)

Whether they are first, second, or third generation, their principal language seems to be "a form of American Spanish, that is, a local dialect heavily intermingled with hispanized English terms and anglicized Spanish words". (27) For example, the Texas Spanish is known as "Tex-Mex". (65) It has been stated by Madsen that since the father envisions his children's future a duplication of his own life, ". . . formal schooling is unimportant except for the purpose of learning enough English to 'defend oneself' against the Anglos and avoid being cheated in large stores or at work". (43)

Heller notes:

. . . they do not, as a rule, seem to encourage the rare efforts of Anglo Americans to speak Spanish to them, but tend to respond in English. It is likely that they perceive such attempts as a way of 'talking down' to them. Also, they seem embarrassed by their 'poor Spanish'. (27)

Because of the exclusive use of Spanish in the home, most migrant children know very little English on entering school. School becomes a bewildering and hostile environment. The child hears the teachings of his parents contradicted and the push to excel and compete for grades violates the noncompetitive values of La Raza.

#### Child-Rearing Patterns

Mexican-Americans divide life into more or less distinct stages. Certain qualities, characteristics, and behavior of each stage vary according to the stage of development of the child.

At the first stage of "infancy", the child has no "awareness". At about the time the infant is weaned, (usually one to two years), he gains "awareness" and enters the second stage. "This child now knows." This "early childhood" period continues until the second set of teeth replaces the milk teeth. This marks the beginning of "late childhood" and occurs about the sixth year. It is at this time that the child begins to have the capacity to "reason". "Youth", the fourth stage, begins when the child becomes actively aware of sex. In theory this begins at age 12. (60) As Romney observed: "Infants

are thought of being, along with other animals, without awareness and the ability to reason. It is thought that no learning takes place until the infant develops awareness". (60)

"The delicate balance of the child is easily upset during infancy." (27) The child has little resistance to diarrhea, parasites, and other ever-present ailments. It is during the first few weeks of life, the infant is particularly susceptible to "evil eye". (41) In an explanation of this unique folk disease William Madsen states:

Evil eye sickness is unintentionally inflicted by a person possessing 'strong vision'. He is born with a strange power in his eyes beyond his control. The force of the evil eye is unconsciously projected by the possessor into any person, animal, or object he admires. Although Mexican-Americans do not say so, the evil eye is, to some extent, a reflection of envy. . . . the viewer desires or envies them. (27)

The baby is nursed whenever he cries. The breast is often used as a pacifier and most babies are put to sleep this way. (41) Mothers are careful not to abruptly pull a nipple from the mouth of a sucking infant because this action could pull down the palate and the fontanel.

. . . fallen fontanel is recognized by symptoms such as excessive crying, insomnia, digestive upsets, and a loss of appetite. The baby may or may not be feverish. A positive diagnosis can be made by feeling the top of the baby's head to detect the unusual depression characteristic of fallen fontanel. (27)

Mothers do not burp their babies over their shoulder until the age of four months. Since the backbone of the infant is considered to be weak, it is thought dangerous to hold the child up before he can hold up his own head. "They say that a new infant is 'like a tender flower, you would break the stem'." (60)

Infants are not permitted to cry, for they are thought to be hungry, neglected, or ill. If the breast will not console the crying baby, a flower is placed under his pillow. If the child does not stop crying, he may be treated for illness of fright (caused by a supernatural occurrence such as an encounter with a ghost). (41)

Carried almost every waking moment, the infant is shown much attention and affection. At night babies sleep with their mothers until the time of weaning or the mother again becomes pregnant. If at this time the child continues to cry for his mother, he may be sent to live with his grandmother. Temper tantrums also may be stopped in this way. (41)

The data collected by Oscar Lewis in his study of the village of Tepoztlan, show a wide variation in the form and severity of punishment meted out to children. Early punishment began at the time the child started to walk. "Infants are slapped for crying, although this is uncommon". Beatings with a stick or a rope are not uncommonly given by fathers and some children receive their first severe beating at three or four years of age. Mothers will often do this with their

hands, kick, pinch, or throw small stones at offending youngsters.  
(41)

One of the most important means by which the parents control their children is through the use of fear. Lewis states that many mothers and grandmothers tell young children "stories of owls and coyotes that come out at night to eat bad children, and of bats and opossums that drink blood. . . . When children cry they may be told the story of Cahuasohuantun who eats the intestines of such children." (41)

"Uncontaminated by human sin and error", the small child is regarded as an angelito. He receives adoring affection from mother and father alike. "The father may drop his dignity to cradle a child, care for his needs, or even crawl on hands and knees to play with him." This behavior is confined to the home. (43)

The great amount of attention given an infant is primarily for the purpose of limiting and protecting him rather than of stimulating him. Activity, aggression, self-gratification, curiosity, and independence are all discouraged from infancy through young adulthood. (41)

After a 1956 restudy, Oscar Lewis noted a "definite trend toward greater child-orientedness on the part of both parents". Younger and more educated parents were observed to punish lightly. (41)

## Anglo-American Migrants

### Introduction

Public Law 78 was passed in 1951 as a temporary emergency measure to cope with reputed shortages of farm labor due to the Korean War. This enabled the bracero of Mexico to be brought to the United States by western farmers. Their stay was temporary and seasonal.

On December 31, 1964, the statute was allowed to expire and the braceros are no longer admitted to the United States. (2, 46)

The competition for labor of the available domestic worker was noted in states previously using bracero labor. (2) Many families, faced with the alternatives of ghetto life and relief roles, turned to seasonal farm work. The southern rural poor, unable to make a living from farming a resistant land, joined the mobile culture to do work too delicate for machines and too dirty for any but the dispossessed. Southern Appalachian migrants, attracted to the large cities but unable to adjust to urban living and economic pressures, eventually leave to join the harvesters. "It's hard, I know; but we can do as we know to, and I believe it's better on you than being in the city, sitting yourself on the stairs all day". (18)

Officials note, that although decreasing in numbers, the Anglo is still much a part of the western migrant stream. (69)

### Socioeconomic Characteristics

Mountain people, referred to by most Americans as "Hillbillies", have lived in relative isolation from the rest of the United States for the past 200 years. (55) They are:

. . . a minority group, native Americans of several generations standing, who are of the white race and generally are Protestant in religion. But still they are different--different in speech, in dress, in culture, in habits and mores, in education, in social status, in work experience, and in health. (55)

Mainly farmers, they attempt to dig out a living from the rocky hillsides. Clinical malnutrition haunts many families. (53) The choice of a migrant life offers no improvement.

Robert Coles, in his observation of an eight year old migrant girl born in the hill country of Arkansas, relates:

. . . pushing her fingers at will through pork fat, potatoes, and gravy, wet, spongy bread . . . I saw her poor teeth. When she walked I noticed the toughened but still bruised and infected soles of her feet. Her unkempt hair was dry and stringy; she had sores on her body; her eyes hurt in the sunlight; her skin was coarse, some of it blistered, some of it decisively marked with lines of dirt or old scars. (18)

A report from a Mathis, Texas, migrant camp showed that 96 percent of the children had not drunk milk in six months. Their diet consisted mainly of cornmeal and rice. (51) Surrounded by fresh fruit and vegetables, they shun them for themselves and their



children in face of medical advice to the contrary. (16)

In comparison with the rest of the population, the Appalachian migrant families generally have higher nutritional deficiency, diarrheal disease, infant and maternal mortality rates, and communicable disease rates. Less than 50 percent have had smallpox vaccinations and very few are immunized against diphtheria and tetanus. (49)

C. Horace Hamilton found that 96 of 190 counties in Southern Appalachia have no health officers of any kind. (22) The family's medicine chest is likely to contain "kidney pills", "stomach tonics" and "blood builders" selected from the pharmacist's shelf. (54)

Social disorganization is also associated with a significantly higher incidence of mental illness. A Yale study, published as Social Class and Mental Illness, summarizes a research project in which New Haven, Connecticut, was divided into five social classes. Class V was made up of the semi-skilled and unskilled poor. The men had less than six years of education, the women less than eight. Class V revealed a rate of treated psychiatric illness of almost three times the magnitude of any other class. (Class I through IV, 538 to 642 per 100,000; Class V, 1,659 per 100,000.) In Class V, 90 percent were treated for psychosis and only 10 percent for neurosis. (29) A criticism of the study is that it does not indicate the "true prevalence" of mental illness in the population, since among

the poor, it "frequently goes unrecorded or unrecognized". "Worse . . . these symptoms abound and tend to be handed down to children as a kind of grim social inheritance . . . ." (15)

Birth rate, prolific in the migrant subculture, has a profound effect on the underprivileged family. Statistics gathered by the National Academy of Science show that the "higher birth rates in the low-income groups produced over 550,000 'extra' children by the time the wives were 40-44 years old". They continue by noting the opinion of many psychologists:

. . . deformation of character and personality in children culminating, for example, in juvenile delinquency, often results from a feeling of having been rejected by their parents. Parental attitudes and behavior that produce this feeling of rejection are much more likely when children are born as a result of unintended pregnancies. (52)

Psychiatrist R. Coles points out how much childbearing means to poor women. "It is the one thing they can do, and do creatively." (17) "Owning little else, they cherish their infants and want more of them, in the fearful expectation that not all those conceived, born, or even reared through infancy will live long enough to start their own families." (18)

Many migrants are illiterate. Their lives go on without newspapers, books or mail. (16) As is true of the Mexican migrant's child, the Anglo child lags one to five years behind. "For every 100 persons over 25 years of age elsewhere in the United States, eight

have failed to finish five years of school. In Appalachia, that figure rises to more than 11, 45 percent higher than the balance of the United States". (19)

Migrants have little use at present for what education they do receive. Their world is one of harvest from sunrise to sunset. "Sporadic education, geared to accomplishing a signature and a rather limited recognition of words" only serves to isolate the migrant child from "our" environment. (18)

In conclusion, although there are differences related to ethnic backgrounds found among the migrants, they are probably dwarfed by the similarities related to socioeconomic status.

#### Family Characteristics

Until a few years ago Appalachian families remained in their own "hollers", closely bonded by blood and kinship. After years of bare subsistence living many farmers left their homes, moving out to industrial areas (55) or joining the stream of migrant workers. (26)

The rich California fields also attracted the southern property-owning poor. They are the families described by the Department of Agriculture as "farmers dependent on their farms as the main source of income but unable to make an adequate living from farming". (26)

So it must be emphasized that the cultural deprivation, extreme poverty and social fragmentation which characterized their lives still remain with them as constant factors of life. The added factor of mobility only serves to compound their problems.

A psychiatric investigation by Robert Coles found "that in order to adapt to such unusual facts of environment, migrants turn their isolated, mobile life inward, becoming guarded and suspicious toward outsiders". Their hostility is channeled toward other families as well as the seemingly unfriendly and punitive world. Nevertheless, in contrast to their "guarded", "suspicious", or "withdrawn" appearance to many people on the "outside" there is an "openness of feeling and of anger", "a physical intimacy", and a "closeness of relationship" between the migrant child and his family. (16)

As the Mexican-American migrant is identified by his "American Spanish" so it is often true of the Anglo-American migrant. Southern rural and Appalachian families speak at a leisurely pace with low intonations forming a musical sound and a rhythmic pattern. "They love figures of speech, epigrams, compound oaths, superlative phrases and most noticeable of all, double, triple, and quadruple negatives." (55) For example, "He hain't never done no work nohow". The children readily adapt their language. The adult's disinclination to change often proves a source of

embarrassment to the children. (78)

There is no period of youth in the migrant culture. The migrant child becomes a migrant adult at 10 to 12 years of age. Coles further observes two elements that mark the beginning of adulthood in the migrant: seasons of experience in working the fields and the onset of puberty. "It is not long before they marry and have children. Brides of 14 and 15 are common, and their husbands are likely to be the same age or not very much older." (16)

Since the desperate migrant family needs every bit of labor it can get, their children are forced to join the parents at work in the fields. Working "ten-, eleven-, and twelve-hour days in temperatures over one hundred degrees . . . women and children work on ladders with hazardous machinery". In 1961, the Industrial Welfare Commission was told that 500 children are maimed each year. (26)

Truman Moore illustrates this further:

Under the blue skies of Idaho, a 12-year-old girl got her ponytail caught in a potato-digging machine. It ripped off her scalp, ears, eyelids, and cheeks. She died shortly afterward in a hospital. On a farm in California, a 10-year-old girl came back from the fields exhausted from a day's work. She fell asleep on a pile of burlap bags as she waited for her parents. As other workers returned from the fields, they tossed the empty bags on the stack, and the little girl was soon covered up. A 2-ton truck backed across the pile and drove off. They did not find her body until the next day. (51)

" . . . agriculture is one of the major successes of the affluent society. At the same time, perhaps the harshest and most bitter poverty in the United States is to be found in the fields. " (26)

### Child-Rearing Patterns

Generally, migrant children start life with strong support from mothers who predominantly breast-feed their infants with much warmth and tenderness. (16)

R. Coles found that:

Each one of those children has been held and breastfed in ways I think some middle class mothers might have cause to envy. The flat is cold and rat infested, but there is real and continuing warmth between that mother and her babies. 'Symbiotic' some of my colleagues--who have a name for everything--might call the relationship of that mother and her children; it is also a bond that unites the fearful and hungry against the inevitable day when the home has to yield to the outside. (17)

Toilet training is largely casual, with unconcern toward time or specific place. Once able to walk outside his home, about two to three years of age, the child is quickly carried outside "where he can continue, or if he finished he may be left there a bit alone, told not to come in and prevented from doing so". (16) Since many children have never been in a home with a bathroom, the outside world is often his toilet.

Migrant children are "extraordinarily responsible" for one

another. The five and six year old sisters will introduce food to the infant, play with, dress, and generally care for him. "Children learn to get along closely with brothers and sisters but scrap easily with other children." (16)

As other children respond to science fiction, comic strips, and adventure stories, the migrant child is taught to respond to the comfortable world of America; the world they view from the distance of a traveler. They soon sense their own inadequacy and weakness in comparison. They are reminded;

. . . that those others have a better but distantly unobtainable life, that the alternative to the migrant life is not that better life but one even worse than the one they know, full of danger and pain, and that their present life (whatever its trials) serves to keep them and their families from not only external hardship but internal disintegration. (16)

And so they are trained to follow their parents, to pick strawberries or pluck beans and in turn, do something important for others.

#### Child-Rearing Patterns - Low Income

It is neither possible nor necessary to review here the mountainous literature on parent-child relationships which has emerged over the past years, but certain remarks concerning child-rearing practices of low income mothers can and should be made.

It is inaccurate to judge the growth and development of the

migrant child in the same way we view the development of the middle or lower class child. Much of their behavior is an attempt to adapt to their particular kind of life.

We see little sense in taking middle-class social and cultural standards and transposing them to migrant families as measurements of their "normal" or "abnormal" behavior. While this is true that many migrants share an American citizenship with us all, their living conditions and habits have a quality all their own. (16)

Although almost all the empirical evidence stems from broad comparisons of the middle and working class, little is said about the extremes of the class distribution. There is evidence to suggest that the social class differences in child-rearing are narrowing due to the availability of printed material, radio and T. V. programming, Dr. Spock, and the general awareness of research data pertaining to child-rearing. A possible exception to this might be found in the lowest echelons of stratification.

Child rearing in just such a group has been described by Wortis and associates who interviewed 250 culturally deprived Negro mothers with two and one-half year old children, and subsequently interviewed 47 of the same mothers when their children were five years of age. Published in a 1963 Pediatrics journal, the child-rearing practices seemed to be selected for convenience to the mother rather than to any particular philosophy she felt important. Corporal punishment was used a great deal, particularly in response to



any aggression shown toward the mother herself, but there was a minimal concern with instilling habits of neatness and orderliness and control of aggression toward other children. Wortis and associates write:

Other elements in the environment were preparing the child to take over a lower class role. The inadequate incomes, crowded homes, lack of consistent familial ties, the mother's depression and helplessness in her own situation, were as important as her child-rearing practices in influencing the child's development and preparing him for an adult role. It was for us a sobering experience to watch a large group of newborn infants, plastic human beings of unknown potential, and observe over a 5-year period their social preparation to enter the class of the least-skilled, least-educated, and most rejected in our society. (79)

Research has attempted to assess directly various cultural and social factors influencing child-rearing practices and child development. A suggestion that a positive relation between the socioeconomic factors and maternal affection might exist comes from a study by Duvall. In this research, middle class mothers expressed more concern with the affectional bond between mother and child than lower class mothers, while the latter seemed to be more interested in obedience and cleanliness training. (21) Sears et al., found that middle class mothers reported in interviews that they had warmer relations with their preschool children than did working class mothers. (63)

Environmental factors may also play a part in disciplinary

practices. Roy found a direct increase in the permissiveness of child-rearing attitudes as the number of rooms in the house increased. (61)

There is agreement from a variety of sources that lower class mothers use more forceful and punitive methods of discipline than middle class mothers. (6, 63, 77) Bronfenbrenner has summarized the results of 25 years research reports on middle vs. lower class disciplinary techniques. He states that ". . . working class parents are consistently more likely to employ physical punishment, while middle-class families rely more on reasoning, isolation, appeals to guilt, and other methods involving the threat of loss of love". (11)

In an investigation by Kohn regarding conceptions of how proper paternal roles differed in contrasting social class groups, it was found that middle-class fathers wished to involve themselves in child-rearing but lower-class fathers essentially abrogated such responsibility. (34) Kohn, in another study of the relationship of social class to the exercise of paternal authority, notes that the "working-class mothers who are most likely to make frequent use of physical punishment are those who are most sensitive to the immediate situation--who say they are 'easily upset' by their children's actions". (33)

Insufficient mothering was identified in 1962 by Joyce Robertson in her study of 25 infants who had first been observed in a

well-baby clinic in the first months of life, and who were later studied in nursery school. Five mothers were observed to have strikingly little interaction with their infants during the clinic visits, and the infants themselves were noted for poor muscular tonus, slow muscular development, weak responsiveness to the mother and to the wider environment, and lowered ability to communicate and express feeling. These same features distinguished the five children from their age-peers later, in nursery school. (58)

In summary, the physical presence of a maternal figure alone is not sufficient to ensure for the infant the gratification of needs. As underscored by Ribble (56) and Spitz (67), the receiving of affective warmth and stimulation from a maternal figure is essential. Joyce Robertson has shown that patterns of insufficient mothering may begin very early and that these mothers can be identified.

It must again be emphasized, however, that if the poor have a culture grounded in the laws and life of the rural village or city slum, migrants do not share in it. Their life of mobility that calls forth specific habits and practices surely resembles the way poor people live more than the middle class people, but it is also different from both.

## Review of Related Studies

Korsch Study

Maternal practices, with special emphasis on methods of punishment and attitudes toward child care were surveyed by interview of 100 mothers from three California children's clinics. Researched by Barbara M. Korsch, M. D. and her staff, results were published in a 1965 American Journal of Public Health under the title of "Infant Care and Punishment: A Pilot Study". (36) The research was designed to meet three purposes:

1. To find out whether or not a short interview schedule, administered by a nurse, can be helpful in screening patients and in determining a particular patient's needs;
2. To gather information regarding mothers' attitudes toward certain aspects of child care, with special attention to ideas concerning discipline and physical punishment in young infants.
3. To obtain a preliminary impression concerning medical personnel's perceptions of maternal practices in these areas.

Simple, nondirective and nonthreatening questions were asked of mothers concerning behavior, practices, or experiences in infant care. Interviews were conducted by a public health nurse.

Unselected mothers with children below the age of 18 months were approached in the waiting rooms of the Observation Clinic for Children, Childrens Hospital, and Los Angeles City Well Baby Clinics. No attempt was made to obtain demographic data on the 100 mothers interviewed. "Educational and socioeconomic levels roughly ranged from low to low middle. There were about one-third Negro, and the remainder were Mexican, Oriental, and white."

Age distribution of the sample is presented in Table 1.

Table 1. Age Distribution of Sample Population in Korsch Study

Age	Number of Babies
1 - 3 months	26
4 - 6 months	37
7 - 9 months	14
10 - 12 months	9
12 - 18 months	<u>14</u>
	100

Questions were designed to explore "mothering activities", sleep patterns, and temper, with the main focus of the interview on methods of punishment followed by the mother. Several unexpected findings related to methods of punishment:

1. A large proportion of mothers perceived their infants as showing 'temper' at a surprisingly young age, often at birth or a few weeks thereafter.
2. A large proportion of mothers used some forms of physical punishment on very young infants.

3. Most mothers initiated 'spanking' or other physical punishment at a younger age than they stated to be desirable in response to direct questioning.
4. Many mothers spanked their infants despite stating that they did not prefer spanking as a method of punishment.

Maternal frustration and the husband-wife relationship were also questioned.

In a subsidiary study concerning the same subject mothers, 42 doctors and nurses were interviewed to question their ideas regarding the mothers' child-rearing practices. This study revealed "that the actual child-rearing practices among the mothers of their patients were frequently unknown to medical personnel".

Findings of the study were as follows:

Several questions in the interview were designed to explore mothering activities. (Holding the baby while being fed; holding the baby at other times; describing the baby as "cuddly") No relationships were found between these activities and the mother's ideas concerning discipline. Results did show that "only half of the 26 mothers with infants three months of age or younger held their babies for all feedings." A few mothers propped bottles all the time and the others propped at least half the time. One mother was breast feeding. By six months of age, "about three-fourths of the mothers propped bottles most of the time. Almost all stated that

they had other opportunities to hold their babies, but often this was for specific routines in baby care, not primarily social". The nurses' estimates "were much closer than the doctors'" regarding this item. Responses showed that "more than one-half of the doctors and nurses underestimated the amount of bottle-propping among the families".

A second set of questions dealt with the babies' night waking. "Of the 26 mothers with infants from one to three months of age, 19 reported their babies woke up at least once every night." Of these 19, 12 stated that by this age they expected their children to sleep through the night.

"Of the mothers with infants from four to six months of age, 17 of 37 reported their babies woke up at least once every night." With the exception of three, these mothers had expected their babies to sleep through.

Among the mothers with infants from six to twelve months of age, "12 of 23 reported their babies woke up at least once every night. . . ." "Almost all" of these mothers expected the babies to sleep through.

In summarizing the sleep patterns, Dr. Korsch states:

. . . the number of babies regularly awakening during the night approximates fifty percent, even after the first three months of life and remains essentially the same for the remainder of the first year of life. Most mothers of children, waking up

regularly at night, hoped or expected their babies to sleep through much earlier during the first year. In fact, at all ages, the number of mothers expecting their babies to sleep through was greater than the number of infants actually sleeping through.

Of the 42 medical personnel, 28 expected babies to sleep through by three months; ten expected infants to sleep through by four to six months.

"This corresponds even less with the babies' actual behavior than do the mothers' expectations." Table 2 summarizes these results.

Table 2. Night Waking: Percentage of Infants Waking Regularly at Night in Relation to Mothers' and Staff's Expectations

	1-3 Months	4-6 Months	7-12 Months
Infants awakening regularly	51%	43%	47%
Mothers expecting them to wake up	37%	25%	7%
Staff expecting them to wake up	70%	25%	5%

To question the mothers' use of disciplinary measures in an indirect manner, they were first asked the age when their babies had developed and shown what they interpreted as "temper". "More than one-fourth stated that their babies had 'a temper' by one month of age." According to the mothers, almost half showed temper by three months and more than two-thirds manifested temper by six



months of age. "Beyond eight months, all mothers except 12 reported their babies to have a temper."

In the opinion of the doctors and nurses, the concepts of development of temper did not differ from those of the mothers. Dr. Korsch points to clinical and research evidence which does not support the emergence of temper before the end of the first six months.

The focus of the interview was on methods of punishment prevalent within the families.

Among the mothers of babies from one to six months of age, one-fourth had started 'spanking'. However, in response to a later question . . . (they) . . . stated they thought it best not to start punishment until the child reached about one year of age.

"Almost half" of the mothers with infants from six to twelve months were "spanking" although they stated "around one year of age" was the best time to start punishing.

Only six out of 42 staff members anticipated spanking below the age of six months.

The preferred method of making babies mind revealed that "spanking" ranked first and "talking to" ranked second. Out of the 38 mothers who were spanking, 25 did not consider it the preferred method of punishment. The ages when the mothers thought their babies "understood" varied from six weeks to "before one year". In questioning the "early spankers", (those who spanked at one to six

months) the ages at which the mothers felt these babies "understood" varied from six weeks to "before one year".

To reveal the participation of the husband in the care of the infant and any expressed frustration or anxiety by the mother because of a lack of support from their husbands, the question "What things is your husband able to do for him/her?" was asked. It was found that "most of the husbands did help by feeding, changing, bathing, and minding the baby".

Lastly, Dr. Korsch attempted to relate the mothers' answers to the question "What do you do when things get too much for you?" to their answers regarding punishment on the assumption that a mother who feels overwhelmed is more apt to "haul off and swat" her child. No relationships were found, however.

It was recommended in any further investigation of this type, "demographic data, especially concerning educational levels, should certainly be included".

Data of the study, as reported in the American Journal of Public Health will be summarized in Chapter III. The findings will be discussed in comparison to data collected from this study of migrant mothers.

### Child-Rearing Patterns - Migrants

Migrants pose a statistical problem; no one knows exactly how many of them there are. As Ben Bagdikian remarked, "the Government takes a census of migrant birds but not of migrant human beings". (4)

Regrettably, there is even less documented in the literature regarding child-rearing patterns of the migrant subculture. With the exception of one study, data were not available for further review.

Child psychiatrist, Robert Coles and his research staff of the Harvard University Health Service selected ten migrant families for intensive study. All a part of the 1965 eastern migrant stream, six families were Negro and four were white. Traveling and living with the families, their primary interest was with the relationship between the "outside world" and the "growth and development of the child's mind".

Coles observed that infants were predominantly breast-fed, "and so fed for a year or more without any other food, except perhaps soft drinks which are introduced in the first months". There is no concept of scheduled feeding. The child is fed when he cries.

He sleeps with his mother for the first few months. If there are no other children in the family, he may continue to sleep with

his parents until enough children are born to warrant a second bed or cot. "The infant thus grows and becomes a child in the midst of the constant physical presence of others. . . He is constantly touched, held and seen by them and thus receives that sensory--especially tactile--stimulation. . .".

The growing child responds by "talking and moving about with ease". "Very few" temper tantrums were observed.

The "great warmth and open affection, kissing and fondling" practiced by the mothers was countered by quick anger toward the children and "severe punishment, most often slapping accompanied by shouting". Children were observed to be physically punished ". . . hard and mean at times --for taking food not theirs, for squabbling with one another or failing to execute assigned tasks promptly . . ." The "hardest punishment goes into confirming the child's sense of submission to the nonmigrant world".

Significant was the embrace of the child, seconds or minutes after being punished. Coles observed this to be a "part" of the punishment practice. Because of the absence of grudges in parents, Coles concludes ". . . there is a 'bounce' to the way these children are punished that teaches them fast recovery from a slap as well as specific, responsive obedience to it".

Dr. Coles states an urgent need for closer study of the lives of migrant farmers, a culture which has been vastly ignored. He

emphasizes a need for study "of how these people manage stress and preserve, as well as lose, some of their psychological stability and human dignity". (16)

## CHAPTER III

### PROCEDURE AND FINDINGS

#### Introduction

Research has attempted to assess directly various cultural and social factors influencing child-rearing practices and child development. In review of the literature and related studies, it is clear that the problem is indeed complex.

This study was undertaken to determine what migrant mothers actually do, how they actually feel about their children and how they react in practice to situations which naturally arise in the handling of a young baby. This study further attempted to explore the ideas of doctors and nurses concerning the migrants' maternal practices. Major emphasis is on the particular method of punishment followed by the mother.

The study has a certain value simply as a descriptive sociological investigation: a small contribution towards providing a foundation of empirical evidence upon which a deeper understanding of child development must be based.

## Procedure

### Description of Selected Area

Data for this study were obtained by the use of an interview with 76 migrant mothers residing in 14 migrant labor camps of Washington County, Oregon, during the first week of July, 1967. During the peak periods of farm activity (June, July and August) "upwards of 3, 000 migrant workers" come to the valley to harvest the strawberries, cane berries, blackcaps, beans, cucumbers and filberts. (69)

The greatest percentage of migrant farm workers are of Mexican-American descent, coming to Oregon from the south and southwest. Anglos from Oklahoma and Arkansas form a smaller percentage. A third work group is the "Wino" contingent. These are single, homeless men, recruited largely from the skid road area of Portland. It is estimated that over 50 percent of the harvest labor force is provided by local residents of Washington County, although they are not housed in the labor camps but are bused to and from the fields.

Three-fourths of the 48 farm labor camps operating in Washington County are located in the hill and ridge country, a 15 minute drive from the Portland Metropolitan complex. (Appendix C) The streams, hills and foliage hide the barrack-type wood frame

buildings, Although trees stand near by, the camp is usually built on a barren sun-baked hill. Unpainted and uninsulated, the walls keep out neither weather nor sound. Regardless of family size, there is but one room. Some growers provide the cabins free; others charge. The local health department continues to emphasize satisfactory water supply, washing facilities, living units and sewage and garbage disposal within the camps but they remain obstacles for many camps in attaining a status of compliance with regulations.

A number of the camps could not be reached without trespassing. Signs along the road remind any visitor: VISTA, VIVA, VML, state and county officials, as well as social groups were clearly spelled out, "No Admittance".

#### Preliminary Steps in the Procedure

The literature was searched to determine if the use of the questionnaire would be a valid method of obtaining patterns of infant care within the migrant culture. Modified from a questionnaire by Korsch (36), the interview dealt with four areas of maternal practice. Question 1, items a through d, consisted of questions designed to explore mothering activities. Question 2, items a through f, referred to the infant's patterns of sleep and crying. The use and frequency of medication was asked in Question 3, items a through c. In order to inquire about the method of discipline in an indirect manner, the



mother was next questioned as to the child's temper. (Question 4, items a through c.) Question 5, items a through e, dealt with the main focus of the interview, the punishment of infants. Question 6 was asked to reveal how supportive the mother perceives her spouse to be, and Question 7 pertained to maternal frustration. Demographic characteristics of the respondents were obtained at the close of the interview. A subsidiary survey of physicians and nurses working with the migrant mothers was designed to explore the medical personnel's judgments of maternal practices and attitudes.

The Interview Guide and Questionnaire will be found in Appendix A.

A preliminary draft of the questionnaire was formulated and presented to experienced professional persons for constructive criticism. Necessary revisions were made. A pilot study was then conducted with ten patients at the City Bureau of Health Well Child Conference and the four attending staff. Done in an effort to determine the practicality of both instruments, the findings were not utilized in the main study. No further revisions were felt to be necessary. The findings further validated the instrument designed by Korsch.

Permission was obtained from the local health department to survey the medical personnel. Each migrant camp owner was contacted and permission granted to enter the camp grounds and conduct

the interviews.

### Obtaining the Data

A schedule for visiting the migrant camps was arranged and visits were made during the first week of July, 1967. Camp owners were contacted the morning of the planned visit. All visits were made from 4:00 p. m. to dusk in order to find the majority of mothers at home and so that the family would be seen during a period of maximum interaction and stress.

Since the subject's image of the interviewer is significant, a nurses' uniform was worn by the interviewer. This was found to be an asset not only as an entree' to the camp grounds but it also tended to encourage trust on the part of those from whom the researcher sought information. The interviewer found it difficult to suppress the desire to extend service and in several situations, the need was felt to be immediate.

There were no refusals for interview. Mothers were given a concise, simple explanation of the purpose and objectives of the visit and emphasis was placed on the fact that while the information they provided would be used in this study, they, as individuals, would remain anonymous. Discussion of unrelated subjects was not discouraged. Most unrelated conversation followed completion of the interview. An attempt was made to keep the interview as informal as

possible. Several times during the visits with the Mexican-American migrants, warm soda pop was poured into a tin can (stripped of its identifying label) and offered to the interviewer.

A significant factor in the study was the inability of the interviewer to speak Spanish. In situations requiring the use of an interpreter, the mother was asked to select someone of her choice. Often, the eldest child and on occasion the father acted as interpreter. In one camp, the wife of the "straw-boss" identified those mothers unable to speak English, and if no one in the home was able to interpret the interview, she herself did. Thirty Mexican-American mothers were unable to speak English, consequently an interpreter was used for 40 percent of the migrant mother interviews.

The use of an interpreter is identified on the interview form.

The investigator conducted personal interviews with 51 Mexican migrant mothers and 25 Anglo migrant mothers housed in 14 labor camps. (Note Appendix C) Many camps were already vacated due to the unseasonal warm weather which brought about an early completion date of the strawberry harvest. Other camps not visited were those housing the "Wino" contingent. Table 3 gives the number of Mexican-Americans and the number of Anglo-Americans interviewed and their distribution among 14 migrant camps.

Three doctors, four public health nurses and one clinic nurse were surveyed following the Evening Family Health Clinic of July 12,

1967. Medical personnel surveyed for this study total eight in number.

Table 3. Numerical Distribution by Race of Migrant Mothers with Children Under 18 Months Living in 14 Migrant Camps of Study Area.

Camp (1)	Mexican- American (2)	Anglo- American (3)	Total (4)
Camp A	9	2	11
Camp B	7	3	10
Camp C	9	1	10
Camp D	8	0	8
Camp E	0	8	8
Camp F	6	2	8
Camp G	5	2	7
Camp H	3	1	4
Camp I	1	2	3
Camp J	1	1	2
Camp K	0	2	2
Camp L	1	0	1
Camp M	1	0	1
Camp N	0	1	1
Total	51	25	76

#### Plan for Analysis

The Interview Guide served as a record of the responses made by each migrant mother. Responses were recorded as close to verbatim as possible. Gestures by the Spanish speaking mother often preceded the interpretation; they were written in. No probing was done. On several occasions the term "temper" did have to be explained to the Spanish-speaking mothers. Numerical data were

transferred to a tally sheet from which separate tables and figures could be constructed. Frequency data are summarized in terms of percentage when applicable for comparison to the Korsch study.

Similarly, the questionnaire submitted to the medical personnel served as a record made by each staff member. The major part of the analysis was planned to be in the area of infant punishment.

### Analysis of Data

#### Demographic Data

The information obtained in this section provides the demographic characteristics essential to the migrant family profile. It also determines that the migrant families under study were a part of the western migrant stream.

The families were asked the state which they consider to be their "home". Figure 1 presents a tabulation of the responses made to this question. The largest percentage (51 percent) begin their migratory labor from the state of Texas. Four Mexican-American families within the Texas group "wintered over" in southern Oregon last winter in hopes of finding non-agricultural employment. One Anglo family represented in the Arkansas tabulation was also encouraged to stay in the area to establish "roots".

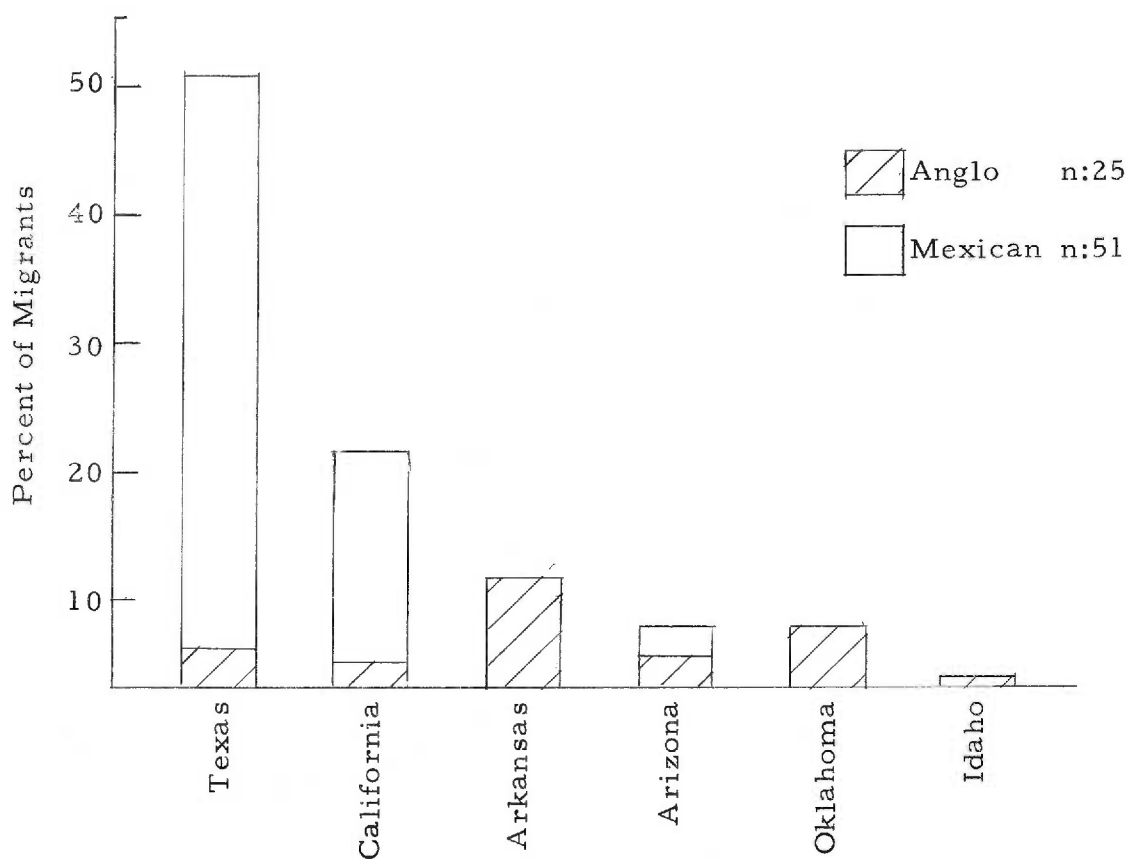


Figure 1. Percentage Distribution of 76 Migrant Families by "Home" State.

Child-bearing among the Mexican-American families begins at an earlier age and continues well into the "middle years" in comparison to the Anglo-Americans. It can be seen from this table that the Mexican mothers as a group are more likely than the Anglo mothers to have conceived a child before the age of 21. Parental age of the 76 migrant families is shown in Table 4.

Table 4. Numerical Distribution by Age Group of the 76 Migrant Families

Age Category (1)	Mexican Mothers (2)	Mexican Fathers (3)	Anglo Mothers (4)	Anglo Fathers (5)
16-20 years	7	3	1	1
21-25 years	4	6	10	5
26-30 years	8	6	4	6
31-35 years	11	6	6	7
36-40 years	14	15	4	4
41-45 years	6	11	0	1
46-50 years	1	1	0	1
51-55 years	0	1	0	0
56-60 years	0	1	0	0
61-65 years	0	1	0	0
Total	51	51	25	25

Another factor which may incidentally affect attitudes and methods in infant handling is the educational status of the parent. The illiteracy of the migrant has been noted in the literature. (23, 25, 74) Results of this study differ from those published in the Social Security Bulletin regarding the severity of the problem. (23) The mean number of years of education are shown in Table 5. Responses indicating a Mexican education were recorded at the stated attained level.

Eleven Mexican mothers and 13 Mexican fathers stated they had no education. The highest level recorded was found in one Mexican family with two children. The mother, 17 years old, had a tenth grade education, and the father, at 24 years of age, recorded 11 years.

Among the Anglo-American migrants, two mothers and one father stated they had no education. Six mothers stated 12th grade and one father replied he had just completed his second year of college.

In further analysis of the attained grade level it was found that of the 96 Mexican migrants 20 years of age or over, 79 (82 percent) stated they had less than five years of schooling. Of the 49 Anglo migrants age 20 or over, 22 (45 percent) reported less than five years of education. Considered in total, this migrant sample shows 70 percent being classified as functionally illiterate. The 30 percent illiteracy reported by Epstein differs greatly. (23)

Epstein also reported 14 percent of the migratory farm laborers had completed high school. In this study, six Anglo mothers and one Anglo father stated they reached 12th grade. Graduation was not questioned. No Mexicans had reached the 12th grade level. Out of the 152 migrant parents only 7, or 5 percent, reached this level. Again, the results differ from those reported by Epstein. (23)

The educational status of the migrant worker is depicted in Table 5.

Table 5. Mean Educational Levels by Race of 152 Migrant Workers

Family Type (1)	Educational Mean of Mothers (2)	Educational Mean of Fathers (3)	Educational Mean of Parents (4)
Mexican-American	3.7 years	3.3 years	3.5 years
Anglo-American	7.5 years	5.6 years	6.5 years



The next item surveyed concerned the size of the migrant's family. One mother, age 48 with 14 children, appeared hesitant in her response to the question of the number of children in her family. Her husband, age 62, smiled proudly as a four year old daughter ran to her mother and patted her mother's abdomen fondly. Within five months, their 18 month old would no longer be the baby of the family. The mother had had two years of grade school in Mexico. Her husband had none. Both responded with horrified expressions to the question of spanking the 18 month old. The mother gestured a quick "swat" in punishment for the older children.

A second family of interest is noted in Table 6, column 6, as a single child family. The week before there had been two children. During the interview, this thin, unsmiling woman sat solemnly on the threshold of the one room shack; her berry-stained fingers carefully picking the fleas and lice from the hair of her 17 month old son. She appeared older than her 25 years. Her stooped shoulders were draped by a heavy black shawl. The boy, drinking his soda pop from a nursing bottle, fondled her long black skirt. The circumstances of the tragic incident, a week previous, were related by the interpreter: The mother had been visiting with neighboring friends outside the cabin but frequently checking her sleeping four month old infant daughter. A bucket of drinking water stood on the floor beside the bed. It was later assumed the infant had awakened and rolled to

the edge of the bed. The mother found the body of her baby, head first in the bucket of water. Efforts to revive the infant were futile. The catastrophe precipitated a hysteria. Hours later she was found "still screaming and running through the woods". The men, slapping her "to quiet her down", carried her back to the cabin. It was obvious that her solemn, depressive, blunted responses to the interview were colored by this traumatic experience.

There were 447 children in the 76 migrant families under study. Five of these families had only one child. The Mexican children totaled 322 for a mean of 6.3 children per family. Anglo children accounted for 125 with a mean of 5.0 children per family. As shown in Table 6, in a comparison of family size to age of the mother, the prolific birth rate is noted.

Table 6. Comparison by Age Category of the 25 Anglo Mothers and the 51 Mexican Mothers as to the Mean of Children per Mother

Age (1)	Mexican			Anglo		
	Mother N (2)	Children N (3)	Mean (4)	Mother N (5)	Children N (6)	Mean (7)
16-20 years	7	14*	2.0	1	1*	(1)
21-25 years	4	10*	2.5	10	29*	2.9
26-30 years	8	45	5.6	4	18	4.5
31-35 years	11	77	7.0	6	42	7.0
36-40 years	14	107	7.6	4	35	8.8
41-45 years	6	55	9.2	0	0	--
46-50 years	<u>1</u>	<u>14</u>	(14.0)	<u>0</u>	<u>0</u>	--
Total	51	322	6.3	25	125	5.0

\* Single child families included

### Sample Comparison

Despite the 447 children tabulated in the previous question, this study was confined to the children 18 months of age or younger. A total of 76 subjects were included in the sample. No multiple births were recorded among this age group.

Since the greater portion of the western migrant stream is composed of Mexican-American laborers, so too is their representation in this study. Comparison of data shows slightly more than two Mexican infants to each Anglo infant under the age of 18 months.

The age distribution of the migrant study children differs from that of the study researched by Korsch. This discrepancy is undoubtedly due to the area in which each study was conducted. The Korsch survey was administered to unselected mothers in waiting rooms of well baby clinics. This explains the weighting of the sample with infants under six months of age. The sample of the migrant study is somewhat more evenly distributed in age, as depicted in Table 7. It must be noted that class intervals of the same size have been used: the Korsch data were divided into unequal intervals.

Medical personnel surveyed consisted of three physicians and five registered nurses. The total sample of eight is significantly less than the Korsch sample of 42.

Table 7. Age Distribution of Migrant Children Sample According to Race.

Age (1)	Number of Children		Total (4)
	Mexican (2)	Anglo (3)	
1 - 3 months	3	3	6
4 - 6 months	9	1	10
7 - 9 months	10	5	15
10 - 12 months	8	7	15
13 - 15 months	8	3	11
16 - 18 months	<u>13</u>	<u>6</u>	<u>19</u>
Total	<u>51</u>	<u>25</u>	<u>76</u>

### Comparisons of Child Rearing Patterns

#### Mothering Activities

Four questions were included in Item 1 to explore positive, warm, mothering activities. The first question, 1-a, asked whether the infant was breast or bottle fed. With virtually non-existent refrigeration, one would expect a high percentage of babies being breast fed. The opposite was realized. Four Anglo mothers and one Mexican mother stated their infants had been weaned from the bottle leaving a total of 71 answering this question. Sixty-eight out of 71 (96 percent) mothers were bottle feeding their babies. Of the three breast fed babies, one was an Anglo infant of eight months. One Mexican mother with eight children was breast feeding her five month infant although "when busy" would supplement with a bottle

feeding. The third mother, an 18 year old Mexican-American with two children, was breast feeding her 18 month old infant.

In the study conducted by Coles it was observed that migrant children are "predominantly breast-fed". (1) It was not so indicated in this study.

The second question (1-b) was asked only of the bottle feeding mothers and dealt with the number of bottles the baby was able to take by himself and for how many bottles the mother was able to hold the child in her arms. Of the 68 mothers queried, 67 stated they propped all bottles or the infant was able to hold the bottle by himself. One 28 year old Mexican mother with 11 children felt her one month old baby was "too young to prop" so the older sisters held her while feeding her. This mother stated she held her baby "very little".

If the percentage of mothers who hold their babies for bottle feeding is considered it must be said that 0 percent routinely take time during the day for this mothering activity. It is necessary to be extremely cautious in using this as a measure of maternal feeling or an indication of maternal rejection. Rather, it must be considered within the cultural framework. It appears that many mothers prop the bottles as a matter of convenience. Others expressed the fact that they were exhausted after a day's work in the fields and many stated they felt the baby was more comfortable "alone" due to

the extreme summer heat within the cabin.

Responses to question 1 by the medical personnel showed a range of 100 percent in their estimate of the percentage of migrant mothers who prop some or all bottles. Zero percent, 10 percent and 80 percent were the estimates given by the doctors. The nurses' estimates were 10 percent, 80 percent, 80 percent, 98 percent and 100 percent, indicating a closer approximation than that of the physicians. This compares with the findings of Korsch: 50 percent of the medical personnel underestimated the amount of bottle-propping among the families.

All mothers were then asked, "when else do you have the chance to hold him?". Five Anglo mothers and 15 Mexican mothers or 26 percent of the group, responded to frequent social handling of their children. Twenty Anglo and 36 Mexican mothers, or 74 percent stated they did not have time, the child was handled for specific routines of bathing or changing or that the older children in the family cared for and handled the infant, and finally that the child was handled "when sick".

Question 2 answered by the medical personnel concerned the above mentioned maternal practice. Again the range was great (90 percent). The average estimate by the nurses was 78 percent; for the physicians, 42 percent. The group average estimate was 64 percent. Six out of eight staff members overestimated the amount of social handling of the child.

The fourth and last question in Item 1 asked whether the mother could describe her baby as "cuddly". Forty-one answered positively: 30 Mexican and 11 Anglo. The remaining 35 mothers could not describe their infants as cuddly. Many of the mothers who responded negatively to this question reflected a feeling of pride in the statement that their male infant did not like to be "loved" or "cuddled". However, it must be continually kept in mind that for the heavily overworked woman a real effort has to be made simply to find time for the cuddling and comforting which a small child demands at odd moments throughout the day. The attention and response a small child receives from his mother is often overlooked when time is in short supply.

### Sleep

The second item of the survey dealt with the infant's patterns of sleep. Of the five mothers with infants from one to three months of age, three (60 percent) stated their babies woke up at least once every night. Two of these three, or 67 percent, had expected their babies would be sleeping through the night by this age. Of the ten mothers with children between four and six months of age, six (60 percent) reported their babies woke up at least once every night. Only one out of these six (17 percent) expected their babies to wake up. In the second half of the first year, eight out of 30 (27 percent)

mothers reported their babies still awakening once a night, although two of these eight mothers expected them to awake (25 percent).

None of the Anglo-American babies in their second year of life awoke unless ill or teething. Among the 21 Mexican-American infants between the ages of 13 and 18 months, four mothers (19 percent) reported their babies woke up at least once a night. All four expected the babies to sleep through.

Question 3 asked of the medical personnel was the estimated age that most babies should sleep through the night. Six out of eight (75 percent) felt babies should be sleeping through the night by the age of three months. The remaining two, or 25 percent, felt that by six months children should sleep through. All eight agreed mothers expect their infants to sleep through by three months of age. As was true in the Korsch study, the estimates by medical personnel correspond less with the babies' actual behavior than do the mothers' expectations.

The frequency of migrant babies' night waking is significant further as one considers the harvesters' definition of "night". To prepare for the long day in the field, the parent must awake before day-break. The majority of these babies are awakening once or twice a night before the hour of 4:00 a. m.! In consideration of this fact, it is senseless to compare the data with that gathered by Korsch.



The second part of Item 2 (2-b) queried what activity the mother followed to get the baby back to sleep. Twenty-three of the 25 Anglo-American mothers stated "changing the diaper" or offering a bottle. One mother stated her 11 month infant "finds a bottle herself". Another mother (24 years old with a 12th grade education) stated since her child was teething she would "rub his gums and if he doesn't shut up, I hit him".

Among the Mexican-American mothers the large majority again reported feeding or diapering the baby (47 out of 51). Three mentioned "rocking" their babies. The Mexican mother who had lost her infant daughter reported that her 17 month old son awoke once a night. In response to how she was able to get him back to sleep, she replied, "I just hold him and love him".

As one considers the migrant mother's long labor in the fields, her "short night" and the frequent night waking of her infant, it is understandable that the overwhelming majority of mothers bottle feed their babies during the day and pacify their night wakefulness with yet another bottle. It is the feeling of the interviewer that many of these infants awake, crying from hunger. The relaxing sequence of sucking and satiation ending in sleep becomes difficult to accomplish when a child is hungry and his bottle is filled with water.

Item 2-d asked the amount of crying the child does during the day. Twenty-four Mexican and 13 Anglo mothers reported "no

crying" during the day. Twenty-one Mexican and 11 Anglo mothers specified that their babies would cry only when hurt or hungry. Four Mexican mothers reported their babies would cry as the cabins became hot from the summer sun. The remaining three mothers reported "lots of crying". Of these three, one Anglo mother stated her three month baby cried "90 percent of the day". It will be noted later that this mother and the two Mexican mothers who reported "lots" of crying were also advocates of physical punishment.

The mother was then asked how long she was able to let her child cry. Nineteen Anglo and 43 Mexican mothers reported they were either unable to let the child cry or that the mother or one of the family would go to the child within "minutes". (82 percent) Four mothers estimated five minutes; three, 10 minutes; three, 15 minutes and two, 30 minutes. One Anglo mother stated, "she can cry all day--doesn't bother me" and another added, "if I'm busy, I just let her fuss".

The last question in Item 2 queried the method used by the mother to make the infant stop crying. Eighteen or 72 percent of the Anglo migrant mothers reported they would pick up the child; however, three added they would spank if the infant would not stop. One mother stated "nothing--just let her cry", four stated they would "spank 'em" and one stated "I tell 'em to shut up and then I swat". The youngest infant involved was eight months old. Finally,

one Anglo mother reported she would distract the child. This woman's husband has had two years of college education.

Thirty-three of the Mexican migrant mothers stated they would pick up their child to stop him from crying (65 percent). Eleven mothers reported they would give a bottle, cookie or candy to their child. This response was not noted among the Anglo mothers. Spanking was the method of choice for five of these mothers; however, the youngest infant involved was 15 months. Two mothers stated they would "talk to them".

#### Medication

The next item surveyed concerned the use of aspirin and the reason for administration of the medication. Two pharmacists within the surveyed area reported a significant increase in the sale of baby aspirin to the migrant families during their stay in the area. This fact is understandable in analysis of the responses made to the question of why aspirin is given. Since many reported more than one reason for use, a summary of responses follows:

Fifty-two mothers mentioned an illness or specific health problems. Among those included were fever, colds, diarrhea, teething, "pink eye", "stomach cramps" or "ache", earaches, "headaches" and "head-hurts".

Thirty-eight mothers reported giving aspirin to their babies if

they were "cross", "fussy" or "cranky". If their babies "cry a lot" or "cry too much", three mothers would administer aspirin. Six mothers stated giving this medication "when the cabin is hot". One mother stated her three month old infant "lives on 'em, 'cuz of his pneumonia". This child had not been seen by a doctor but the mother had "seen so much of it, I know how to take care of it". Another mother reported giving her child aspirin when he appeared "nervous".

With the exception of three mothers, all mothers were using baby aspirin according to the bottle directions. One-half of an adult aspirin was being used for a six month old and a 12 month old. The third mother was administering one adult tablet to her 17 month old.

As noted in the literature, the migrant medicates himself and his family not through recommendation of a physician but by selection and purchase of "pills" and "tonics" found on the pharmacist's shelf. (54)

### Temper

In order to question the use of disciplinary measures in an indirect manner, the next subject was concerned with the mothers' ideas as to the "temper" of their infants. Question a in Item 4 asked if the baby as yet had started to show his temper. Of the 76 mothers, 61, or 80 percent responded affirmatively. Four Anglo mothers and

11 Mexican mothers stated "no". It is highly probable that the answers reported by the Mexican mothers are not a true indication of how the mothers feel in their interpretation of temper development. This was the one term used in the interview which was often found to be difficult to translate. If the interpretation was not immediately clear it was added, "Does she get mad when she doesn't get her own way?".

Of the 61 migrant mothers observing a show of temper in their infants, 11 (18 percent) stated it began by one month of age. Five Anglo and one Mexican mothers observed their child's temper began with birth. By the age of three months, 24 or 39 percent of the mothers had observed temper. Forty-four (72 percent) of the 61 migrant mothers felt their infants had shown temper by six months of age. A total of 52, or 85 percent of the 61 mothers had observed temper by the child's ninth month and by the age of one year, all 61 mothers had noted a show of temper in their children. It is interesting to note that of the nine migrant mothers observing a show of temper beginning between the ages of nine and 12 months, all nine of their children were now between the ages of 15 and 18 months.

In further analysis of the 16 mothers with infants under six months of age, 12 or 75 percent stated their infants had "temper". Not only did three of the 12 mothers interpret temper at "birth", but all 12 stated an infant show of temper by five months of age.

Since the weight of clinical and research evidence does not support emergence of temper before the end of the first six months (36), it is interesting to note the responses of the medical personnel to concepts of development of temper. Question 5 asked of the doctors and nurses was, "At what age do you think most babies begin to show their tempers?". One nurse felt temper emerged by one month of age, two (a nurse and a doctor) felt a child's temper began by three months. One nurse's estimate was by five months, another at seven months, and by 12 months, one nurse and one doctor estimated the emergence of temper. And last, one physician felt babies show their temper at two years of age.

The medical staff's concepts did not essentially differ from those of the mothers: three out of eight believed babies showed their tempers by three months and four out of eight, by six months. In comparing the results to that of the Korsch study, it appears that the medical personnel interviewed for this study were somewhat more accurate in their estimates of the emergence of temper.

The sixth question surveyed among the medical staff was the age at which most mothers expect a show of temper from their babies. Their responses follow: Birth, one month, six months (two staff members), seven months, 12 months, and two years. (One nurse did not venture an estimate.) One can only conclude that the responses were indeed, variable.

What do most migrant mothers do when faced with the temper tantrum of a child under 18 months of age? This was the next point questioned (4-c) of those 61 mothers who stated their infants had shown temper.

Sixteen (26 percent) of these mothers reported they would distract their child. Ten Mexican mothers would distract with a bottle, candy or food; six Anglo mothers specified a toy. Fourteen mothers (23 percent) including two Anglo and 12 Mexican, stated they would "play with him", "love him", "pet him" or "content him". Another group would physically punish the child for a temper tantrum. Fourteen (23 percent) would "swat", "wallop", "paddle", "give a little whipping" or simply "spank 'em". Of the fourteen spankers, eight were Anglo and six were Mexican mothers. Ten of the 61 mothers (16 percent) stated they would ignore or "turn away" from any tantrum. Of the remaining seven mothers, three reported they would "laugh at" the child, three stated they would "give in" to the child and one responded "I just quarrel with him".

Figure 2 is a representation of the responses made by the mothers regarding the method used to control a temper tantrum.

The medical personnel, in turn, were asked how they thought most migrant mothers handled a show of temper. Responses to Question 7 are given below.

One physician answered, "poorly".

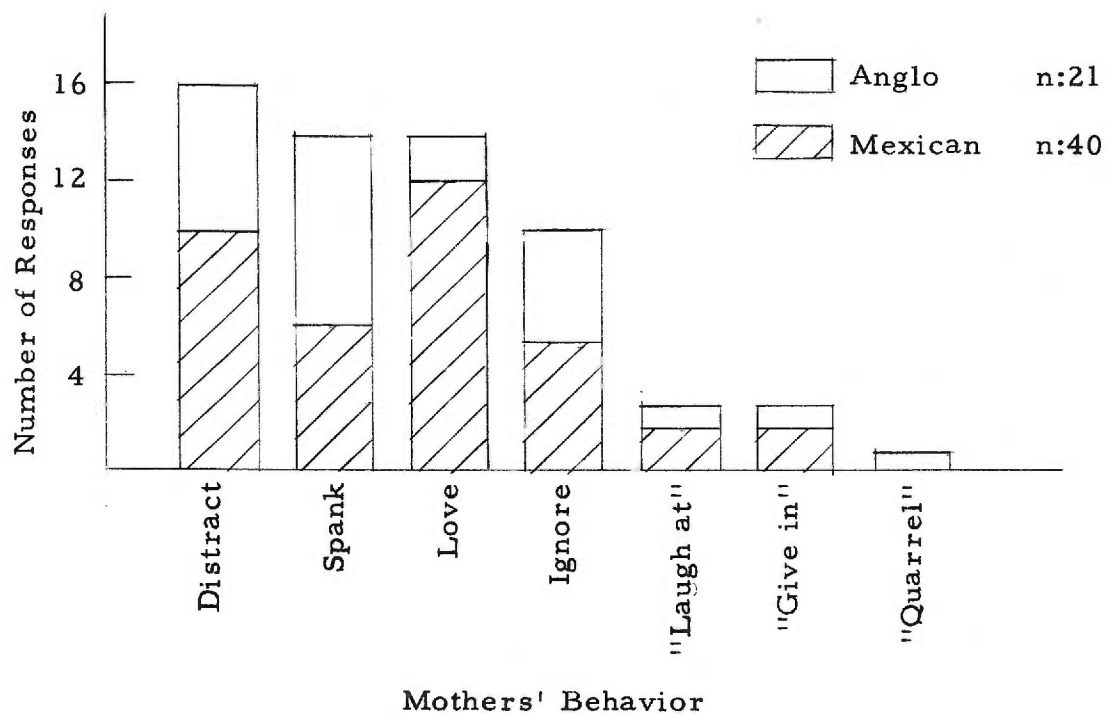


Figure 2. Comparison by Race of Responses of 61 Migrant Mothers Reporting Their Babies to Show Temper Indicating the Preferred Method of Handling an Infant's Temper.

One physician answered, "with love".

One physician would not venture a guess.

One nurse answered, "scold, ignore, perhaps spank".

One nurse answered "amuse".

One nurse answered "scold - little spanking".

One nurse answered "they think it's cute".

One nurse answered "it depends on age of the child".

In concluding Item 4, it must be noted, in the study researched by Coles, it was observed that there were "very few" temper



tantrums among the ten migrant families. In this study, however, 61 out of 76 migrant mothers identified and interpreted "temper" in their children 18 months of age and younger.

### Punishment of Infants

The main focus of the interview was on the methods of punishment prevalent in the migrant families. For the purpose of this study, it must be remembered that "spanking" was defined as "any kind of physical punishment provided the mother responded affirmatively to the question (5-a), "How often does he have to be spanked?". If the mother responded affirmatively, she was then asked, "How hard does he have to be spanked before it really works?". (5-b)

After tabulation of answers it was found that 11 (44 percent) of the Anglo mothers and 12 (24 percent) of the Mexican mothers spanked children under 18 months. Of course, disciplinary measures varied with the age of the infant.

Among the four Anglo mothers with babies from one to six months of age, all four responded "no" to spanking their infants. On further analysis, however, one of the mothers stated she "swats" her four month old for a display of temper. Two of the four mothers, in response to a later question, stated they spanked the "older children" beginning at ages one and two years respectively.

Among the Mexican sample, all 12 mothers with infants from

one to six months of age responded "no" to spanking these children. In fact, the majority of these mothers showed a marked disapproval and were so vehement in their rejection of this punishment that it was difficult for the interviewer not to be forced into a real sense of shame. In addition, none of the 12 mothers would punish for displays of temper. Four mothers would spank "older" children at two, three, four, or five years of age.

Korsch found 25 percent of their study mothers "spanking" babies from one to six months of age. Considering the one mother in this study who physically punished for temper as a "spanker", out of the 16 mothers with infants in this age group, a mere six percent spanked their infants.

Of the mothers with babies in the second six months of life, four out of 12 Anglo mothers were spanking. The first of these mothers spanked her eight month infant "lots" although "not very hard". She also physically punished for temper. The next mother spanked a nine month child with "little swats", however, she would "give-in" to the child for a show of temper. The third mother gave a "good slap" in punishment of her 11 month child. She stated in a later question she would "threaten to whip" at the age of one year. The fourth and last mother in this group spanked with a "tap", a 12 month child and on a show of temper would give the youngster a "swat or two". On later questioning, she reported she spanked the younger

children but made the older children sit in the corner.

The eight remaining Anglo mothers with children between seven and 12 months reported "no" to spanking their infants, however, one mother would give her seven month daughter "a little wallop" for a show of temper.

Among the Mexican sample of 18 mothers with children within the ages of seven to 12 months, one mother responded to spanking a nine month infant although she stated, "not very hard". This mother did not punish for a show of temper, but rather, would offer the child a bottle. In analysis of the remaining 17 Mexican mothers, answering "no", none would punish for a show of temper.

If in addition to the five migrant mothers responding affirmatively to spanking, we include the one Anglo mother who spanked for temper, this study finds six out of 30 migrant mothers, or 20 percent, spanking children between the ages of seven and 12 months. Korsch, however, again found a high percentage ("almost half") of mothers with children in this age group using physical punishment in discipline. In analysis of the Anglo-American sample alone where five out of 12 (42 percent) of mothers punished by spanking, the average would correspond more closely to that of Korsch. It must be remembered, the Korsch study included "one-third Negro, and the remainder were Mexican, Oriental and white".

Within the age group of 13 to 18 months, seven of the nine

Anglo mothers (78 percent) responded affirmatively to the question of spanking. When asked how hard the child must be spanked, the answers ranged from "not very hard" to "pretty hard". The two Anglo mothers who did not spank would not punish for a show of temper. One of these mothers, in later questioning, did admit to "whipping" as the choice method of discipline.

Among the Mexican sample, 12 out of 21 (57 percent) mothers with children between the ages of 13 to 18 months were spanking. Ten of these mothers reported "light taps", however, two mothers intended to cause physical pain. For example, one mother reported giving her 15 month son "a pretty good swat", two to three times a day. She felt the best method of punishment was to "use the belt". The second mother stated hitting her 15 month child four to five times a day "a good one across the mouth" for eating dirt. This mother also reported making a child of three or four "kneel" or "using the belt" to make the child conform. Of the nine Mexican mothers who reported they did not spank, one mother, on later questioning, gestured a slap as the best method of making a child obey and two reported "put them on their knees".

Of the 30 Mexican and Anglo mothers with children between 13 and 18 months, 19, or 63 percent, spanked their children. The findings of Korsch, for this age group, were not available for comparison.

Figure 3 is a representation of the responses made by the mothers regarding the use of spanking in discipline.

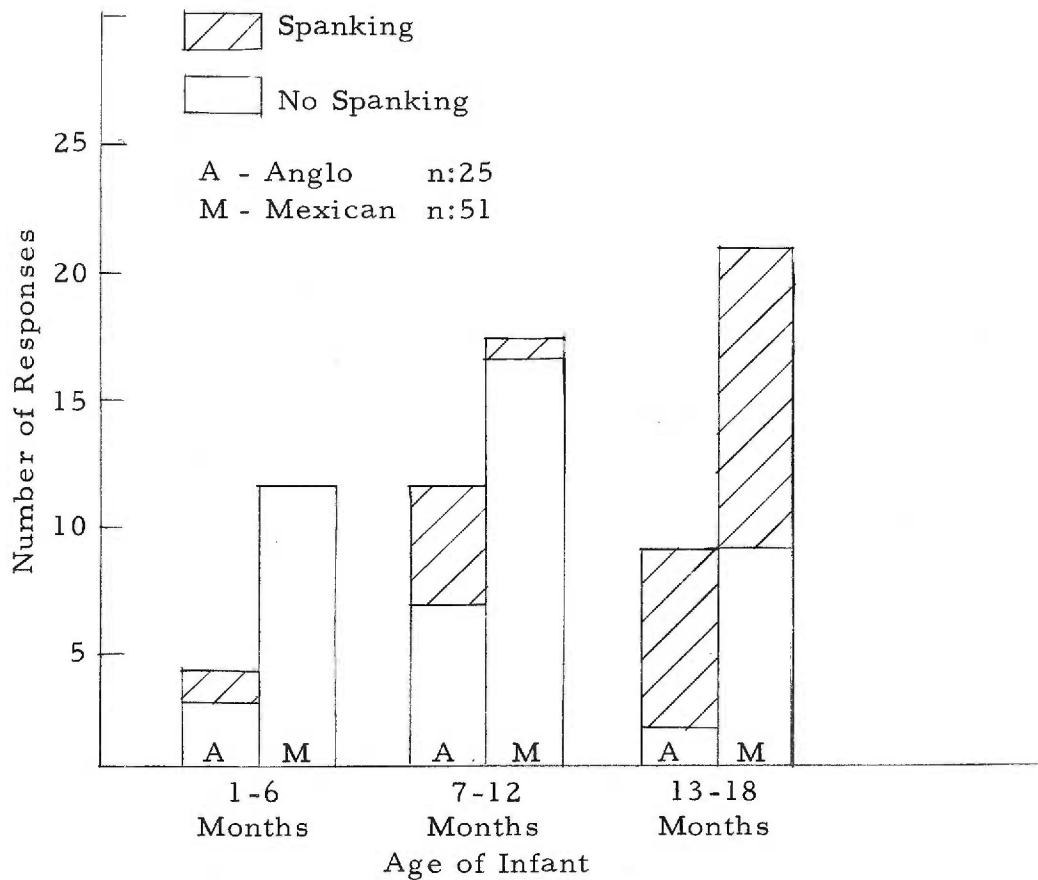


Figure 3. Comparison by Race of Responses of 76 Migrant Mothers Indicating the Spanking of Infants.

The mother was then asked who did most of the spanking in the home. Of 76 queried, 38 reported the mother, 12 reported the father, 18 reported both mother and father spanked equally and one mother reported the oldest daughter did most of the spanking. "No spanking" was reported by seven mothers. (Nine percent)

Question 5-d pertained to the age the mother felt babies are ready to be punished to make them mind. Responses differed greatly between the two races. Among the Anglo sample, two mothers stated "they're never too young". Three mothers reported "three years", of which one stated "tapping" her 13 month child in response to question 5-a.

Among the Mexican sample, the youngest age reported was one year; five mothers responded as such. Age 10 was the oldest age reported; one mother stated. It is interesting to note that 41 percent of the migrant sample felt age four to five years was the time children were ready to be punished. As observed by Madsen (43) and Lewis (41) this fact is characteristic of the Mexican culture.

Figure 4 is a graphic representation of the responses made to this question.

The medical personnel were questioned as to the age the migrant mother started to spank. The three physicians answered one year, two years, and three years respectively. The nurses responded, one and one-half years, two years, four to five years, and two were unable to answer. In analysis of responses made by the medical staff to that graphically shown in Figure 4, it can only be concluded that the results of both questions are too varied for purposes of comparison.

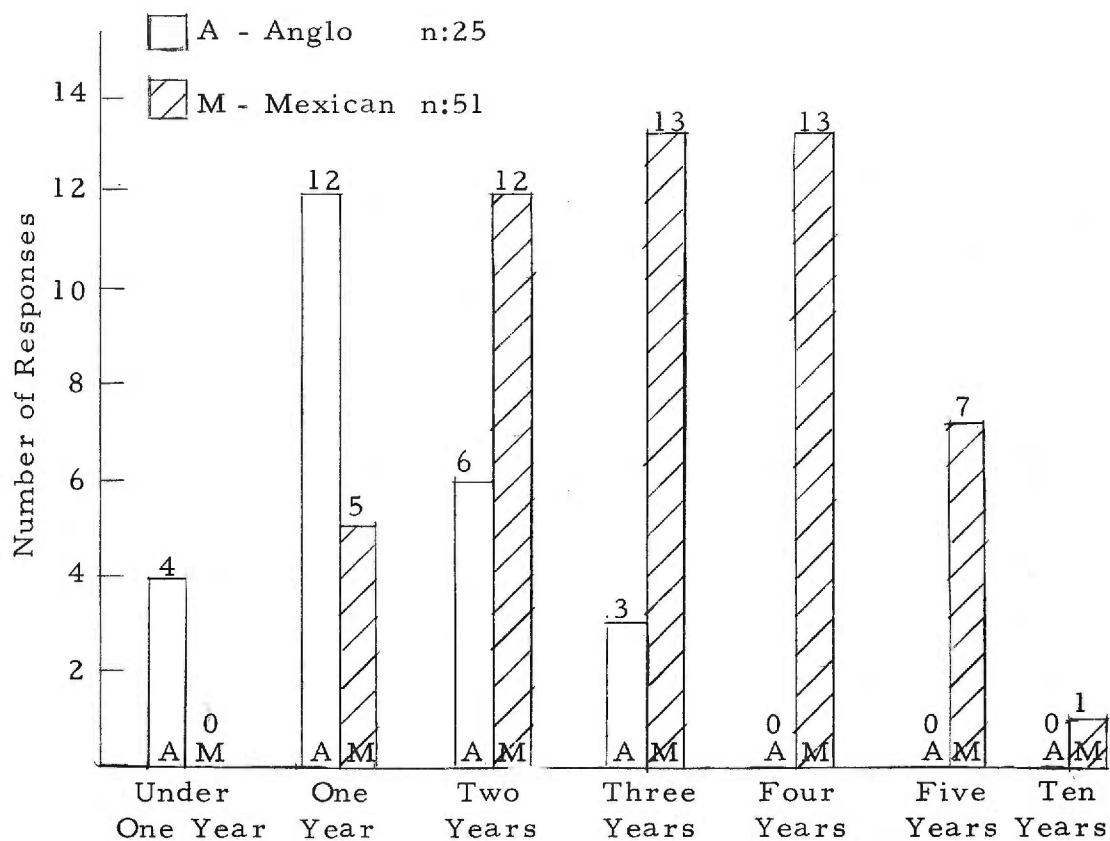


Figure 4. Distribution of Responses by Age Mothers Felt Babies Were Ready to be Punished to Make Them Mind

Question 5-e dealt with the preferred method of punishment in the migrant families. Of the 25 Anglo mothers, 17 (68 percent) responses indicated spanking to be the method of choice. Eight simply answered "spanking"; other representative responses are given below.

"Why waste time? . . . good old spanking."

"Threaten to whip 'em with a belt."

". . . spank then sit 'em down."

"Spank younger ones . . . older ones sit in a corner. "

"whip and keep inside"

"whip and sit still"

"I spank but Dad shouts. "

"Spanking . . . but when real young I pinch and talk. "

"Spank 'em then sit 'em down and talk to 'em. "

The eight remaining Anglo responses, too variable to categorize, follow.

"look at them mad" (Father spanks)

"holler and threaten them"

"sit down" (Mother spanks older children. )

"I pick at them. " (Father spanks)

"sit in chair"

"put them in a corner" (Only child is eight months)

"give 'em candy"

"being firm" (Father has had two years college. )

Among the Mexican sample, 21 (41 percent) mothers spanked their infants. Representative statements given follow below.

"first speak . . . then whip them" (This mother has eight children. )

"swat . . . then love them" (two children in family)

"use a belt" (14 children in family)

"kneel and use the belt" (six children . . . mother hits 15 month old across the mouth for eating dirt)



"They get popped." (five children in family)

"spank younger . . . older ones get whipped" (three children)

"spank . . . then kneel"

"spank . . . then talk"

"just a little whipping" (six children in family)

"whip" (two mothers stated)

The last "spanking" mother in this group, 48 years old with 14 children only gestured.

Three of the Mexican mothers preferred to "shout" while nine mothers felt it best to talk to the child. Some of their comments are as follows:

"tell and tell them" (Father spansks the seven children after age five)

"talk with them then make them kneel" (eight children in family)

"if parent not angry . . . child will listen" (eight children in family)

Seven mothers preferred to make their children kneel. Noticeably absent in the Anglo responses, this punishment is apparently common among the Mexican-Americans. Children are "put on their knees" for long periods of time. One mother specified three to four hours. Another mother stated the preferred method was to "kneel on a broom handle".

Although prevalent in Mexico (41) only six of these mothers

frightened their infants. "Scare them" was the frequent answer; however, if the interviewer probed the mothers were hesitant to answer. Responses were "someone will get them" or "scare them with with belt".

The remaining five Mexican mothers' responses were distinct enough not to be categorized with the above mentioned methods.

"threaten with chocolate ice cream" (The three older children in this family are "spanked pretty hard". No interpretation was given.)

"the more you love them . . . no punishing" (two children in family)

"sit in corner" (seven children in family)

"be firm" (Mother is 17 years old; only child is 12 months)

"hold them" (infant death of previous week)

In summary, this study found 38 migrant mothers (17 Anglo; 21 Mexican) out of the sample population of 76, or 50 percent, to prefer spanking as the method of punishment used within their families.

Question 8 asked of the medical personnel pertained to their idea of the preferred method of punishment in the migrant families.

Two physicians stated "physical".

One physician was not able to answer.

Two nurses stated "spanking".

One nurse stated "scolding".

One nurse was unable to answer.

One nurse stated "no idea" but "they should patent it".

In another question the medical staff was queried as to the percent of migrant parents who spank their children. The physicians answered 50 percent, 50 percent and 100 percent respectively. The nurses' responses were far more varied; 95 percent, 90 percent, 15 percent and two stated "never".

Because of the small sample of medical personnel, it becomes difficult to analyze, as a group, the accuracy of the statements. It can be safely concluded, however, that four, or 50 percent, were correct in their assumption that migrant families prefer spanking as the method of punishment.

Since 69 out of 76 parents responded to the question of "who does the most spanking in your family" (5-c) it can be concluded that 92 percent of the migrant families spank their children. Three of the medical staff (38 percent) anticipated with some accuracy the percentage of spanking parents.

#### Husband-Wife Relationship

Questions 6-a and 6-b were planned to reveal the amount of participation of the father in the care of the infant and how supportive the mother perceives him to be.

The first question asked was whether or not the mother had

any help in the care of her child. Sixteen mothers reported "no". Of the 60 receiving help, 40 reported that the older children helped them, 17 reported a mother or grandmother, two, "a friend", and only one of the 76 responded "my husband". When asked more directly, 62 (81 percent) of the mothers asserted only the positive side of the picture and responded with loyalty the assistance by husbands in "feeding", "carrying" and "minding". Fourteen of the mothers stated the husbands were of no assistance to them in the care of the child. There was no correlation between mothers who spanked and the lack of support and assistance by the husbands.

#### Maternal Frustration

The "extraordinary resilience" of the migrant people has been noted by Coles. Question 7, the last on the interview, explored the maternal behavior in response to a crisis or overwhelming moment. Living under the conditions of a one-room cabin, it was not surprising to find 23 of the mothers state they "chase the kids out". For another 12 mothers, it was easier for them to "lock the kids in and I leave" or "go out and walk it off". Fifteen of the mothers responded "you just can't let it get you down", "it doesn't do you any good" or "things never get that bad". Physical punishment to the children was noted in seven interviews (eight percent). There was no relationship found among these mothers to those responses made on other items

of the interview.

Eighteen responses varied from giving the children to someone else to care for, cleaning up the cabin, to taking aspirin.

A previously noted quote by Robert Coles seems to be related to the last and final response.

Owning little else, they cherish their infants and want more of them, in the fearful expectation that not all those conceived, born, or even reared through infancy will live long enough to start their own families. (18)

When asked, "What do you do when things get too much for you?", the young mother, suffering from the recent death of her five month daughter, tenderly replied, "I just look at my baby".

In profile, it can be said that the migrant mother does not hold her baby for feedings, seldom "mothers" him in social contact, and frequently medicates him for symptoms other than illness. Frequent night waking was noted among the migrant children, four to six months of age. A large proportion of mothers perceived their infants as showing "temper" at a very young age. Although one-half of the mothers preferred spanking as the method of discipline, this preference was noted to be higher, and to begin at an earlier age, among the Anglo-American sample.

In the subsidiary study, the medical personnel varied greatly in their estimates of maternal care and were frequently found to be unaware of the child-rearing practices of the migrant mothers.

## CHAPTER IV

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### Summary of the Study

This study was designed primarily to determine the profile of child-rearing practices, particularly methods of punishment, of the migrant mother. Primarily exploratory, the study was an attempt to assess maternal behavior as influenced by the migrant environment. Described in the study were the socioeconomic and family characteristics of the migrant families and the attitudes expressed toward certain aspects of child care including (1) mothering activities of feeding and holding the infant, (2) patterns of sleep, (3) use of medication, (4) identification of temper, and (5) punishment of infants. Special attention was paid to ideas concerning discipline and physical punishment in young infants.

A subsidiary study explored the perceptions and awareness of medical personnel regarding the attitudes and consequent child-rearing practices among the migrant population.

Permission was obtained by a personal request to use a modified form of the data-collection tool developed by Dr. Barbara Korsch. (36)

Data were obtained by means of interviews held with 76 migrant mothers housed in 14 migrant labor camps situated within Washington County. The study was limited to those mothers with infants 18 months of age or younger. Eight medical personnel of the Evening Family Health Clinic of Washington County were also surveyed. Since this was a sociological study, descriptive in nature, no hypotheses were formulated or tested.

### Findings

Findings of the study are summarized below.

1. The migrant sample was identified as being a part of the western migrant stream. A 70 percent illiteracy rate and a mean of 5.9 children per family was noted.
2. Bottle feeding was favored by 96 percent of the migrant mothers and all but one of the mothers routinely propped the infant's bottle. Medical personnel estimates of bottle-propping showed a range of 100 percent with 75 percent of the group underestimating this practice.
3. Only 26 percent of the migrant mothers responded to frequent social handling of their children. Staff estimates ranged by 90 percent; 75 percent overestimated this practice.
4. Sleep pattern showed 60 percent of the children between the

ages of four to six months waking at night. Seventy-five percent of the staff felt a baby should sleep through the night by three months of age. Estimates by the medical personnel correspond less with the babies' actual behavior than did the mothers' expectations.

5. Aspirin was used by 50 percent of the migrant population if the infant was "cross", "cranky", "nervous" or "crying a lot".
6. Seventy-two percent of the mothers identified temper in their infants by six months of age. Of the medical personnel, 50 percent believed temper was shown before the age of six months. Twenty-three percent of these mothers punished for displays of temper.
7. "Early spankers" were noted to be among the Anglo sample; 41 percent of the Mexican sample punished after the age of four years. The preferred method of discipline was spanking among 50 percent of the migrant sample. This preference was noted to be higher among the Anglo-American sample. Fifty percent of the medical staff correctly identified this method.
8. Only one of the 76 mothers initially stated the husband to be of help to her in the care of the children.
9. In response to maternal frustration, only eight percent of



mothers punished their infants.

10. The interview guide was found to a practical and an effective instrument for eliciting information in this study.

### Conclusions

Based on the findings in this study, the following conclusions were drawn.

1. The purposes of the study were fulfilled.
2. A large percentage of mothers perceived their infants as showing temper at birth and at a very young age.
3. A frequent use of aspirin was noted for symptoms other than fever. Medical supervision was not sought despite its availability.
4. There were identifiable differences in the methods of punishment practiced, between the Mexican-American and Anglo-American migrant mothers. An ironic mixture of indulgence and of fierce curtailment was noted.
5. It was revealed that the actual child-rearing practices among the migrant mothers were frequently unknown to the medical staff of the migrant health clinic.

## Recommendations

Based on the findings and conclusions of this study, several recommendations may be made.

1. In order to investigate more fully the influence of environment to the resultant child-rearing practice, a study such as this but on a larger scale, in more depth, and of a single cultural group is recommended. An observational study would perhaps yield significant results.
2. It is ironic that the migrant, surrounded by fresh fruits and vegetables, shuns them for himself and for his children. The nutrition and diet of the migrant worker, heavy with "store-bought" pastries and soda pop, is recommended for study.
3. Studies of the failures to health educate the migrants are urgently needed. The frequent use of aspirin in infants is indicative of this.
4. The prolific birth rate noted has a profound effect on the underprivileged family. Perhaps many of these children are born as a result of unintended pregnancies. A study is recommended to survey the information or the resources available to the migrant mother so that she may plan her family effectively according to her own desires.

5. If parents are quick to anger and rely mainly on corporal punishment as an outlet for their annoyance with children, abuse may easily result. Studies of the abused child have related mistreatment to poor socioeconomic conditions, and stress and frustration within the family at the time of abuse. A study such as this within the migrant culture is recommended.

## BIBLIOGRAPHY

1. Annual Report, Migrant Health Project. Palm Beach County, Florida, 1961-1962.
2. Annual Report, 1965 Report of The Interagency Committee on Migratory Labor. State of Oregon, 1965.
3. Atwater, J. B., Measures of the Migrant Farm Labor Population and Certain of its Health Problems. U. S. Public Health Service, 1962.
4. Bagdikian, Ben H., In The Midst of Plenty. Beacon Press, Boston, 1964.
5. Barker, George C., "Social Functions of Language in a Mexican-American Community", Acta Americana (July-September 1947), 4:189-192.
6. Bayley, N., and E. Schaefer, "Relationships Between Socio-economic Variables and the Behavior of Mothers Toward Young Children", Journal of Genetic Psychology, 96:61-77.
7. Benedict, M. R., Can We Solve the Farm Program? Twentieth Century Fund, New York, 1955.
8. Bigham, Gloria, R. N., "Between Those Who Have and Those Who Have Not", The American Journal of Nursing (August 1966), 66:1747.
9. Bogue, Donald J., The Population of the United States. The Free Press, Glencoe, 1959.
10. Breslow, Lester, and Joseph R. Hochstim, "Sociocultural Aspects of Cervical Cytology in Alameda County, California", Public Health Reports (February 1964), 79:107-112.
11. Bronfenbrenner, Urie, "Socialization and Social Class Through Time and Space", Readings in Social Psychology. (3rd Ed.) Holt, New York, 1958.

12. Broom, Leonard, and Eshref Shevky, "Mexicans in the United States - A Problem of Social Differentiation", Sociology and Social Research (January-February 1952), 36:150-158.
13. Callahan, Barbara, "The Migrant Worker", Hospital Progress (February 1965), 65:68.
14. Caplan, Gerald, M. D., Concepts of Mental Health and Consultation - Their Application in Public Health Social Work. U. S. Department of Health, Education and Welfare, Washington, D. C., 1959.
15. Coles, Robert, M. D., "Psychiatrists and the Poor", The Atlantic Monthly (July 1964), 102-106.
16. \_\_\_\_\_, "The Lives of Migrant Farmers", American Journal of Psychiatry (September 1965), 122:271-285.
17. \_\_\_\_\_, "Violence in Ghetto Children", Children (May-June 1967), 14:102.
18. \_\_\_\_\_, "What Migrant Farm Children Learn", Saturday Review, May 15, 1965.
19. Council of Economic Advisors, "The Problem of Poverty in America", Economic Report of the President (January 1964), 57-62, 64, 66-73.
20. Dorn, H. F., and S. J. Cutler, "Morbidity from Cancer in the United States", Public Health Service Publication No. 590. Government Printing Office, Washington, D. C., 1959.
21. Duvall, E., "Conceptions of Parenthood", American Journal of Sociology, 1946, 52:193-203.
22. Eichhorn, Robert L., and Edward G. Ludwig, "Poverty and Health", Poverty in the Affluent Society. Harper and Row, New York and London, 1966.
23. Epstein, Lenore A., "Unmet Need in a Land of Abundance", Social Security Bulletin. Government Printing Office, Washington, D. C., May 1963.
24. Friedenber, Edgar Z., "An Ideology of School Withdrawal", Commentary (June 1963), 35:496.

25. Gamio, Manuel, Mexican Immigration to the United States - A Study of Human Migration and Adjustment. University of Chicago Press, Chicago, 1930.
26. Harrington, Michael, The Other America - Poverty in the United States. MacMillan Company, New York, 1963.
27. Heller, Celia S., Mexican American Youth - Forgotten Youth at the Crossroads. Random House, New York, 1967.
28. Herzog, Elizabeth, "Some Assumptions About the Poor", Social Service Review (December 1963), 73:391-400.
29. Hollingshead, A. B., and F. C. Redlich, Social Class and Mental Illness. John Wiley, New York, 1958.
30. Jones, Robert C., "Ethnic Family Patterns: The Mexican Family in the United States", American Journal of Sociology (May 1948), 53:450.
31. Kluckhohn, Florence R., and Fred Strodtbeck, Variations in Value Orientations. Row, Peterson, New York, 1961.
32. Knutson, Andie L., The Individual, Society and Health Behavior. Russell Sage Foundation, New York, 1965.
33. Kohn, M. L., "Social Class and Parental Values", American Journal of Sociology (1959), 64:337-351.
34. Kohn, M. L., and Eleanor E. Carroll, "Social Class and the Allocation of Parental Responsibilities", Sociometry (1960), 23:372-392.
35. Koos, Earl Loman, The Health of Regionville. Columbia University Press, New York, 1954.
36. Korsch, Barbara Maria, M. D., et al., "Infant Care and Punishment: A Pilot Study", American Journal of Public Health (December 1965), 55:1880-1886.
37. Lawrence, Philip S., "Chronic Illness and Socio-Economic Status", Public Health Reports (November 1948), 63:1507-1521.

38. Leininger, Madeleine, "The Culture Concept and Its Relevance to Nursing", Journal of Nursing Education, April 1967.
39. Lewis, Oscar, Children of Sanchez. Random House, New York, 1961.
40. \_\_\_\_\_, "Husbands and Wives in a Mexican Village: A Study of Role Conflicts", Readings in Latin American Social Organization and Institutions. Michigan State College Press, East Lansing, 1953.
41. \_\_\_\_\_, Tepoztlan, Village in Mexico. University of Illinois Press, Urbana, Illinois, 1960.
42. Lindsay, Robert J., and Helen L. Johnston, "Meeting the Health Needs of the Migrant Worker", Hospitals (July 16, 1965), 39:78-82.
43. Madsen, William, Mexican-Americans of South Texas. Holt, Rinehart and Winston, New York, 1964.
44. Marcus, Irwin M., "Emotional Growth and Development", The Significance of Health and Handicaps in the Child's Growth and Development. Tulane University, New Orleans, 1961, 3:64.
45. Marden, Charles F., Minorities in American Society. American Book Company, New York, 1952.
46. Mayer, Arnold, "The Grapes of Wrath, Vintage, 1961", The Reporter (February 2, 1961), 61:34-37.
47. McWilliams, C., Factories in the Field. Little, Brown and Company, Boston, 1939.
48. \_\_\_\_\_, Ill Fares the Land: Migrants and Migratory Labor in the United States. Little, Brown and Company, Boston, 1942.
49. Mechanic, David, "The Influence of Mothers on Their Children's Health Attitudes and Behavior", Pediatrics (March 1964), 33:444-453.
50. Miller, Herman P., Editor, Poverty American Style. Wadsworth Publishing Company, Inc., California, 1967.

51. Moore, Truman, The Slaves We Rent. Random House, Inc., New York, 1965.
52. National Academy of Sciences, "The Growth of U. S. Population", National Research Council, Publication 1279, 1965.
53. Pearsall, Marion, "Healthways in a Mountain Country", Mountain Life and Work (Winter 1960), 36:7-13.
54. Porter, E. R., "Modern Medicine and the Migrated Mountaineer", Cincinnati Journal of Medicine (October 1961), 42: 433-444.
55. \_\_\_\_\_, "When Cultures Meet - Mountain and Urban", Nursing Outlook (June 1963), 11:418-420.
56. Ribble, M., The Rights of Infants. Columbia University Press, New York, 1943.
57. Rider, R. V., et al., "Associations Between Premature Births and Socio-Economic Status", American Journal of Public Health (August 1955), 45:1022-1028.
58. Robertson, Joyce, "Mothering as an Influence on Early Development", Psychoanalytic Study of the Child. International Universities Press, New York, 1962.
59. Rogelio, Diaz G., "Neurosis and the Mexican Family Structure", American Journal of Psychiatry (December 1955), 112:414.
60. Romney, Kimball, and Romaine Romney, "Mixtecan of Juxtahuaca", Mothers of Six Cultures. John Wiley and Sons, Inc., New York, 1964.
61. Roy, K., "Parents' Attitudes Toward Their Children", Journal of Home Economics (September 1950), 42:652-653.
62. Schorr, Alvin L., "An Appraisal of the Effectiveness of Housing Policies in Helping to Eliminate Poverty in the United States", Slums and Social Insecurity. U. S. Department of Health, Education and Welfare, Washington, D. C., Report No. 1:41-47, 64-73, 95-137.



63. Sears, R., E. Maccoby, and H. Levin, Patterns of Child Rearing. Row, Peterson, Evanston, 1957.
64. Shannon, F. A., The Farmer's Last Frontier. Holt, Rinehart and Winston, New York, 1963.
65. Sherif, Muzafer, and Carolyn W. Sherif, Reference Groups - Exploration into Conformity and Deviation of Adolescents. Harper and Row, New York, 1964.
66. Simpson, George E., and J. Milton Yinger, Racial and Cultural Minorities. Harper, New York, 1958.
67. Spitz, R., "Hospitalism", Psychoanalytic Study of the Child. International Universities Press, New York, 1:255.
68. Steinbeck, J., Grapes of Wrath. Viking, New York, 1939.
69. Stewart, James, M. D., "Washington County Migrant Health Project", Oregon Migrant Health Project. Oregon State Board of Health, Portland, Oregon, 1966.
70. Suchman, Edward, "Sociomedical Variations Among Ethnic Groups", The American Journal of Sociology (November 1964), 60:319-331.
71. Taylor, P. S., Migratory Laborers in the Wheat Belt, Second Half of the 19th Century. Harvard University Library, 1951.
72. Thurston, Richard G., "Urbanization and Socio-cultural Change in a Mexican-American Enclave", Unpublished Ph. D. Dissertation, University of California, Los Angeles, 1957.
73. Tuck, Ruth, Not With the Fist. Harcourt, Brace, New York, 1946.
74. U. S. Bureau of Census, 1960 Census of Population, Persons of Spanish Surname, Final Report PC(2). Washington, D. C., 1961, 1:Part 1.
75. U. S. Children's Bureau, Children in Migrant Families. U. S. Government Printing Office, Washington, D. C., 1961.

76. U. S. Public Health Service, Interim Report on the Status of Program Activities Under the Migrant Health Act, June 30, 1964. (U. S. Senate Subcommittee on Migratory Labor) Washington, D. C. , 1964.
77. White, M. , "Social Class, Child Rearing Practices and Child Behavior", American Sociological Review, 1957, 22:704-712.
78. Williams, Cratis, "Rhythm and Melody in Mountain Speech", Mountain Life and Work (Fall 1961), 37:7-10.
79. Wortis, H. , et al. , "Child-rearing Practices in a Low Socio-economic Group", Pediatrics (1963), 32:298-307.

APPENDIX A  
Correspondence

C O P Y

CHILDRENS HOSPITAL OF LOS ANGELES  
4614 Sunset Boulevard Los Angeles, Cal. 90027 Normandy 3-3341

February 22, 1967

Jeannette Hamby  
1350 N. W. 300th  
Hillsboro, Oregon 97123

Dear Miss Hamby,

We are happy to give you permission to utilize our material in your study. Mrs. Gozzi who was associated with me during this study is adding some material on how to introduce the interview. We are counting on having you let us share your results after your survey is complete.

A public health nurse approached mothers who were awaiting their turn to see the doctor in well-baby clinics. Sitting beside a mother on the bench the nurse introduced herself as a research worker, and made a few brief introductory statements including such things as:

- 1 -we're conducting a study to learn more about how we can help mothers and children
- 2 -she (the mother) could help by answering a few questions
- 3 -confidentiality (mention if situation demands)
- 4 -Everyone is asked the same question - -"if any questions do not apply to you - please answer as best you can, O. K. ?"

Mother's participation was not requested beyond above statement.

The same questions were asked of everyone and verbatim answers were written in. If probing is to be done, the probe is written in. If demographic data is to be used in the study this can be obtained either before or after the interview. We like to get it at the end.

If you have any more specific questions, please feel free to write.

Sincerely,  
/s/ Barbara Korsch

BK/TB

Barbara Korsch, M. D. &amp; Ethel Gozzi

APPENDIX B

Instrument for Collection of Data

MEDICAL PERSONNEL QUESTIONNAIRE

M. D. \_\_\_\_\_ P. H. N. \_\_\_\_\_ OTHER \_\_\_\_\_

1. What percentage of mothers whom you see do you think prop some or all bottles? \_\_\_\_\_
2. What percentage of the mothers do you think take time out during the course of the day just to hold their children other than at feeding time? \_\_\_\_\_
3. About what age do you think most babies should sleep through the night? \_\_\_\_\_
4. At what age do you think the mothers expect this? \_\_\_\_\_
5. At what age do you think that most babies begin to show their tempers? \_\_\_\_\_
6. At what age do you think most mothers expect this? \_\_\_\_\_
7. How do you think most mothers handle a show of temper? \_\_\_\_\_
8. What do you think is the preferred method of punishment in the migrant's families? \_\_\_\_\_
9. About what percentage do you think spank their children? \_\_\_\_\_
10. At what age do you think these mothers start to spank? \_\_\_\_\_

INTERVIEW GUIDE

Camp \_\_\_\_\_ A. A. \_\_\_\_\_

Age of Child \_\_\_\_\_ M. A. \_\_\_\_\_

Age of Mother \_\_\_\_\_ Home \_\_\_\_\_

Age of Father \_\_\_\_\_

Have you ever been to school? Yes \_\_\_\_\_ No \_\_\_\_\_ Grade Level \_\_\_\_\_

Has your husband ever been to school? Yes \_\_\_\_\_ No \_\_\_\_\_ Grade Level \_\_\_\_\_

Number of Children in Family \_\_\_\_\_

First let's talk a little about feeding  
the baby.

1. a. Is he on breast or bottle? 1. (a) \_\_\_\_\_

b. (If bottle) How many bottles  
does he take by himself? And  
how many are you able to  
hold him in your arms? (b) No. bottles \_\_\_\_\_  
Able to Hold \_\_\_\_\_

c. When else do you have the  
chance to hold him? (c) \_\_\_\_\_

d. Some babies like to be cuddled  
more than others. Is yours a  
cuddly child? (d) Yes \_\_\_\_\_  
No \_\_\_\_\_

2. What about sleep?

a. How often has he been waking  
up at night? (a) \_\_\_\_\_

b. What do you usually do about it? (b) \_\_\_\_\_

If appropriate:

- c. Did you hope by now he would be sleeping through the night? (c) Yes \_\_\_\_\_  
No \_\_\_\_\_
- d. How much crying does he do during the day? (d) \_\_\_\_\_

If yes:

- e. How long can you let him cry? (e) \_\_\_\_\_
- f. How do you make him stop? (f) Spank \_\_\_\_\_  
Pick up \_\_\_\_\_  
Let Him Cry \_\_\_\_\_  
Distract \_\_\_\_\_

3. What about pills? Do you ever give him any aspirin? 3. Yes \_\_\_\_\_  
No \_\_\_\_\_
- b. (if yes) Why? (b) \_\_\_\_\_
- c. How many and how often? (c) \_\_\_\_\_
4. Has he started to show his temper yet? 4. Yes \_\_\_\_\_  
No \_\_\_\_\_

If yes:

- b. When did he start? (b) \_\_\_\_\_
- c. What do you do about it? (c) \_\_\_\_\_
5. a. How often does he have to be spanked? 5. (a) \_\_\_\_\_
- b. How hard does he have to be spanked before it really works? (b) \_\_\_\_\_
- c. Who does most of the spanking in your family? (c) \_\_\_\_\_
- d. At what age do you think babies are ready to be punished to make them mind? (d) \_\_\_\_\_



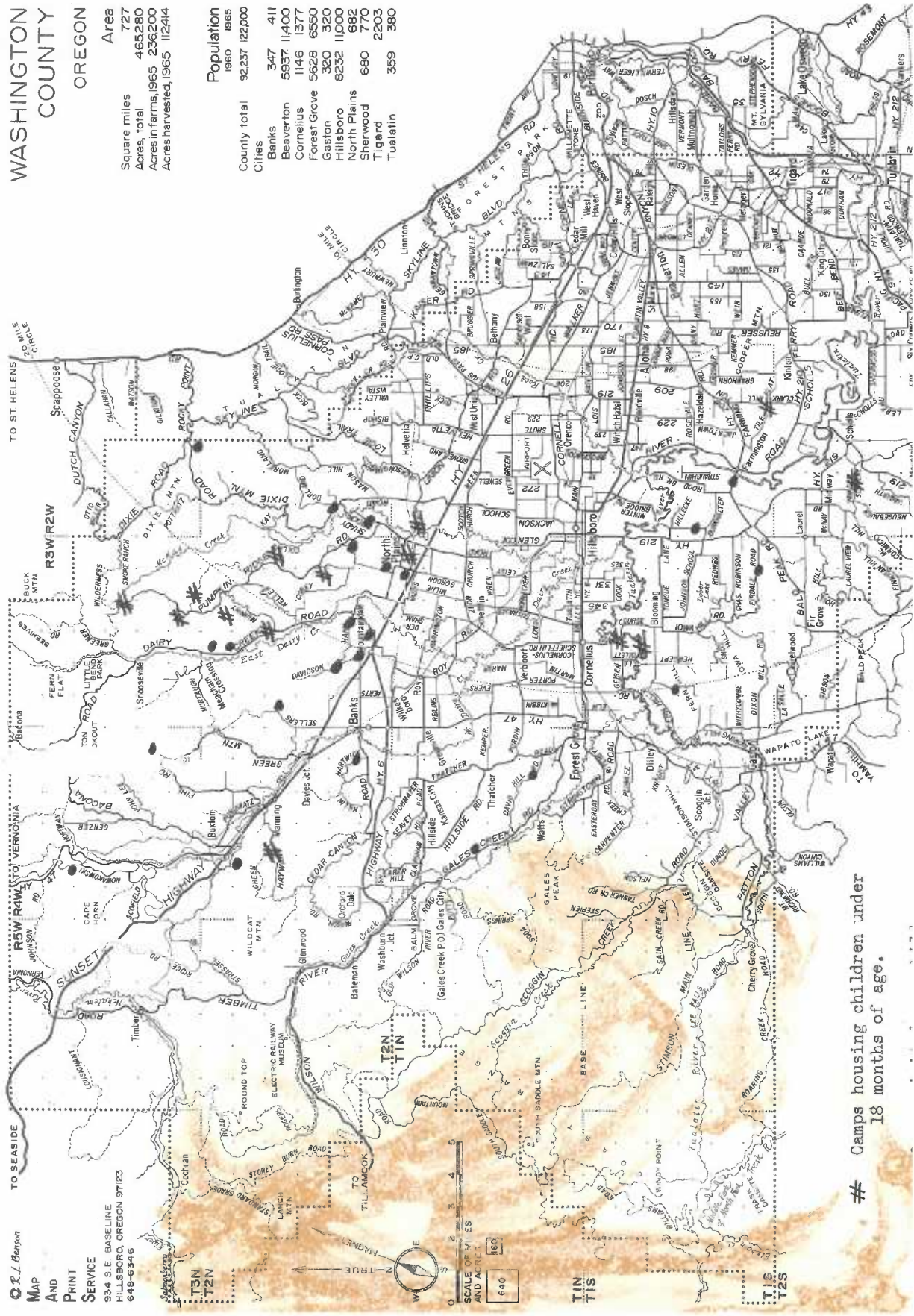
- e. What, in your experience,  
is the best way of making  
babies mind? (e) \_\_\_\_\_
6. Do you get any help with the  
care of your child? 6. (a) \_\_\_\_\_
- b. What things is your  
husband able to do for him? (b) \_\_\_\_\_
7. What do you do when things get  
too much for you? 7. \_\_\_\_\_  
\_\_\_\_\_

APPENDIX C  
Geographic Area

# WASHINGTON COUNTY OREGON

Area  
 Square miles 727  
 Acres, total 465,280  
 Acres in farms, 1965 236,200  
 Acres harvested, 1965 112,414

Population  
 County total 92,237 122,000  
 1960 1965  
 Cities  
 Banks 347 411  
 Beaverton 5937 11,400  
 Cornelius 1146 1377  
 Forest Grove 5628 6550  
 Gaston 320 320  
 Hillsboro 8232 11,000  
 North Plains 682 682  
 Sherwood 770 2,203  
 Tigard 2203 359  
 Tualatin 359 380



**O. L. L. Benson**  
 MAP AND PRINT SERVICE  
 934 S.E. BASELINE  
 HILLSBORO, OREGON 97123  
 648-6346

# Camps housing children under 18 months of age.

APPENDIX D

Raw Data

## RAW DATA

Migrant sample population: 76  
 Mexican-American: 51  
 Anglo-American: 25

## Home state:

	Mexican	Anglo
Arizona	2	3
Arkansas	0	9
California	14	3
Idaho	0	1
Oklahoma	0	5
Texas	35	4

## Age of sample children:

	Mexican	Anglo
0-1 month	1	1
2 months	2	1
3 months	0	1
4 months	1	0
5 months	3	0
6 months	5	1
7 months	6	1
8 months	1	2
9 months	3	2
10 months	0	1
11 months	0	2
12 months	8	4
13 months	1	2
14 months	1	1
15 months	6	0
17 months	4	2
18 months	9	4

## Age of parents:

	Mexican Mothers	Mexican Fathers	Anglo Mothers	Anglo Fathers
16-20 years	7	3	1	1
21-25 years	4	6	10	5
26-30 years	8	6	4	6
31-35 years	11	6	6	7
36-40 years	14	15	4	4
41-45 years	6	11	0	1
46-50 years	1	1	0	1
51-55 years	0	1	0	0
56-60 years	0	1	0	0
61-65 years	0	1	0	0

## Education of parents:

	Mexican Mothers	Mexican Fathers	Anglo Mothers	Anglo Fathers
Grade 0	11	13	3	2
Grade 1	0	2	0	3
Grade 2	2	3	1	1
Grade 3	7	12	3	2
Grade 4	11	6	1	3
Grade 5	8	3	1	0
Grade 6	4	5	1	3
Grade 7	7	0	0	0
Grade 8	4	3	5	2
Grade 9	1	1	2	4
Grade 10	1	2	1	1
Grade 11	1	1	1	2
Grade 12	0	0	6	1
College	0	0	0	1

## Number of children in family:

	Mexican	Anglo
1 child	3	2
2 children	6	4
3 children	3	4
4 children	6	1
5 children	2	3
6 children	4	4
7 children	8	2
8 children	8	2
9 children	4	2
10 children	1	0

## Number of children in family (con't)

	Mexican	Anglo
11 children	3	0
12 children	0	1
13 children	1	0
14 children	2	0

## Item 1, question a: "Is he on breast or bottle?"

Weaned infants	5 (formerly on bottle)
Bottle feeding	68
Breast feeding	3

## Item 1, question b: "How many bottles does he take by himself? And for how many are you able to hold him in your arms?"

Bottles propped	67
Baby held by sister	1

## Item 1, question c: "When else to you have the chance to hold him?"

	Mexican	Anglo
Social handling	15	5
"No time"	36	20

## Item 1, question d: "Some babies like to be cuddled more than others. Is yours a cuddly child?"

	Mexican	Anglo
Yes	30	11
No	21	14

## Item 2, question a: "How often has he been waking up at night?"

	Awaking	Sleeping
1 - 3 months	3	2
4 - 6 months	6	4
7 - 12 months	8	22
13 - 18 months	4	27

Item 2, question b: "What do you usually do about it?"

Anglo:

Feeding or diapering. (23)

"She finds the bottle herself." (1)

"I rub his gums and if he doesn't shut-up I hit him." (1)

Mexican:

Feeding or diapering. (47)

"Rock" the baby (3)

"I just hold him and love him." (1)

Item 2, question c: "Did you hope by now he would be sleeping through the night?"

	Yes	No
1- 3 months	1	2
4- 6 months	5	1
7- 12 months	6	2
13- 18 months	4	0

Item 2, question d: "How much crying does he do during the day?"

	Mexican	Anglo
No crying	24	13
When hurt or hungry	21	11
"lots"	2	1
"When cabins become hot"	4	0

Item 2, question e: "How long can you let him cry?"

	Mexican	Anglo
Unable to let child cry	43	19
5 minutes	4	0
10 minutes	2	1
15 minutes	1	2
30 minutes	0	2
"all day, doesn't bother me"	0	1
"if busy, let her fuss"	0	1



Item 2, question f: "How do you make him stop?"

Mexican:

Pick up the child. (33)  
 Give bottle, cookie or candy. (11)  
 Spank (5)  
 "Talk to them" (2)

Anglo:

Pick up the child. (18 - 3 would later spank)  
 Spank (4)  
 Distract (1)  
 "Nothing . . . just let her cry." (1)  
 "I tell 'em to shut-up and then I swat." (1)

Item 3, question a: "What about pills? Do you ever give him any aspirin?"

	Yes	No
Mexican	42	9
Anglo	24	1

Item 3, question b: "Why?"

Mexican:

Illness or health problem (36)  
 "Cross" or "fussy" (26)  
 "Cries a lot" or "cries too much" (3)  
 "Hot weather" or "cabins hot" (6)  
 "When nervous" (1)

Anglo:

Illness or health problem (16)  
 "Cross" or "cranky" (12)  
 "He lives on them." (1)

Item 3, question c: "How many and how often?"

Follows directions on baby aspirin bottle. (63)

One-half adult aspirin for 6 month old. (1)

One-half adult aspirin for 12 month old. (1)

One adult aspirin for 17 month old. (1)

Item 4, question a: "Has he started to show his temper yet?"

	Mexican	Anglo
Yes	40	21
No	11	4

Item 4, question b: "When did he start?"

	Mexican	Anglo
"At birth"	6	5
By 3 months	10	3
By 6 months	12	8
By 9 months	3	5
By 12 months	9	0

Item 4, question c: "What do you do about it?"

	Mexican	Anglo
Distract with bottle, candy, food, or toy.	10	6
"Play with", "love", "pet", or "content" him	12	2
"Swat", "paddle", "wallop", "whip" or "spank"	6	8
Ignore	5	5
"Laugh at"	2	1
"Give the child what he wants"	2	1
"Quarrel with him"	0	1

Item 5, question a: "How often does he have to be spanked?"

	Mexican	Anglo
No spanking	39	14
Spanking	12	11

Of the 11 Anglo spanking mothers:

"sometimes" (6)  
 "lots" (1)  
 "Two times a day" (1)  
 "Three times a day" (2)  
 "Four times a day" (1)

Of the 12 Mexican spanking mothers:

"Not often" (7)  
 "Once or twice a day" (4)  
 "Four to five times a day" (1)

Item 5, question b: "How hard does he have to be spanked before it really works?"

	Mexican	Anglo
"Not hard"	6	3
"taps"	3	4
"Little swat"	1	1
"Pretty hard", "Good swat" or "Good slap"	1	3
"A good one in the mouth for eating dirt"	1	0

Item 5, question c: "Who does most of the spanking in your family?"

	Mexican	Anglo
Mother	23	15
Father	8	4
Both	14	4
Older sister	1	0
No spanking	5	2

Item 5, question d: "At what age do you think babies are ready to be punished to make them mind?"

Mexican:

1 year (5)  
 2 years (12)  
 3 years (13)  
 4 years (13)  
 5 years (7)  
 10 years (1)

## Anglo:

"Never too young" (1)  
 "When they need it . . . couple months old" (1)  
 8 months (1)  
 10 months (1)  
 1 year (12)  
 2 years (6)  
 3 years (3)

Item 5, question e: "What, in your experience, is the best way of making babies mind?"  
 (Representative responses are noted.)

## Mexican: Spanking (21)

"first speak . . . then whip them"  
 "swat . . . then love them"  
 "use a belt"  
 "kneel and use the belt"  
 "they get popped"  
 "spank younger . . . older ones get whipped"  
 "spank . . . then kneel"  
 "just a little whipping"  
 "whip"

## Talk or shout at the child (12)

"tell and tell them"  
 "if parent not angry . . . child will listen"  
 "talk with them, then make them kneel"

## Make the child kneel (7)

"kneel on a broom handle"  
 "put them on their knees"

## "Scare them" (6)

## Varied responses (5)

"threaten with chocolate ice cream"  
 "the more you love them . . . no punishing"  
 "sit in corner"  
 "be firm"  
 "hold them"

## Anglo: Spanking (17)

"why waste time? . . . good old spanking"  
 "threaten to whip 'em with a belt"  
 "spank, then sit 'em down"  
 "whip and keep inside"  
 "whip and sit still"  
 "I spank but Dad shouts. "  
 "spanking . . . but when real young I pinch and talk"  
 "spank 'em then sit 'em down and talk to 'em"

## Varied responses (8)

"look at them mad"  
 "holler and threaten them"  
 "sit down"  
 "I pick at them. "  
 "sit in chair"  
 "put them in a corner"  
 "give 'em candy"  
 "being firm"

Item 6, question a: "Do you get any help with the care of your children?"

no help (16)  
 older children (40)  
 grandmother (17)  
 "a friend" (1)  
 husband (1)

Item 6, question b: "What things is your husband able to do for him?"

Feeding, carrying, minding, holding, or playing with the baby (62)  
 Husband is no help. (14)

Item 7: "What do you do when things get too much for you?"  
(Representative responses noted.)

"Chase the kids out" of the cabin. (23)

"Chase them out and then I sit down and cry. "

"Push the kids out and I go to sleep. "

"I chase everyone out. "

"I lock the kids out. "

Mother leaves the cabin. (12)

"I take some aspirin and take a walk. "

"I get out till my temper cools. "

"I spank the kids and leave. "

"I give the baby to . . . and then get out. "

"When I get mad, I get out. "

"Go out and walk it off. "

"I lock the kids in and I leave. "

"Never let it get you down. " (15)

"Things never get that bad. "

"It doesn't do you any good. "

"Just ignore it . . . don't bother with it. "

Physical punishment of children. (7)

"I swat and scold the kids. "

"Whip the kids and send them out. "

"Spank 'em and then I run out. "

"Belt the kids then I do the chores. "

Responses not categorized. (18)

"I cry. " (5)

"take aspirin. " (3)

"Put the kids to bed. " (3)

"I take it out on (husband). " (2)

"put the kids to work. " (2)

"When I get nervous, I clean the cabin. "

"My husband helps me. "

"I just look at my baby. "

## MEDICAL PERSONNEL SURVEY

## Sample Population

M. D. : 3

R. N. : 5

Question 1. "What percentage of mothers whom you see do you think prop some or all bottles?"

M. D. : 0%; 10%; 80%.

R. N. : 10%; 80% (2); 98%; 100%.

Question 2. "What percentage of the mothers do you think take time out during the course of the day just to hold their children other than at feeding time?"

M. D. : 10%; 20%; 95%.

R. N. : 40%; 50%; 100% (3).

Question 3. "About what age do you think most babies should sleep through the night?"

M. D. : 3 months (2); 4 months.

R. N. : 1 month (3); 2 months; 3 1/2 months.

Question 4. "At what age do you think the mothers expect this?"

M. D. : "0 months"; 1 week; 3 months.

R. N. : 1 month (2); 6 weeks (2); "6-8 months, but I think they accept whatever the baby accomplishes" (1)

Question 5. "At what age do you think that most babies begin to show their tempers?"

M. D. : 2 months; 11 months; 2 years.

R. N. : 1 month; 2 1/2 months; 5 months; 7 months; 11 months.

Question 6. "At what age do you think most mothers expect this?"

M. D. : 6 months; 12 months; 2 years.

R. N. : Birth; 1 month; 6 months; 7 months; "I don't think they especially expect it but accept it when it occurs."

Question 7. "How do you think most mothers handle a show of temper?"

M. D. : "Poorly"; "with love"; no estimate.

R. N. : "scold, ignore, perhaps spank"

"amuse"

"scold - little spanking"

"they think it's cute"

"it depends on the age of the child"

Question 8. "What do you think is the preferred method of punishment in the migrant's families?"

M. D. : "Physical"; "probably physical - spanking"; no estimate.

R. N. : "spanking" (2); "scolding"; "no idea? . . . they should patent it"; "none observed".

Question 9. "About what percentage do you think spank their children?"

M. D. : 50% (2); 100%.

R. N. : 15%; 90%; 95%; "I've never seen any spank their children; "never, children obey their parents".

Question 10. "At what age do you think these mothers start to spank?"

M. D. : 1 year; 2 years; 3 years.

R. N. : 18 months; 2 years; 4-5 years; no estimate (2).





AN ABSTRACT OF THE THESIS OF

JEANNETTE JOHNSON HAMBY

For the MASTER OF SCIENCE in NURSING EDUCATION

Date of receiving this degree: June 6, 1968

Title: A PROFILE OF MIGRANT INFANT CARE AND  
PUNISHMENT PRACTICES

APPROVED:

A large black rectangular redaction box covers the signature of the approving professor.

(Associate Professor in Charge of Thesis)

## ABSTRACT

This study was designed to determine the profile of child-rearing practices, particularly methods of punishment, of the migrant mother. Primarily exploratory, the study was an attempt to assess maternal behavior as influenced by the migrant environment. Described in the study were the socioeconomic and family characteristics of the migrant families and the attitudes expressed toward certain aspects of child care including (1) mothering activities of feeding and holding the infant, (2) patterns of sleep, (3) use of medication, (4) identification of temper, and (5) punishment of infants. Special attention was paid to ideas concerning discipline and physical punishment in young infants.

A subsidiary study explored the perceptions and awareness of medical personnel regarding the attitudes and consequent child-rearing practices among the migrant population.

### Description of the Procedure

The study was limited to those migrant mothers with infants 18 months of age or younger. Data were obtained by means of interviews held with 76 mothers housed in 14 migrant labor camps situated within Washington County. Eight medical personnel of the

Evening Family Health Clinic of Washington County were also surveyed.

A modified form of the instrument developed by Dr. Barbara Korsch was used for data collection. Demographic data were also obtained.

Since this was a descriptive, sociological study, no hypotheses were formulated or tested.

### Findings

A mean of 5.9 children per family and a 70 percent illiteracy rate among the parents were noted among the migrant sample.

Almost all mothers favored bottle feeding and none of these mothers responded to holding the baby for a feeding. Medical personnel estimates showed 75 percent of the group underestimating this practice.

One-fourth of the migrant mothers responded to social handling of their children. Seventy-five percent of the medical staff overestimated this practice.

Estimates of sleep patterns by the medical personnel correspond less with the babies' actual behavior than did the mothers' expectations.

A large proportion of mothers were found to medicate their infants without medical supervision and for symptoms other than

illness.

Seventy-two percent of the mothers identified temper in their infants by six months of age with 23 percent of these mothers punishing their babies for displays of temper. One-half of the medical personnel believed temper was shown before the age of six months.

The preferred method of discipline was spanking among one-half of the migrant sample. "Early spankers" were noted among the Anglo sample; 41 percent of the Mexican sample punished after the age of four years. One-half of the medical staff correctly identified spanking as the method of choice.

### Conclusions

The limited population and scope of this study preclude any widespread generalizations, however, the findings do merit a few conclusions pertinent largely to the setting in which the study was done.

1. Most migrant mothers bottle feed their infants and routinely prop the babies' bottle. Only a small group of mothers take time to handle their babies socially.
2. Migrant mothers perceive their infants as showing temper at birth or at a very young age.
3. There are identifiable differences between the Mexican-American and Anglo-American migrant mothers in the

method of punishment practiced,

4. Aspirin is used frequently, without medical supervision, for illness as well as for symptoms other than illness.
5. Actual child-rearing practices among the migrant mothers are frequently unknown to the medical staff caring for them.

#### Recommendations for Further Study

Based on the findings and conclusions of this study, the following recommendations for further study were made:

1. In order to investigate more fully the influence of environment to the resultant child-rearing practice, a study such as this but on a larger scale, in more depth, and of a single cultural group is recommended. An observational study would perhaps yield significant results.
2. Surrounded by fresh fruits and vegetables, the migrant shuns them for himself and for his children. The nutrition and diet of the migrant worker, heavy with "store-bought" pastries and soda pop, is recommended for study.
3. Studies of the failures to health educate the migrants are urgently needed. The frequent use of aspirin in infants is indicative of this.
4. The prolific birth rate noted has a profound effect on the underprivileged family. Perhaps many of these children

are born as a result of unintended pregnancies. A study is recommended to survey the information or the resources available to the migrant mother so that she may plan her family effectively according to her own desires.

5. If parents are quick to anger and rely mainly on corporal punishment as an outlet for their annoyance with children, abuse may easily result. Studies of the abused child have related mistreatment to poor socioeconomic conditions and stress and frustration within the family at the time of abuse. A study such as this within the migrant culture is recommended.

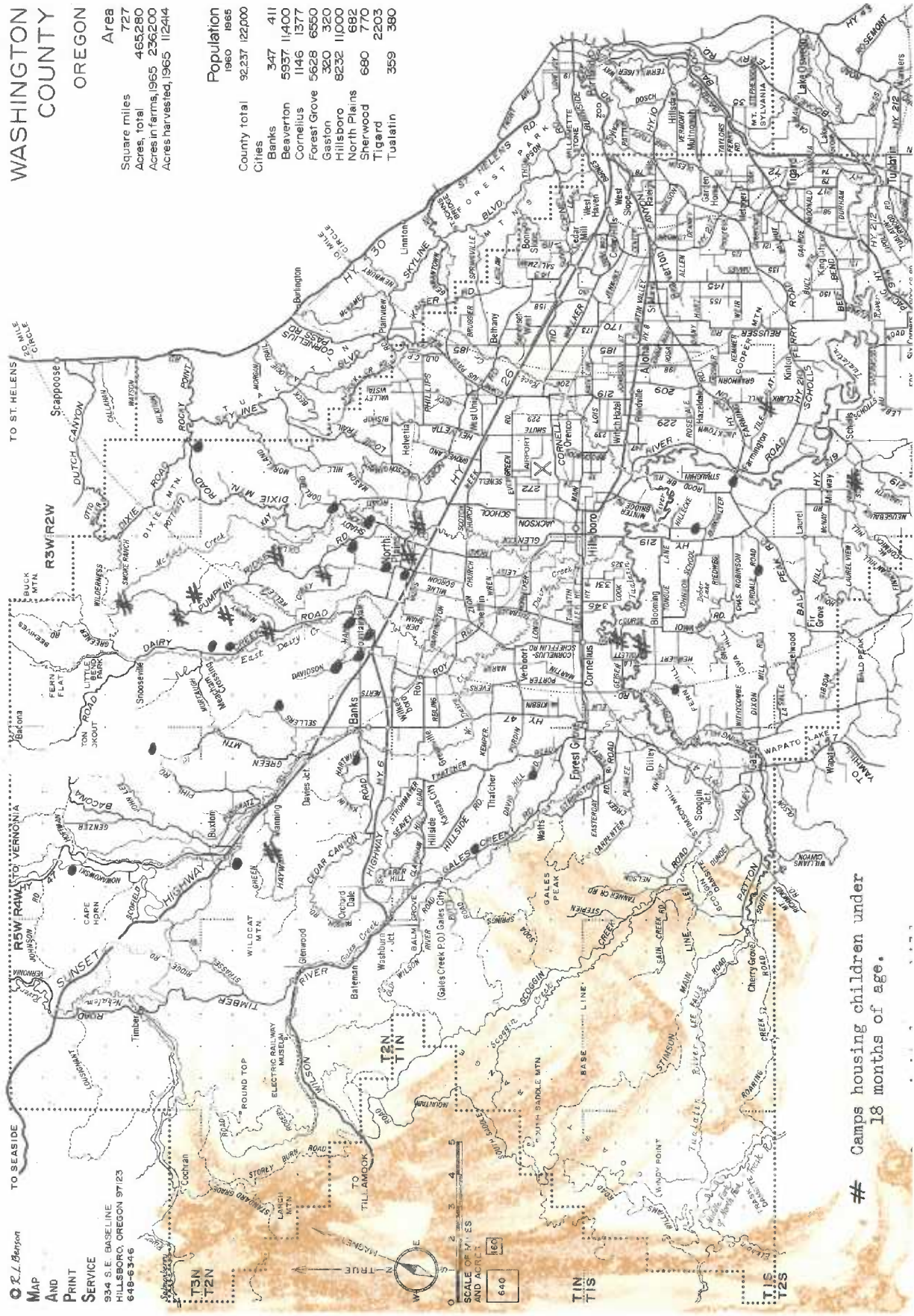
Typed by Barbara Glenn



# WASHINGTON COUNTY OREGON

Area  
 Square miles 727  
 Acres, total 465,280  
 Acres in farms, 1965 236,200  
 Acres harvested, 1965 112,414

Population  
 County total 92,237 122,000  
 1960 1965  
 Cities  
 Banks 347 411  
 Beaverton 5937 11,400  
 Cornelius 1146 1377  
 Forest Grove 5628 6550  
 Gaston 320 320  
 Hillsboro 8232 11,000  
 North Plains 682 682  
 Sherwood 770 770  
 Tigard 2203 2203  
 Tualatin 359 360



**Q. L. L. Benson**  
 MAP AND PRINT SERVICE  
 934 S.E. BASELINE  
 HILLSBORO, OREGON 97123  
 648-6346

# Camps housing children under 18 months of age.