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ABSTRACT

The 10 papers in this monograph examine the background, characteristic, social roles, and social-psychological needs of Hispanic women in the United States (especially Puerto Ricans in New York City), and identify possibilities for future research and policies. Based on recent research and other studies, the articles focus on: (1) the interplay between sociocultural factors and Puerto Rican women's mental health needs; (2) the influence of the women's movement on the self concepts and social roles of Puerto Rican women of different generations; (3) problems related to changing family roles, isolation, ethnic identity, acculturation and help-seeking among Hispanic women in suburban New York; (4) clinical findings concerning sex roles and acculturation among Puerto Rican adolescents; (5) relationships between cultural attitudes toward mental illness and use of community mental health services among Puerto Rican women; (6) voluntary reproductive sterilization among Hispanic women in a Connecticut community; (7) determinants of Hispanic children's health status and use of health facilities; (8) patterns and determinants of women's labor force participation in Puerto Rico from 1899 to 1975; (9) the demography, economic profiles, and changing roles and status of Cuban women; and (10) influences of economic factors, Hispanic culture, and stereotypes on Hispanic women's family roles. (Author/MJL)

WORK, FAMILY, AND HEALTH

Latina Women in Transition

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Monograph No. 7

Hispanic Research Center
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HISPANIC RESEARCH CENTER
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I would like to express my deepest thanks to Dr. Lloyd H. Rogler, Director of the Hispanic Research Center (HRC), who provided me with the opportunity to organize the conference entitled "The Special Needs of Hispanic Women in the Northeast Region: Health, Family, and Work," to publish the *Directory of Latina Women on the Northeast Coast and Puerto Rico*, and to edit this monograph on the much neglected area of the special needs of Latina women. Funding to support all these activities was provided by the Hispanic Research Center of Fordham University, with the help of a grant from the Ford Foundation.

In the initial phase of this project, I had the enthusiastic support of Ms. Lillian Cartagena who was invaluable in developing this anthology. During the second year of the project, assistance was provided by Ms. Nilsa Burgos whose excitement about the project and her dedication to its completion made the long hours more bearable.

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FOREWORD

From its very inception Fordham University's Hispanic Research Center (HRC) has had an abiding interest in shedding light on important facets of Hispanic community life which have been neglected in the past. Our bibliographical efforts in search of material on Hispanic issues and concerns indicate glaring gaps in our knowledge of the Hispanic population. Nowhere, perhaps, is this more evident than in the study of Hispanic women and their special, complex problems. The material we present in this monograph, therefore, is intended as one step forward in the direction of bridging this gap in the literature, namely, the changing family and sex roles of Hispanic women in our society.

Some years ago, in a study of the impact of schizophrenia in Puerto Rican families living in the slums and public housing developments of San Juan, Puerto Rico, published as *Trapped: Families and Schizophrenia* (Robert E. Krieger Publishing Co., Inc., reprint, 1975), the late Professor Hollingshead and I made a series of observations. Even though the prevailing cultural stereotype was that the authoritative husband/father – *el jefe de la familia* – governed the household, our in-depth examination of family life revealed that such a view had to be drastically altered in order to understand the dynamics of Puerto Rican families. The data clearly and unmistakeably demonstrated the powerful and pervasive socioemotional role that women perform in the family. Thus, women were able to confront the schizophrenic behavior of the husband more successfully than men were able to confront the schizophrenic behavior of wives in maintaining the family as a solid and viable unit. The impression of personal strength among women living in the most abject poverty was almost a heroic one.

Subsequently, while in the United States, I went on to do a study which was published as *Migrant in the City: The Life of a Puerto Rican Action Group* (Basic Books, Inc., N.Y.,1972), of the political and civic activities of a Puerto Rican community in a town on the northeast coast at a time of the civil rights movement in the United States. The study focused upon the life and history of a Puerto Rican action group from its inception, when its members were docile and unsure of themselves, through the point when they become openly militant and hostile toward the "establishment." At times the group attained an incredibly intense solidarity – almost as if the members were bound into a mystical union. But, at other times, it plunged into complete disarray – its members cruelly locked in hostility, mutual recriminations, and seemingly hopeless confusion. In this ethnographic study, one person emerged as a

leader -- Doña Cristina Esteban. Her devotion to her compatriots and to the civil and political representation of their interests through the vicissitudes of the group's life was formidable. These research experiences, imbedded in my own outlook, confirm the importance of the topic under analysis in this volume. By presenting a wide-ranging and multiple perspective of the changing roles of Latina women, this monograph makes a contribution to an area in clear need of development.

This monograph is the seventh in a series published by the Hispanic Research Center to stimulate interest in Hispanic concerns. The first monograph reported on the health conditions of New York City's Puerto Ricans, the second presented a study of the outgroup marriage patterns of New York City's Hispanic populations, the third examined the Hispanic experience of the criminal justice system in the United States, the fourth appraised the mental health status and needs of Puerto Rican children in the New York City area, the fifth examined the adaptation and adjustment of a large group of Cuban migrants living in West New York, New Jersey, and the sixth was an ethnographic documentation of a therapeutic community working with Hispanic and Black children in the South Bronx.

The Hispanic Research Center was established at Fordham University in 1977, under a grant from the National Institute of Mental Health, to work toward five major objectives: (1) to conduct interdisciplinary research on issues relevant to the mental health of the Hispanic population, (2) to increase and upgrade the number of Hispanic scholars experienced in doing research in the mental health-related disciplines, (3) to provide technical assistance to Hispanic behavioral scientists, professionals, and organizations interested in the mental health problems of Hispanic communities, (4) to develop links between individual Hispanic researchers and between these researchers and persons involved in the formulation and implementation of Hispanic relevant public policy, and (5) to disseminate information on the mental health of the Hispanic population.

We hope this monograph will be of general value to persons interested in the welfare of the Hispanic community and of specific help to those persons wanting to know more about Hispanic women.

Dr. Lloyd H. Rogler
Director, Hispanic Research Center
Fordham University

May 1982

INTRODUCTION: LATINA WOMEN IN TRANSITION

Ruth E. Zambrana, Ph.D.

The Hispanic Research Center of Fordham University, with the help of a grant from the Ford Foundation, sponsored a conference in November 1980 to focus attention on several areas where data are needed on Hispanic women: their changing family roles, employment patterns, and health status. The conference attempted to identify the special needs of Hispanic women in those areas, document their problems, and develop ways to use this information for more in-depth investigations on the needs of Hispanic women. Some of the papers presented at that conference have been selected and edited for this special report with the purpose of increasing our knowledge of key issues affecting Hispanic women in the United States.

The particular needs of women have generated serious concern in the last decade. However, the problems and needs of Hispanic women have not been well identified or articulated. The lack of systematic data on Hispanic women has impeded the development of appropriate programs and services as well as relevant policy formulation.

The roles of Latina women as mothers, wives, and political and social activists have not yet been accurately documented. Historically, Latina women have been stereotypically described as passive peasants or ghetto dwellers who have little vision of their lives beyond their roles as childbearers. To date, the traditional focus of inquiry has been on migration, or "culture of poverty" studies, particularly among Puerto Ricans and Chicanos. Concern has revolved around numbers as opposed to needs of the population. Data on quality of life of Hispanic populations and their relationship to the dominant political-economic structure have not been either gathered or systematically analyzed, nor have they reflected the reality of these groups. Qualitative studies have generally focused on the effects of the incorporation of Latino groups into the dominant culture, or, conversely but closely related, on the acculturation of these groups into the dominant society. Even among the studies that have been conducted, the family and work roles of Latina women, although pivotal in the culture, have not been a critical area for analysis.

This anthology aims to provide a more systematic critique of the past work on Latina women, particularly Puerto Ricans, to identify existing gaps in our knowledge and to develop research and policy directions for the future.

Background Characteristics

There are approximately 12.1 million persons of Spanish origin in the United States. One of the largest Spanish speaking groups consists of 1.7 million Puerto Ricans in the U.S. Spanish-speaking groups have special characteristics. the population is young (mean age 20.4 years in contrast to 29.2 years for the total U.S. population ~ U.S. Bureau of the Census, 1979), the overwhelming majority (95.8 percent) live in metropolitan areas, and the majority of the population fall into the lower socioeconomic status. Puerto Ricans have the lowest median income ($8,300) of all Spanish-origin groups (U.S. Bureau of the Census, 1979).

Outside of Puerto Rico itself, the most significant proportion of Puerto Ricans live in the Northeast, with the largest concentration in New York City (Carrasquillo and Carrasquillo, 1979). Although there is some evidence that many more Puerto Ricans have been leaving the city in the last decade than entering, about 1 million Puerto Ricans remain, and they still represent the predominant Hispanic group in New York (Gurak and Rogler, 1980).

Hispanic women in general tend to be younger, less educated, and more frequently heads of families than other women. In 1978, the median age of Spanish-origin women in the United States was 22.8, compared with a median age of 31.2 years for other women. While two-thirds of the women in the country have completed four years of high school or more, only 40 percent of Hispanic women have had this much schooling, and the percentage is less (36 percent) for Puerto Rican women. In 1978 the Hispanic woman was twice as likely to be married with husband absent than a woman in any other population group. These figures are even more startling for Puerto Rican women who are more likely to be divorced (11 percent) or married with husband absent (16 percent) than any other Hispanic woman. Ninety-eight percent of these Puerto Rican female heads of familes are concentrated in metropolitan areas, mainly central cities (89 percent). In New York City, for example, 39.5 percent of all Hispanic families are single-parent families, for Puerto Rican families, it is close to 50 percent (Lash et al., 1979).

These parameters of socioeconomic and family status for Latina women are critical to an understanding of labor force participation, family roles, and health status among the female Hispanic population.

In the last two decades several factors have contributed to Latina women's changing role within the family: migration to large urban areas, participation in the labor force, and women's awareness of their sociopolitical and economic inequality. Changing family sex roles are related to many factors: higher educational opportunity, increased labor force participation, and lower fertility among women. Changing family roles for Latina women in the United States have increased their responsibilities which has led to increased stress and cultural conflicts. The first seven papers in this anthology discuss the nature and consequences of cultural conflicts, acculturation processes, and changing sex-role attitudes among Latina women and adolescents.

The first paper, by Dr. Lillian Comas-Diaz examines the interplay between sociocultural factors and the mental health needs of Puerto Rican women. The author specifically examines culturally prescribed roles of behavior and the stress generated by the attempt to develop alternative modes of behavior. The author concludes that the psychological reactions to stress experienced by Puerto Rican women stem from the uniqueness of their situation, particularly their cultural role expectations. The acculturation of Puerto Rican women to the dominant society has been a difficult process, in view of the constant two-way migration and the maintenance of an extended family on the island. However, it has been noted that acculturation is related to less traditional attitudes. The next four papers deal with the acculturation process and its relationship to traditional attitudes, suburban low-income Hispanic women, the use of mental health services, and adolescent sex-role attitudes.

The relationship between acculturation and nontraditional attitudes among first-, second- and third-generation Puerto Rican women currently living in the United States is the subject of study of Ms. Lillian M. Rosario. Not surprisingly, the study found that third-generation Puerto Rican women born in the United States have less traditional attitudes than their counterparts in Puerto Rico; and that women

with higher educational levels and employed outside the home had less traditional attitudes than their less educated and unemployed counterparts. The author concludes that there is a need for a large scale study which will more systematically assess the factors which contribute to more liberal attitudes and to determine the effect work has on family relationships in general.

It has been aptly documented that the less education an individual has, the more difficulty will be encountered in integrating into the dominant society. Ms. Sylvia Peña Press specifically examines the problems low-income Latina women experience in a suburban community in New York. She demonstrates that the stresses of migration to suburban areas are compounded by isolation in these areas which place a heavy burden on marital and family relationships. Moreover, traditional cultural values are often in sharp contrast with the norms in the dominant society. The resulting value conflicts coupled with the limited opportunity to integrate into the dominant society make Latina women highly vulnerable to emotional distress. Frequently, this situation is exacerbated by increased acculturation of the children. The author contends that in a setting such as suburbia the role of the extended family should be reinforced or a culturally relevant replacement developed for the survival of the Hispanic family.

In the next presentation, Dr. Canino puts forth some preliminary clinical impressions on the relationship between sex roles and acculturation among Puerto Rican adolescent girls within a family context. The author's findings suggest a relationship between family transactional patterns and adolescent sex-role attitudes. In those families where there was more flexibility and adaptive approaches to problem-solving, the adolescents reported views similar to their parents. In those families where the approach to problem-solving was more rigid, the adolescents tended to reject the values of their parents. The data also suggest a relationship between acculturation and sex-role attitudes. First-generation U.S.-born Puerto Rican adolescents appeared to be more liberal than the Island-born Puerto Rican girls, yet more conservative than the dominant culture Catholic girls. The author reports that based on other findings and her own preliminary data the high rates of mental illness may be a result of conflicting cultural expectations and family patterns exacerbated by the rapid acculturation of Hispanic youth. The author concludes that there is a need for systematic psychiatric epidemiological studies which focus on the relationship between family factors and psychiatric symptomatology among adolescents, and on the relationship between generational acculturation differences among family members and their impact on family patterns.

The acculturation process has been shown to increase the stress on Hispanics, particularly the women. The question of how to deal with their stress is of interest. It has been well documented that Hispanics tend to use mental health services with less frequency than dominant culture groups. The less frequent use of mental health facilities has been a subject of extensive inquiry. In part the lower use of mental health facilities by Hispanics has been attributed to the availability of the extended family system. It has also been posited that acculturation is an important determinant of the use of mental health services. Dr. Gil explores the relationship between cultural attitudes toward mental illness and the frequency of the utilization of outpatient community mental health facilities among Puerto Rican women. The author concludes that Puerto Rican women who more frequently used services had a higher degree of acculturation, a higher level of education, and a longer length of stay in the United States. The implications of this study clearly demonstrate that the mental health delivery system has not addressed the particular problems of the population it serves since it is tailored to define needs of the population on the basis of a psychiatric model. This medical model has provided a definition of the sick role with little regard to the patient's definition or perception of illness. The difficulties experienced by low-income Puerto Rican women within the medical establishment are the focus of the papers by Ms. Gonzalez and colleagues and Drs. Irigoyen and Zambrana.

The health needs of low-income Puerto Rican women are not distinctly different from those of other members of their class, or their racial ethnic group. However, the Hispanic woman's position at the bottom of the class, status and power hierarchies increase her chances of having greater health needs, and these needs are most likely to be exacerbated by the fact that she is more likely to be head of household,

have a larger family, bear the heaviest burden of caring for the health of her family members, experience the greatest number of psychologically induced illnesses, and be at highest medical risk, particularly during pregnancy and childbirth. Thus access to health care and quality of care are critical issues to Hispanic women, particularly those aspects of reproductive control currently subject to public legislation and political action. Ms. Gonzales et al. examine the interaction of factors which influence a woman's decision to use sterilization as a birth control method. The data suggest that a number a variables contribute to the "push toward sterilization," particularly among Puerto Rican women. These factors include household size, low socioeconomic status, limited English-language ability, less familiarity with the health care system and single-parent households. Essentially it was found that lack of continuous good quality care narrowed the options of the women within the medical system, particularly since they were not able to understand the full implications of their decision. Clearly women play a primary role in health-related decision-making activities for themselves and their children. Drs. Irigoyen and Zambrana provide an overview of the factors which influence children's health status with a particular focus on the help-seeking behaviors of the mother. First the authors point out the formidable barriers of access which exist within the health care system for this population group. The data suggest that mother's educational level as well as her familiarity with the health care system are important determinants of the use of pediatric services. Differential access to pediatric services as well as mother's perception of child's illness contribute to multiple and sometimes unnecessary use of medical care services. The authors conclude that there is a need for more epidemiological studies on disease patterns among low-income Hispanic children and the development of a health care system more responsive to the needs of this population.

These seven papers have attempted to identify the special needs of low-income Latina women as they attempt to acculturate into the dominant society and to familiarize themselves with the existing service system. These issues are important to all women, but in many ways, existing policies and practices, coupled with historic class and racial inequalities, have made these particularly significant policy issues for Latina women and their families.

The special conditions of Latina women are integrally related to historical and cultural determinants. The study of Latina women has unfortunately been restricted to an examination of their roles and/or problems within the United States without an understanding of the role of women in the country of origin. There are two papers which provide us with some historical insight into the roles of Puerto Rican women in Puerto Rico and on the changing role of Cuban women in Dade County. Ms. Nilsa Burgos describes the trends of women's labor force participation in Puerto Rico during the period from 1899 to 1975 and examines some of the key determinants which have affected the participation of these women in the work force. The author concludes that there is a dearth of such studies and a need to document the contribution which Puerto Rican women have made to society. An understanding of women's role in Puerto Rico would certainly provide a better framework for an understanding of the factors which affect Puerto Rican women's role in the United States.

An understanding of the transition from one society to another is provided by Ms. Rodriguez and Ms. Villa in their analysis of the role of Cuban women in Dade County, Florida. The authors describe the immigrant families who left Cuba in the early 1960s, their past and present employment profile, and the changing family roles as well as their social and political efforts to become more active participants in their new society. The authors conclude that although Cuban women have been able to overcome many obstacles and have been able to integrate into society, there is still a need to overcome institutional discrimination which prevents women from achieving a more equitable degree of economic success.

Clearly, there are differences between the migration patterns as well as the sociodemographic characteristics of Puerto Ricans and Cubans who came to the country in the 1960s. A recognition of the heterogeneity of Hispanic groups in the United States in terms of class and race is critical if an investigator is to adequately assess the quality of life and the adaptation processes among these groups. For the Puerto Rican and Mexican American subpopulation groups, there are particular sociohistorical circumstances which must be taken into account, namely class and race and proximity to country of origin. These two subgroups have also been the subject of many ethnographic studies, which have

provided some insight into the quality of life among some families but have not provided the readers with a framework for other studies or an assessment of the factors which influence quality of life.

An examination of the types of information available on the latter two subgroups is provided in a critical essay by Dr. Sally Andrade. The author's main aim is to critically examine the relationship between economic position and the adaptation of male female roles. She describes major gaps in the conceptualization of family roles among Latina women using selected studies of low-income Mexican American and Puerto Rican women. The author concludes that the majority of studies have led to stereotypic images of poor Latina women and have not inluded an analysis of the system in which these groups live. A multicultural research perspective, the author contends, must be incorporated into the analysis of Hispanic families, one which takes into account the values, attitudes and organizational life of the white majority culture. There seems to be a consensus among the authors that an investigation of any subgroup in the United States must analyze the dynamic interaction between the system and its participants.

This anthology proposes to generate an awareness of the importance of the special needs of Hispanic families and the changing roles of women within the family. Furthermore, it clearly articulates the need for more systematic investigation of the needs of Hispanic families within a sociocultural and historical framework.

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DEDICATION

To the late Isolina "Cuca" Vargas, a sensitive, warm, political woman who knew that the struggles were both with ourselves and with our own historical and cultural roots.

1

MENTAL HEALTH NEEDS OF PUERTO RICAN WOMEN IN THE UNITED STATES

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The acculturation of Puerto Ricans to mainstream U.S. society has been a difficult, if not impossible, task. As a group, Puerto Ricans are culturally, racially, and sociopolitically different from the dominant society. Moreover, the process of migration experienced by Puerto Ricans differs from that of other groups. Continuous two-way migration provides a vehicle of communication between Puerto Ricans on the island and Puerto Ricans on the mainland. Such communication has added a new dimension to the acculturation process in that Puerto Ricans are thus enabled to keep their cultural ties alive. There is also evidence that Puerto Ricans in New York continue to marry among their own ethnic group even within the second generation (Fitzpatrick and Gurak, 1979). As a result, Puerto Ricans within the continental United States constitute a minority group that has preserved its ethnic identity.

The Puerto Rican woman plays a central role in her culture. She has made significant contributions to Puerto Rican society. On the island, she has occupied leadership positions, albeit limited, in traditionally male-oriented fields such as medicine, law, and politics (Christensen, 1975). On the mainland, the Puerto Rican woman has played a paramount role in the development of the Puerto Rican community. Sanchez-Korrol (1980) asserts that the Puerto Rican woman in New York has emerged as a vibrant woman helping to support her family emotionally and financially. This dual role, as a woman and as a member of the larger Puerto Rican community, exposes the Puerto Rican woman to several types of stress. These include the multiple forms of discrimination to which the Puerto Rican woman is subjected, the complexity of cultural expectations in her role as a woman, and the pressure and strain of acculturation. All of these factors need to be evaluated in assessing the mental health needs of Puerto Rican women. The purpose of this paper is to examine the interplay between sociocultural factors and the mental health needs of Puerto Rican women in the United States. More specifically, the issues of gender, race, and class will be examined in relation to psychological reactions characteristic of these women. The analysis, therefore, aims to identify patterns among a particular cultural group of women.

Multiple Forms of Discrimination

The Puerto Rican woman in the United States shares with her male counterpart the experience of being a member of an ethnic, racial minority group. She frequently belongs to a low socioeconomic class and must bear the burdens of being poor in this society. Under these circumstances, she may experience discrimination from the majority group members who might stereotype Puerto Ricans as inferior due to their lack of political power (Betancourt, 1974).

The feeling of powerlessness among Puerto Rican women is socially ingrained early in their lives. Miranda-King (1974) asserts that the Puerto Rican woman in the United States becomes entrapped in a cycle of failure. Statistically, she is likely to drop out of school prematurely, engage in the labor force as an underemployed person, and be the head of a single-parent family. In addition, the Puerto Rican woman is racially different from the dominant-culture woman in that she can often be described as "non-white", or black. Consequently, the Puerto Rican woman in the United States faces multiple types of discrimination based on ethnicity, gender, class, and race. Moreover, she confronts additional discrimination from society as a consequence of her culturally prescribed sex-role behaviors.

Traditional Sex-Role Behaviors

Sex roles are clearly demarcated within the Puerto Rican culture and socialization encourages a double sexual morality. This is sustained by the concept of *machismo* which stipulates that males, by virtue of their gender, exercise authority over females (Giraldo, 1972). The virginity cult is the cultural counterbase for *machismo* and stipulates that the woman should be chaste before marriage and, when married, conform to her husband's macho behavior. This norm has been termed the martyr complex in the Puerto Rican woman. she is expected to accept and adjust to any extramarital affair her husband might have in order to preserve his macho role. Silen (1972) believes that the martyr complex in Puerto Rican women helps to maintain their docile, dependent, and oppressed situation. The concept of *marianismo* helps to maintain the sexual double standard. The term is based on the cult of the Virgin Mary and considers women as morally and spiritually superior to men. Thus, women have the capacity to endure all suffering inflicted by men (Stevens, 1973). This concept coincides with the cultural reinforcement of being a mother. According to Christensen (1975), the role of mother is a very important function in the life of the Puerto Rican woman. Consistent with *marianista* behavior, the role of motherhood calls for self-sacrifice in favor of the children. Thus, culturally prescribed behaviors for Puerto Rican women are rigidly defined within the various roles of daughter, sister, wife, mother, and grandmother. Accompanying social pressures act to reinforce these behaviors. Nevertheless, these different roles may, at times, conflict. For instance, a woman's role as a wife can be in direct opposition to her cultural expectations as a daughter. Christensen (1975) asserts that when a Puerto Rican woman faces a conflict in loyalties, she often opts for her role as a mother above her other roles.

The Puerto Rican woman's cultural heritage can limit the development of her potential as an individual. Women in Puerto Rican culture occupy a subordinate position, first, in relation to their fathers, then to their husbands, and, finally, to their male children. They are not encouraged to directly express their needs. Wolf (1952), in a study which encompassed three Puerto Rican subcultures, found that women are taught to repress their aggressive impulses and desires for autonomy. She concludes that Puerto Rican women express their repressed needs by somatizing and or having attacks of a hysterical nature. Similarly, Rothenberg (1964) identified the repression of aggression and assertiveness among Puerto Ricans as one cause for the so-called Puerto Rican syndrome. The *ataque* or *mal de pelea*, characterized by hyperkinesis, uncommunicativeness, and violence is an accepted outlet for suppressed feelings (Rothenberg, 1964). The following case illustrates these issues within the context of *marianista* behavior.[1]

Mrs. D. is a 65-year-old Puerto Rican widow who migrated at the age of 45 at the request of her

[1] Data in all the cases presented here have been altered to protect client confidentiality.

children. Mrs. D. has five children, all of whom had migrated to the United States. She lives alone but in the same building where three of her children reside. She was unemployed and receiving Social Security benefits. She frequently voiced feelings of isolation and complained of not liking life in the United States. She had no friends and her only source of emotional support was her family. Ironically, it was her family who created difficulties for her. Her children utilized her for babysitting purposes. Initially, she welcomed this because she viewed it as a way of dealing with her loneliness, and as a support for her role as a mother and grandmother. The grandchildren, however, were difficult to manage (out of control, acting-out, and they communicated in English in an attempt to exclude her). Mrs. D. found the situation increasingly stressful. She spoke first to her children about the grandchildren's behavior, but little was done to modify the situation. Subsequently, Mrs. D. began to have dreams and nightmares where she saw herself attacking her grandchildren. She also had dreams in which her own mother appeared to warn her that if she remained in her situation she would become *loca* or crazy. She communicated this to her children who became very concerned because it was well known that Mrs. D. had *facultades espirituales* (spiritual faculties) and that she could foresee the future in her dreams. The family proceeded to make new arrangements, but the situation only worsened for Mrs. D. She developed *jaquecas* (headaches) and chest pains while babysitting. In addition, she complained of feeling like "running away" and began to suffer frequent *ataques*. A visit to her physician resulted in a referral to a mental health clinic.

When first seen, Mrs. D. was having difficulty in identifying her problems. Her first explanation attributed her condition to purely physical reasons having no psychological components. She was very resistant, saying, "Yo no estoy loca". ("I am not crazy.") Later she admitted that her nerves were "bad," and, finally, that she needed a "pill." The therapist gradually developed a relationship with her and, in an attempt to help her connect her family and emotional problems with her symptoms, the therapist employed *refranes populares* (folksayings or Puerto Rican proverbs) to facilitate communication. Their interactions became more relaxed and as soón as Mrs. D. began to see her situation in a different light, she was referred to a therapy group organized specifically for Puerto Rican women. The group helped her to challenge some of her traditional attitudes about the role of women. Mrs. D. was able to broaden her perspective and the group also provided her with a sense of belonging, thus alleviating her feelings of alienation.

This case presents the crucial role of the grandmother. She plays a central role in the family because she is *madre dos veces* (mother twice-over), thus, the *marianista* behavior is doubly reinforced. This is illustrated by Mrs. D.'s decision to migrate to the United States at the insistence of her children. Also consistent with the concept of *marianismo* is her willingness to babysit with her grandchildren even when she perceives this as a major strain. Another aspect of the grandmother role is that she is seen as a wise and benevolent authority figure. Within the Puerto Rican culture, grandmothers are perceived as knowledgeable about herbal medicine, healing, and spiritual powers. This is usually translated in the cultural norm of belief in dreams. It is common among Puerto Ricans to believe in the communication of dead persons with those who are alive through dreams. The grandmother is usually a person who has this power.

This case presents yet another reaction to stress, that is, the somatization of psychological symptoms. The empirical and clinical evidence indicates that somatization is a commonly reported form of coping among Puerto Ricans. Mrs. D. developed headaches and chest pains in response to her grandchildren's behavior. Her *ataques* were an outlet for her repressed anger toward children and grandchildren. Her social isolation also became a source of stress, and this, combined with her minimal degree of acculturation, affected her functioning. Moving to the United States had removed Mrs. D. from her original group of reference and former emotional support. This need was alleviated through group therapy, where other Puerto Rican women helped her obtain a support network.

Complexity in the Puerto Rican Woman's Cultural Role Expectations

The inferior role that the socialization process assigns to the Puerto Rican woman seems to permeate all educational levels. Sanchez-Hidalgo (1962) conducted an investigation with island college-educated women. He found that they felt inferior to men in terms of the cultural barriers imposed on them. Women indicated that they did not perceive themselves as being allowed equal freedom to express their needs with the males in their culture. The author concluded that this creates an inferiority complex among the women. In addition, Puerto Rican culture conveys mixed messages to women. In one sense they are considered inferior but, at the same time, they must assume the responsibilities of being a wife and a mother, and of pursuing a full-time occupation. This cultural inconsistency is congruent with the concept of *hembrismo* which stresses the powerful and central role of the Puerto Rican woman within her culture (Montalvo, 1974).

The concept of hembrismo, which literally means femaleness, has historical roots. The island of Borinquen (renamed Puerto Rico by the Spaniards) was originally a matriarchal society. Under the island aborigines – the Taínos – property, family name, and tribal leadership were inherited through the women (Steiner, 1974). Taino religious beliefs also contributed to the central role of the women. According to Fernandez-Mendez (1972), Borinquen was ruled by the "earth mother" concept, which attributed an extraordinary importance to the female. Thus, all women were potential priestesses with the power of "invoking the spirits." Steiner (1974) asserts that this matriarchal society was not sexist nor did females use their power to oppress the males.

The history of African slavery on the island provides another basis for the hembrismo concept. The black woman, dually oppressed through gender and race, needed to cultivate perseverance and strength in order to adapt to and survive the hostile environment that slavery exemplified. Hence, the Puerto Rican woman, as the beneficiary of this heritage, carries a certain psychological stamina which she uses for coping purposes on the mainland.

The hembrismo concept bears two connotations. First, the hembrista norm can pressure the woman to simultaneously fulfill all cultural expectations in a multiplicity of roles. This is reflected in the woman who attempts to be a dedicated wife, self-sacrificing mother, obedient daughter, full-time worker, and a committed member of the mainland Puerto Rican community. This is a potentially stressful situation, especially if two or more roles are in conflict. However, hembrismo can also be seen as the moving force behind the psychological stamina of the Puerto Rican woman. It can motivate the woman to achieve despite the cultural and sociopolitical barriers that the Puerto Rican reality might impose on her. The Puerto Rican woman, for example, has been described as "typically persevering, achieving, ambitious, and possessed of strong determination" (Christensen, 1975). Such a description may, perhaps, reflect the power of hembrismo within the culture.

The following case illustrates the complexity of roles and conflict in role loyalties in a second-generation Puerto Rican woman:

Mrs. A. is a 32-year-old married Puerto Rican woman. She was born and raised in the United States, graduated from high school, and was working as a bilingual teacher's aide. She was politically active in organizing her community around housing, education, and welfare issues. In addition, she was the chairperson of a committee geared to increase the political participation of Puerto Ricans. Her husband, also 32 years of age, was born and raised in Puerto Rico and was working as a clerk in a Spanish grocery store. The couple had a 7-year-old son. Mrs. A. had a 15-year-old daughter from a previous marriage who was living in Puerto Rico with Mrs. A.'s mother.

The family came in contact with the mental health system via a school referral due to their son's disruptive behavior in classes (interrupting the teacher, fighting with other classmates, and cursing). Upon initial assessment it was clear that the son was a reactor to a family problem. The boy was the only child of Mr. A., who had begun pressuring his wife to "stay home and take care of their son." Mrs. A., who was an achiever, was going to college on a part-time basis. This hembrista behavior was stressful for

her husband, who saw his authority threatened by his wife's attempts at emancipation. He began to have extramarital affairs and to drink excessively at the *bodega* where he worked. He also became very restrictive of Mrs. A.'s activities and demanded that she ask his permission to go out. Right around this time, Mrs. A. began to feel guilty because her 15-year-old daughter was communicating her desire to be with her mother. Mrs. A.'s maternal feelings were stirred by her desire to "raise her own daughter." Mrs. A.'s mother, on the other hand, did not want to "lose her granddaughter." Mrs. A., therefore, found herself caught between several conflicts. The stress consequently brought on feelings of "nervousness," insomnia, loss of appetite, and crying spells. She constantly complained of feeling severely bored. Ataques soon followed and she began to break furniture around the house.

The therapist began working with her in individual sessions. Her work concentrated around Mrs. A.'s role conflicts (as wife, mother, and daughter) in an attempt to understand her needs. Later Mrs. A. was seen in couple's therapy, with a Puerto Rican male and female co-therapist team. During these sessions, the husband was able to verbalize that his wife was "too Americanized" and that he felt excluded and less in control whenever she spoke in English with her son (her husband speaks only Spanish). This verbalization opened up the communication lines between them and made them able to discuss such issues as "what it means to be an island Puerto Rican and a mainland Puerto Rican." These exchanges allowed them to unveil themselves and to critically examine their relationship. It became easier for them to challenge the stereotypic roles encouraged by machismo and marianismo. During treatment, Mrs. A. made a decision to bring her daughter from Puerto Rico. She also expressed a renewed commitment to her college studies and community activities.

This case presents the struggle of a Puerto Rican woman troubled by the cultural expectations which surround traditional sex roles. Mrs. A. experienced conflict in her roles as wife, mother, and daughter. In addition, her hembrismo put her in a vulnerable position, making her feel the need to master all her roles in an outstanding manner. While pressured by her daughter to "perform her maternal duties," Mrs. A.'s own mother pointed out that she was expected to fulfill "daughter's duties" toward her (the grandmother). Thus, Mrs. A.'s conflict lay between her desire to be both a good mother and a good daughter. It was also unclear what Mrs. A. really wanted. When her loyalties conflicted, her decision was to give precedence to her role as mother over her role as a daughter. This is consistent with Christensen's (1975) assertion that when the Puerto Rican woman faces a conflict of loyalties she will often opt for her role as mother.

Another conflict faced by Mrs. A. was her role as wife and her hembrista behavior. Her husband expected her to conform to traditional sex-role behavior -- to stay home and take care of their son. Her hembrismo compelled her to perform all roles assigned to her while simultaneously pursuing her individual interests. Hence, Mrs. A. felt oppressed and helpless under the weight of the stress she was undergoing. The stress gave way to depression, frustration, and anger which she manifested through ataques. This case shows how hembrismo can lead to psychological vulnerability, despite psychological stamina. With the help of therapy, Mrs. A. was able to prevent further psychological difficulties while asserting her own needs.

Strain of Acculturation

It is evident that the situation of the Puerto Rican woman in the United States is a complex one. In her efforts to cope, the Puerto Rican woman must struggle with culturally imposed modes of behavior while attempting to develop alternative ones. As a woman she struggles with her individual oppression; as a Puerto Rican she tries to preserve the ethnic identity of her people. The complexity is accentuated by the pressure and strain of acculturation. There is a documented relationship between psychopathology and acculturation. Silva (1966) attests that acculturation can lead to psychological isolation and to a distorted perception of reality. For the Puerto Rican woman, the process of acculturation can create several types of stress. She may feel limited by her cultural heritage in a society that encourages values

which conflict with her traditional ones.

There is a wide range of possible reactions within the acculturation model. There are three basic reactions, however, which can identify the Puerto Rican woman's behavior in the United States and which are relevant to her psychological state. The first one is typified by the culturally marginal woman who has limited contact with the majority culture. This can be the case of the Puerto Rican woman who migrated during middle age, has a limited education, rigidly maintains her cultural values as a means of coping and remains resistant to change (as in the case of Mrs. D.).

Another type of reaction is characterized by high acculturation. Here, the woman might identify herself as "American," "Italian," "black," or "Spanish," but not as Puerto Rican. Usually this woman has been socialized into the host culture.

A third reaction can be labeled as the "cultural schizophrenic" or the woman who has some degree of acculturation, but operates within the two cultures. At times, she acts as a cultural bridge and, at other times, she is confused by conflicting values.

Regardless of her degree of acculturation, the Puerto Rican woman continues to carry some cultural baggage. According to a study by Torres-Matrullo (1976), Puerto Rican women on the mainland preserve their traditional sex-role attitudes. This creates conflict when the woman becomes economically and socially emancipated, threatening the family constellation. The woman may become involved in a cultural struggle among marianismo, hembrismo, and machismo, while trying to function in a different society with different cultural expectations.

Psychological Reactions

The Puerto Rican woman is exposed to a multiplicity of stressful situations. She faces the disintegration of family values, poverty, discrimination, and the pressures of acculturation. These stresses are usually translated into feelings of powerlessness, low self-esteem, loss of identity, and depression. Indeed, there is empirical evidence of a high incidence of psychopathology among Puerto Rican women in the United States. Torres-Matrullo (1976) found a prevalence of nervousness, psychosomatic complaints, and depression. Abad and Boyce (1979), in their study comparing the incidence of presenting problems at a community mental health center, found that Puerto Ricans reported more psychosomatic symptoms and depression than Anglos or blacks. Caste *et al.* (1978) found a higher incidence of suicidal thoughts among Puerto Rican women when compared to Anglo, black, and Puerto Rican males. This is confirmed in clinical experience where the author has noted a high frequency of suicidal ideation accompanied with complaints of boredom, suggesting depression. In fact, Bluestone and Purdy (1977) assert that among Puerto Rican women in the United States, suicide attempts provide an outlet for culturally and environmentally generated anger and frustration. They cite problems with welfare and housing, as well as with significant others as causes for such behavior. They warn that although women may not exhibit true clinical depression, they can become chronic suicidal risks when they develop this pattern of response to stress.

Another common psychological problem among Puerto Rican women is the *ataque de nervios* (nervous attack). This so-called Puerto Rican syndrome allows for the expression of suppressed feelings. Aside from ataques, Puerto Rican women tend to exhibit avoidance behavior when faced with severe stress. This can take the form of moving back to the island, to another state or another city, in an attempt to deal with a problem. It is customary for the woman to take her children with her or to send them to the island to remain with relatives. Badillo-Ghali (1977) states that sending children to Puerto Rico is a common way of dealing with problems in the United States. Thus, moving away from a stressful situation is a culturally accepted behavior. The process of avoidance, however, may generate more stress and disrupt mental health interventions.

Puerto Rican women might also engage in the strengthening of their external locus of control in yet another attempt at coping. This concept refers to the degree that the person perceives the events that

happen to him or her as the result of luck, fate, or powers beyond one's control (Strickland, 1977). This helps to explain and reinforces the Puerto Rican woman's feelings of helplessness. There have been reports of a relationship between poverty, feelings of helplessness, and depression (Seligman, 1975). The Puerto Rican woman has available to her the cultural possibility of internalizing her helplessness by strengthening her belief in *espiritismo*. (One fundamental premise of this religion is that spirits communicate with and intervene in behalf of humans.) This cultural belief can be interpreted as a coping mechanism for events that are perceived as uncontrollable. Indeed, Steiner (1974) indicates that espiritismo is a way of alleviating the consequences of poverty in the *barrio*. For Puerto Rican women, espiritismo heightens the marianismo hembrismo paradox because it emphasizes passivity. Events are therefore beyond the individual's control. At the same time, espiritismo accentuates the central role of the female: the medium espiritista, the majority of whom are women, has the personal power to communicate with the spirits.

The following case illustrates several of the psychological reactions characteristic of Puerto Rican women:

C. is a 20-year-old Puerto Rican woman who has never been married. She migrated to the United States when she was 15 years old and lived with her older sister and her nuclear family. C. obtained a job as a machine operator in the same factory where her sister also worked. There she developed a network of Puerto Rican, black, and Anglo friends. C. began to experience peer pressure around her traditional attitudes about sexuality. She responded to the pressure by challenging those values. She began to date frequently and to assert herself as an individual. This situation fostered prolonged arguments with her sister, who accused her of "not respecting her authority." Her sister added that *el que dirán*, or social censorship, was pressuring her to exercise her role as the older sister. The conflict between C.'s acculturation and her own traditional values was heightened when she met a married man and had her first sexual experience with him. C.'s sister was apprised of the situation and confronted her. The confrontation led to an argument which ended with her sister having an ataque. That same night, C. attempted suicide by overdosing on pills. She was taken to the emergency room of a general hospital and, from there, to a psychiatric inpatient unit. Once there, C. no longer showed signs of clinical depression. She claimed that her situation was the result of an espiritista hex. She was released from the hospital by the second day and referred to an outpatient community mental health center.

The emphasis in therapy was to help C. cope with her family situation. Her sister blamed herself for "not taking appropriate care of her younger sister's honor." She felt responsible, viewing herself as C.'s surrogate mother through the extension of her role as the older sister. This is consistent with the cultural norm that calls for the oldest female to assume parental responsibility when the mother is absent.

Individual sessions with C. focused on her communication with her family. Initially, she avoided responsibility by attributing her behavior to an espiritista hex. Subsequently, however, she admitted having guilty feelings "about losing her virginity to a married man." She also verbalized her anxiety about the role conflicts created by her position between two cultures. Therapy was oriented to address these issues. Meanwhile, C.'s sister expressed difficulties coping with the social censorship of the Puerto Rican community. She consulted her parents who decided that C. should return to Puerto Rico to live with them. C. complied with this decision.

This case exemplifies the conflicting demands of juxtaposed cultural expectations in the context of acculturation. C. was behaving like a "cultural schizophrenic," confused by opposing values. She had tried to respond to peer pressure while reconciling her own traditional values. Although C. was financially emancipated, she was emotionally dependent on her family. As an unmarried woman, she was expected to accept and obey the family's authority over her. This was illustrated by her acceptance of her parents' decision to have her return to Puerto Rico. In her subordinate position as a woman, C. was not allowed to assert her needs. The cultural expectation required that she follow the norm of virginity until marriage. Her sexual involvement with a married man was regarded as a public statement of her sexuality within a culture where sexuality is a taboo subject. Thus, C. transgressed three cultural taboos: she lost her virginity before marriage, she had sex with a married man, and she publicly expressed her

sexuality. Having transgressed these norms, C. became guilty and felt ostracized. Her roles as daughter and sister conflicted with her role as an individual and sexual person. Under these severe stresses, she attempted suicide. As already indicated, suicidal attempts among Puerto Rican women can be a way of responding to pressure and do not necessarily denote clinical depression.

C. also reacted psychologically to stress by resorting to espiritismo as the explanation for her behavior. By so doing she avoided direct confrontation with her sister as a means of denying individual responsibility. Moreover, C.'s move to Puerto Rico was a culturally sanctioned form of dealing with crisis. Indeed, her agreeing to do so can be interpreted as avoidance behavior in order to cope with the tension between her sister and herself. In sum, this case illustrates the struggle which arises from independence dependence, conflict in roles, and the strain of acculturation, and illustrates several psychological reactions characteristic of the Puerto Rican woman. C. momentarily resolved her conflict by adjusting to family rules and honoring her role as a sister and daughter over the choice of emancipation.

Implications

This paper has illustrated the importance of the interplay of sociocultural factors in the mental health of Puerto Rican women in the United States. The psychological reactions to stress experienced by Puerto Rican women stem from the uniqueness of their situation. Understanding these reactions has clear implications for the provision of mental health services. For instance, in working with Puerto Rican women who have ataques and psychosomatic disturbances, it is crucial to help them identify the relationship between their encountered stresses and their reactions to them. Having accomplished this, the expression of individual needs and angry feelings, more effectively manifested, may prevent the repression of such feelings and the compensatory effects of the ataque. Moreover, strategies such as assertiveness training with a cultural component can be used to teach women more adaptive ways of expressing feelings. While working with Puerto Rican women exhibiting avoidance behavior in the form of moving away, suitable interventions can be attempted prior to the client's move (i.e., interpretation and confrontation of the behavior), and during the move (i.e., treatment referral to the location where the client will move). Such timely interventions can prevent further stress while securing the continuity of mental health services.

Depression among Puerto Rican women is an area that requires special attention. It should be noted that Puerto Rican women rarely identify depression as a presenting problem. Instead, they complain of insomnia, eating problems, headaches, and fatigue (Abad and Boyce, 1979). They report feeling weak, exhausted, and bored, feelings which usually take the form of vague suicidal ideations. The clinician needs to be attentive to these symptoms and properly diagnose the disorder. The high incidence of depressive symptomatology, suicidal ideations, the pattern of suicidal attempts, and the immediate recuperation after the attempt need to be closely examined while working with this population. In order to disrupt the pattern of responding to stress with a suicide attempt and, hence, prevent a chronic suicidal risk, the clinician needs to identify the sources of stress (cultural, environmental, interpersonal, or psychological) and address them in treatment. For example, if the suicide attempt is a response to a family and cultural pressure, family treatment should be included.

The propensity to search for external causes of internal experiences (strengthening the external locus of control) is a reaction to stress that needs to be monitored while working with Puerto Rican women. Such a response is readily available to the Puerto Rican woman simply by resorting to espiritismo as an explanation for her behavior. The clinician needs to be sensitive to cultural beliefs and not challenge the client's cosmic visions by attributing value judgments to them. The clinician should attempt to bridge both systems (traditional psychotherapy and espiritismo) and connect both for maximum effectiveness. Comas-Diaz (1981) has suggested strategies of working within both models, providing therapeutic interventions that assist clients to cope more effectively within their cultural framework.

The complexity of cultural role expectations for the Puerto Rican woman should be assessed in a clinical context. The therapist needs to properly evaluate whether there is a conflict in role expectations (mother, daughter, wife, etc.), a struggle arising from culturally prescribed behaviors within the family (marianismo, hembrismo, machismo), a conflict in cultural values, or a combination of these factors. After this assessment has been done, treatment should focus on these issues. The clinician can even utilize cultural roles to facilitate the therapeutic work. For example, a clinician working with a woman experiencing ataques within a marianista context, can use the culturally prescribed marianista norm to assist her to cope with her problems. The client can then be made aware that the ataques are actually a hindrance to the performance of her maternal role and that, in order to take proper care of her children, she needs to take care of herself. This rationale is consistent with her marianista self-sacrificing behavior toward her children. Indeed, the use of culturally relevant interventions can facilitate the therapeutic process.

A similar way of looking at this is through the utilization of cultural roles in the adaptation process. Here, the concept of hembrismo makes available the necessary behaviors to survive in and adapt to a different reality. Clinical work can tap the psychological stamina provided by hembrismo. It can, for instance, be used to heighten the constructive aspects of a "cultural schizophrenic" by facilitating the adjustment to two cultures through the creation of connective, alternative, and more efficient modes of behavior. The role of hembrismo can be used to promulgate a functional adaption and an effective reaction to stress. In fact, the complexity of cultural role expectations for the Puerto Rican woman, as well as the psychological stamina provided by hembrismo, can be assessed through research. Investigations can examine these clinical impressions and evaluate the adaptive functions of hembrismo. The study of hembrista behavior may help to identify factors which contribute to the achievement of the pivotal position that the Puerto Rican woman has within her society. Moreover, the potential benefits of hembrismo for the Puerto Rican woman, her family, and her community can be explored through systematic investigations.

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THE SELF-PERCEPTION OF PUERTO RICAN WOMEN TOWARD THEIR SOCIETAL ROLES

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Although the women's movement has attracted widespread attention over the past two decades, the influence that it has had upon the lifestyles of Puerto Rican women is a subject which has only recently begun to receive attention. This paper presents the results of an exploratory, descriptive study in order to assess whether the women's movement has influenced the self-perception of Puerto Rican women concerning women's role in society.

This study aims to explore whether there are any differences in the attitudes expressed by Puerto Rican women of first, second, and third generations (grandmothers, mothers, and daughters) now living in New York, taking into account the effect of length of time spent living in the United States. The study sought to examine the propositions that women of third-generation status would possess a higher degree of pro-liberationist attitudes than women of first- and second-generation status; that women who have lived in the United States for a longer period of time would have a higher degree of pro-liberationist attitudes due to the fact that they have been exposed to the ideals and lifestyles of the dominant culture for a longer period of time; and that Puerto Rican women born in the United States (specifically, New York City) would have a more liberal attitude than those born in Puerto Rico.

Changes in the Traditional Roles of Puerto Rican Men and Women

Historically, Puerto Rican family roles have been well defined. The male was the wage earner with the sole responsibility of providing the basic necessities of food, clothing, and shelter for his family. The female role was typically that of raising the children and doing the housework. However, with the changes that the women's movement has brought about, the traditional roles of both Puerto Rican

women and men have undergone some changes. These changes, perhaps, are most striking among the increasing number of successful "Nuyoricans."

Nuyoricans are second-generation Puerto Ricans who have incorporated the values and the lifestyle of dominant-culture society while retaining some of the important ideals of their native culture. The process of acculturation for many of these people has not been an easy one, and for some, success has brought with it the feeling of having lost one's cultural roots and identity. According to Soledad Santiago (1979):

> The successful Nuyorican is often cut off from his roots by the very nature of success, suspended in a time warp of a culture in transition, a culture of synthesis which is still defining and asserting assimilation. The Nuyorican identity is not a racial but a class one... The Nuyoricans walk a tightrope between yesterday and tomorrow, cherishing the positive in Puero Rican culture while wrestling with its ingrained restraints that have no place in their new life; attracted by the personal freedom of an anonymous urban society yet repulsed by its indifference; aspiring to middle-class accoutrements yet shackled by the code of machismo which presupposes that the male in the family be the only wage earner. Not all New York Puerto Ricans are Nuyoricans. Many stay in enclaves, never learning English and never touching the mainstream of New York life. The Nuyorican identity has emerged as the result of a series of choices, an individuality born out of historical necessity.

Another investigator (Torres-Matrullo, 1979) has pointed to the rapid-paced acculturation of Puerto Ricans in general within the New York metropolitan area. For example, the Puerto Rican family is said to be experiencing many structural changes which are punctuated by conflicts between the second- and third-generations of the family, i.e., parents and their children now living in the United States. At the heart of these conflicts lies the traditional concept of male superiority which until recently has never really been challenged.

Traditional concepts of male superiority have been challenged not only because of the new values for women brought about by the women's movement, but also because of the increasing work opportunities available for the women who have incorporated these new ideals and have decided to enter the work force in the United States. Many Puerto Rican families upon arriving in New York have found that at times it is easier for women to obtain jobs, since they have brought with them sewing and domestic skills. Thus, they can obtain jobs as seamstresses and domestic servants relatively easily. A large percentage of men, however, have only agrarian skills and have a more difficult time finding work in a society where technological skills play a predominant role in the labor market. There is also the fact that most of these families find it necessary for both parents to work. As a result of women's increased participation in the work force, either because women need to supplement their husbands' salary or because they wish to become more independent and make a career for themselves, the Puerto Rican family now living in the United States no longer has such well-defined roles. Women's participation in the work force is often seen as a threat to the male's role of being the sole provider and a threat to the sacredness of motherhood. When both partners in the relationship are employed, there is a tendency toward more financial independence and egalitarianism in the decision-making process. In these instances, the male is no longer exclusively entitled to proclaim his independence and freedom from household duties. Unfortunately, this is not always true and many women find themselves with a full load of housework to do besides their regular employment, since many males refuse to care for the children and participate in domestic chores.

The widespread publicity given to the women's movement and its ideals has affected the attitudes now held by women who still live within traditional households. Normative data on attitudes toward women available from college populations (Torres-Matrullo, 1974, Vaughter, 1977) and demographic data available for white middle-class persons show that attitudes toward women are related to neither

family income nor to social class (Vaughter, 1977). A more recent study by Torres-Matrullo (1980), which surveyed Puerto Rican men, found significant relationships between level of acculturation, level of education, and family and sex-role attitudes, thus substantiating an earlier study (Torres-Matrullo, 1974). The author also found that the traditional concepts of Puerto Rican womanhood and manhood appear to be changing toward a more egalitarian model because of increased education and exposure to dominant culture society. However, other basic family values, such as the sacredness of motherhood and the important role of children, appear to remain relatively unchanged, despite increased acculturation and education.

Self-Perception of Puerto Rican Women Concerning Women's Role in Society

The participants in this study were 45 Puerto Rican women residing in New York City who gave informed consent after being acquainted with the purpose of the study. The subjects were nonrandomly chosen on a door-to-door basis from a population of Puerto Rican women living in the Upper West Side of Manhattan.

The Attitudes toward Women Scale (AWS) (Spence, Helmreich, and Stapp, 1973) was used to measure the women's opinions on the status of women in U.S. society. The AWS is a Likert-type scale containing statements about the rights and roles of women regarding vocational, educational, and intellectual activities, as well as social and sexual behaviors. Sample items include, "Swearing and obscenity are more repulsive in the speech of a woman than of a man," and "Women should assume their rightful place in business and all the professions along with men." A numerical score reflects the degree to which the individual holds traditional or liberal views and permits comparisons of the opinions held by various groups toward women. the higher the score, the more liberal the attitudes reflected. Demographic data were gathered on educational level, marital status, age, occupation, religious affiliation and religiosity, place of birth, length of residence in New York, and number of children. A short version of the AWS was administered, with a Spanish translation developed by the author for use with those subjects who could not read English. The questions were administered to the subjects in their homes. In order to reduce the occurrence of their responding in terms of what others viewed as being a socially acceptable response, the subjects were not allowed to discuss the questions with anyone else present in the room nor were they allowed to keep the questionnaires overnight.

Results

The generational criterion of whether one's parents or grandparents were born in the United States was indicative of attitudinal scores with more conservative values being held by first-generation women and the more liberal values being held by third-generation women. When subdivided into groups according to generational status, differences in mean AWS scores were also obtained. Women of first-generation status had the lowest mean scores ($\bar{x}$ = 35) with second-generation women having the next highest scores ($\bar{x}$ = 71). (*See Table 1*) Third-generation women had the highest mean AWS scores ($\bar{x}$ = 108).

Women born in the United States were more liberal in their attitudes than women born in Puerto Rico, despite the fact that the women born in the United States had a mean length of residence in years that was not significantly different from that of Puerto Rican born women. Younger women (18 to 25 years old) had a more liberal attitude than older women (46 to 76 years old). Age comparisons showed that the attitudes portrayed by middle-aged women (26 to 45 years old) were more liberal than those of younger women. The middle-aged group also possessed a more liberal attitude than older women. Mothers were more conservative than those women who did not have children. In addition, single

Table 1

Mean and Combined Attitudes Toward Women (AWS) Scores of United States and Puerto Rican-Born Samples by Demographic Variables

Variable	U.S.-Born N=15		Puerto Rican-Born N=30		Combined Mean N=45
	N	Mean	N	Mean	
Age					
18-25	12	119	3	97	108
26-45	3	111	12	119	115
46-76	—	—	15	45	45
Marital Status					
Single	9	124	2	101	112
Married	2	74	14	62	68
Divorced	—	—	2	81	81
Widowed	—	—	7	33	33
Living with someone	4	125	5	105	115
Educational Level					
0-6	—	—	16	53	53
7-9	1	—	6	67	69
10-12	7	112	7	89	100
1-4 yrs. College	7	129	1	—	135
Occupation					
Student	6	128	—	—	128
Housewife	3	73	18	51	62
White Collar	6	129	7	101	123
Seamstress	—	—	5	67	68
Children					
Yes	3	73	28	64	68
No	12	128	2	101	115
Religious Affiliation					
Catholic	13	119	26	67	93
Non-Catholic	2	107	4	63	85
Religiosity					
Weak	10	119	8	88	104
Strong	5	114	22	59	86
Generation					
First	—	—	10	35	35
Second	—	—	12	71	71
Third	15	117	8	100	108
Birthplace					
United States	15	117	—	—	—
Puerto Rico	—	—	30	67	—

women and women who were unmarried but living with a man had more liberal attitudes than women who were married.

Education was also a factor in liberality of attitudes. Women with at least some college had the highest mean scores on the scale ($\bar{x}$ = 135) compared with those who had an education level of sixth grade or less ($\bar{x}$ = 53). Housewives and seamstresses held the most traditional attitudes when compared with students and white-collar workers ($\bar{x}$ = 62, $\bar{x}$ = 68, $\bar{x}$ = 128, and $\bar{x}$ = 123 respectively).

However, when the two groups were viewed individually, i.e., separated into a U.S.-born group and a Puerto Rican-born group, there was a clear relationship between demographic characteristics and attitudinal variables and between Catholics and non-Catholics. For instance, single women born in the United States scored higher on the attitude scale than single women born in Puerto Rico ($\bar{x}$ = 124 and $\bar{x}$ = 101 respectively). Comparisons between housewives born in Puerto Rico showed that the U.S.-born had a higher mean score ($\bar{x}$ = 73) than the Puerto Rican-born ($\bar{x}$ = 51). Comparisons between the Catholic and non-Catholic groups also showed a difference in mean scores. As a whole, the Catholic group had a mean score higher than the non-Catholic group ($\bar{x}$ = 93 and $\bar{x}$ = 85 respectively). Similarly, the U.S.-born Catholic group had a higher mean score ($\bar{x}$ = 119) than the U.S.-born non-Catholic group ($\bar{x}$ = 107). In turn, the Puerto Rican-born Catholic group had a slightly higher mean score ($\bar{x}$ = 67) than the Puerto Rican-born non-Catholic group ($\bar{x}$ = 63). Religiosity was also indicative of attitudinal scores with the group that had weak religious ties scoring higher ($\bar{x}$ = 104) than the group that described themselves as having strong religious ties ($\bar{x}$ = 86). Similar results were obtained for the U.S.-born group and the Puerto Rican-born group.

Discussion

The overall findings indicate that younger women tend to be more liberal in their attitudes toward women's status than older women. In addition, the mean length of time spent living in New York did not appear to have a strong effect upon the attitudes toward women held by older and Puerto Rican-born women. It also appears that the role of motherhood conflicts with that of a woman who sees herself as having access to social opportunities. Working women who have jobs that are respected by the community, such as salespeople, cashiers, and bookkeepers, had the most liberal views toward women. Women who stay at home with children, as a group, had the lowest attitudinal scores. It may be that the acceptance of traditional values allows them to function in a role to which society gives only lip service. Women with higher educational levels (at least 12th grade) also had higher attitudinal scores.

The results of this study suggest that Puerto Rican women of third-generation status and Puerto Rican women born in the United States have a more liberal attitude than their counterparts born in Puerto Rico. However, the statement that women who have lived in the United States for a longer period of time have a higher degree of liberal attitudes is not borne out by the results, since the average length of residence in New York was not significantly different for the two groups. The results showed that for women born in the United States there was a clear relationship between background characteristics and attitudinal scores although the mean length of residence was slightly higher for the women born in Puerto Rico. It appears that the women born in Puerto Rico have incorporated the values and ideals of dominant culture society to a degree that is more or less equal to that of women born in the United States. As such, in changing times, liberal attitudes may well be a measure of acculturation, particularly for women of third-generation status and for women with higher educational levels.

Summary and Implications

The overall results are consistent with those found by previous investigators (Mason and Bumpass, 1975; Lipmen-Blumen, 1972) in that the more education a woman has, the more egalitarian are her

attitudes toward women. However, because of the relatively small size of the sample (n = 45) which precluded the partitioning of the subgroups in a manner that would eliminate confounding effects, it is likely that some of the outcomes reported are not independent of each other. For example, the younger women who have a higher educational level are more likely to have better jobs. It is also probable that the majority of the first-generation women have less educational attainment, i.e., sixth grade or less. Although this group comprised the largest subgroup, it was difficult to separate it to assess how many of these first generation women had an educational level of sixth grade or less, or how many of them fell within the categories of housewives and seamstresses, which were the lowest scoring occupational categories. It may be speculated that the role of mothering conflicts with obtaining a job for most of these women, and that marriage conflicts with obtaining a job since among a large majority of women sampled, the husband was still the main wage earner.

Therefore, it is necessary to conduct further research on how employment has affected family relationships in general. Subsequent research should take into account the difficulties encountered in this study and attempt to separate the groups into subgroups which would allow various comparisons within the subgroups. Despite the problems encountered in this study due to the small sample size, the study contributes information about changing attitudes of Puerto Rican women. These preliminary findings point to the need for a larger study exploring these issues in order to determine the nature and extent of changes within the Puerto Rican family and to compare how these changes are influenced by education, place of birth, acculturation, employment, and marital status.

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3

HISPANIC WOMEN IN SUBURBIA

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Most of the social science literature to date concentrates on the problems faced by Puerto Rican communities in urban areas (Carrasquillo and Carrasquillo, 1979; Kelly, 1971), Cubans in Miami (Szapocznik, 1979), or Mexicans in the Southwest (Madsen, 1969). Their successes and failures at adaptation to the dominant culture have been described and have produced interesting data regarding the effects of migration on these groups. Little research exists, however, on the effects of the multicultural Hispanic experience in the urban or suburban environment, and even less on the plight of Hispanic women in these situations. The coming together of people from different Spanish-speaking countries, from urban and rural settings, and from racially diverse backgrounds has created multiple problems in the delivery of services.

The purpose of this paper is to present an overview of the problems affecting low-income Hispanic women in a New York City suburb -- Nassau County in Long Island -- with special emphasis on changing family roles, isolation, and ethnic identity. Large numbers of Cubans, Colombians, Dominicans, Peruvians, Ecuadorians, and other South and Central Americans live in Nassau County. In attempting to understand individual ethnic identity, factors such as acculturation, socioeconomic status, the structure and function of the family, and gender will be major themes throughout this paper. The discussion will specifically examine the relationship between acculturation and help-seeking patterns.

Socioeconomic Characteristics of the Population

The majority of Hispanics in Nassau County belong to the lower socioeconomic substrate and are younger than the population as a whole. The median age of Hispanics, according to the Bureau of the Census, was 22 years in 1977; that is, eight years younger than the general population. Statistics show

that as a group, Hispanics are the least educated of Americans. Only 40 percent have completed high school, compared to 46 percent of U.S. blacks and 67 percent of whites. The Hispanic population in Nassau ranks well below the median family income of $14,632. Nearly one-half of the families in the total population of Nassau County reported earnings over $15,000 in 1979, but less than one-fourth (22.8) percent of Nassau's Hispanic families reported earnings of $15,000 or more for the same year. Nearly 23 percent of Hispanic families listed incomes below $6,000, compared to 9 percent for non-Hispanic families.

The socioeconomic status of Hispanics of different national origins varies at both the national and the county level. Cubans and South and Central Americans have relatively higher levels of education and higher status occupations. It was the upper-middle-class and the middle-class that fled from Cuba and, in the case of South America, it is persons with resources who tend to emigrate and who can afford the journey. This has changed somewhat with the recent exodus from Cuba and Central America. Puerto Ricans and Dominicans, on the other hand, migrating from geographically closer and less economically advanced areas, rank relatively low in education and occupational status (U.S. Department of Commerce, 1979).

In Nassau the Hispanic population is heterogeneous. Many Hispanics come directly to Long Island to join family members already settled in Nassau. Some communities are developing a distinct Hispanic flavor: Long Beach and Glen Cove have a sizeable Puerto Rican and Dominican population, Westbury, a Colombian; Hempstead, a Central American; and Freeport, a Cuban population.

Employment and housing represent serious problems for the Hispanic community. Because of the depressed employment situation, recently arrived Hispanic immigrants must compete with older Hispanic residents for the limited number of jobs available. This situation leads to abuse by employers who underpay and to rent gouging by owners of inadequate and deteriorated housing. The problems of poor housing and unemployment are exacerbated in the suburbs by the lack of adequate public transportation. In order to seek employment it is sometimes necessary to travel from one end of the county to the other. This situation not only adds to the Hispanics' feelings of isolation and to the stresses of migration but also places a very heavy burden on marital and family relationships.

Background

A suburb is commonly defined as a community located within commuting distance of a central city, and usually dependent on it economically and culturally (Donaldson, 1969). Suburbs have tended to attract higher status groups (Guest, 1978) who use them as their "bedroom community," while their main work and social activities are centered in the urban area. Thus, for the majority of the population the suburbs represent a residential locus (Guest, 1976). However, the fact that a suburb can be classified as either residential or industrial is relevant to the development of low-income racial ethnic suburban communities. For a significant proportion of the Hispanic population, the initial push to migrate to suburban areas was provided by the presence of industries which held promise of employment. For women, the suburbs represented an opportunity to participate in the work force as factory workers or domestic household workers. Although the move to the suburbs represented increased economic opportunities, it also tended to create special problems.

While Hispanics in Nassau County have the same problems as Hispanics in urban areas -- low income, unemployment, underemployment, undereducation, poor housing, discrimination, and cultural and linguistic barriers -- they are further hampered by the lack of adequate public transportation. The systems of public transportation in urban areas allow for mobility. In comparison, suburban areas such as Nassau County developed with a built-in dependence on the automobile. Without a viable public transportation system, the poor -- the category into which most Hispanic residents in Nassau County fall -- are seriously affected. Increased isolation is one of the results.

Isolation for Hispanics in the suburbs is further exacerbated by the fact of their rejection by the

dominant society. For this reason, they must often maintain a low profile in their communities. At times, their own neighbors are unaware that Hispanics have moved into the community.

Another aspect in the overall isolation of Hispanics in Nassau County is the heterogeneity of the population. This fact has worked against the development of a sense of community. By contrast, in Suffolk County, a suburban area adjacent to Nassau, the homogeneity of the Hispanic residents has supported the growth of a solid Hispanic community.

The town of Brentwood in Suffolk County has a large, long-standing Puerto Rican community with a second-generation population buying homes and settling near family and friends (Goldstein, 1979). Goldstein describes the Puerto Rican move to Suffolk County as motivated by the same reasons as other groups have: a bigger home, a yard, tranquility and, most of all, better schools for their children. The author claims that Brentwood contains the largest Hispanic community in New York State, outside of New York City. Of its 80,000 residents, 28,000 are Hispanic, mostly Puerto Rican. There has been a recent influx of Central and South Americans, many of them undocumented aliens, and of poorer Puerto Ricans who have arrived directly from Puerto Rico. These new immigrants are now integrating into the largest middle-income enclave of Puerto Ricans in the state, many of whom are second- and third-generation mainlanders, who began to settle in the area during the early 1940s. Important to the establishment of this community has been its ethnic and socioeultural homogeneity, which encouraged and maintained its unique cultural traditions and institutions. However, the variety of Hispanic cultures and socioeconomic levels found in Nassau County has hampered the growth of communities such as Brentwood, and has tended to reinforce feelings of isolation, particularly for women.

Transportation limitations in the suburbs turn the focus of family life inward and more exclusively onto the nuclear family, increasing the isolation of Hispanic women. Hispanic women have traditionally depended on other female family members for their close social relationships. Husbands and fathers approve of this socialization since it is safe and discourages contact with non-familial males. In many Hispanic families social functions are primarily family gatherings. Church and church-related activities are also approved social, as well as religious, experiences. However, the limitations of public transportation in the suburbs make it extremely difficult for a woman to travel to the home of a relative or friend in another area of the county. She therefore loses this acceptable and traditional supportive system.

Traditional Hispanic values concerning sex-role differentiation are often in sharp contrast with the rapid social changes taking place today in American society. The resulting value conflicts make Hispanic women highly vulnerable to emotional distress and illness. It is also important to note that while minority individuals may acculturate, assimilation into the dominant society in areas such as Nassau County may be denied to them. This occurs most often when members of the dominant group reject minority individuals who are of a different race.

In Nassau County the heterogeneity of the population has diffused efforts to obtain needed services. In other words, the natural wariness among people of different cultures has served to produce divisiveness. In addition, in Nassau County, the patterns and attitudes regarding the poor and minorities have been shaped by those people who have moved to the suburbs to avoid the problems of poverty and racial/ethnic groups. This, in turn, allows those entrusted with the responsibility of providing services to consistently deny that needs exist, since the Hispanic population in the suburbs tends to be an "invisible" one. To date, the studies which have been conducted on the growth, development, and changing characteristics of suburban areas have failed to give adequate attention to the influx of racial/ethnic groups, particularly Hispanics (Birmingham, 1978; Guest, 1978; Donaldson, 1969).

The Setting and Client Population

The Hispanic Counseling Center has been in existence since July 1977 and provides mental health, drug, and alcohol treatment to the Hispanic community in Nassau County. The center is funded by the

Nassau County Department of Drug and Alcohol Addiction and the Nassau County Youth Board. It is presently under the auspices of the Family Services Association of Nassau County, but has begun the process of incorporation as a non-profit agency.

The director and staff are all women, with the exception of the staff psychiatrist. All staff are bilingual and bicultural. They include two full-time social workers, one full-time psychologist, six social work interns, and one paraprofessional worker. The center works with families and individuals to assist them in coping with the stresses of the Hispanic experience in the United States. These include cultural and generational conflicts, differences in values, and family, vocational, and social adjustments. The center has also developed youth services which include "rap" groups, vocational and tutoring services, recreational activities, and individual and family counseling. While this program is available to all youth countywide, the lack of adequate transportation has limited participation to those towns bordering on the center's office in Hempstead. The staff also provides services in three other towns with the cooperation of hospitals, schools, and community agencies who provide the center with office space. These outreach services include weekly "rap" groups for male Hispanic inmates at the Nassau County jail.

The center has been successful in building a sizeable Hispanic clientele, including a large Puerto Rican group, despite the recognized reluctance of Hispanics to seek out mental health care. The center's success can be attributed in part to a strong emphasis on culturally based clinical mental health care. The outreach program includes home visiting of clients and encourages them to visit the center for further help. The center is furnished to provide a home-like atmosphere and combines flexibility with firmness in approaching questions of time relating to clients' appointments. It is one of the few centers established in a suburban community specifically for a particular racial/ethnic group.

In its approximately three and a half years of operation the center has worked with people from almost all the Spanish-speaking countries. Women represent approximately 60 percent of the client population, men approximately 40 percent. The high percentage of males is due in part to the fact that the courts and probation and alcoholism programs refer Spanish-speaking clients to the center. The majority of these referrals are males between the ages of 21 and 45. Women are most often self-referred. When referred by other agencies these agencies are mental health clinics, protective services, hospitals, and schools who refer the women because of difficulties related to school-age children. The third source of referrals is individuals who are already familiar with the center and who bring in friends or relatives.

Changing Family Roles

Changing family roles have led to marital problems among Hispanic women. Traditionally, Hispanic women are raised with consistent, well-defined role expectations. Their success is measured in relation to their marital and maternal roles. Women in the United States, on the other hand, are in the process of redefining their own identities. This redefinition encourages more assertive and independent behavior with less dependence on the roles of wife and mother (Szapocznick and Truss, 1978).

In the blue-collar or lower socioeconomic group, women appear to marry non-Hispanics less often, though there appears to be considerable intermarriage between different Hispanic groups. These differences in cultural backgrounds are often blamed for marital problems, for example, difficulty in communication due to cultural incompatibilities. The traditional escape valves are not easily available in the American suburbs. Marital tensions, therefore, explode into violence, alcoholism, or continue to erode the relationship causing the couple to withdraw from each other. In Latin American countries, these couples come from a traditional background, which allows for more clarity in their role expectations. When problems arise, there are available family support networks that will often serve the purpose of allowing the couple to ventilate their frustrations in an accepting family setting. This diffuses the hostility, allowing the couple to continue together, even though they may not have become more skilled at working out their differences. The traditional rigidity of the roles of both men and women

often discourages constructive communication and change within the relationship.

One case study illustrates the problems that may arise from a traditional situation. Teresa is a 47-year-old Puerto Rican mother of three. Her husband is employed in a supervisory position. Teresa has never worked outside the home because her husband has not wished her to do so. Her children's natural adolescent development and acculturation have meant less dependence on her and the family. Teresa has not acculturated along with other members of her family and has avoided activities which would take her away from the home. As it became increasingly clear that her family does not need or want her constant nurturing, Teresa became noticeably depressed. No physical cause could be found for her many somatic complaints. Her husband claims that he is tired of her constant complaints and refusal to do such things as shopping by herself. He has asked for a divorce. Teresa has begun to express suicidal thoughts, since she feels unprepared emotionally or culturally to go out into the world and "take care of herself," even though she has cared for a family all of her adult life. Without the needs of a nuclear family, or the demands and support of an extended family, Teresa feels that her existence has no meaning.

Another case illustration presents a different, non-traditional situation. Ana, a 30-year-old Puerto Rican mother, broke with family tradition by attending college and graduate school. This necessitated assuming an increasingly assertive role in her marriage. With her goal in sight -- completion of her thesis -- Ana became immobilized by depression and guilt. She expressed a sense of failure in not being the kind of wife and mother her own mother had been. Her mother was described as a completely selfless woman who lived only for her family and who accepted physical and emotional abuse because she was a "good woman" who would not get a divorce.

For both Teresa and Ana, the stress of changing roles was reinforced by feelings of isolation. The availability of the center and its ability to provide a setting where they could explore their conflicts, share them with other women at different levels of acculturation but similar ambivalence, led to a marked improvement in their emotional states and more successful adaptation to the culture within which they must survive. In both cases, the women came to the center experiencing feelings of failure, guilt, and inadequacy even though one had followed the traditional norms and the other had not. The issues for both were those of acculturation and changing female roles. Both were products of a tradition with clear role expectations. The fact that these expectations were in flux created great anxiety for both, whether their efforts were to conform to the traditional or to accept new challenges and attempt to establish new traditions. Successful efforts to adapt or acculturate are positively affected by familial and environmental supports.

Evelyn, a 42-year-old married woman and a native of Colombia, South America, is a graduate engineer. A resident of the United States for many years, she had never worked in her professional capacity or been employed outside of the home. The mother of two adolescent children, she had pursued the traditional role of housewife and mother. She was totally financially dependent on her husband and in a subservient position to her in-laws with whom they lived. Evelyn's husband handled all financial matters, including the purchase of food and clothing, and refused to give her any money at all. This served to keep her a virtual prisoner in her home. With the help of a neighbor she went to Family Court and was awarded $10 a week as an allowance for her personal needs. Evelyn called the center and joined a woman's group. With the support of the group, she found employment and rented a room in the home of one of the group members. She remained separated from her husband for several months but maintained contact with her children during this period. When she had gained sufficient self-respect through her work with the group and her successful employment experience, she chose to return to her husband and family.

A therapeutic experience provided within a culturally relevant context can help women at different levels of acculturation develop more adaptive social behavior. The encouragement and acceptance of assertive behavior by the therapist serves to reduce anxiety, raise self-esteem, and create a greater sense of ability to cope with stressful life situations (Castro, 1977).

Use of Social Support Networks

It has been suggested that a distinct relationship exists between conflicts in ethnic identity and the experience of psychological stress (Bayard, 1978, Ruiz et al., 1977). Individuals who are deliberately trying to change one set of values for another, whether they be traditional or non-traditional, can experience problems in ethnic identity, while it is postulated that others who are relatively secure in the traditional or non traditional identity are less likely to have this problem. In addition, it has been suggested that those bicultural individuals who have strong dual identities have less identity conflict. Marginals are another category in the definition of ethnic identities. These are people who lack any strong identity and who are, therefore, assumed to have the most severe ethnic identity problem (Bayard, 1978; Ruiz et al., 1977). Thus, the availability of social support systems is important to mediate the ethnic identity conflicts which are a common experience within suburban communities.

The isolation of life in the suburbs, both emotional and physical, can also make the life of the single parent and or welfare mother much more difficult. Sara, a 34-year-old Puerto Rican mother of four, had been married since the age of 13 to an alcoholic. The family had been dependent on public assistance since early in the marriage. Sara divorced her husband one year ago and is struggling between a desire to change her life situation and her very traditional expectations of her role as a female. Her new, more assertive behavior includes attending school with the hope of becoming a nurse. Staff at the center must constantly advocate for her with the Department of Social Services which has cut her allotment because she receives a small stipend while attending school. When she misses school due to the children's illnesses, she is not paid for those days. She must then miss another day of school to go to the Department of Social Services to ask for additional funds to cover the days when she did not receive the school stipend. Sara has often become discouraged. She has no one to care for her children, travel to school is difficult and costly, and she is financially penalized for attempting to change her situation. The workers at the center have become her "extended family." They have advocated, babysat, accompanied her to interviews, held family counseling sessions when there have been parent child conflicts, helped her to develop more consistent and effective parenting patterns, and encouraged her when she has been about to give in and drop out of school. Without this kind of environmental support, it is unlikely that Sara would continue.

Studies of ethnic identity conflict must also include the sociocultural system in order to provide a complete picture. When analyzing the situations of the case illustrations described in this paper, it is apparent that there is a strong interaction between ethnicity and situational factors. Marital relationships can be strengthened if the couple can agree on values and customs, medical and psychological problems can respond positively to the intervention of competent bilingual bicultural professionals, isolation and loneliness can be eased by living in an area with others of the same or similar culture and language, and parent-child conflicts are alleviated when an agreement can be reached on family role expectations. These examples illustrate the complex interrelationships between ethnicity, exposure to another culture, and the social environment (Bayard, 1978).

First-generation Puerto Rican women living in the suburbs are more likely to have intermarried with non-Hispanics and attempted to merge into the fabric of suburban life. To do this many have denied their ethnicity and live anonymously in their neighborhoods. Castro (1977) makes a distinction between acculturation and assimilation. He defines acculturation as the acquisition of the culture of the dominant group, and assimilation as the disappearance of group identity through non-differential association and exogamy, i.e., the loss of ethnic identity by fitting into and being accepted into the dominant-culture group.

The pattern of life in a suburb such as Nassau County places great emphasis on the nuclear family unit. Grossly inadequate public transportation coupled with long months of cold winter weather discourage much of the visiting and socialization common in Latin American families. For the poor Hispanic family in the suburbs, a car is a luxury. In the more traditional families, the woman is not encouraged to learn to drive, but instead depends on the man to take her shopping or visiting. This

factor, which increases the man's mobility, speeds the process of his acculturation and reinforces the more dependent role of the woman. When this situation is exacerbated by the increasing efforts of the children to acculturate, the woman experiences great emotional distress.

In a situation where feelings of powerlessness and alienation are present, women often feel that they are on the bottom rung of the ladder. In the case of abused women, few, if any, services exist even for the dominant culture women. None exists for Hispanic women. The Hispanic Counseling Center has been used by a growing number of abused women. They call or come in after they have been beaten, fearful and ashamed, and usually unwilling to take any legal action. A case example is Carmen, a native of Guatemala, who was referred by a court officer after her husband had broken her jaw while he was intoxicated. Her jaw had to be wired, which added to her difficulty in communicating with hospital staff since she could speak very little English. Her major concern was for her three-year-old son, who her husband had threatened to kidnap and take to his country, Peru. She was convinced that he would do this; therefore, she did not press charges for the assault on herself. In this particular case, Carmen was responsible for all household and personal expenses for herself and the child which she met by working as a day worker.

Acculturation and Help-Seeking Patterns

In analyzing help-seeking patterns along a traditional/non-traditional continuum or using an acculturation perspective, the use of extended family forms may be more indicative of rural traditionalism, while movement away from these patterns *vis-a-vis* the use of mental health centers can be seen as an aspect of acculturation (Ruiz et al., 1977).

Pride is a factor which strongly influences the response to emotional problems in the case of Hispanics. The desire to maintain a self-image of strength often convinces individuals to struggle with a problem by themselves or with the help of relatives and friends before seeking professional help. This appears to be the case more frequently for Hispanics than for non-Hispanics (Newton, 1978). This concept is applicable to those Hispanics seen for treatment at the center. The fact that they wait until the problem reaches a critical stage often means that the decision to seek help is taken out of their hands and the referral made by other agencies such as the schools, courts, and protective services. Those who are not referred by outside agencies, but come in on their own, also approach the center in crisis, often wanting an immediate solution to their problems. In most cases, the worker must be prepared to intervene with the systems which are impacting on the individual or family. The absence of the extended family and the suburban emphasis on the nuclear family place added stress on a couple who are already dealing with the stresses of migration. The increased sense of insecurity which comes from dealing with an unfamiliar culture without understanding the language appears to compound the dependency on the marital relationship as the only familiar aspect of their new life. When this occurs to men or women who have, as their traditions dictated, remained dependent on their families of origin for understanding and emotional support, they feel abandoned by both family and spouse.

Certain patterns have been observed among women who seek help at the center:

1. In most cases, women initiate the contact with the center.

2. When the woman has maintained the more traditional role, she approaches treatment with little insight, viewing herself as the injured party, and seeking help in getting her partner to conform to the behavior she wants from him. She often attempts to make the worker her ally in a secret conspiracy to get the husband to behave. Viewing the center and the staff as an extended family, she sees no reason why we should not conspire with her, as her family would. In these cases there is a high degree of somatization, depression, and suicidal ideation.

3 In the cases where the woman has achieved a higher degree of acculturation, she also wishes to stay in the relationship but with less rigidity in the traditional role expectations. She would like to communicate her feelings to her husband rather than to her family, and to have him do the same.

4 In cases of physical abuse, or continued, serious emotional degradation, the woman comes to the center with little hope that the situation will improve. Rather she comes for emotional support and concrete information on what to do, where to go, etc. The threat that a child will be kidnapped by the husband if the woman takes legal action is a very real fear for this group.

5 In the cases where men have been the initiators, they are often the more acculturated and feel trapped by the woman's strong dependency needs and her jealousy.

Of interest in the cases of several physically abused women has been their refusal to return to their countries and extended families. When this alternative is discussed in counseling, the women express fear that they will be followed and that there exists no police or court protection for them in their own countries. This is a striking and tragic commentary since we in this country realize the deficiencies that exist in services for the abused woman and her children.

The extended family has historically been viewed as directly related to the greater or lesser mental health of the individual. However, in the analysis of some contemporary Hispanic families, the interdependence among extended kin has been characterized as dysfunctional and maladaptive for modern society (Gilbert, 1978). There is a literature which claims that the demands made upon the individual by the extended family group prevents the individual's social mobility and inhibits his or her development and successful adaptation to modern society. Studies have pointed out the restrictive possibilities inherent in extreme familism: it tends to capture all of the significant social relations of the individual who thus becomes less capable of absorbing new values and of maintaining relations with new kinds of people. Implicit in these assumptions is the notion that the extended family can increase conservatism, limit adaptability and socioeconomic mobility, and in a pluralistic social environment, expose an individual to stressful and conflictive circumstances. Therefore, on one hand, the family can be viewed as an "anxiety-sharing and anxiety-reducing mechanism in stressful situations" (Madsen, 1969), while, on the other hand, it can also be negatively associated with an individual's well-being (Gilbert, 1978). These possibilities are interesting topics for further research but, based on the author's experience in a suburban setting, the author contends that the extended family should be reinforced or, lacking a supportive family network, a suitable culturally relevant replacement is necessary for the survival of Hispanics.

Policy Implications

The particular needs of women in suburban areas, in general, have not been clearly articulated, and few data exist on the needs of more recently arrived Hispanic families to the suburbs. It seems that the first area of priority is to recognize the varied backgrounds of Hispanic women and their families and the sociocultural stresses they are subject to as a result of suburban residence. More baseline data are needed on the social and health needs of this population in order to develop and implement more appropriate programs to prevent emotional disorders in this subpopulation.

Second, the stresses of migration, the distances, and the limitations of public transportation, as well as the heterogeneity of the Hispanic population, mandate that human services be provided within the community in order to make services more accessible. Staff members should include bilingual, bicultural professionals and paraprofessionals who have an understanding of the meaning of being female, Hispanic, and isolated.

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4

TRANSACTIONAL FAMILY PATTERNS: A PRELIMINARY EXPLORATION OF PUERTO RICAN FEMALE ADOLESCENTS

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Most empirical studies done in Puerto Rico in the 1950s and 1960s have studied Puerto Rican women through the use of scales and questionnaires and, in general, have portrayed them as being submissive in a passive relationship with a dominant male in the context of a patriarchal society (Landy, 1959; Steward et al., 1956; Stycos, 1965; Tumin and Feldman, 1961). More recent research has questioned these traditional roles and described the Puerto Rican woman as seeking and attaining a more egalitarian and autonomous role especially within the heterosexual relationship (Seda-Bonilla, 1969; Cromwell and Ruiz, 1979). On the other hand, investigators have argued that strong resistance to value change exists within a society even though the old values are maladaptive to new structural requirements (Rapaport and Rapaport, 1972), and that higher education and economic solvency have contributed to this change (Torres-Matrullo, 1976).

The study of sex-role expectations of Puerto Rican women and of adolescents, both male and female, has generally followed an individualistic approach, i.e., emphasis has not been on family and social context variables. Among recent studies that have investigated the Hispanic adolescent within the family context and that have specifically investigated sex roles and acculturation within this context is that of Szapocznick and Scopetta (1978). These investigators studied the acculturation characteristics of functional and dysfunctional families containing adolescents and found that acculturation differences within these families were exaggerated. While the adolescent acculturated more rapidly than expected, behaviorally and attitudinally, the parents clearly resisted change. Accelerated acculturation processes were related to uninhibited acting-out syndromes. On the other hand, normal Cuban adolescents showed extreme behavioral acculturation, yet their values, especially with regard to the traditional role of the woman and sexual behaviors, changed little.

The purpose of this paper is to present preliminary clinical impressions on the relationship between

sex roles and acculturation among Puerto Rican adolescent girls within the family and peer context. More specifically, the following issues are explored: (1) coping and transactional patterns in families containing adolescents, (2) differences in values between first-generation Puerto Rican adolescents and American adolescents of comparable socioeconomic and religious background, and (3) perceptions of first-generation Puerto Rican adolescents regarding sex-role expectations, motherhood and child rearing, and sex and career choice.

Methodological Approach

Clinical group work with 9 Hispanic girls, aged 16 to 17, in a Catholic girl's high school in Philadelphia and data from a questionnaire given to a sample of 53 girls were used. The clinical data were derived from six structured group sessions and a two-hour family interview during which a behavioral and attitudinal acculturation scale was administered (Szapocznick and Scopetta, 1978).

A group of 18 Puerto Rican girls and 26 Anglo girls of similar socioeconomic and religious backgrounds attending the same school were administered only the scale in order to compare adherence to traditional and non-traditional values. Girls in the clinical sample were born and raised in Philadelphia, while all of their parents were born and raised in Puerto Rico, with the exception of one mother who was Mexican American. All sample girls came from low-income, upwardly mobile, working-class families.

The group sessions were structured to elicit information on family values, marriage, sex roles, child-rearing practices, women's careers and education, men's roles, and life goals and ideals. Girls were encouraged to discuss value differences between themselves and their mothers, between themselves and dominant-culture women and teenagers, and between dominant-culture and Puerto Rican men raised in the United States and on the island. Family interviews were geared to elicit discussions among family members regarding sex-role expectations, family values, and child-rearing practices, and to obtain clinical impressions on family coping mechanisms.

The analytic focus was based on the structural and family therapy approach which examines four dimensions: interpersonal boundaries, conflict resolution, quality of relationship, and family transaction patterns. Interpersonal boundaries are defined as "the rules defining who participates and how" (Minuchin, 1974a). The main function of boundaries is to insure the differentiation both of individual members and of the subsystems within the family. In a functional family the boundaries are clear. This allows the individuals and subsystems to function without interference while at the same time providing nurturance and protection. In a dysfunctional family the boundaries can be either too rigid or too diffuse. Too-rigid boundaries do not provide enough support and protection. Too-diffuse boundaries provide for much support but do not allow for differences among family members. For the purposes of this study, clinical impressions in the area of interpersonal boundaries were gathered by observing whether children could keep out of parental discussions and issues, whether parents interfered unduly with children's activities, verbalizations or exchanges, and whether the family could provide adequate nurturance and support, without overprotecting.

Conflict resolution in a marital dyad, if good, involves the mutual adaptation and accommodation to each other's needs through negotiation and sharing of power in decision-making (Haley, 1972). Poor conflict resolution involves avoidance, denial, minimization and diffusion of conflict (Haley, 1972). Specific attention was paid to the couple's listening and negotiating skills, and to whether the couple denied, minimized or diffused the conflict by utilizing a child's symptom or triangulating her, him to detour the conflict.

Quality of relationships among the individuals in a family can have different predominant affective modes depending on the role family members play in the family system. Relationships between parents and children can be hostile, angry, distant or warm and positive. Impressions regarding the parent-child relationship were gathered from observations of family interaction.

Family transactional patterns are ways in which individuals in a family monitor the behavior of others and in turn are influenced by the previous behavioral sequence (Minuchin, 1974b). In the face of stressful life events some families increase the rigidity of their patterns and avoid or resist exploration of alternatives to accommodate to the new situation. In other families flexibility in their patterns allows for alternative coping mechanisms. In this study the rigidity or flexibility of family patterns was observed by inquiring into family mechanisms for dealing with the stress of migration.

Clinical Patterns Within Family Systems

Adherence to or deviance from traditional Puerto Rican values was not observed to be related to the type of coping patterns and transactional system utilized by the families or to the presence or absence of psychiatric symptomatology. Acculturated and non-acculturated family systems presented both flexible and rigid family patterns, and exhibited the presence or absence of psychiatric symptomatology in a family member. Thus, families were mostly distinguished by a number of universal and cultural factors of family functioning. Value acculturation alone is therefore a narrow dimension for explaining the complex behavior utilized by families for cultural survival. Some families had a clear demarcation of interpersonal subsystem boundaries and were able to strike a balance between placing appropriate controls and allowing their children to differentiate, to develop autonomous behavior, and to separate.

During the initial stages of the family interviews, the parents appeared unduly strict and interfering. They dominated the conversation while the children remained respectfully quiet. The parents freely expressed ideas, such as not allowing daughters under 18 to have boyfriends, and appeared to be excessively concerned about their children's activities. As the family felt more relaxed and the interviewer became a more familiar part of the family system, a different family picture emerged. The children were allowed to express ideas which were different from those of their parents without parental interference. They were allowed to go to parties, to enjoy privacy, and to have friends outside the extended kin. Parents also had privacy and activities separate from their children. A good marital relationship allowed the parents to deal with conflict and stress without triangulating their children.

On the other hand, less functional families were characterized by diffuse generational and interpersonal boundaries, little tolerance for self-differentiation or for inclusion of outsiders, poor control, and the over-involvement of one parent with a child.

In one family where flexibility in the spouse subsystem did not exist, the mother had the dominant role, the father stayed marginal, and, as a result, the mother felt overburdened with responsibilities. The psychosomatic child, who at the time of the study was symptomatic, took over the husband's function of supporting the mother, and, in doing this, maintained the marriage at the expense of the curtailment of her own autonomy. She cried whenever her mother cried and felt responsible for her mother's happiness and health. This child's opinions in the group were very unpopular, since she acted and expressed herself more like an adult than like a teenager. Her overwhelming adult responsibilities, in her parental role and in her triangulated position in the marital dyad, contributed to her school phobia and to her upset stomach.

In another family, where generational boundaries were also not clear, the grandmother disagreed constantly about how to discipline the child, placing her in the middle of family arguments. Triangulation of the child to deal with intergenerational conflict was the pattern in this family system. The mother was permissive with the child, the grandmother overly strict. The mother rebelled against her own mother through her child, unable to establish herself as a competent mother. This resulted in poor parental controls and a concomitant acting-out behavior in the adolescent. In this case, the symptomatic behavior was manifested through a suicide attempt and the breaking of family rules.

The parents in these families had difficulty allowing their children to develop autonomous behavior and to differentiate from the family system. Parental behavior was inconsistent, fluctuating from excessive punishment to excessive leniency. Over-involvement of one parent with a child was common.

This served as a means to detour marital conflict. Thus, the triangulated child had the function of maintaining the family intact, and, therefore, separation and individuality were curtailed.

Transactional Patterns: Adolescents as Resources

Families were also differentiated by the degree to which they adhered to old family patterns that were adaptive in their former environment but maladaptive in their new culture.

Some families showed a flexibility in their interactions which allowed them to look for alternative ways of coping. This enabled them to deal effectively with the stress of migration, avoiding unduly burdening their children. These families were able to utilize and substitute outside community supports when the extended family was not available. These support systems (usually religious) would help when the family was in crisis or under stress allowing the parents to appropriately disengage from their children.

Flexibility in family patterns was also evidenced in the parents' ability to adapt to change regarding their sex roles in the family. Parental flexibility in role differentiation (as will be explained later) and in utilizing alternative coping styles permitted these parents to deal directly with the alien culture without using their children as mediators.

Other families in which sympomatic behavior was observed presented a rigidity in their family relationships which did not allow them to utilize outside resources or extended family (if existent) as supports to deal effectively with crisis and stress. Instead, the children or a family member who presented the symptomatic behavior was unduly burdened and carried the responsibility of maintaining the family system. Often the symptomatic child was assigned the role of mediator between the outside culture and the family. This was usually manifested through the utilization of the child as a translator and a solver of conflicts between outsiders and the family. This placed the child in a "parentified role," contributing to further parental ineffectiveness. Thus, in these families, the child, instead of the parents, dominated the communication paths between the family and the culture.

In two of these family systems the parents, especially the mothers, were isolated from the rest of the community. Outsiders, that is, people who did not belong to the nuclear or extended family, were viewed with suspicion and were generally not accepted. These families did not attend activities that were not kinship-related. As a result, the children were unduly restricted. They were not allowed to go out without other family members. The mothers especially would go out of the house only to visit the doctor and occasionally to attend church. Rigidity regarding sex-role transactional patterns was evidenced. The woman presented the syndrome of overburdened housewife and martyr, an exaggeration of the traditional role assigned to the woman in the culture. The spouse subsystem in these two families was in obvious conflict and utilized the symptomatic child to detour the conflict and maintain the system. This made it difficult for the child to separate from the family system without feeling responsible for its disintegration.

When the parent-child relationship was warm, positive, and marked by a good attachment, the girls described their parents as being supportive and capable of letting them grow. The fear of losing this warm parental support also made it more difficult for these girls to adhere to values that were drastically different from the parental norms, although the data showed that all girls were more acculturated in both behavior and values than were their parents. Both populations of Puerto Rican girls, those who participated in the groups and those who did not, were more conservative in their values than the dominant culture girls. Thus, generational acculturation differences were minimal among Puerto Rican girls. Disparity was observed in behavioral acculturation, that is, dress, choice of music, language, and food habits. Yet, in attitudes and values, especially those related to family and sex, little disparity was observed.

In families where the parent-child relationship was negative, distant, and marked by poor attachment, the girls described their parents as disapproving, restrictive, and distrustful. These girls

expressed the most non-traditional and liberal views in the group. They also expressed a desire to leave their homes as soon as possible. In these families, great disparity was observed between the girls' values and those of their parents.

Marital Decision-Making and Conflict Resolution

The ability to resolve spouse and larger familial conflict was another dimension which distinguished the different families. Marital conflict was observed in the interviews as the parents attempted to answer emotionally charged questions regarding sex roles, premarital sex, abortion, child-rearing practices, parental responsibilities, and decision-making.

In some families, the spouses reported sharing in the decision process and seemed to have a mutually agreed upon division of decision-making responsibility. In these families, the spouse system allowed for differences in answering the interview questions and scale. When conflict arose during the interview regarding these differences, the couple was observed negotiating and listening to each other's views in an attempt to accommodate each other. The marital conflict was thus resolved through the sharing and negotiating of power and decision-making. Good listening skills also characterized these families. These coping skills permitted the parents to resolve their differences and to deal with stress without triangulating a third party.

On the other hand, the less functional families dealt with conflict, especially in the marital dyad, by diffusing, denying, or avoiding the conflict. This was often accomplished through the triangulation of a symptomatic child. These couples had difficulty accepting differences between themselves. In two of the couples, open arguing was observed. Invariably, these two couples could not reach a resolution and proceeded to diffuse the conflict by involving either the interviewer or a symptomatic child in their struggle. In other families, open argumentation was not permitted, marital conflict was denied or diffused by the couple's over-involvement in the child's symptoms.

When spouses in these families were asked to report about decision-making, it became apparent that they did not arrive at mutual decisions regarding responsibility. In some instances, one spouse would inflexibly make all decisions without consulting the other. This invited covert retaliation from the other spouse, which was often manifested in alliances of one parent against the other parent. This process resulted in poor parental executive functioning.

Initially, in the more functional families the typical *machismo* or *hembrismo* syndrome appeared as an unavoidable reality. Both parents were answering the questions related to sex-role values in the scale and in the interview as though these values "should be." A discrepancy was observed between their values and the way these values were manifested in their relationships and decision-making. As stated before, in these families the spouses reported sharing in the decision process. On those issues habitually decided upon by the man or by the woman, the couple shared an unspoken agreement that the spouse's opinion would be taken into consideration before a final decision was made.

In one family where clear-cut machismo appeared to exist, the father dominated the conversation, all family transactions were first approved by him, and the children complained of a very strict and authoritarian father. His sex-role values were traditional and appeared inflexible. Yet when the couple was observed in their decision-making sequences, it became apparent that power was shared in this family. During the course of the interview, one of the children asked the father for permission to go out. The father's initial answer was negative. Shortly after this, the husband and wife entered into a covert negotiation process, where the children's and wife's views were considered in the final decision. The final decision was verbally expressed by the father which made him appear to be in command. This decision, though, was actually a modification of the initial unilateral decision. After the covert negotiation sequence the child was allowed to go out, however, only with supervision and a time restriction. This same man, who in the initial part of the interview expressed very traditional sex-role values and appeared to be a *macho*, also helped his wife in domestic affairs, especially when she was sick or felt

overworked.

In another family where hembrismo appeared to be the dominant role interaction, the couple reported that all decisions regarding child rearing, finances, and schooling for the children were made by the mother. This woman dominated the conversation during the interview. Throughout the first part of the interview, the husband appeared to be under the tyrannical domination of his wife. As the interview progressed, it became apparent that an unspoken agreement existed in this marriage. This man traveled a great deal in his work and did not feel he could consistently be responsible in fulfilling all these roles. He therefore allowed his wife to take over, supporting her in the decision-making responsibilities when he was available. This man was as much in control as his wife, and the flexibility with which the couple handled the stress on the family created by the travel demands of the husband's job allowed them to maintain a functional family system.

On the other hand, other less functional families were characterized by an exaggeration of machismo and hembrismo, rigidity in sex-role differentiation and in the marital subsystem, and exploitation of the female sex role. During the interview, the marital dyad was observed relating in such a way that one spouse inflexibly dominated the other and often failed to accommodate to the other's needs.

In one family, the father was unemployed but spent all day at a bar playing dominoes while the wife worked in the house. This behavior continued even after the wife became so depressed that she attempted suicide. He would arbitrarily and unilaterally make decisions without consulting his wife or children. His commands were usually covertly boycotted by both wife and children who formed an alliance against the father. The more this happened, the more the father demonstrated a need to prove that he was in control.

In another family, the symptomatic child was sexually approached by her brother. This girl was accused by her mother of seducing her brother. In this family, the traditional role of male superiority and greater sexual freedom was carried to a pathological extreme, the parents allowed sexual abuse and incestuous rape. The reponsibility for heterosexual events, such as rape and incest, was placed fully on the girl, exonerating the male from any responsibility. In this family, men were perceived as angels who were "poisoned" (in the Biblical sense) by sinful women.

Describing a traditional family system as one in which the man dominates and the woman is submissive is an oversimplification of the Puerto Rican family system. Reciprocity of roles and covert or overt sharing seem to exist in functional family systems whether one spouse or another assumes an apparently dominant or submissive role. It is in less functional families that a man or a woman rigidly dominates and exploits the other. Yet even in this type of family, the overtly submissive spouse covertly retaliates, thus making the *macho* or *hembra* ultimately ineffectual.

Adolescents and Sex-Role Expectations

Sex-role expectations appeared to be changing in three areas: attitudes towards child-rearing, virginity, and work outside the home. With regard to the child-rearing practices, teenagers who came from the more functional and adaptive families reported similar views to those of their parents. They expressed a desire to moderate child-rearing practices only with regard to the degree of freedom allowed children in general. They wanted more freedom regarding career and courtship choices. The girls from the less functional families totally repudiated the way in which they were brought up, they wanted to rear their own children in a drastically different manner, allowing their children more freedom in all areas, treating them with respect, and listening to their views and expressed needs. These girls wanted to change a system that did not work for them.

Traditionally, one of the main roles of the Puerto Rican woman, in addition to motherhood, has been to preserve the honor of the family through her virginity and purity. This sexual role is in sharp contrast to that of the Puerto Rican male. In the traditional view, a man's masculinity has been defined by his ability to enamor women and by his sexual experience, thus reflecting a sexual double standard.

In the United States some adaptation of these traditional roles has been noted. The first-generation female adolescents studied portrayed a synthesis between the old and the new values. For some of these girls, male virginity before marriage did not seem important. However, about half of the girls agreed that the men should also be virgins. Though maintaining traditional values regarding female virginity, these girls introduced a novel way of establishing sexual equality by suggesting that males, too, be subjected to the same moral code. This accommodation of the old and new cultural norms regarding virginity in men runs counter to what is expected in a traditional culture. Historically, men who abstain from sexual relations have not been considered virgins, but chaste. Sustained abstinence is considered appropriate only for priests. Virginity in men has usually been associated with homosexuality or sexual inadequacy.

A synthesis between traditional and new values was also evidenced in the pattern of mate selection described by the female adolescents. With only a single exception, all girls reported a preference for Puerto Rican males born in the United States over dominant-culture males. The girls explained that Puerto Ricans were more likely to value their virginity and protect them from possible promiscuity. They felt that American men would not appreciate the cultural implications of their courtship patterns, to these adolescents, dominant-culture women were viewed as behaving more freely sexually, and as placing less value on the safeguarding of their virginity before marriage. They also rejected the thought of marrying island Puerto Rican men who, they thought, would be more likely to enslave them in a domestic role and limit their freedom.

All girls expressed the need to establish a career, which was seen as a safeguard in the events of abandonment by a man, or as a means to avoid domestic enslavement. No girl presented self-sustained interest in a career per se. The possibility of abandonment seemed to be for most of them a potential recapitulation of what had happened to their mothers. All but one mother had been married more than once, and had experienced emotional and economic distress secondary to marital desertion.

Discussion

These preliminary data suggest differing attitudes among first-generation U.S.-born Puerto Rican adolescents, island Puerto Ricans, and dominant-culture adolescents. The first group appeared to be more liberal than the island Puerto Rican adolescents yet more conservative than the dominant-culture Catholic girls.

Their views on virginity and mate selection were consistent with what was found in other studies. Navarro-Hernandez (1978), in an ethnographic study of Puerto Rican low-income families from New York, found that mainland Puerto Ricans place more importance on the exclusivity of the male-female relationship than on virginity per se. The girl's views regarding sexual equality in virginity may also be related to the issue of exclusivity in the relationship. Most of the girls expressed strong views against marrying outside of their ethnic group. This finding is supported by Gurak and Fitzpatrick's data (1979) regarding intermarriage patterns of Puerto Ricans in New York City. These authors found that low-income and blue-collar Puerto Ricans are less likely to outmarry than other ethnic groups and more likely to remain in culturally homogeneous neighborhoods.

The majority of the girls (six out of nine) suffered or had suffered recently from some type of psychiatric symptomatology. This observation has been confirmed empirically by other authors who have found that Puerto Rican teenagers exhibit disproportionately high rates of mental illness (Malzberg, 1956, 1965). Rendon (1974) has suggested that these high rates among Puerto Rican adolescents may be due in part to conflicting cultural orientations in the area of sexuality and the difficulty in establishing a sense of identity. Naditch and Morrissey (1976), in a study of adolescent Cuban immigrants, suggest that the high rates of mental illness among this group may be the result of evaluation ambiguity and the ensuing problems of identity formation and conflicting cultural patterns.

The complexity of family functioning regarding acculturation, adaptation, value formation, and interpersonal realities was not captured by the attitudinal and acculturation scales utilized in this study.

In the most traditional and functional family, the parents answered the question in the value acculturation scale by saying that all decisions should be made by the man of the house. Yet observations of this family in its natural context and observations of the adolescent within her peer context revealed that decisions were shared and negotiated within this family. The scale measured the individual's cultural values but failed to capture how these values were manifested in the interpersonal reality. Although the parents gave many authoritarian answers regarding child-rearing practices, they were observed to be quite flexible with regard to the teenager's needs to develop autonomous behavior. These value or attitudinal scales measured individual internal constructs which may or may not manifest themselves in overt behavior.

The constructs of macho and hembra that have been widely used in describing Latin sex roles have failed to clearly and fully portray the interpersonal realities of the families studied. A discrepancy was observed between what these families thought their sex roles "should be" and what they actually were in their interpersonal relationships. Cromwell and Ruiz (1979) have reported, regarding Mexican American families, that machismo is a myth that has been disseminated via impressionistic essays. When studied empirically the data fail to support the notion of male dominance, especially in marital decision-making. Because machismo and hembrismo have been studied within an individual intrapsychic framework, these descriptions fail to portray the complexity of male-female relationships. Regarding this complexity, Haley (1972) has stated:

> ...to describe a marriage as one where there is a dominating wife and a dependent husband does not include the idea that the husband might be provoking his wife to be dominating so that actually he is 'dominating' what sort of relationship they have. Similarly, the 'submissive' wife can actually be the one who by helpless maneuvers is managing whatever happens in the relationship.

While clinical observations of the different families portrayed this interpersonal sex-role complexity, the individual attitudes as measured by the scale failed to do so. The sharing of decision-making in the marital dyad failed to depict the typical macho or hembra syndrome. Similarly, in the less adaptive families, the exaggeration of these roles, coupled with passive aggressive maneuvers from the "dominated spouse," made the macho or hembra ultimately ineffectual.

Implications for Clinical Practice and Research

The preliminary clinical results have provided some insight into family factors which influence adolescent expectations and behaviors and have raised issues which practitioners working with the clinic population should be more sensitive to. From a clinical viewpoint, the use of structured group sessions and family interviews represents an important therapeutic, as well as research, modality for obtaining more qualitative data on the adolescent's values and attitudes regarding family issues, sex roles, and career choice. The level of self-disclosure regarding these issues was found to be high among the girls. This observation was surprising in view of the data reported on the self-disclosure patterns of other Hispanic teenagers. Littlefield (1974) administered a self-disclosure scale to a group of whites, blacks, and Mexican Americans. The results of this study showed that, of the three ethnic groups, the Mexican Americans had the lowest levels of self-disclosure. Within this same group, the adolescent male had lower self-disclosure than the female.

It is the author's contention that the high self-disclosure among the girls resulted from the ethnic, religious, gender, and economic homogeneity of the group participants. The inclusion of a group leader who was of the same gender and ethnicity may have also been a contributing factor. However, these results need to be tested empirically in order to ascertain whether Puerto Rican teenagers exhibit high self-disclosure under the above-mentioned conditions.

There are a number of areas which should receive high priority for future research with Puerto Rican adolescents. First, there is a need for psychiatric, epidemiological studies which focus on the relationship between family factors and psychiatric symptomatology among adolescents. Second, there is a need to study empirically the coping mechanisms utilized by these teenagers and families in order to successfully adapt to the migration process. Third, studies should focus on generational acculturation differences among family members and how these acculturation differences are related to the families' transactional patterns and level of functioning. Finally, sex roles, values, and self-disclosure patterns should be investigated considering the adolescent within her/his family and peer context.

A systemic approach which focuses upon the study of interactional patterns within a family and peer context seems to yield more relevant data than an intrapsychic approach which focuses on individual interviews or the utilization of pencil-paper tests such as acculturation or value scales.

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5

CULTURAL ATTITUDES TOWARD MENTAL ILLNESS AMONG PUERTO RICAN MIGRANT WOMEN

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Epidemiological studies of mental illness among New York residents consistently show that the rate of incidence of mental illness is higher for Puerto Ricans, male and female, than for other ethnic groups in the total population (Brandon, 1975; Sanua, 1969; Dohrenwend and Dohrenwend, 1969; Fitzpatrick and Gould, 1968; Srole et al., 1962; Malzberg, 1956, 1965). Moreover, several researchers have documented the underrepresentation of Puerto Ricans in outpatient mental health services (Gil, 1980; Abad and Boyce, 1979; Gaviria and Wintrob, 1976; Brandon, 1975; Abad et al., 1974). However, these data have not explored the relationship between low utilization of mental health services and cultural attitudes. This paper presents a study which examines the relationship between cultural attitudes toward mental illness and the frequency of utilization of outpatient community mental health services among a group of Puerto Rican migrant women in the South Bronx, New York.

Utilization of Mental Health Services

A number of factors have been cited as barriers to the utilization of services by Puerto Ricans: geographic inaccessibility of clinics, a middle-class orientation to treatment, language difficulties, the maintenance of traditional forms of psychotherapy, culture-bound diagnosis and treatment, and discrimination (Abad et al., 1974; Abad and Boyce, 1979; Alers, 1978; Arce and Torres-Matrullo, 1978; Arce, 1979; Brandon, 1975; Normand et al., 1974; Marcos, 1979; Tirado, 1977). Location of the clinic within the Puerto Rican community and employment of bilingual and bicultural staff are widely recognized as crucial to the effective delivery of mental health services to the Puerto Rican population.

Researchers have established that members of lower socioeconomic classes underutilize mental health clinics (Brandon, 1975; Hollingshead and Redlich, 1958; Lorion, 1974). However, other researchers have

argued that complete social integration into the ethnic community is primarily responsible for Puerto Ricans' rejection of modern medical treatment (Suchman, 1969; Scott, 1974). The reliance on resources other than professional psychiatric services has been studied as a variable affecting the rate of utilization. The utilization patterns of *espiritistas* (spiritualists) have been found to be parallel and complementary to existing mental health services (Garrison, 1977(a), 1977(b), 1978, Gaviria and Wintrob, 1979, Harwood, 1976; Lubchansky et al., 1970; Koss, 1975).

Researchers have also correlated social class with attitudes toward mental illness (Star, 1955, Cummings and Cummings, 1957, Hollingshead and Redlich, 1958, Srole et al., 1962, Freeman, 1961, Gurin, 1960, Lemkau and Crocetti, 1962). Only a few studies have considered the variable of ethnicity. Guttmacher and Elinson (1971) reported that Puerto Ricans appear to depart further from a psychiatric frame of reference than any other group, including blacks who share the same low socioeconomic status. The authors concluded that ethnicity seems to be the most relevant factor in determining familiarity with behavioral norms and conceptions of deviance for the Puerto Rican group.

Dohrenwend and Chin-Shong (1967) concluded that education and ethnicity are the most significant variables influencing the ability to perceive behavior as mental illness, while Lubchansky et al. (1970) found that cultural attitudes were more significant than educational level in determining the ability to identify mental illness. Gaviria and Wintrob (1979) found a relationship between cultural conceptions of mental illness and utilization of mental health services by Puerto Ricans in Connecticut. However, existing evidence on class and ethnicity as major determinants of the utilization of mental health services by Puerto Ricans is far from conclusive.

The application of help-seeking behavior theory provides a more insightful approach to understanding the relationship between ethnicity and utilization of services. One of the earliest attempts to apply attributional analysis to the study of help-seeking behaviors was made by Kadushin (1978). He postulated that the decision to seek help is triggered by the person's self-realization that he/she has a problem and that it is an emotional problem. The way in which people conceptualize their problems influences the probability of accepting and continuing treatment. MacLachlan (1958) postulated that "being sick" is a cultural phenomenon in itself and may or may not accompany clinically definable ill health. In each society, conception, identification, causality, prevention, prognosis, and treatment of mental illness, and attitudes toward the mentally ill are influenced by the society's culture.

Methods and Procedures

This study was conducted in two outpatient mental health clinics of a community mental health center (CMHC) located in the South Bronx, New York City, where 57 percent of the population is Puerto Rican. The CHMC is located within the Puerto Rican community and there is easy access to subway transportation to the clinic. Sixty-seven percent of the clinic's administrative, clinical, and clerical personnel are of Puerto Rican or Hispanic origin. A non-random sample of 40 women between the ages of 25 and 55 were interviewed, they were all born in Puerto Rico and were residents of the South Bronx. The sample included mothers of latency-age children between the ages of 5 and 13 who had been referred to an outpatient mental health clinic during the period from May 1977 to May 1979.

The study was designed to test four major propositions:

1. *Puerto Rican women who more frequently utilized adult outpatient mental health clinic services would have a greater knowledge of mental illness than Puerto Rican women who less frequently utilized those services.*

2. *Puerto Rican women who more frequently utilized adult outpatient mental health clinic services would have a higher degree of acculturation to the dominant culture than Puerto Rican women who less frequently utilized those services.*

3. *Puerto Rican women who more frequently utilized adult outpatient mental health clinic services would have a higher level of*

education than Puerto Rican women who less frequently utilized those services.

4 Puerto Rican women who more frequently utilized adult outpatient mental health clinic services would have a longer length of stay in the United States than Puerto Rican women who less frequently utilized those services.

A questionnaire, developed by Star (1955), was administered to each of the 40 subjects at their home. The interview lasted approximately an hour and was administered either in English or in Spanish, according to the subject's preference. The questionnaire included items related to conceptions of mental illness, demographic data, use of physicians and folk healers, and, as the core content, six vignettes (Star, 1955; Karno and Edgerton, 1966) depicting fictitious descriptions of different individuals suffering from mental illness, such as "paranoid adult male," "severely depressed middle-aged woman," "childhood behavior disorder," "aggressive delinquent behavior in a teen-aged boy," "acute schizophrenic reaction in a teen-aged girl," "woman with an *ataque*" (Gil, 1980). The researcher constructed the Mental Illness Identification Scale (MIIS) from the responses to these vignettes. Each subject obtained a numerical score, indicating the degree of readiness to identify mental illness in the vignettes.

The questionnaire included an acculturation scale (Szapocznick et al., 1978) which consisted of 20 behavioral acculturation items dealing with language, daily customs and habits, and idealized lifestyle.

Five sessions were chosen as the mean number of sessions to determine frequency of utilization based on the national average reported by Lorion (1974). Twenty women, who attended fewer than five sessions with the clinic therapists, were grouped in the "low frequency utilization group" (LFUG). These women kept an average of 2.15 appointments. Twenty women kept five or more appointments with the clinic therapists and were grouped in the "high frequency utilization group" (HFUG). The average number of appointments kept by these women was 8.20.

Results

HFUG women with an average age of 41 years were slightly younger than LFUG women with an average age of 43 years. There was a slight difference in the number of children living at home: HFUG women averaged 3.2 children, while LFUG women averaged 2.9 children. In both groups, marital status was the same: 14 out of 20 (70 percent) were "unaccompanied."

Some variation was found in the employment status of the women: 4 out of 20 (20 percent) of the HFUG women were employed, while none in the LFUG were. There was no significant difference at the .05 level ($x^2 = 2.5$) in the public assistance status between the women in the two groups.

There was a statistically significant difference at the .05 level ($x^2 = 10.6$) in the location of last year of schooling. Ninety percent of the LFUG women spent their last school year in Puerto Rico, while only 50 percent of the HFUG women did so. There was also a statistically significant difference at the .05 level ($r = .33$) in the number of years of education. The average number of years of education for LFUG women was 7.1, while HFUG women averaged 9.3 years. The majority of the children of the women in both groups -- 90 percent in the LFUG and 75 percent in the HFUG -- were referred to the outpatient mental health clinic by school personnel.

The proposition that Puerto Rican women who more frequently utilized the clinic services had a greater knowledge of mental illness was not supported by the data. Only a weak correlation ($r = .26$) in the direction predicted by this researcher was shown between knowledge of mental illness and frequency of utilization.

The propositions that women who utilized clinic services more frequently had a higher degree of acculturation, a higher level of education, and a longer length of stay in the United States than LFUG women were supported by the data. The correlation between the degree of acculturation and frequency of utilization was statistically significant at the .001 level ($r = .56$). There was also a statistically significant positive correlation at the .02 level ($r = .33$) between education and frequency of utilization

and between length of stay in the United States and frequency of utilization at the .02 level ($r = .33$).

The prevalence of a belief in spiritualism was high among the women in both groups – 85 percent in the LFUG and 75 percent in the HFUG. A high percentage of women in both groups utilized spiritualist services: 50 percent of the LFUG and 40 percent of the HFUG women had visited a spiritualist within the last three months of the time of interview. Forty-seven percent of the women in both groups consulted a spiritualist about relationship problems. Thirty-three percent of the women in both groups consulted a spiritualist for nervous problems and, less frequently, these women consulted a spiritualist about mental, sexual and health problems.

All the LFUG women expressed some kind of dissatisfaction with the clinic, while only 50 percent of the HFUG women did so. Thirty percent of the LFUG women and 35 percent of the HFUG women expressed dissatisfaction with the therapists for the following reasons: (1) the woman wanted a psychiatrist, not a social worker or trainee; (2) therapists were changed too often; and (3) therapists asked questions seemingly irrelevant to the presenting problem (e.g., questions about childhood experiences).

Thirty-five percent of the LFUG women as opposed to 10 percent of the HFUG women disagreed with the treatment modality. The reasons were similar for women in both groups and can be summarized as follows: (1) lack of concrete services (e.g., interventions with housing, Department of Social Services, placement of children in special programs); (2) too much medication; and (3) lack of remedial educational services.

Twenty percent of the LFUG women stated that their child did not need treatment, as opposed to 5 percent of the HFUG women. Similarly, 15 percent of the LFUG women gave reasons of no improvement in condition as opposed to none of the HFUG women.

Discussion

The Puerto Rican women who showed a higher rate of utilization of mental health clinic services were found to have a higher degree of acculturation, a higher level of education, and a longer length of stay in the United States. However, knowledge about mental illness was not found to be a significant variable in the utilization of mental health services, as suggested by Kadushin (1978). Kadushin's subjects were not foreign born or from a low socioeconomic status as were the subjects of this study. The evidence presented in this research suggests that degree of acculturation to the dominant culture is the most significant predictor of the utilization of outpatient mental health services by Puerto Rican women. Differences in the degree of acculturation are manifested in different utilization behaviors. Puerto Rican women who are more acculturated are more satisfied with the clinic services and have a higher frequency of utilization.

The retention of Puerto Rican cultural patterns is influenced to a certain extent by the individual's level of education and length of stay in the United States. Social scientists (Glazer and Moynihan, 1963; Novak, 1972; Keefe, 1978; Gans, 1979) have indicated that even middle-class, third-generation individuals show behavior expressive of their ethnic backgrounds. Ethnic identity is thus expressed in actions and feelings irrespective of class and length of stay in the United States. Mental health policies, therefore, need to respond to the cultural patterns of Puerto Ricans.

The findings of this study suggest a high prevalence of belief in and utilization of spiritualists among women in both the LFUG and HFUG groups. Eighty percent of all the subjects in this sample believed in spiritualism. The data supported the contention that the women in the study perceived causes and treatment of mental disorders within the spiritualist model. The conception and causality of mental illness made by these migrant women were to a great extent based on the "magical" philosophy of life. They were high in external locus of control and therefore had more difficulty in becoming introspective and seeking mastery over their lives through "non-magical" means such as the psychiatric medical model. This study found spiritualism to be a supportive therapy for Puerto Rican migrant women. It is both an

alternative and a supplement to professional mental health services.

Puerto Rican women consult spiritualists on problems of relationships, "nervous" problems, mental, sexual, and health problems because they perceive the causes of these problems as spiritual in nature. These beliefs about the etiology of mental illness suggest a paradigm, a spiritualist model, which is very different from the medical model. The medical perspective of mental disorders assumes that patients' observed symptoms are manifestations of some underlying pathology, while the spiritualist model explains any symptoms, organic or psychological, as caused by the influence of good or evil spirits. As metaphysical beings, they are able to coerce and affect human affairs (Rogler, 1965). Thus, this paradigm places heavy emphasis on supernatural influences as the etiology of mental illness. This ethnic resource has a high frequency of utilization because there is no discrepancy in conceptualization and attribution of causality of mental illness between the Puerto Rican women and the spiritualist.

On the other hand, the data presented here do not support the assumption that Puerto Rican womens' beliefs in and utilization of spiritualism are the reasons for the lower frequency of utilization of clinic services among the women who did not keep five appointments after the intake session. The women in the HFUG group also utilized such services nearly as often as the women in the LFUG group. Thus, a higher level of acculturation appears not to deter women from their beliefs in and utilization of spiritualism.

The findings suggest that spiritualism is an informal helping resource within the Puerto Rican community. The utilization of this informal helping resource does not necessarily exclude utilization of formal helping resources such as the professional mental health delivery system.

The subjects' dissatisfaction with the therapists, treatment modalities, and disagreement with the need of psychiatric treatment for their children seem to reflect differences in their levels of acculturation since the more acculturated women were more satisfied with the services. Sixty-five percent of the women in the LFUG expressed dissatisfaction with therapists and treatment modalities, especially in regard to the lack of help with "concrete" problems such as housing and employment. Social workers at the clinic are trained to provide help with "concrete" or environmental problems, but they could not offer services to the Puerto Rican community such as escorting patients to social agencies, home visiting, or mental health education because these activities are not reimbursable by Medicare, Medicaid, the New York City Department of Mental Health and Mental Retardation, or the New York State Office of Mental Health. Although the director of the community mental health center (CMHC), a Puerto Rican psychiatrist, agreed that these types of services are very much needed by the Puerto Rican population, they were not encouraged because of funding restrictions. These data point to a discrepancy between the needs perceived by the Puerto Rican patients and those perceived by policy makers and planners. The mental health funding policies of the CMHC's not receiving federal funds in New York City seem to be tailored to meet the needs of the psychiatric medical model in which the therapeutic hour is 45 to 50 minutes in the therapist's office to help patients with intra-psychic problems. This approach might be effective for the middle-class patient, but it is not an effective modality with the low-income Puerto Rican patient.

Policy Implications

Mental health practitioners working in the Puerto Rican community should be required to have a thorough knowledge of Puerto Rican culture and to adapt their diagnostic and treatment techniques to the cultural beliefs of this ethnic group. However, this study – wherein 80 percent of the therapists were of Puerto Rican or other Hispanic backgrounds – suggests that having clinical bilingual and bicultural staff in a CMHC is necessary but not sufficient to insure culturally relevant services, when the overall mental health policies are not responsive to ethnic and socioeconomic class differences of patients. A possible explanation for this problem is that Puerto Rican and other Hispanic professionals are seriously underrepresented at the planning and policy-making level of the New York State Office of Mental

Health. In 1973, this state agency reported that 1.6 percent of their officials and administrators were Puerto Ricans and other Hispanics. Seven years later, in 1980, the agency reported that only 1.9 percent of administrators and officials were Puerto Ricans or other Hispanics (Gil, 1980). In addition, current funding policies of CMHC's (which do not receive federal funding) constitute barriers to providing services in already existing institutions within the Puerto Rican community, such as elementary schools, clubs, churches, etc.

The findings of this study suggest the need to have intake procedures which are sensitive to the conceptualization and attribution of mental illness made by Puerto Ricans. The time value orientation of Puerto Ricans should also be considered as models in the planning and development of mental health services. Although short-term treatment and crisis intervention should be the primary modalities used with this population, consideration of other treatment modalities should not be excluded.

The high prevalence of belief in and utilization of spiritualism among Puerto Rican migrant women suggests the need to bridge the gap between spiritualists and mental health professionals. One way that this could be done is by establishing a series of workshops where spiritualists would meet with mental health professionals.

Community outreach activities in the Puerto Rican community are also strongly indicated. The use of television and radio to disseminate information on mental health and mental illness represents a viable outreach vehicle for this community.

It is essential that new legislation for mental health services ensure more adequate funding of the mental health programs which recognize the special needs of Puerto Rican and other ethnic groups. These legislative efforts could be facilitated by the incorporation of mental health professionals of Puerto Rican and Hispanic origin into the local, state, and national policy-making machinery so that decisions made at these policy levels would reflect the cultural values and and patterns of the Puerto Rican and larger Hispanic community. Policy making would be further enhanced by additional research which would determine how the levels of acculturation affect different treatment modalities (e.g., short-term therapy, crisis intervention, individual, group, and family therapy).

During the past 20 years, citizens of the United States learned, sometimes painfully, a new meaning of "pluralism." Ethnic differences require not only recognition of ethnicity but the adaptation of institutional policies to properly serve the population which is, and will remain, culturally different. This study has confirmed the need for even greater adaptation of mental health policies in a society which has placed a new and greater emphasis on pluralism.

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6

"LA OPERACION": AN ANALYSIS OF STERILIZATION IN A PUERTO RICAN COMMUNITY IN CONNECTICUT

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The State of Connecticut has seen a rapid influx of Puerto Rican and other Hispanic people during the late 1960s and in the 1970s. In the Hartford area, current estimates place the total Hispanic population at 65,000. Over 85 percent of this Hispanic population is Puerto Rican, coming originally as low-paid tobacco workers and for the most part arriving in the city directly from Puerto Rico.

Puerto Ricans face a number of social and economic problems in Hartford. In 1978, the unemployment rate for whites was 4 percent, for blacks 10 percent, and for Puerto Ricans 30 percent. The housing situation faced by Hispanics has reached crisis proportions. Currently, less than one-half of 1 percent of housing stock is available in the Hartford area. In addition, housing availability for Puerto Rican families is confined to certain areas in the city and even these are slowly being replaced by condominiums and other housing geared toward middle- and upper-income households with small families (Newton et al., 1979). The educational situation is also critical, with the dropout rate among Puerto Rican youth placed at 80 percent.

Of all the area's service institutions, the health care system has been the slowest to respond to the need of the Puerto Rican community. For example, of the 4,000 employees employed by one of the largest hospitals in Hartford, only 8 percent are Spanish-speaking, with the overwhelming majority of this personnel occupying jobs in maintenance and food processing. Yet it is estimated that 80 percent of the ambulatory-care caseload, particularly within the emergency room, pediatrics, and ob. gyn services, are Puerto Rican or other Hispanic persons. In addition to the inadequate health services for Hispanic people, the Puerto Rican community in Hartford is still an "underdeveloped" city in terms of the presence of Hispanic social, service, and cultural organizations. Unlike the multigenerational Puerto Rican community in New York and the Chicano community in Los Angeles, Hartford presents few community-based alternatives to this general health/mental health system in the city.

The data presented in this paper are part of the Hispanic Mental Health Project of the Hispanic Health Council,[1] funded by a grant from the National Institute of Mental Health. The objectives of this project are to:

1) Identify the health and mental health needs of Puerto Ricans in Hartford.

2) Identify the range of helping resources Puerto Ricans have been using to meet these problems.

3) Examine the range of variation among different demographically defined sectors of the Puerto Rican community in terms of health problems and use of healing resources.

A random sociocultural and health interview survey of 153 households was conducted in the two largest and economically poorest Puerto Rican communities in Hartford. Preliminary data indicated that over 50 percent of the women in the 153 households surveyed were sterilized. The follow-up interviews of 26 Puerto Rican women who have been sterilized since coming to Hartford sought to document the change in the Puerto Rican family brought about by the migration process, social stresses, and sterilization. The purpose of this paper is to examine the dynamic interaction among the factors which influence a woman's decision to use sterilization as a birth control method. Specifically, the analytical focus will be on the relationship between sterilization and contraceptive use, reasons for sterilization, knowledge of the sterilization procedure, the role of the husband or male companion, postoperative effects, and the issue of informed consent.

Methodological Approaches

Two neighborhoods in Hartford, with an estimated total of 2400 Puerto Rican/Hispanic households, were selected for intensive study. The two neighborhoods were divided into subunits and randomly sampled. The households in each selected subunit were completely enumerated through house-to-house canvassing. The final samples of 153 households in the two communities were selected using a table of random numbers. Although the sampling frame does not permit generalizations to "all the Puerto Ricans in Hartford," the selected areas are characteristic of low-income Puerto Ricans in other major urban areas.

Before the household interviews were undertaken, a period of several months was devoted to training community field-researchers in methodology, interviewing skills, and other aspects of research. Informal open-ended interviews were carried out with both consumers and providers and some preliminary assessment of important variables and issues was made. The interview schedule was worked out from a series of prototypes that were discussed at length in the Hispanic Health Council. Questions and the most effective translations of questions were evaluated internally, then pretested in interview situations. Before the interview schedule was developed, the researchers conducted informal observations

[1] The Hispanic Health Council was founded in 1974 to advocate for the needs of Puerto Ricans in health and health care services. The research staff is composed entirely of Puerto Ricans and other Hispanics with extensive knowledge of the local communities and almost two years of on-the-job research training. Anthropologists, faculty and students from the Department of Anthropology and Community Medicine of the University of Connecticut are significantly involved in the research effort.

and interviews in the target communities. Descriptions of important aspects of community organization, relevant health care resources, and other data were assembled. Thus, the preliminary descriptions of the communities served to pinpoint important aspects of the interview schedule.

One of the 280 items on the household interview was the following:

¿Qué método de evitar los hijos usa?
(What method of birth control do you use?)

It was the response to this question rather than any specific research focus on sterilization that turned our attention to the rate of, and ultimately the factors involved in, the sterilization of Puerto Rican women in Hartford. Of the total 79 sterilized women, 32 women were selected, utilizing a table of random numbers. The sample was chosen to ensure equal representation from both of the sample neighborhoods. Of these 32, 6 had been sterilized in Puerto Rico. For the purposes of this paper, only those sterilized in Hartford (26) will be considered in the analysis. For the sample of 26, a new interview was developed specifically on sterilization. This interview supplements the detailed background information contained in the household interview. The interview on sterilization contained three parts:

1. Three open-ended questions concerning the history of pregnancies, birth-control use, and sterilization.
2. A series of specific questions on the decision to be sterilized, including counseling procedures, language of counseling, the consent form, and understanding of the medical procedures used.
3. A series of specific and open-ended questions on post-sterilization issues, including medical follow-up and problems, emotional problems, impact on the family, especially on the husband/partner, and self-image.

This interview was pretested on eight women and revised before use with the total sample of 26 sterilized women.

Background: The Sterilization Issue

Sterilization as a method of birth control for low-income minority women carries with it conflicting emotional, political, and social meanings (Stycos, 1971, Driefus, 1977; CARASA, 1979). Although sterilization as a medical procedure promises to eliminate the hazards and discomforts associated with other contraceptive methods such as the pill, the IUD (intrauterine device), foams and condoms, it can also represent the stigma of "barrenness," interfering with feelings of self-worth and causing feelings of being "less than a woman (or man)."

Since sterilization is a medical procedure, it cannot be understood apart from the interaction of health providers and patients in the health care system. For some, the decision to become sterilized results from a comprehensive and supportive dialogue among patient, family doctor, and counselor, in which the decision is understood by all parties and occurs in the context of the patient's needs and lifestyle. For others, the decision is a product of a series of poor communications and misunderstandings, and an absence of perceived alternatives. Sterilization becomes a symptom of the more general difficulties in gaining effective access to quality health care.

Sterilization as a public policy has both its advocates (Wylie, 1971) and its harsh critics (Arrastia, 1976; Davis, 1974). On the one hand, sterilization is seen as the most effective approach to the population problems facing an expanding world. The harshest critics of these programs are those who associate public sterilization programs, particularly in developing countries, with the larger processes of

political and economic control by elite and colonial forces over indigenous populations. The question of at what point do steps taken toward population control become a push toward "ethnocide" remains a major concern among low-income minority groups (CARASA, 1979; Petchesky, 1979).

The issue of sterilization extends to the debate over who makes the decision -- the individual, the health care system, or broader social forces. Ideally, the individual with the resources to make an informed decision is considered to be the primary decision-maker. Women's organizations have argued that sterilization is "pushed" by the health care system on the uninformed. The major concern has been with how physicians and other health care providers might impose their value judgments concerning the appropriateness of family size among poor people.

The use of sterilization as a birth-control method and its potential abuse among poor Puerto Rican women has generated serious concern (Rodriguez-Trias, 1976). However, few figures on sterilization are derived from large-scale surveys of national or regional scope. Aggregate statistical data raise questions about the distribution of sterilization and its associated procedures and consequences in the wider population. However, they do not allow us to understand the factors that shed light on the meaning associated with the figures. Nor do these data assist us to develop local procedures for decision-making and policy formulation around this issue. Thus, despite opposition from women's and community groups, sterilization continues to expand as a birth-control option without a careful analysis of the issue of choice and its impact on the individual, the family, the racial ethnic group, and societal institutions.

Sterilization has been available as a form of birth control for many years among women in Latin America, the Caribbean, and in the United States. Significant increases in the rates of sterilization among women in these areas have caused increasing concern. In Puerto Rico, studies summarized by Vasquez-Calzada (1973) indicate that over one-third of the women aged 20 to 49 have been sterilized.

Table 1
Trends in Female Sterilization in Puerto Rico

Year	Author of Study	Age of Women	% Sterilized
1947	Hatt	15 yrs. +	6.6
1948	Cofresi	No data	6.9
1953	Hill et al.	20 yrs. +	16.5
1965	Presser	20-49 yrs.	34.0
1968	Vazquez-Calzada	20-49 yrs.	35.3

Source Vazquez-Calzada, 1973, p. 284

There is a paucity of studies on sterilization of Puerto Rican women in the United States. One study conducted in New York City by Scrimshaw and Pasquariella (1970, 1971) interviewed a sample of 399 women in two economically marginal, predominantly Puerto Rican neighborhoods in New York. In response to a question concerning the desire for more children, 16 percent of the women volunteered the information that they had been sterilized. In sharp contrast to these studies, the Hartford data show that 70 of 153 heads or coheads of households were sterilized -- 51.2 percent of our total sample. Any likelihood that these data are a result of an artifact of the sample was dispelled when a recent independently drawn sample (Hogle, 1980) demonstrated that 54 percent of Hispanic women in child-

bearing years in Charter Oak Terrace, Rice Heights (one of our two sample neighborhoods) were sterilized. Although the question was asked originally in terms of birth-control method used, many women answered the question by responding "none." It was only later in the interview that several women mentioned that they were sterilized. These descriptive data obtained from the sample of 26 women provide some insight into the choice of sterilization as a birth control method and the relationship between the health care system and the decision to be sterilized.

Family and Socioeconomic Characteristics

Total Sample

Of the total number of individuals interviewed (153), 64 percent were unemployed, 70 percent had less than 9 years of education, and 69 percent were on welfare. The majority of the households (56 percent) were headed by a single parent with 65 percent having five or more people in the household. The age range of the sample was between 20 and 58 years, with 80 percent of the women between the ages of 20 and 39.

These data clearly demonstrate that Puerto Ricans in these two communities are highly dependent on public assistance for financial support due mainly to limited education and job skills and to the fact that over 50 percent of the households are headed by females. Seventy-eight percent of the same are recent migrants to the mainland (less than nine years), and have limited English-language ability, with 89 percent indicating the need for an interpreter.

Sterilization Subsample

Of the 26 households in the sterilized subsample, there were only four where husband's or wife's employment provided the main source of income. The other 22 households depended on various kinds of aid, such as city and state welfare, social security, and veterans' benefits, with state aid being the most important source of income. Twenty-three of the interviewees listed their occupation as housewife, two worked outside the home in factories, and one was a student. The mean length of time in Hartford was 11 years. The age distribution at the time of sterilization can be seen in the following table:

Table 2

Age Distribution at the Time of Sterilization (n=26)

Age in Years	Percent
18-20	8
21-29	56
30-39	24
40-49	8
50+	4

Sixteen (64 percent) of the women were sterilized before the age of 30 – the middle of their childbearing years. Two women were sterilized before their twentieth birthday; one at 18 and one at 19, when both had had two children. This occurred prior to federal sterilization guidelines which set the minimum age for sterilization at 21. The mean number of children for the sterilized subsample was 4.5. This was much higher than the model family of three children for sterilized women in the Scrimshaw and Pasquariella study (1971) and our overall household sample.

Table 3
Percent and Number of Children Per Family (n=26)

No. of Children	Percent of Households Surveyed
2-3	46.2
4-6	34.6
7-10	19.3

The largest hospital in the city is also the one closest to the two communities, and the one most highly utilized of the three available hospitals as a regular source of care among the respondents. Twenty-two of the 26 sterilizations were carried out at this hospital. The other two major hospitals in the city accounted for the remaining four sterilizations. The major hospital has only two Hispanic doctors on service and so must rely on interpreters for communicating with their Hispanic patients. The professional and paraprofessional staffs also contain very few Hispanics. This characteristic increases problems for patients particularly when we consider sterilization and informed consent.

Health Status and Sterilization

Miscarriages, stillbirths, caesareans, and other prenatal problems were common in our sterilized sample. Thirteen women or 50 percent of our sample had had at least one caesarean section, miscarriage, or stillbirth. While it is difficult to obtain comparable data for other low-income urban populations, a recent New York City study suggests a somewhat higher percentage of caesarean sections, miscarriages, and stillbirths among this low-income group than for women as a whole in the United States. This may, however, be attributed to higher parity in the Puerto Rican population (U.S. Department of Health and Human Services, 1980). All of the 13 women with pregnancy-related problems stated that these problems had been a contributing factor in their decision to undergo sterilization. In the New York study, however, Scrimshaw and Pasquariella (1971) stated that the nonsterilized group had twice the rate of miscarriages and three times the rate of stillbirths. The authors suggest that this higher rate of pregnancy loss discouraged these women from being sterilized.

Sterilization and Contraceptive Uses

Sixteen of the 26 women (52 percent) in the subsample used a variety of contraceptive methods prior to sterilization. Many of the women who had used the pill or the IUD had also tried other methods such as withdrawal, foams, suppositories, and condoms.

Many of the 16 women who used contraceptive methods expressed concern about the side-effects and effectiveness of the methods. Four of the women stopped taking the pill because they had become pregnant while taking them. Three of the four stated that they had problems using the pill consistently. Seven of the women stopped taking the pill for fear of developing a health problem such as excessive weight gain, heavy bleeding, skin blemishes, and varicose veins. One woman used only an IUD, but had it removed after she developed a uterine infection. Several of the women said they had received suggestions to try IUDs after stopping the pill. Those who tried the IUD experienced bleeding or infections in a short period of time. Others knew of people with IUDs who had had problems, and this discouraged them from trying it. Many tried foams and suppositories, but found them unpleasant and irritating, and expressed concern about their effectiveness. When people experienced problems with the methods they had chosen, they stopped using them and did not contact the facility that had provided the method. The women were neither prepared for the potential side-effects of these methods nor did they return for help with their problems. In fact, the experience of the women with many of the birth control methods was not positive, caused the women to fear many of the potential side-effects, and/or impeded the women from trying other methods. Scrimshaw and Pasquariella (1971) state that:

> *American blacks prefer to rely on such methods as the pill and IUD and express fear of sterilization, regarding it as a drastic and horrible operation, while the Puerto Ricans tend to distrust other methods, particularly the pill and IUD, deemphasizing the pain and inconvenience of the operation.*

Vasquez-Calzada (1973), in a study of the socioeconomic correlates of the decision to be sterilized in Puerto Rico, found that: (1) Women with less education tended to have less experience with other methods of birth control prior to sterilization. (2) The more birth-control methods a woman could name, the less likely she was to decide to be sterilized. (3) Women who knew about birth-control methods earlier in their reproductive lives tended not to be sterilized.

In Vasquez-Calzada's data, there was also a marked difference in the use of birth-control methods. For the sterilized group, most women who had used birth control used either condoms or withdrawal. In the nonsterilized group, 67 percent of the women were using the pill. Vasquez-Calzada points out that 61 percent of the women were sterilized before the pill became available in 1960. He also found that more of the sterilized group had experienced a birth-control method failure prior to sterilization.

Reasons for Sterilization

The following reasons were given by the women interviewed when asked why they had been sterilized:

Table 4

Reasons for Sterilization (n=26)

Reasons	Percent
Medical reasons	46
Family size	42
Family-related issues	7
Doctor's decision	5

Medical problems included past history of birth-control problems, pregnancy-related problems, numerous caesarean births, and chronic health problems not related to reproduction, such as asthma. Qualitative data from the interviews indicate some of the circumstances under which the women were sterilized.

> A 32-year-old woman was sterilized when she was 26, after the birth of her third living child. She had had six pregnancies and two miscarriages. Between her last two sons, she gave birth to a child with an undeveloped brain and the child died soon after birth. She began to use an IUD after her child's death, but had to have the device removed after one month because it caused an infection. She then used the pill which caused her to gain much weight. She used the pill until she became pregnant with her last boy. She was sterilized three days after giving birth.
>
> A 34-year-old woman reported that she was sterilized at age 24 after having had three children. She had problems with all her pregnancies. She went to the local clinic for checkups often and was told about different birth-control methods there. She did not want to try the IUD because in her words, "The uterus is a very delicate thing; so is a woman, and one should take care of oneself. If you put something like the IUD inside you, it may harm your insides." She used the pill, but feared that they would harm her body, so she stopped taking them. She used vaginal suppositories after the pill. Her husband used condoms only once.
>
> A 23-year-old woman was sterilized a year ago when she gave birth by caesarean section. She had two girls and one boy. She used both the pill, which made her face break out, and withdrawal. She decided to be sterilized because of the problems with birth control and because of the scar created by her second caesarean section.
>
> A 24-year-old woman was sterilized after eight pregnancies, two of which ended in miscarriages. She had taken the pill for two years. Following her second miscarriage, she decided to be sterilized.
>
> A 38-year-old woman had four boys and four girls. She was sterilized at the age of 31. She had her last two children by caesarean section. Both the size of her family and the caesarean births led her to the decision to be sterilized.

Eleven of the 26 women reported "having enough children" as their reason for sterilization. Two women cited family issues, and one was concerned about the poor health of her children. The other felt that her partner, husband was not living up to her standards. Finally, one woman in the sample reported that she was sterilized and told about it by her doctor two days later.

Knowledge of Sterilization

In the Puerto Rican community of Hartford, when someone says "estoy operada," it is understood that the woman has been sterilized. "Estoy operada" means "I had an operation," but the sterilization operation is so common in the community that the phrase has come to stand for that particular procedure. Yet the phrase does not carry the full implications of what sterilization means and the finality of the decision. Scrimshaw and Pasquariella (1971) report similar findings about the commonness and lack of concern about sterilization in Puerto Rican neighborhoods in New York. There appears to be an expectation in the Puerto Rican community of Hartford that once one has a few children, the logical step is to be sterilized without consideration for other birth-control options and regardless of the age of the woman. Because sterilization is so common, it is difficult to pinpoint where women get the idea of being sterilized. One learns about the "la operación" early in one's reproductive life. Women reported that they got the idea to be sterilized from the following sources:

Table 5

Source of Idea to be Sterilized (n=26)

Source	Percent
Herself	41
Friend/relative	22
Husband/partner	7
Doctor/nurse	26
No data	4

On the surface, these data suggest agreement with Presser (1965) that the widespread practice of sterilization represents "a grassroots response by Puerto Rican women." However, our data on these women suggest some qualification. Because of the high rate of unemployment in Hartford, the housing crisis, and inadequate and poorly distributed health, educational, and social services, Puerto Rican women face enormous social and economic pressures which push them toward sterilization as their only birth-control option. This leads us to agree more with the position of Henderson (1976), Mass (1976), and the Ad Hoc Women's Committee Against Sterilization Abuse (1978) which places the decision to be sterilized within the larger social and economic context of the lives of Puerto Rican women. Factors such as limited knowledge of alternative methods of birth control; problems with contraception, both physical and emotional, problems with pregnancy compounded by other medical problems; the overwhelming prevalence of sterilization in the community; and the presentation of the sterilization decision as a simple solution by counselors all narrow the woman's birth control options.

Role of Husband or Partner

The role of the husband partner in the sterilization decision-making process is affected by a number of factors such as his presence in the household at the time of the sterilization, the number and sex of the children in the household, and his contribution to household income. Active male participation in the

use of birth control was limited in our sample of 153 households with none of the men having had vasectomies and few men using condoms. We found a wide range of variation in, and contribution to, family life. The following indicates the specific role of the husband/partner in the sterilization decision:

Table 6
Role of Husband/Partner in Sterilization Decision
(n=26)

Role of Husband/Partner	Percent
Accepted wife's decision	52
No role for male	22
Disagreed with decision	19
Made the decision	7

The role of the men in the sterilization decision can best be described by the following illustrative examples:

> A couple who were already separated at the time of the sterilization. Due to the separation, the husband played no role in the decision.
>
> A husband who agreed with and was supportive of the decision because of the pregnancy, birth-control, and general medical problems from which his wife suffered.
>
> A partner who agreed to what he thought was a non-permanent operation. At the time, they did not want more children. Now he would like another child.

The role of the man in the sterilization decision, in the use of birth control methods, and in the larger family household network is currently unclear. This area requires both further research and action programs.

The Issue of Informed Consent

On the surface, it appears that the majority of women agreed to and understood that they were being permanently sterilized. Eighty-eight percent of the women signed a consent form, while 12 percent did not. Only 27 percent reported that the consent forms were in Spanish, although 65 percent of the sample was Spanish-speaking and only 35 percent were bilingual. Thirty-nine percent of the women

reported that they could not read the forms they had signed. For those who were Spanish-speaking only, interpreters were provided in 68 percent of the cases, yet, in 32 percent of the cases where an interpreter was needed, none was provided. These data raise some important questions about the level of understanding of the operation by the women. We asked the question. Did you understand what was done to you at the time of the operation? Thirteen women were Spanish-speaking and had an interpreter; of these, six said they had understood, while seven had not. More than half of the monolingual Spanish-speaking women who were provided with interpreters, therefore, had not understood the procedure despite the presence of an interpreter. The data also revealed that more of the Spanish-speaking women who did not use an interpreter said they had understood what was about to happen to them. These women reported that they were convinced that sterilization was what they wanted. They had discussed the decision with family and friends and probably knew other women who had been sterilized. Thus, language itself may not be as much a factor as the degree to which the woman has become an active decision-maker in the process and has personal supports to back that decision.

The bilingual respondents were evenly divided between those who did understand what was said in the hospital and those who did not. Among those respondents (4) who indicated that they were not aware of the full implications of their decision, there had not been any significant input from family or friends. Among this group of respondents, one woman reported that she was told she could become pregnant again in five years, four women received little or no counseling prior to their decision, and one of the four was not given a consent form to sign.

Legal informed consent procedures require that all possible alternatives to sterilization and concomitant procedures, their effects, and their implications be understood by the individual requesting sterilization. A counselor provides this information in conjunction with the doctor and nurse. A social worker, counselor, or patient advocate is often necessary as these health professionals are often more sympathetic and sensitive to the patient's needs and can explain the operation in clearer terms.

During the doctor's examination, sufficient time is not allotted to cover all aspects of sterilization which need to be addressed in order for women to make an informed decision. Since talking to a counselor is so important in the decision-making process, it is striking that only four women in our sample did so. Eight women reported that they did not discuss much about the operation when they saw the doctor or nurse. Fourteen of the women were counseled by the doctor or nurse during their examination visit.

When asked what they understood about the sterilization operation, 15 women responded that they knew their tubes were going to be cut forever, or just said that their tubes would be cut. Other women knew little about what was going to happen and had incorrect information about the procedure. One woman said that she knew her tubes were going to be cut, but did not understand how they were going to rejoin them. Another woman knew that the doctor was going to tie her tubes and in five years she could have more children.

Another important issue in consent is the amount of time between the signing of the consent form and the sterilization operation. Forty-six percent of the respondents signed the consent form when they were pregnant, 12 percent signed on the same day they were sterilized, 20 percent signed one week before the procedure, and only 12 percent signed one month before the operation. According to recent federal guidelines requiring six weeks between the signing of the consent and the actual procedure, only three of the women came close to having sufficient time to consider their decision. While it could be argued that women who signed during their pregnancy also had ample time to consider their decision, we feel that the pressure of pregnancy renders women vulnerable to making a decision about sterilization which perhaps they would not make if they were not pregnant.

Nadelson, in her article entitled "Normal and Special Aspects of Pregnancy: A Psychological Approach," says, "the feelings and fears experienced during pregnancy are intense and varied... women present ambivalence in areas that had previously been conflict-free, such as future role and responsibility, marriage, career plans, sexual attraction, and physical attractiveness." During pregnancy, women are under pressure of all kinds and this is clearly not the time to make a lifelong decision. "In

addition," she says, "pregnancy represents a clear turning point in the life of a woman" (Nadelson, 1978).

Although we would expect that the new federal guidelines would slow the "push toward sterilization" for those women who have minimal or no available support, the added time may bring no new understanding and possibly less participation in the decision-making process.

Post-Sterilization Data

This study also examined the impact of sterilization on women's lives after the operation. Fifty-eight percent of the women reported experiencing physical and or emotional problems after sterilization. The majority of this group reported pain in their reproductive areas, including ovaries, uterus, abdomen, and sides. Several complained of nausea, dizziness, back pain, and pain in the breasts. Some also expressed the emotional effects of sterilization. One respondent said that she now "feels old." Another is depressed and feels sad because she cannot have any more children. A third stated that she had lost her "feelings for men." However, three of the women expressed considerable satisfaction with the operation. Comments included. "I feel great" and "I feel fine, like a new woman." In 50 percent of the cases, the women wanted another child. Over 60 percent of this group believed they could undergo another operation which would reconnect their tubes and allow them to have another child. Some of these women were under pressure from their husbands and existing children to have another child.

One of the questions asked of the respondents was: "Would you like to see your medical record?" Fifty-four percent said they indeed would. One respondent answered, "I want to see my record because I do not trust the doctors at the hospital. I asked to see my record and was told that the hospital did not have it." The majority of the women wanted to see their records so they could understand exactly what was done to them, and what their chances were of having the operation reversed.

Although 95 percent of the respondents returned for the usual six-week postoperative physical checkup, none of the women interviewed reported receiving any type of postoperative counseling concerning the physical and emotional effects of sterilization. These data suggest that most of these women needed some type of further counseling. Two needs were clear: the women experienced difficulties with husbands, children, and their own attitudes toward having more children. Second, considerable misinformation existed about the possibility of reversal. This misinformation created false hopes and unnecessary fears, particularly since the women did not know if the problems they were experiencing were a result of the sterilization procedure.

Summary

The data would seem to indicate that a variety of forces come together to narrow the options of Puerto Rican women, and to provide the "push toward sterilization." The analysis of the full sample shows that factors, such as household size, low socioeconomic status, limited English-language ability, less familiarity with the health care system, and women-centered households, played a role in sterilization. These are factors which limit a woman's resources and support systems, limit her accumulation of knowledge, and limit the potential of understanding her situation in the health care system.

In the subsample, we saw that medical problems related to pregnancy and the use of birth control were major factors in the sterilization decision. Lack of articulation to medical resources on a regular basis meant that these problems were not addressed by the health care system. The option of dealing with the medical problem, rather than being sterilized, was therefore seen as less available. Women in the subsample reported lack of counseling, communication problems, inaccurate interpretation, and lack of understanding.

Two additional factors influenced the decision of women to be sterilized. First, there was greater

familiarity with sterilization than with other forms of birth control, because of the introduction of sterilization into Puerto Rico by the United States, especially among urban women. Second, sterilization is tacitly supported by the clergy and religiously-oriented people, as opposed to reversible methods of birth control.

Sterilization also represents a symptom of discontinuity between the structure and organization of the health care system and the needs of the Puerto Rican community. Reversible methods of birth control require: (1) Careful monitoring of health providers. (2) Continuity of care when adjustments need to be made in methods and prescriptions. (3) An "activated" patient sensitive to risks, symptoms, and alternatives. (4) Health care providers knowledgeable of the woman, her family and cultural community, and socioenvironmental factors that should be taken into account in birth-control decisions.

Policy Implications and Research Directions

The federal sterilization guidelines are a positive step forward. However, there are areas that need to be addressed at the state level. Further necessary changes to the guidelines should require that the consent form provide information about the irreversibility of sterilization, the availability of counseling, and birth-control alternatives.

The consent form should be in the language of preference of the patient. Non-physician providers such as community workers or nurse practitioners should provide the necessary counseling to assure that these sessions impart accurate information and assist in the decision-making process. Understanding what is signed and the timing of the signing of the consent form are important issues. Most of the women in our sample signed the consent forms while they were pregnant. Since the gestation period is one of great pressure and vulnerability, it should not be the time to grant consent for a sterilization procedure. We would recommend that health care institutions and private physicians institute a policy that requires women to wait 60 days between the signing of the consent form and the operation. A minimum of three counseling sessions in the language of preference and dominance should be given to ensure that both the woman and her family understand the procedure, especially its physical and emotional implications. Male partners should be incorporated into the process, since at present they are generally ignored by programs geared toward women. Since discussing sex is difficult in the Puerto Rican community, a special emphasis should be placed on bringing men and women together to discuss these issues. No program can be complete if it does not include advocacy and research so that the people being served have input into making the program serve their needs more effectively.

Moreover, hospitals and clinics that perform sterilizations should be monitored closely in relation to the above guidelines and the counseling offered. Monitoring teams should be formed that include hospital personnel, community, state, and federal representatives. Further research should elucidate the decision-making process in relation to sterilization. Research on sterilization needs to address a number of issues in relation to the family, in particular: (1) the role of the male in the family and in decisions concerning reproduction, and (2) exploration of the long-term effects of sterilization on families and changes in family structure. Finally, new studies need to examine the physical and mental health consequences of sterilization on women.

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7

THE UTILIZATION OF PEDIATRIC HEALTH SERVICES BY HISPANIC MOTHERS

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Family context and economics are important variables in determining the health status of a child. The family constellation is, in many respects, guided by the mother's perception of illness and her help-seeking behaviors. Traditionally, women as mothers and wives have served as primary caretakers of their children's health needs. In particular, mother's educational level has been identified as a critical variable, exceeding the effect of other variables such as father's education, family income, and family size (Edwards and Grossman, 1979). Education, income, and ethnic/racial background of parents are important determinants of socioeconomic class which significantly influence child health status. Among Hispanic parents, these determinants also represent barriers to the use of preventive and primary health care services.

From an institutional perspective, the availability and accessibility of child health services are limited, particularly for low-income children. Throughout New York City and in most other cities, pediatric services discriminate against the poor and near poor (Brody, 1980). The Subcommittee on Child Health recently reported that low-income children had more illnesses and less accessible, more fragmented, and less dignified health care than other segments of the population. The select panel of experts concluded that the current lack of data on child health, coupled with lack of planning and regionalization of pediatric services, perpetuated inequity of access for disadvantaged children (USDHEW, 1980b).

Data on Hispanic children are not readily available on a national or geographic basis. The relationships among socioeconomic determinants, health status, and medical care patterns have been identified (USDHEW, 1977, 1978, USDHHS, 1980a, b). However, little is known about where Hispanic children obtain their health care, the types of health care facilities available in low-income urban Hispanic communities, the incidence and prevalence of disease patterns among Hispanic children by

region, and the use of pediatric services. Based on available data and the experiences of the authors in hospital-based pediatric clinics and in a family-centered neighborhood health center, this paper presents an overview of the factors which influence Hispanic children's health status and their use of pediatric health facilities in East Harlem. Barriers to health services and help-seeking behaviors are also discussed.

Characteristics of the Hispanic Community in East Harlem

Puerto Ricans in New York City comprise 10 percent of the population, and they are the most economically and educationally disadvantaged group in the city (Gurak and Rogler, 1980, Perez, 1979). In New York City, one-fifth of all children are of Puerto Rican birth or parentage (US Bureau of the Census, 1978). In East Harlem, with a population estimated at 117,000 in 1980, 29 percent were on public assistance, with an unemployment rate of 14 percent. Close to half its residents are first- and second-generation Puerto Rican and other Hispanic immigrants, and for this reason East Harlem is well known as El Barrio. The population of this area is relatively young, with 42 percent estimated to be 19 years of age or under.

Socioeconomic status, migration patterns, and living conditions have disrupted traditional family life patterns. More and more families find that the sole source of income is the mother, who works or holds welfare for herself and her children. Currently, close to 50 percent of Puerto Rican households are headed by females (Lash et al., 1979). The male provider has a low educational level and finds it difficult to obtain a reasonable job. This represents another source of stress for the already overwhelmed Puerto Rican community.

Health Status of Hispanic Children

The health status of any community is the end-product of its genetic potential, its socioenvironmental context, and the use of its health care resources. The availability of appropriate measures of health status is very limited. Data are reported on communicable diseases, mortality and birth rates, and inpatient diagnosis, but it is difficult to assess how these measures reflect the true morbidity patterns in the Hispanic community.

Evidence demonstrates that the health status of any child is affected by the health status of the pregnant mother. It has been suggested that low-income urban minority women are at higher risk for certain gestational complications such as diabetes, hypertension, and preeclampsia, all of which adversely affect the pregnancy outcome (USDHEW, 1977, 1978). In addition, maternal conditions such as poor nutrition, drug addiction, alcoholism, teenage pregnancy, smoking, and inadequate prenatal care, all of which are prevalent in East Harlem, contribute to the high prematurity, high low-birth-weight, and high infant mortality rates reported in the area (Health Systems Agency, 1978).

Hispanic children suffer the same ailments all children do, but certain indicators show that the poor health of Hispanic mothers and the poor quality of their socioeconomic environment negatively influence their well-being. Many health problems are related to the adverse effects of poverty, the underutilization of available services and facilities, lifestyles, nutrition, and exercise, environmental hazards, and the fact of membership in a minority group (USDHHS, 1980). For example, 9 percent of children of poor families have fair-to-poor health, compared to only 2 percent of children in families with incomes of $15,000 or above (USDHEW, 1978).

Socioeconomic Conditions and Chronic Health Problems

Of all diseases of childhood, those affecting the respiratory tract are the most common. Asthma has

been reported to have a high prevalence among Puerto Rican children (Sifontes and Mayol, 1976). A study in Connecticut found a high prevalence of asthma among children in the low-income Puerto Rican community of Hartford (Guarnaccia, 1979). A survey of active and inactive patient charts at an East Harlem HIP subcenter showed an asthma prevalence rate of 10.5 percent with the highest rates seen among Hispanics (Graham, 1977). Asthma was among the ten most common diagnoses reported at the local neighborhood health center (Pleet and Ransom, 1977). More recently, the Pediatric Pulmonary Center has attracted large numbers of asthmatics from the East Harlem community, and of these 60 percent are Hispanic (Bonforte, 1980).

The following case illustrates the relationship between socioeconomic conditions and chronic health problems:

> Marilyn is a 10-year-old girl with asthma. Her attacks, as with most asthmatics, are precipitated by colds, changes in the weather, exercise, and emotions. Marilyn lives in an old, damp, and decrepit building with poor heating. On cold and rainy nights, Marilyn is frequently brought to the emergency room by her mother, with bad attacks. Often she improves quickly and is able to return home. But on other occasions, she needs to be admitted. Marilyn's mother then leaves her alone in the hospital because she must take care of two younger children at home. As soon as her mother leaves, Marilyn's condition worsens, for she feels abandoned and emotionally stressed.

Marilyn's case history exemplifies the close relationship between poor socioeconomic conditions, stress, and chronic illness. The cold, damp house in which she lives worsens her asthma. Her mother, in her caretaker role, seeks medical help for her daughter, but is unable to provide security for all her children simultaneously. The stress of feeling abandoned deteriorates Marilyn's precarious condition.

The children of East Harlem also experience a high incidence of injuries. Accidents rank number one as the cause of death in childhood, and the death rate by accidents for the Puerto Rican child is almost double that of the general population (Health Systems Agency, 1978). More than half the injuries reported nationally occur at home, a fifth in school, and about a tenth in the streets (USDHEW, 1978). Child safety depends on a safe environment and parents who are aware of potential hazards.

Lead poisoning is another problem that affects the poor community in New York City, especially blacks and Hispanics (Alers, 1978). Most cases of lead poisoning occur in children under 6 years of age who ingest paint chips. Although lead-containing paint for interiors was banned in 1959, old dwellings have merely added layers of new paint over the old one, which is reexposed as soon as the multiple layers peel off. In 1977, 85 percent of all lead-poisoning cases in Manhattan occurred within the Harlem community (Bureau of Lead Poisoning Control, 1977).

Handicapped conditions for Puerto Rican children have been reported to follow the national trend. It is estimated that nationwide, 25 percent of the children in the 6-to-11 age group require special educational resources (USDHEW, 1978). Most of these children are slow learners, speech-impaired, or have other learning disabilities. The mental health of Puerto Rican children is difficult to ascertain due to the fact that current data are incomplete, but community sources and Hispanic researchers have hypothesized that Puerto Rican children are at higher risk for mental health disorders as a consequence of the high stress environment in which they live (Canino et al., 1980).

Among teenagers, the most common medical problems also derive from the socioeconomic environment and lifestyle patterns. Nearly half the adolescents seen at an adolescent center in East Harlem were found to have mental health related problems such as family conflicts, school problems, and delinquency (Jaffe, 1977). The following case example illustrates some of these problems:

> Maria is a 16-year-old girl who moved from Puerto Rico to New York two years ago. She goes to school but because of language difficulties she was left back in the ninth grade and is still doing poorly. Her mother brings Maria to the clinic complaining that Maria is defiant, does not care about school, and was found shoplifting once. Alone with the counselor, Maria admits that she is unhappy at home because of the crowded household and because she cannot tolerate her mother's new boyfriend. She is frustrated about school because she has not yet overcome the language barrier and she feels that she has failed. She has also made new friends who her mother does not like. Furthermore, she is having unprotected sex and may be pregnant.

Maria's case is not uncommon. It compounds multiple health issues which are intricately related to living conditions characteristic of Hispanics in New York City. Acting-out behavior, as in Maria's case, is very common among both sexes. Sex-related issues such as teenage pregnancy are now of national concern. Twenty-five percent of all births in East Harlem are among teenagers, compared to 20 percent nationwide (Health Systems Agency, 1978). In communities such as East Harlem, when an adolescent is pregnant, the mother's attitude toward the child's pregnancy may play an influential role in the decision to terminate the gestation or to continue it (Young et al., 1976).

Health Care Services and Barriers to Access

The health care system in East Harlem, as in all New York City, is complex and chaotic (Brody, 1980). There are many health care resources available -- neighborhood health centers, child health stations, Medicaid mills, and outpatient departments of hospitals, however, negotiating the system is difficult because of economic and cultural barriers. Care for Hispanic children is often sought in episodic fashion with duplication of services and lack of continuity of care. This situation is perhaps similar for both Medicaid-eligible and non-Medicaid-eligible families.

Major Providers of Health Care

Families utilize predominantly the neighborhood health center and the outpatient services of the two major hospitals in the area for their major health care problems. The neighborhood health center (NHC) has emerged as a true provider of preventive and primary care to its designated community (Health Systems Agency, 1978).

The concept of NHCs started in the 1960s as a vehicle to provide comprehensive quality care under one roof for the poor in rural and inner-city areas. The literature has reported that the concept to date has been successful as measured by a decrease in mortality rates, the reduction of inpatient hospitalization and decrease in the use of the emergency room by the communities served (Zwick, 1972; Bellin and Geiger, 1972, Bellin et al., 1969; Hocheiser et al., 1971). The NHC in East Harlem, which opened in 1975, operates a bilingual, bicultural family-oriented program geared to the provision of one-door, high quality care to the surrounding Hispanic community. It currently has 10,000 registrants with an annual volume of 30,000 visits, of which approximately 50 percent are to pediatric providers. Forty percent of its visits are Medicaid-reimbursed.

Although the NHCs were designed to serve poor populations, they face a number of structural constraints which impede their ability to fulfill this mandate. Most NHCs depend on government

funding and this promotes instability, since it is expected that the center will become self-sufficient by recruiting patients who are on Medicaid and or Medicare (Zwick, 1972). The question of what happens to the working poor who must pay for their health care is an unresolved dilemma and contradicts the original goal of the NHC which is now in a position to turn away those who are not able to pay for their health care. Another major problem is the stability of the staff in these settings which are not able to attract physicians (Zwick, 1972). In recent years, the National Health Services Corps (NHSC) has provided the major staffing for the NHCs, since it provides a competitive salary for full-time commitment. The NHSCs physician pool has served an important role financially and organizationally by paying a portion of the salaries of full-time physicians, which has tended to decrease physician turnover rates. However, if the NHSC program is reduced or eliminated, the financial stability of the NHCs will be in jeopardy.

Still another problem which NHCs have faced is the development of a referral system which encourages continuity of care (Kovner et al., 1969). Initially, the NHCs were unable to adequately arrange for backup health care facilities for secondary and tertiary care referrals, but at present they are slowly gaining acceptance in the larger health care system. Staff physicians are given academic privileges and the right to participate in continuing education activities at university hospitals, which allows them to upgrade their skills. But the outstanding problems which remain unresolved are the coordination of referrals and admissions and the coverage for emergency care during evening hours and weekends.

In recent years inner-city residents have increased their use of outpatient hospital services. Generally, poor children are more likely to use an outpatient department of a hospital. "Care in a hospital outpatient department is not inherently better or worse than private care, but there is often no continuity of care or provision of preventive services, e.g., immunizations." (USDHHS, 1980). Approximately 60,000 pediatric outpatient visits are made to three hospitals in the area (Health Systems Agency, 1978). Due to financial, language, and cultural barriers, patients spend countless hours negotiating the system. First an appointment must be obtained, which might mean a trip to the hospital, waiting in line, or being shuffled from desk to desk if the patient is fluent in English. The second step is registering, where financial screening is done prior to the provision of services. Next, patients wait to be seen at the clinic, where appointments are usually given on a block basis. After the medical visit, if prescriptions are given, patients still face another waiting line for the prescription to be filled at the hospital pharmacy. If a mother brings in more than one child, or seeks care for herself on the same day, she will have to negotiate the system separately for each person. The entire process might take six to eight hours and is commonly called the "clinic day" (Health Systems Agency, 1978).

In addition to the formidable difficulties in accessibility, patients are not provided with comprehensive care, but are referred to multiple specialty clinics. The physician who initiates the referral might in some instances coordinate the total care, but usually patients are followed at a specialty clinic which might or might not treat the patient's most relevant problem. The specialty clinics are, therefore, utilized as a source of primary care, especially by children with chronic conditions such as asthma, seizures, cancer, or kidney problems. Although many of these children suffer chronic conditions that require constant attention by a specialist, studies have reported that over 60 percent of children from inner-city areas who are "frequent users" of the specialty clinics have unmet health needs (Palfrey et al., 1980).

The issue of quality of care provided at medical centers is an important area of inquiry. Traditionally, medical centers have been committed to teaching, research, and service. Historically, the hospitalized patient has been the teaching material, and the academic thrust has been on secondary and tertiary care. General clinics are staffed by physicians in training, in some instances with minimal supervision and precepting. The system continues to reward the handling of esoteric pathology and downgrades the delivery of continuous, comprehensive, and preventive care.

The current clinic setting is very rigid in that it does not allow for visits without appointments. If a patient is sick, the emergency room frequently represents the only option for care. The utilization of hospital emergency rooms -- approximately 60,000 visits in East Harlem -- is one of the most disturbing

aspects of health care in inner-city areas. Emergency rooms are used in an episodic crisis-oriented fashion. Access barriers are minimal, with emergency rooms open 24 hours a day, every day of the week. Financial constraints are also minimal, for hospitals are legally obligated to provide emergency care prior to financial screening. Patients are also attracted to hospitals because of their impressive setup and their wealth of medical technology (Halperin et al., 1979).

But the major issues surrounding the use of emergency rooms are use patterns and the reasons for their use. A survey of emergency rooms in New York City reported that approximately three-quarters of all visits were considered non-emergency by the providers (Torrens and Yedvab, 1970). In the emergency rooms of the major hospitals in East Harlem, only about 10 percent of all patient visits resulted in admissions (Health Systems Agency, 1978). Providers argue that emergency room personnel are trained to deliver true emergency care and that the high volume of patients with non-emergency conditions constitutes inappropriate use of the service and is disruptive to the medical care of true emergency patients. Furthermore, the use of the emergency room is expensive and non-emergency utilization is not cost-effective (Halperin et al., 1979). Consumers, on the other hand, see the emergency room as an extension of the hospital clinic, the child health station, and the NHC.

Hispanic mothers use the emergency room in conjunction with other settings for the primary care of their children. Although NHCs can handle walk-ins during their regular hours, their patients have no place to go if they get sick at night or during weekends. Those children who are followed at child health stations, which have minimal flexibility to see walk-ins, see the emergency room as a logical extension for after-hours care. Hispanic mothers whose children are being followed at the hospital clinic also see the emergency room in the same institution as a logical extension of outpatient departments because the latter have no flexibility to incorporate walk-ins to their rigid scheduling, even during regular hours. Thus, providers and consumers argue about how the emergency rooms are utilized. The system is not equipped to handle the community's demands and long waiting lines develop along with the growing frustration of the health personnel who feel they are being abused and of mothers and their children who also feel abused and that they are not being treated with respect.

Alternative Providers of Care

Shared health facilities, better known as Medicaid mills or storefront offices, are another source of care utilized by Hispanic mothers for their children in both East Harlem and other low-income areas. There are about 20 of these facilities in East Harlem. Access is facilitated in these offices by acceptance of Medicaid and self-pay patients, a comfortable ambience with receptionists from the local area, little waiting time, and geographic closeness. Some even have extended hours and Saturday office hours. High rates of consumer satisfaction have been reported (Health Systems Agency, 1978).

Drawbacks of the Medicaid mills include questionable quality of care provided due to lack of peer review and the use of mostly part-time physicians hired by administrators who do not evaluate professional credentials adequately. The Medicaid mills are isolated from the rest of the health care system, making continuity and coordination of care and accountability to the community minimal (Mullan, 1978). Hispanic mothers do not use Medicaid mills as a regular source of care, probably due to a basic distrust. These facilities are mainly utilized to refill prescriptions and for evaluation and treatment of episodic illnesses such as colds (Hurst and Zambrana, 1980). However, little is known about the actual utilization and quality of care provided in these facilities.

Other less viable alternatives in the health care system include private doctors and prepaid systems. Private doctors in the low-income urban areas do not represent a viable alternative for these communities, since monetary incentives for these physicians are minimal. Very few private doctors will take Medicaid patients, not only because of prejudice in certain instances, but also because Medicaid reimbursement is minimal -- $9.00 for an office visit compared to $20.00 to $35.00 for self-pay -- and it may take several months for the monies to get to the doctor. A study conducted by the Health and

Hospital Planning Council indicated that private physicians serving inner-city Hispanic areas were, on the average, older, had fewer memberships in professional societies, and fewer hospital appointments (Health and Hospital Planning Council, 1974). Security is also a factor which discourages private physicians from practicing in these urban areas. Children of middle-income families receive most of their primary care from private pediatricians or family doctors (USDHEW, 1978), in contrast, children of low-income families have little financial or geographic accessibility to private physicians.

Hispanic children also utilize free-standing clinics sponsored by unions, but the number of children seen in these clinics is not significant. The schedule and referral constraints encountered in the health stations are also common to this type of setting, and patients usually utilize them for preventive services and resort to emergency rooms for episodic care.

The New York City Department of Health maintains two child health stations in East Harlem. These provide mostly preventive services, such as well-baby checkups and immunizations for children under 1 year of age. Since these services are free of charge, they are very accessible financially. In 1976, approximately 15,000 visits were made to these pediatric facilities (Health Systems Agency, 1978). Health stations have only daytime hours and patients are referred to hospitals for illness episodes. Due to schedule constraints and the fact that most sick patients are referred out, these facilities are used in conjunction with other services, the most common being the hospital emergency rooms. In the last decade the city's monies have shrunk considerably, thus forcing many child health stations to close.

The Health Insurance Plan (HIP) of New York, a prepaid, union-sponsored system, maintains an East Harlem subcenter. It is utilized mainly by white-collar and unionized blue-collar workers and their families. Since the premium is substantial, there is a financial barrier to the use of this system. These facilities have a total of 3000 members with 7000 annual visits (Health Systems Agency, 1978). The HIP subcenter in East Harlem has a contract with the city which allows for a small number of Medicaid visits (about 15 percent) (Health Systems Agency, 1978). This is basically a closed, comprehensive health system which does not encourage simultaneous use of other settings. Its impact in the community is not very relevant due to the financial screening process imposed by its high premium.

Help-Seeking Patterns among Hispanic Mothers

Help-seeking behaviors are related to attitudes of the mothers, cost, and availability of services (Dutton, 1978). Among Hispanic mothers, factors which are crucial in the choice of a pediatric service are educational level and knowledge of, and ability to negotiate with, existing services. The choices available to the majority of racial/ethnic mothers are neighborhood health centers, hospital-based clinics and emergency rooms, and child health stations. Private practitioners who are the most utilized providers of pediatric care for the middle- and upper-income sectors of the population are less available to and less utilized by low-income families. In instances of acute pediatric illness, the choices are so limited that emergency rooms are perceived as the only available source of health care.

The perception of health status and illness is positively related to cultural definitions of health and illness and these determine the use of health services. According to the Johnson study in East Harlem (1972), Puerto Ricans tended to evaluate their health as poorer than either blacks or whites. Among the Puerto Rican population, mothers tend to share a preoccupation with the health status of their children and perhaps these concerns are exacerbated by the stress of daily living. It has been reported that Hispanics in East Harlem regard health as the most important value in life (Alers, 1978). Our experience suggests that mothers' fears of severe illness are often a more important determinant of seeking health care for their children than the actual pathology of the disease involved. In some instances, chronically ill children are constantly brought to the attention of medical providers because the mothers feel anxious about the child, or feel that they would be unable to help the child if necessary. In 1977 Becker et al. reported that certain maternal attitudes and beliefs among low-income mothers were consistent with different patterns of health service utilization. Mothers who sought preventive services were thought to

have an active controlling orientation toward their children's health. Mothers who perceived their children as vulnerable made less preventive visits and more acute-illness and accident-related visits. This latter group was defined as having a passive attitude or a fatalistic approach.

The use of multiple facilities for the health care of children and the high use of emergency rooms by low income populations can perhaps be explained at several levels. One is that many of the Hispanic mothers have a cultural overconcern with their children's health, for example, they are aware that chronic colds can lead to pneumonia and this is compounded by the cultural value placed on children. Secondly, barriers of access, particularly institutional racism, class and language are factors which promote multiple use of services and the use of emergency rooms. Studies among Hispanics in East Harlem and the Lower East Side in Manhattan have consistently reported problems of accessibility as the most common reason for not seeking health care (Johnson, 1972, Valle Consultants, 1975). Most facilities are open during the daytime when mothers are busy with household chores, taking children to school, and caring for the younger children. It is highly likely that many low-income Hispanic mothers have time only in the evening to take their children for health care and thus the emergency room serves as an after-hours facility.

Another plausible explanation is that children of low-income mothers represent a medically vulnerable population. In a study conducted in Boston by Levy (1980), the investigator found that only 60 percent of the children thought to be vulnerable by their parents had a medical reason for using health services. The remaining group of children who were thought to be vulnerable by their parents had no medical reason for this perception. This latter group of parents was characterized by high anxiety related to an event in the past such as high fever at one week of age or a spinal tap which left a lingering concern on the part of the parents. Some parents seem to be overwhelmed by family conflicts and life stresses and needed the reassurance of a medical provider that their child was not in need of more extensive medical care (Green, 1980). Vulnerable children in both categories made a disproportionately high number of visits to the emergency room, were more likely to use multiple sites than a primary care source, and their parents expressed higher levels of dissatisfaction with the care received.

Conclusions

These data and observations point to the serious need for a closer examination of the health status of Puerto Rican children and the impact of mothers' attitudes on the use of health care. Can it be suggested that the patterns of shopping around for adult medical services are also reflected in pediatric services? If so, is this related to a lack of satisfaction with pediatric services, lack of trust, accessibility, or a combination of all three? What is the mothers' perception of illness and her life conditions and how do these affect her use of pediatric health services? Little is known about the prevalence and incidence of disease patterns among Puerto Rican children. What is known is that factors which adversely affect health status are prevalent among low-income urban Puerto Rican communities.

There are two needs. First, there is the need for more epidemiological studies on the nature and types of disease which Puerto Rican children encounter in their natural environments or communities. The second need is for the provision of community-based primary care services which are available on an ongoing basis around the clock, seven days a week, since the needs of low-income Puerto Rican populations cannot be addressed on a 9-to-4, five-day-a-week schedule. To date, studies conducted by providers have focused on the structure of existing facilities, their goals, and the functions of the personnel, with little or no regard for the needs of the population which they serve. Needless to say, the lack of data on the needs of Puerto Rican children and the inflexible health care structures designed to service low-income communities at their convenience have led to inadequate services and to inappropriate or no policy at the national level. Clearly there is a pressing need to identify health indicators which are sensitive to medical intervention and which can measure its actual benefits (Wilson, 1981).

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8

A PRELIMINARY HISTORICAL ANALYSIS OF WOMEN AND WORK IN PUERTO RICO: 1899-1975

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"Unicamente deseamos exponer que la mujer debe adquirir más libertades y derechos. El actual sistema social, con todos sus errores, se sostiene con la ignorancia y la esclavitud de la mujer."

— Luisa Capetillo,
October 1910,
Puerto Rico

Women have always worked, but the nature of their work has changed over time. In the primitive communities, women's participation in agricultural work was not differentiated from that of men, since they participated collectively (Larguia and Dumoulin, 1971; Kessler-Harris, 1981). With the dissolution of the primitive community, woman's work was progressively limited to the elaboration of products for private consumption and the reproduction of the labor force. The Industrial Revolution incorporated women in salaried work outside the home. However, their participation in the labor force did not change the division of labor according to gender. Thus, women occupied positions mainly in the textile and food industries, and in services as teachers, nurses, secretaries, receptionists, and housekeepers; but they also continued to be responsible for their own housework.

Women have been traditionally committed to home and children. The cultural value of children is different among different groups and social classes. Children have been perceived as the caretakers of the parents when the parents become old, as a symbol of virility in the man and fertility in the woman, and as the "capital of the poor." Historically, the woman's function has been to bear children to fulfill the female role. In Puerto Rico, a woman who is sterile is derogatorily called "machorra." Although children have a great value in Puerto Rican culture, economic need pushed women to work for pay outside the home. In this context, the compatability between work and mothering is of great concern in our society

The impact of female participation in the labor force upon the family has generated extensive study. To date, the concern has revolved around the negative impact of women's work on her family and children. Studies continue to show that paid work outside the home generates conflict or induces strain for women (Moss-Kantor, 1977). A recent review of this theme, however, showed little evidence that would point to the negative effects of working per se (Zambrana et al., 1979). What is clear from recent studies is that women's domestic role has not changed significantly, rather, women have merely expanded their responsibilities to work outside the home. Generally, the reasons for woman's work outside the home have historically been defined, and continue to be defined, by the needs of the family.

The purpose of this study is to obtain a better understanding of the trends of women's participation in the labor force in Puerto Rico during the period between 1899 and 1975, and to provide a framework for the development of an in-depth analysis of the interrelationships between sociodemographic characteristics, historical-economic factors, and participation of women in the labor force. The examination of these variables provides insight into the relationship between women and work in the Puerto Rican family.

Background

Most of the literature on the Puerto Rican family stresses that the place of women is in the home. Women value themselves in their roles as mothers very highly. The general principle is that a mother should look after her children and the home and that the real influence of the female lies in her position as homemaker, mother, and teacher of the next generation. The socialization process in the Puerto Rican family reinforces dependency, stability, obedience, responsibility, and submission in the daughter. She is expected to be a mother-substitute to her younger siblings, caring for them and helping with household chores.

Most of the literature reviewed describes traditional sex roles. The position of the man as "chief of the family" who holds a superior position of power, authority, and privilege contrasts with a subordinate and restrictive position for the female. Recent studies on women's role suggest some changes, in particular for working women. In research on Puerto Rican working mothers, it was found that most families approached equality in decision-making patterns (Quiñones-Rodríguez, 1976). This finding is consistent with the data used in Weller's study (1967) which indicates that women who work exercise greater authority in family decision-making than non-working women. In fact, Quiñones-Rodríguez (1976) showed a persistence of division of housework according to gender. This study suggests that working mothers have been able to combine, in an effective way, the roles of full-time employee with those of housewife and mother.

Another study found that work does have a differential impact on the woman's position in the family, depending on the normative expectations about authority relations that the woman has and the amount of authoritative behavior the husband exhibits (Lopez-Garriga, 1976). The author analyzed the variable of class to more clearly explain the contradiction between the expectation of male dominance (traditional family) and the woman's participation in the family when she is also an economic provider. Women in the middle strata solve the conflict using manipulative strategies in an effort to maintain a traditional image, while women in the working class are more direct in their efforts to gain a significant role in family matters.

Female employment has also been shown to be related to fertility. The negative relationship between female employment and fertility is strong in the Western industrialized countries, with differential contraceptive behavior being the major intermediate variable, but data from underdeveloped areas apparently do not systematically show this relation (Weller, 1967) or produce inconsistent findings (Elu de Lenero, 1976; Gurak and Kritz, 1981). Among the possible explanations are the nature of female employment, which often allows women to work at home, or is otherwise compatible with childbearing, and therefore does not seem to intervene in their fertility decision, and

the involvement of married women who work out of necessity rather than desire, but for whom having and raising children remain primary concerns. In other words, the relationship between increases in female employment and decreases in fertility has not been fully supported.

Other variables such as changes in the age and marital structure have been suggested to be related to fertility. Vasquez-Calzada suggested in 1968 that the radical decline observed in the crude birth rate during the 1950s was, to a great extent, a result of changes in the age and marital structure of the population caused by mass emigration to the United States. Since the 1940s, the Island has been characterized by low mortality rates and comparatively high but declining fertility rates.

However, U.S.-born Puerto Rican women currently have lower fertility rates than comparable women born in Puerto Rico. The highest levels of fertility are found among stable, rural residents of the Island, and the lowest levels of net current fertility occur among those who have recently returned to the Island (Rindfuss and Sweet, 1977). In the United States, the rates of fertility decline since the 1960s have been similar for rural and urban residents, and within most education groups as well (Ryder and Westoff, 1971).

Religion is another factor related to fertility. Several research studies in the United States demonstrated that Catholic women have higher fertility rates than Protestant or Jewish women (Ryder and Westoff, 1971). Although the majority of the Puerto Rican population is Catholic, a study done on the Island demonstrated that only 4.8 percent of the respondents mentioned their religion as the reason for not using birth-control methods (Cofresi, 1951).

The extended family is another institution associated with high fertility. Within the extended family in Puerto Rico, children are shifted around from home to relatives with a great deal of ease which cushions the impact of high fertility on any given family (Stycos, 1972). Although the extended family has traditionally allowed women the freedom to work outside the home (Sanchez-Korrol, 1980), the effects of urbanization, industrialization, mobility, and economics are also critical determinants of family size. However, for some segments of the population, Stycos (1972) indicates that as many extended kin live under the same roof as the income permits.

Methodology

The study design is an historical-descriptive one geared to describe and examine the nature of work among women in Puerto Rico. Trends were examined historically for the period between 1899 and 1975. Although the base-line was all women, the particular focus was on women who have children and who work. The main data source for the analysis of trends in woman's participation in the labor force was population census reports. The first U.S.-conducted census of the Puerto Rican population was undertaken by the Department of War in 1899. Since then, the Bureau of the Census of the Department of Commerce has conducted the census in Puerto Rico every ten years.

From 1899 to 1930, the characteristics of the population of Puerto Rico were included as part of the U.S. territories and possessions in the same volume of characteristics of the U.S. population. For 1940, Bulletins of the Census of Population were the only publications available. (Bulletins are published after the volumes of the census of population are prepared.) The census of 1950 was included in a volume dedicated to U.S. territories and possessions. The last two censuses of population constituted a separate volume, Part 53 of the U.S. Census of Population. In order to ensure the validity of information, some types of tables were examined and aggregations of categories such as age and occupation were made. Married women included those married legally or consensually, as presented in the census.

All the sociodemographic characteristics except birth rates were drawn from the Census of the Population. Birth-rate data were found in the U.S. Vital Statistics from 1943 (for almost every year) to 1975, but only census figures were used. Since original data on birth rates were not available in New York City archives, a secondary source was used from 1899 to 1940. In addition, analysis of research studies, books, articles, and special reports by the Government provided crucial insight into the

historical-economic factors and sociodemographic characteristics of the female population which have influenced the changing trends in women's work.

Trends in Female Labor Force Participation

Several historical-economic factors have contributed to the participation of women in the labor force. The data indicate that the incorporation of women into the labor force was most dramatic after the United States takeover of Puerto Rico in 1898. The expansion of the manufacturing and commercial sectors of the economy radically changed the structure of the labor market, and the impact of these changes upon women was considerable (Rivera-Quintero, 1979). Besides being domestic servants, women were recruited in large numbers for tobacco stripping, domestic needlework, and elaboration of straw hats, holding the lowest paid jobs and working under sordid conditions (Rivera-Quintero, 1979). World War I brought about a large domestic needlework industry because the United States could no longer import European embroidery (Wagenheim, 1970). The movement toward industrialization continued and in 1955, for the first time in Puerto Rico's history, manufacturing surpassed agriculture as an income generator (Wagenheim, 1970).

Since most industrial development takes place in urban areas, the natural tendency has been a general movement from the country to the city (Hauberg, 1974). But industrial development was not enough to employ all persons capable of working. In the search for better economic opportunities and social mobility, many Puerto Ricans came to the United States. Availability of jobs and cheap transportation were necessary preconditions for mass migration (U.S. Dept. of Labor, 1975). During the 1950s net population transfer to the United States mainland jumped to an annual rate of 40,000 which, over the decade, amounted to 20 percent of the population of Puerto Rico (U.S. Dept. of Labor, 1975). In recent years many migrants have been returning to the Island. This has had an effect on the annual number of migrants. Net population transfer from Puerto Rico to the continental United States will gradually diminish as the two migration streams tend toward equality (U.S. Dept. of Labor, 1975).

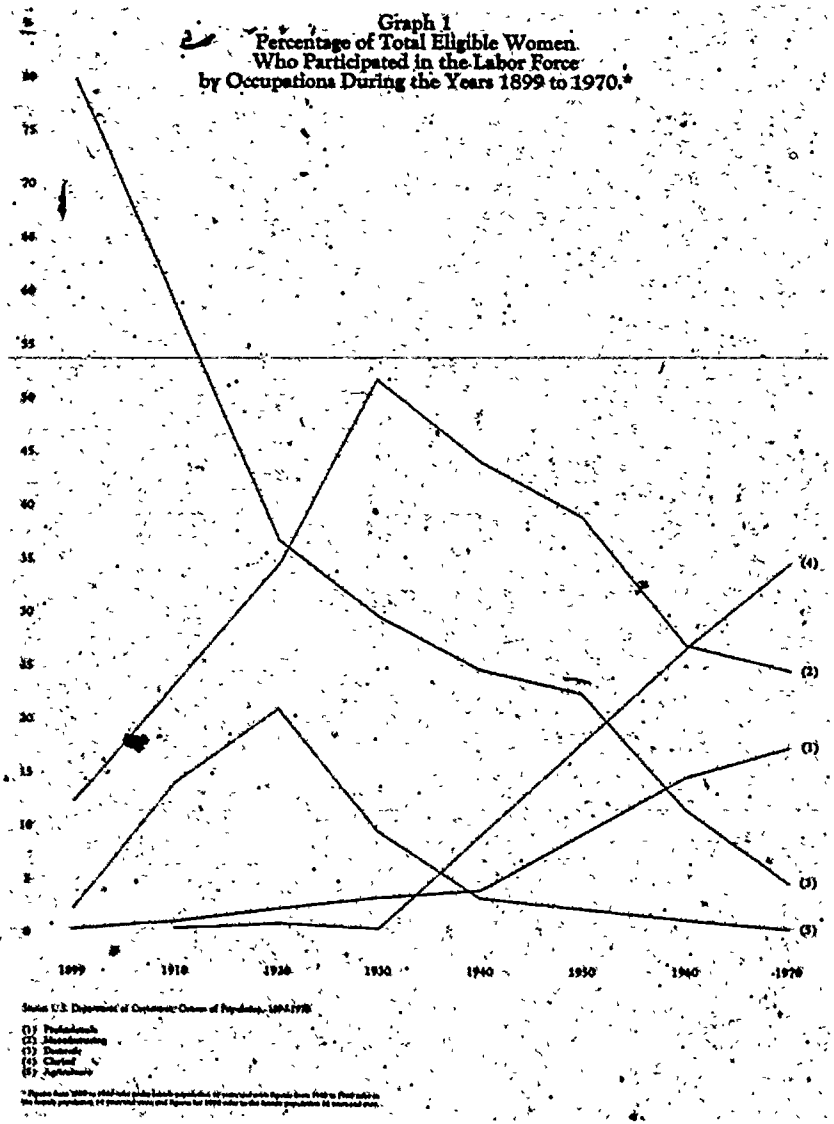
The data collected on trends in female labor force participation show that the participation of women in the labor force has maintained general stability over time, fluctuating on an average of 5 percent. The increases in female labor force participation during the 1930s, with a peak in 1940, can be attributed to several factors. First, the expansion of the needlework industry, which found in Puerto Rico an abundance of cheap labor, especially among women who were not protected by minimum wage laws or labor unions. Second, the recruitment of men into the army which might have made jobs traditionally occupied by men available to women. Thus, the decrease of women's rate of participation in the labor force beginning in the late forties through the sixties might be a consequence of the types of industries established in Puerto Rico during those years. On the other hand, increases in the labor force during the 1960s might be related to larger numbers of women receiving higher education.

Changes in female participation in the labor force by occupation are presented in Graph 1. In Graph 1, female professionals constituted less than 1 percent of the labor force in 1899, maintaining a small but steady increase until 1940 when the rate began to accelerate upward at a more rapid pace. During the first decades of the 1900s, less than 1 percent of the women were employed in clerical occupations, while in the 1970s the figure had increased to 32.5 percent. Increased opportunities for women in public service and private enterprise caused a decline in the traditional female occupations: needlework and domestic services. In other words, changes in the economic sector did not mean increases in the percentage of women in the labor force but shifts in the occupations some women held. Domestics constituted 78.4 percent of the labor force in 1899, decreasing to less than 5 percent during the 1970s. One possible explanation for this phenomenon is the decrease in levels of illiteracy. Female illiteracy was 83.2 percent in 1899, and decreased consistently to 11.8 percent in 1970. Although the reduction in illiteracy rates does not necessarily mean better education, the aspirations of women might be higher. Other factors which require exploration include. legislation in favor of women's changing opportunities

in the labor market, stigmatization of domestic services, and changes in cultural values.

Graph 1 also shows that participation of women in manufacturing was initially low (13.4 percent) in 1899, reached its peak in the thirties (52.6 percent), and declined to 24 percent in the 1970s. As mentioned earlier, the needlework industry seems to be responsible for that peak. On the other hand, the decline in manufacturing during the 1940s might be a result of the migration of women to the United States. The U.S. Department of Labor (1975) reported a change in the 1940s to a predominance of women among migrants from Puerto Rico. The effect of the migration was great in the manufacturing occupations because women trained in needlework were among the early recruits to garment manufacturing in New York City (U.S. Dept. of Labor, 1975). This fact also seems to explain why the well-known "Operation Bootstrap" did not have a significant effect on the employment of women in manufacturing operations. Wages were probably higher in New York City than on the Island. Other types of industries in the 1950s and 1960s did not seem to have a significant impact in the employment of women.

Graph 1
Percentage of Total Eligible Women
Who Participated in the Labor Force
by Occupations During the Years 1899 to 1970.*



Source: U.S. Department of Commerce, Bureau of Population, 1899-1970

(1) Professionals
(2) Manufacturing
(3) Domestic
(4) Clerical
(5) Agriculture

* Figures from 1899 to 1940 refer to the female population 10 years old and over. Figures from 1950 to 1970 refer to the female population 14 years old and over. Figures for 1950 refer to the female population 14 years old and over.

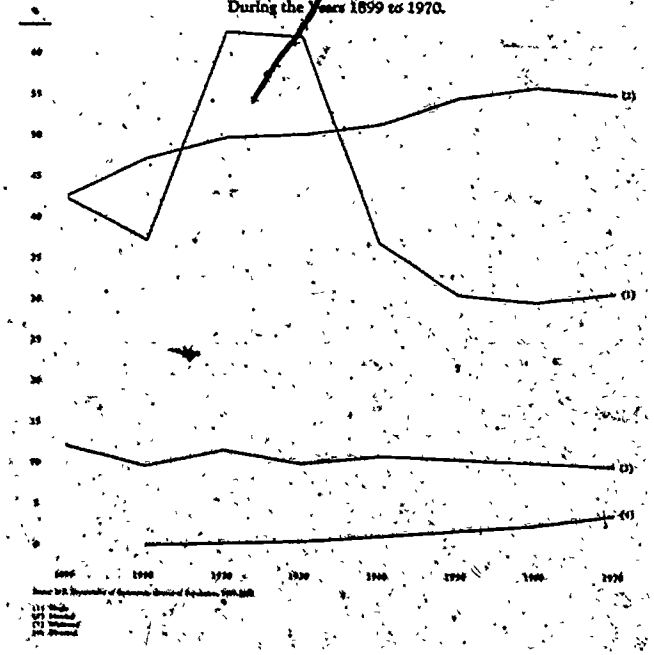
Another sector that showed a sharp decline is the agricultural category (Graph 1). While the percentage of women in agricultural occupations was never high – the peak was only 21 percent in 1920 – the decline might be a consequence of the movement of women from rural to urban areas. The number of women in other occupations such as trade, proprietors, crafts, and non-farm labor was not significant and, for most of these categories, figures were not available until the 1940s.

Although in recent years the number of women receiving higher education has increased, it does not seem to have had a significant impact on the nature of women's work. In 1973-74, the Rio Piedras campus of the University of Puerto Rico, the largest on the Island, reported that of a total of 17,236 full-time students, 11,258 or 65 percent were women (Rios de Betancourt, 1974). In the Rio Piedras graduate programs, also for the same year, there were 1303 men and 1612 women (Rios de Betancourt, 1974). At the same time, women are becoming increasingly overqualified for certain occupations. For example, in 1970, 19 percent of women with four years of college were employed as service workers, including housekeepers, operatives, saleswomen, or clerical workers (Pico-Hernandez, 1975). More than half – 53.8 percent – of the employed women in those occupations had one to three years of college (Pico-Hernandez, 1975). Furthermore, data collected in 1976 on working mothers found that occupations are still highly sex-differentiated, with females concentrated in low-paying white-collar occupations (Quiñones-Rodriguez, 1976). Although there are economic factors that affect both sexes such as rates of unemployment and availability of employment opportunities, it seems that the situation is worse for women due to their inferior position in society.

Historic and Sociodemographic Characteristics of the Female Population

In 1899, 43.9 percent of the females 14 years and over were married, legally or consensually, while in the 1970s this figure was 58 percent (see Graph 2). The tendency has shown increasing percentages of

Graph 2
Percentage of the Total Female Population
14 Years and Over by Marital Status
During the Years 1899 to 1970.



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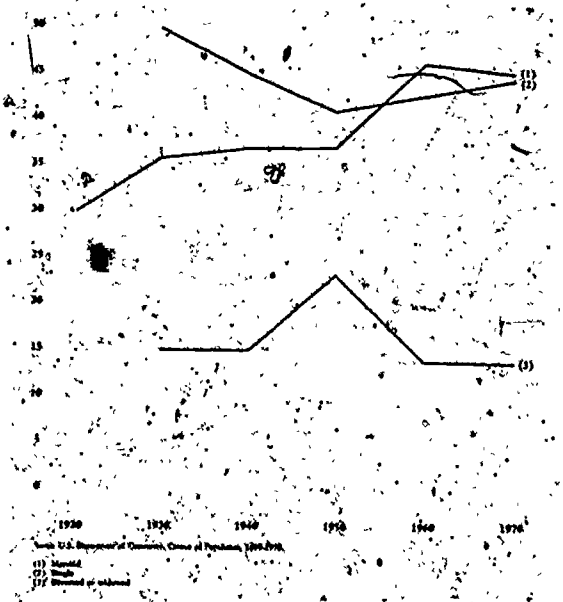
married women over time. In the category of single women, fluctuations are observed that might be due to several factors. First, increases from 1910 through 1930 can be explained by two historical events. the recruitment of men into the U.S. Army and the economic depression. The sharp decline toward the 1940s might have been a consequence of migration patterns to the United States, since we know that more women than men emigrated during the 1940s. Although the specific ages of these women were not available, the U.S. Department of Labor reported that almost half of the migrant group was in the age group of 15 to 24 (Quiñones-Rodriguez, 1976). It seems that women who migrated were, in the majority, single, causing a decrease in the figures for single women in Puerto Rico. On the other hand, the number of divorced women was consistently very low. In 1910 the percentage of divorced women was 0.2 percent, and increased only to 3.7 percent in the 1970s. An examination of current divorce rates by Vazquez-Calzada (1978), using the Vital Statistics of the Puerto Rican Department of Health, projects a rate of 40 divorces for every 100 marriages. This pattern is comparable to projected rates for other industrialized societies such as the United States, Germany, and Sweden (Vazquez-Calzada, 1978).

After the examination of the marital status of women in Puerto Rico over the years, it is important to look at the trends of participation in the labor force of these women (see Graph 3). The category of single women shows a decrease in labor force participation in the 1940s which is consistent with the migration patterns of that period, while married women showed stability until the 1950s. After that period, increasing rates of labor force participation were observed. Again, an examination of migration patterns offered an explanation. On the other hand, a trend among widowed and divorced women was observed in the 1930s when 14.2 percent of this population was in the labor force. This rate increased in the 1940s and then declined to 11.6 percent in the 1970s. Considering the divergent figures in the numbers of divorced women and that figures on divorced and widowed women were tabulated jointly, explanations are uncertain. Decreasing participation of divorced women during the 1950s might be due to other sources of income such as alimony and/or pensions and public welfare.

Generally, as participation of women in the labor force increases, the birth rate decreases.* This pattern is not consistently observed in Puerto Rico over time. Although increases in labor force

Graph 3
Percentage of the Total Female Population
14 Years and Over,
Occupied in Gainful Occupations
by Marital Status During the Years 1920 to 1970.



*This is not an implication of a cause-and-effect relationship.

participation of women from 1930 to 1940 did not seem to have an impact on birth rates, decreases observed in the 1950s and 1960s were followed by accompanying decreases in birth rates. During the 1970s the inverse relationship between labor force participation and birth rates was observed.

The fluctuations in birth rates observed in Puerto Rico might be associated with the interrelationships of variables such as age structure, marital status, migration patterns, education, and birth-control methods. A decrease in the relative number of women in the reproductive ages of 15 to 44 years was observed from 1940 to 1960, while an increase occurred in the 1970s. Migration patterns might provide a partial explanation for this phenomenon, since women migrated in larger proportions in the 1940s and about half of the women who migrated before the 1970s were aged 30 and over. This movement of women to the United States and the decrease of women in the reproductive ages had an impact on birth rates. Nonetheless, the relative increase in the cohort of women aged 15 to 44 in the 1970s in part resulted from return migration, but similar birth rate patterns were not observed for this cohort.

The decrease in birth rates in the 1970s might be related to the marital status of women. The proportion of women who were married and living with their husbands was reduced from 69 percent in 1960 to 64 percent in 1970, for women aged 20 to 44. It was also found that women were attending school for more years. It seems that women are postponing the birth of the first child to obtain a better education, a pattern that is similar to that of industrialized nations.

The availability of birth-control methods is another variable related to birth rates. Since the 1950s the government of Puerto Rico has sponsored a strong birth-control campaign. Women receive orientation and counseling about all contraceptive methods, including sterilization, before and after giving birth. In the 1960s, 35.3 percent of the women of reproductive age were sterilized (Vazquez-Calzada, 1973). Two studies, one conducted in the late 1940s (Cofresi, 1951), and the other in the 1960s (Vazquez-Calzada, 1973), showed an increase from 34 to 74 percent in women who had used some kind of birth-control method.

The data demonstrated that isolated variables do not explain a complex phenomenon like fertility. It is the interrelationships of variables such as participation in the labor force, age structure, migration patterns, marital status, education, and birth-control methods that enable us to understand fluctuations of birth rates in Puerto Rico over time.

Summary

Several trends in the labor force participation of women have been identified in this study which merit special attention. One finding was that there are no significant differences in patterns of female labor force participation over time, but, in contrast, there are significant differences when labor force participation is analyzed according to changes in occupations. Important decreases were observed in occupations such as domestic services, while an increase occurred in clerical positions. Educational attainment and expanded opportunities within the labor market were identified as important intervening variables. Diversification within the manufacturing industry contributed significantly to the availability of jobs for women and influenced the nature and type of work available to women.

The section on sociodemographic characteristics revealed some important data. An analysis of the marital status breakdown showed high labor force participation rates for married women over time mainly as a consequence of the age structure and migration patterns of the female population. Marital status when examined in relation to participation of married and single women in the labor force showed similar participation rates although the percentage of single women was increasing. It can be speculated that as married women with small children leave the labor force, single women replace them.

Other notable sociodemographic characteristics of the female population included the interrelationship of birth rates with labor force participation, age structure, migration patterns, marital status, education, and birth-control methods. The data show that the consideration of multiple variables is

necessary in the understanding of birth-rate fluctuations. The relationship of female participation in the labor force and fertility continues to be inconsistent. Further research is necessary to document women's history and to identify key factors that influence labor force participation.

New feminist social scientists in the United States have begun to articulate their concern and to document the historical and contemporary lives of women. In Puerto Rico, as Isabel Pico-Vidal pointed out, the understanding of women from a historical perspective has few facts to rely on. Very little is known about how women lived in different epochs, how they interacted with their children, husband and parents, and how they began to develop a consciousness of their distinct role in society (Pico-Vidal, 1976. In light of this fact, several research directions should be considered in the future. Oral histories of women from different age groups, especially women over 60, can be systematically used for women's understanding of their role in society. Women's history sources such as archives and manuscript collections, biographies, diaries, correspondence, pamphlets, etc. must be identified in Puerto Rico. Historical studies about women and social class are also needed. The contribution of women to society has yet to be known.

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THE EMERGING CUBAN WOMEN OF FLORIDA'S DADE COUNTY

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Cuban women in Dade County, Florida have been and are affected by a variety of historical, cultural, and socioeconomic factors that contribute to their performance and involvement in the larger community. A discussion of Cuban women in this area, therefore, is incomplete without a consideration of how these different factors have influenced their development and their awareness of issues and concerns relevant to all women.

Most adult Cuban women now residing in Dade County arrived in the United States during adolescence or later. This means that they came with a particular value system and psychological frame of mind imposed by the language (in this case, Spanish), educational system, and the historical, cultural, and political trends of their native country. Cubans have come to the United States for a variety of reasons, but the majority of them began to leave their country as political exiles in the early 1960s. Their participation in the world of politics, employment, education, health, religion, and the mass media has been influenced by this reality. As a result, many adult Cuban women of Dade County are still at the stage of bridging their native culture with that of the United States. Their role in these and other areas in future decades will largely depend on their ability to succeed in this "bridge-building" process. This paper addresses these and other related issues and is based on data collected from a series of personal interviews with prominent Dade County Cuban women active in various facets of community life (the names and occupational titles of these women are listed in an appendix to this paper), as well as a review of existing studies and statistical reports for Dade County's population.

Demographic Profile of the Hispanic Woman in Dade County

The estimated Hispanic population of Dade County in 1978 was 552,000 or about 35.5 percent of the total population of Dade County and 62.5 percent of the total Hispanic population of the state of Florida. The Hispanic population of Dade County increased at an annual average rate of 10.6 percent between 1970 and 1978, which is slightly lower than the average for the entire state of Florida during this same time period. Hispanic women constitute 53 percent of Dade County's Hispanics and 17 percent of the county's total population of 1,566,000 people. Approximately 15 percent of them are of Cuban origin. Among the Cuban women, 23 percent are of childbearing age (15 to 44 years), 12 percent are in their middle years. Only 5 percent are over 65 years of age and 13 percent are under 14 years of age. Females outnumber males by a similar proportion in the general population, although the proportion is higher in the 20-to-34 age group. This latter characteristic can be attributed to Cuban laws which restrict emigration of young men of military draft age.

According to the 1970 Census, over 71 percent of all Hispanics over 17 years of age in Dade County were married. Among the Hispanic women, approximately 36 percent were currently married, 8 percent never married, and 12 percent were separated. Therefore, Hispanic women are only somewhat less likely to be divorced or separated than their non-Hispanic counterparts. The birth rate per 1000 for Hispanic women was 17.9 compared to 27.2 for blacks and 12.2 for non-Hispanic whites. The fertility rate per 1000 women of childbearing age was 76.2 compared to 116.8 for blacks and 65.5 for non-Hispanic whites. These data show that the Hispanic fertility rate is about one-sixth higher than that of non-Hispanic whites and about one-third below that of blacks.

Employment Profile: Past and Present

Most Hispanic women living in Dade County grew up in families where the father was the sole and or major economic provider. Seldom did the woman come into contact, in her early years, with other females who worked outside the home. Female employment in Cuba was prevalent only in the lowest socioeconomic sectors of the community in which families lived in extreme poverty or had a female as head of household due to the spouse's illness, death, or desertion. The only positions usually available to these women and on which they depended for the survival of their families included clerical, secretarial, and domestic positions, manual labor in the agricultural fields, and other low-level jobs. A very small number of educated women from the upper socioeconomic sector often sought work outside the home as a social and or recreational outlet. Women from the middle socioeconomic sector, when compelled to work, often chose jobs that were extensions of housework, such as teaching music or home economics, seamstress or tutorial work.

In the Hispanic as in other cultures, the mother and other female relatives have been traditionally responsible for child-rearing and housekeeping. This meant not only that parent roles and relationships were strictly defined by sexual roles, but that the female family members seldom completed more than an elementary or high school education (Alvarez, 1976). For the most part, they were responsible for providing the family with nurturance, care, support and understanding. Their male counterparts, on the other hand, held the family's seat of power, responsibility and authority. They were the family and community's decision-makers and leaders. While much of the male family member's time was spent away from the home, procuring a livelihood for himself and his family, the female members were literally homebound in order to attend to housekeeping and child care chores. This meant that few women had the opportunity to learn such independence-producing skills as driving an automobile or traveling alone. Similarly, few Cuban women knew any other language than their native Spanish.

Upon arriving in the United States, Cuban women, whose husbands in many cases had remained in Cuba protecting property, or in prisons for political reasons, realized the need for work outside the home. Many others saw employment as the only means through which they could help support their families

while the male family members returned to school to learn the new language and skills or professions that would permit their certification and or licensing in the same fields of work in which they had engaged in their native country.

Due to the language barrier and lack of skills, these women were usually forced to take jobs in the lower level employment categories such as operators for manufacturing plants, domestic, and clerical jobs. Hispanic women in Dade County, who represented 38 percent of all the Hispanic workers in 1976, constituted 82 percent of the county's apparel industry labor (Gonzalez, 1979). According to Moncarz (1977), the percentage of Hispanic females involved in the office clerical category was 79.1 percent as compared to 20.9 percent for males. Dade County's geographical extension, combined with a poor transportation system, requires that most of its working residents drive and own automobiles. Hispanic women soon realized the necessity of learning how to drive, how to speak English and other job-related skills. Many registered in evening community school courses taking conversational English, typing, shorthand, and bookkeeping in order to advance in their jobs. Numerous Cuban women have continued their education in order to obtain more advanced technical and professional degrees.

Cuban women have the highest participation of all Hispanic women in the U.S. labor force. 54 percent of all Cuban women are in the labor force (cited in Gonzalez, 1979). According to Newman (1978), Cuban women in 1977 had a higher rate (45 percent) of labor force participation than did Puerto Rican women (25.9 percent) or Mexican women (41.6 percent). This rate has been maintained regardless of childrearing duties (Rogg and Cooney, 1980). Cuban women also have the lowest unemployment rates (9.3 percent) as compared to Puerto Rican (11.9 percent) and Mexican women (10.7 percent).

According to Gonzalez (1979), Hispanic women in the 25 to 45 age range have the highest participation rates in the work force. The low participation rates of women under 25 may indicate their student status. In older age groups (56 and over) low participation rates may indicate a return to family and household duties, onset of old age, and the age effect (inverse linear correlation between age and the ability to learn a language). Language and age are two determinant factors in Hispanic women's employment. Rogg and Cooney (1980) in their study of Cubans residing in West New York attribute this to a variety of causes ranging from blatant discrimination to sex role socialization in which women learn that their primary loyalty should be to the family. A third determinant may be race, although data to substantiate this were not found. The majority of the Cuban population residing until recently in Dade County was white and, therefore, not burdened with the additional discriminatory limitations that race imposes. It will be interesting to see, however, how the significant increase in black Cubans arriving to the Dade County community through the Mariel Boatlift influences these conditions, and the role and status of Cuban women.

Most working Cuban women are employed in the various garment manufacturing sites of Dade County, where they do not need English in order to maintain their jobs. Other women are salespersons in department stores, office clerks, or receptionists. In this latter group women tend to be younger than those who work as operators in the garment factories. Usually they have achieved a higher level of formal education and have at least basic English skills. The above can be explained in terms of the differential assimilation acculturation rates (Gonzalez, 1979, Szapocznik et al., 1976). Szapocznik's studies (1977, 1978, 1979, 1980) seem to indicate that when holding constant age and time of exposure to the host culture, females tend to acculturate less rapidly than men along the behavioral dimension. Consequently, Cuban women who migrated to the United States in their thirties and forties have less English skills, an obstacle to higher level occupation. This coincides with Rogg and Cooney's (1980) hypothesis that Cuban females have lower initial occupational status and tend to be less successful than males in occupational transitions from first job in the United States to present job.

According to the 1970 Population Census, the median family income in Dade County for Hispanics was $8,091, slightly less than the overall county median of $9,245 (State Commission on Hispanic Affairs, 1978). Cuban families, however, have the highest median income of all Hispanic groups in the county. The President's Manpower Report (1973) states that "the higher average in family income of the

Cuban population is undoubtedly traceable in part to the Cuban woman's more frequent employment." Gonzalez (1979) revealed changes in the employment status of Cuban women. This investigator reviewed a sample of 100 Cuban women with a median age of 40.5 years, who had been residing in the United States from five to 19 years. Taking into consideration age and time of residence, it can be assumed that these women could have been well within the working-age limit prior to emigrating. While in Cuba only 34 percent of the women worked, in the United States, 69 percent of Cuban women are working. As Ferrer (1976) points out, however, it cannot be assumed that this increase in women's employment represents a shift in the division of labor, rather, it may represent an expansion of women's roles to include breadwinning.

Cuban females earn, on the average, less money than their male counterparts. Hernandez (1974) established that the annual salary for women ranged between $4,000 and $9,000, whereas for men, the annual salary ranged from $6,000 to $14,000. This is also a reflection of the types of occupations Cuban women engage in. Operatives and service jobs are the two lowest paying occupations in the United States (Gonzalez, 1979).

The Cuban Woman's Changing Role and Status

With the aforementioned developments, the Cuban woman's role in Dade County began to change. She started to play a more active part in decision-making within the household and her spouse soon learned that her participation in the labor force could assist him in ensuring the family's economic survival in the new country. This also meant that the burden of childrearing and housekeeping could not rest solely on her shoulders. Husbands and fathers began to spend more time in the home and, in many cases, learned to share the duties of child care and housekeeping. In turn, increased access to employment significantly affected the values and attitudes of Cuban refugee women (Harrison, 1974, Richmond, 1976, Rogg and Cooney, 1980). Through television and other forms of the mass media, Cubans were exposed to the family lifestyles and patterns of non-Hispanics. Young Cuban children of both sexes began to learn, through the media and contact with their non-Hispanic friends and neighborhoods, the need and value of sharing in house chores and responsibilities. This, of course, has led to some changes in the perception of sex role functions on the part of the younger Cuban generations.

Consequently, traditional family roles have begun to change. Not only are the husband and wife both in the "breadwinner" position, but families have become more nuclear (Szapocznik, 1979) and familial roles less defined (Szapocznik and Truss, 1978). Following the national trend toward smaller families, the average number of persons per Cuban household dropped from 3.83 in 1975 to 3.40 in 1978 (Strategy Research, 1978). There is presently a trend in Cuban household composition toward the family of procreation (nuclear) rather than that of orientation (extended family) as was the case when Cubans resided in their native country prior to 1959 (Gonzalez, 1979). Cuban women have begun to take a more active interest and role in community affairs and projects. Often they risk ostracism from older family members as they seek participation in civic and political efforts and become less dependent on males and marriage.

All of these change-producing forces that are part of the acculturation process of Hispanics in Dade County have not left Cuban women or men, for that matter, unscarred. The repeated experiences of clinicians working with this population at the Spanish Family Guidance Center indicate that as Cuban women begin to demonstrate more independent, self-reliant, and assertive behavior in and outside the home, their male counterparts feel the strain of having to change some of their behavior and interactional patterns and styles. This undoubtedly results in emotional strain in many marriages which reaches open struggle, separation and finally divorce in many cases. The symptoms of this marital strain are repeatedly witnessed in county mental health treatment facilities. In Cuban women they often consist of depression, extreme anxiety, and excessive drug taking (in the form of sedatives, tranquilizers)

(Ladner et al., 1975) and increasing alcohol abuse and other forms of substance abuse, severe mental stress, unemployment, involvement with the authorities due to illegal activities, and child and spouse abuse (Szapocznik, 1976). Although the cases in which these circumstances have resulted in dysfunctional behavior remain small, many families still feel the pressure of these changes.

An issue that critically affects the family unit is the difference in command of the English language between Cuban adolescents and their parents. The use of children and adolescents as interpreters and translators by Cuban parents whose English is deficient often creates situations in which the parent's authority and status are diminished in their children's perception (Valdes-Castillo, 1976). In an effort to adapt to the new environment, family members have developed new styles of living that are faster, more impersonal and individualistic. The rapid rate of change has caused dislocations for those who have not been able to adapt, or for those who have adapted too fast (Szapocznik, 1976). According to Valdes-Castillo (1976), Cubans have to address issues related not only to the age gap within the family nucleus, but also to cultural identification. As suggested by Szapocznik et al. (1976), adolescent males are expected to acculturate most rapidly, and their mothers are likely to be the nuclear family members acculturating most slowly. Consequently, the greatest gap in acculturation within the family occurs between adolescent males and their mothers.

Historically, the Cuban mother has been the family bastion, but as family structure and roles change, the female sees her position challenged. Consequently, she often experiences role conflict and ultimately stress (Szapocznik and Truss, 1978). These incompatible expectations are elicited mainly between children and adults as a result of the differential acculturation rate. The mother perceives role expectations from her children that are not in accord with what has been culturally (Cuban) defined for her role. Generally speaking, however, Cuban women have been successful in adapting to their host culture. A health response to acculturation is reflected in the development of a "new model for adjustment to migration -*The Bicultural Community*." This model permits "Cuban Americans to maintain the best their cultural heritage can offer while simultaneously engaging in adaptive relationships with their host culture" (Szapocznik, 1979).

Nevertheless, much remains to be accomplished in achieving full equality of opportunity for significant numbers of Cuban females in this country. All the women interviewed concurred that although many Cuban females are working and increasing numbers are in middle management, only a very small percentage of them hold positions of importance and influence. Cuban women are critically underrepresented at most levels of leadership, power and decision-making. Metropolitan Dade County government employs 20,000 individuals and is under the direction of 408 positions. Only two of these 408 positions are presently held by Hispanic women. The same is true of the justice system which has only two female Hispanic judges.

The highest ranking positions occupied by Hispanics in higher education are of an advisory or coordinating nature rather than in decision-making roles. The Florida State University system does not have a single Hispanic president, vice-president, or dean, and there is only one Hispanic female who holds an office as departmental chairperson. Hispanics, in general, and Hispanic females in particular, experience severe discrimination in obtaining faculty appointments, promotions, equal salaries and tenure in the state of Florida (Bacarisse, 1980). Furthermore, there are no elected government officials at a local or state level who are female and Hispanic, and very few are members of policy-making or governing boards in the community.

Future Directions

The cultural traditions of the past combined with the challenges and strains of the acculturation process have contributed to this underdevelopment of leadership potential. Essentially, the latter has been aggravated by the barriers to opportunity and achievement imposed by a lower power structure that heavily discriminates against racial-ethnic women. In spite of these special obstacles, enough

Hispanic women, especially Cubans, have demonstrated a level of sophisticated involvement and performance that suggests that greater numbers of them will emerge as leaders in the coming decades (personal interviews with seven Cuban women). There was a consensus, however, that Hispanic females living in Dade County must get involved at several different levels.

Primarily, Hispanic females must learn to exert more of their potential by seeking positions of power rather than those of power brokers. Those women who have achieved some measure of leadership have the responsibility to instill and facilitate in their less educated or activist sisters the interest and excitement to become more involved, eventually developing grass roots leadership movements for this purpose.

Hispanic women should also share the responsibility for advocating and raising the level of consciousness regarding women's rights, particularly as these relate to the passage of the Equal Rights Amendment, quality day care services and family planning legislation. As surprising as it may seem, Cuban female leaders in Dade County are divided on the Equal Rights Amendment issue.

Until recently, Cuban women, like women in the general population, have utilized and depended on the systems and structures of influence developed by men to exert their leadership. In the future, however, they will need to create their own mechanism for impacting on the larger society. An example of what some of these mechanisms could be are women's coalitions or networks dedicated to the sole purpose of advocating for Hispanic women's concerns and needs and for fighting the institutional discrimination that prevents Hispanic women from achieving an equitable degree of economic success. Cuban women will also need to take greater personal and professional risks as they seek to relate to their male counterparts as professional equals rather than succumbing to manipulative games and exploitation of their femininity, characteristic in male-dominated spheres. For this to occur, Cuban women will need (1) to fortify their feelings of positive self-esteem by associating with and seeking support from other successful females who can serve as competent role models, (2) to identify and set goals for themselves in those career areas in which they expect to impact, and (3) to develop an adequate pool of resources and support systems, and to recognize when and where it becomes necessary to use this pool. In following these steps the Cuban woman of the future will find it possible to integrate her roles vis-a vis her family, career, community, and individual self, thereby achieving a sense of equilibrium and stability.

Dade County's Cuban women have overcome many of the strains and obstacles of the initial twenty years of adaptation to this country and in doing so have managed to instill in significant numbers of young adult women a vision of how the challenges of the future should be addressed. Their past performance is a promising indication of what can be expected in the next decades of these younger and more acculturated Cuban females.

Appendix A

Hispanic Women Interviewed

Yvonne Bacarisse, ACSW - *Chairperson, Department of Social Work, Florida International University*

Annie Betancourt - *Affirmative Action Coordinator, Jackson Memorial Hospital*

Marcia Martinez Strait, M.A. - *Elementary School Art Teacher, Dade County Public Schools*

Mercedes A. Scopetta, Ph.D. - *Director of Lay Ministries, Catholic Archdiocese of Miami*

Maria Elena Toraño - *President, Maria Elena Toraño Associates, Inc.*

Silvia Unzueta - *Deputy Director, Affirmative Action Department, Metropolitan Dade County Government*

Lilia C. Vieta, MSW - *Community Services Consultant, Spanish Family Guidance Center, University of Miami*

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FAMILY ROLES OF HISPANIC WOMEN: STEREOTYPES, EMPIRICAL FINDINGS, AND IMPLICATIONS FOR RESEARCH

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As Hispanics continue to increase in number and proportion in the United States, awareness appears to be growing in both the public and private sectors that the needs and potential of this linguistically, culturally, and racially distinct group must be addressed. The link between the social sciences, human service delivery systems, and public policy arenas thus becomes of particular importance for Hispanic families.

The image of Latina women in the social science literature suggests that theories of family organization and change must incorporate a multicultural, ecological perspective and view the family in terms of the interaction of its members with an environment controlled by the majority culture and its institutions before a more accurate understanding of Hispanic family roles is possible. The purpose of this paper is to emphasize the interaction between the economic position of Hispanic families in U.S. society and the adaptation of their male female roles. It outlines the view that Hispanic culture determines family roles and summarizes the stereotypes of low-income Mexican American and Puerto Rican women which have dominated the social science literature in the last two decades. Major gaps in the conceptualization of family roles among Latina women are also described, along with implication for future research.

The Socioeconomic Characteristics of Hispanic Women

The role of Hispanic women in their families must first be examined within the context of their socioeconomic condition. Most Mexican American and Puerto Rican women, who comprise 74 percent of the national total of Hispanic women, live under highly stressful economic circumstances. Their lack of education and job opportunities further limit any possibilities for upward mobility. There are significant differences between these two groups and other Hispanic women, as well as white, non-Spanish-origin women (see Table 1). Mexican American and Puerto Rican women are notably younger, less educated, and suffer from higher unemployment. In terms of earnings, however, all women are remarkably similar in the low levels of median income which characterize each group.

Table 1
HISPANIC WOMEN IN THE UNITED STATES: 1978

	Mexican	Puerto Rican	Cuban	Other Spanish	Non-Spanish Origin
% of total number*	58	16	6	20	
Median age	21.3	22.4	37.7	25.1	31.2
% 15 years of age or under	37.8	39.1	20.2	32.3	23.7
% 25 years or over who completed less than 5 years of school	24.4	15.7	NA[a]	7.4[b]	2.7
% 25 years and over who completed 4 years of high school or more	32.1	36.0	NA	55.1[b]	66.3
% 25 years or over who completed 4 or more years of college	3.9	3.6	NA	10.3[b]	12.5
% of women 16 years & over in civilian labor force who are unemployed	11.4	12.2	4.4	9.5	6.9
Median income (of women with income)	$3,351	$4,179	$3,414	$4,158	$3,956

*Estimated total of women of Spanish origin: 6,196,000

[a] NA = not available

[b] Includes Cuban, Central or South American, and other Spanish origin

U.S. Bureau of the Census. *A Statistical Portrait of Women in the United States: 1978* (Current Population Reports, Special Studies Series P-23, No. 100) Washington, D.C.: U.S. Government Printing Office, 1980

The statistics in Table 1 should be kept in mind as one attempts to analyze the research on the family roles of Hispanic women, because, too frequently, that research has not addressed the full impact of Hispanic women's economically proscribed situation. There is a complex interaction of social class, race, sex, and regional history involved in the development of Hispanic family roles. Failure to acknowledge the interactive force of each variable (e.g., the colonial history of Puerto Rico or that of South Texas), even when its impact cannot be precisely measured, will lead to an overly simplistic or generalized portrayal of the role, influence, and behavior of Hispanic women within their families and communities.

To what extent are Hispanic family roles dominated by external economic forces that determine the availability of jobs for Hispanic men, women and youth? Portes and Bach (1980) report an investigation of Mexican and Cuban male legal immigrants' incomes and discuss the nature of the dual labor market which confronts these men as they try to find jobs and to support their families. The reality is that some Hispanics are trapped in a secondary labor market. Their jobs are characterized by general instability, and they receive lower wages despite their skills, status, education, or aspirations. Indeed, the secondary labor market is a minority arena, composed of women, racial minorities, and newly arrived immigrants. Their lack of power ensures their exploitation and the impossibility of equitable pay or occupational progess. For example, a study conducted in 1928 in Los Angeles on Mexican American women in industrial jobs (Taylor, 1980), found that the racial attitudes of employers were a major factor influencing the occupational mobility of these women.

The lack of other such historical data, however, hampers an in-depth analysis of the employment patterns of Hispanic women. Large proportions of lower class Mexican American women have always worked -- as maids, cooks, babysitters, laundresses, seamstresses, or farmworkers. Yet, because these women worked out of their homes or in the homes of others and did not receive Social Security benefits, unemployment compensation, or any other publicly recorded income, their jobs were not reported to governmental or academic data collectors until the 1970s. The same is probably true for Puerto Rican women.

More recent analyses of census data (Cooney, 1979, Cooney, Colon Warren, 1979), however, document the declining rate of Puerto Rican female labor force participation, demonstrating the interaction between the socioeconomic characteristics of the female labor supply and labor market conditions. The authors point out that the loss of low-skilled jobs in the New York City area has disproportionately affected Puerto Rican females, yet the expansion of white collar jobs has provided the most opportunities to dominant culture females.

Hispanic women are also disadvantaged in the areas of job availability and earnings in comparison with Hispanic men (Brown et al., 1980). Rogg and Cooney (1980) provide an example from their study of Cubans in West New York, New Jersey. They found that although the assimilation of men and women in this community has been similar, Cuban women continue to experience greater difficulty in improving their occupational position than Cuban men.

Educational opportunities for Hispanic women seem to be a key factor in promoting occupational mobility. Cooney (1975) concludes that education is the most important predictor for Mexican American women's employment. She found that Mexican Americans with a college education had a higher rate of labor force participation than comparable dominant culture females. In a later study, Cooney and Colon Warren (1979) report that education is the single most important variable explaining the difference in participation rates between Puerto Rican and white women.

Hispanic females (and males) often have their first significant interaction with the majority culture in the public schools. The fact that this experience is seldom a positive or productive exchange is documented by the past and present high dropout rates of Puerto Rican and Mexican American youth in the United States. The expectation by many Hispanic families that life in the United States offers more economic mobility is often shaken by institutionalized racism in the public schools and by the Hispanics' inability to secure employment.

An examination of recently compiled studies on educational achievement offers little encouragement. A White House study on youth unemployment emphasized the vulnerability of young Hispanic

women in the area of employment and adds that they "have the poorest graduation rate of any group among the nation's youth" (Vice President's Task Force on Youth Unemployment, 1980). A comparison of data reported by the Project on the Status and Education of Women (1975) with later census data (U.S. Bureau of the Census, 1980) indicates that from 1973 to 1978, the percentage of Puerto Rican women who obtained a college degree increased only slightly while the percentage of Mexican American female college graduates actually decreased.

The barriers to educational participation and achievement which result in high rates of unemployment and underemployment for Hispanics have devastating effects on family structure, including the organization and role definitions of men and women. Interpreting Hispanic culture in isolation from the effects of the larger society is insufficient to understand either the idealized version or the actual dynamics of Hispanic roles. A more realistic and comprehensive portrayal of family organization can be achieved only if Hispanic culture is viewed within the context of White America. To date, the portrayal of Hispanic women, especially of Puerto Ricans and Mexican Americans, has been based on narrow stereotypic assumptions.

A View of Hispanic Culture as the Determinant of Hispanic Women's Family Roles

When human service providers, administrators, planners or evaluators determine that they need more information about Hispanic families, they can turn to a number of frequently cited studies or academic reviews for assistance. The portrayal of Hispanic women and their role is often vivid and seldom ambiguous. A number of frequently cited studies clearly illustrate the nature of the stereotypes which pervade the social science literature:

> The Mexican family is founded upon two fundamental propositions: (a) the unquestioned and absolute supremacy of the father, and (b) the necessary and absolute self-sacrifice of the mother. The mother's role has from times unknown acquired an adequate qualification in the term *abnegation*, which means the denial of any and all possible selfish aims.
>
> These two fundamental propositions in the family derive from more general "existential" value orientations or, better, generalized sociocultural assumptions which imply an indubitable, biological, and natural superiority of the male (Diaz-Guerrero, 1955, p. 411).

> The family is the dominant institution in Puerto Rican island culture, and strict differentiation of sex roles is strongly characteristic of the Puerto Rican family. The Puerto Rican male traditionally occupies a position of strong authority, governed by the norms of *hombre de respeto* and *machismo*. The Puerto Rican woman, on the other hand, is expected to be self-sacrificing, restricted to home, chaste, dependent, and respectful of the male. Almost universally, the women is seen as inferior to the male; Puerto Rican society is typically constructed to justify this belief, which can be attributed to the influences of the Catholic church and a Spanish legacy. The traditional family structure and rigid sex roles are generally prevalent throughout Puerto Rican island culture, regardless of class, and do not seem to be altered significantly by higher levels of education (Torres-Matrullo, 1976, p. 710).

> A [Mexican American] woman cultivates the quiet quality of womanliness which makes a man feel virile. She waits on her husband and shows him absolute respect, for

to do otherwise would be a reflection on his manhood. She does not resent her subordinate role or envy the independence of Anglo women, since her fulfillment lies in helping her husband achieve his goals (Madsen, 1961, pp. 10-11).

The [Puerto Rican] women ... show more aggressiveness and a greater violence of language and behavior than the men. The women are more demanding and less giving and have much less of a martyr complex than the Mexican women I have studied ... (I)t is the women who take the initiative in breaking up the marriages. They call the police during family quarrels and take their husbands into court for nonsupport of the children. The women continually deprecate them and characterize them as inconsiderate, irresponsible, untrustworthy and exploitative. The women teach children to depend upon the mother and to distrust men (Lewis, 1965, pp. xxvi-xxvii).

We found marital conflict to be at a high level among the Puerto Rican families in New York. While this is by no means unusual among slum families, it seemed to have increased in New York as the result of wives working. Employment outside the home made the women more demanding of their husbands and gave them a new sense of independence ...

The position of the male was further weakened in New York by a stricter enforcement of laws against wife- and child-beating and by a more adequate family relief and child-aid program. This, in large part, explains the increase in the number of abandonments, separations, consensual unions and matrifocal families (Lewis, 1965, p. xlii).

... a wife and mother is ideally submissive, unworldly, and chaste. She is interested primarily in the welfare of her husband and children, and secondarily in her own requirements ... (T)he mother is respected because she minimizes her own necessities in order to better provide for those of her family. She devotes herself to her family, and the consistent idealized portrait one receives of Mexican American mothers is that of a suffering *(padeciendo)* woman ... (Rubel, 1966, pp. 67-68).

The model Puerto Rican wife [in the Bronx area] counts on her own kin for the basic support functions of help when ill, help with child care, help with heavy tasks in the house, or emergency financial assistance. She discusses "everything" with her husband, seeking his advice, guidance, and approval as authority over the nuclear family ... (Garrison, 1978, p. 573).

To live alone is considered a dreadful condition in this community. The model woman wants to be "accompanied" at all times, if only by a child, and when she is left temporarily alone for any reason, relatives or friends frequently spend nights sleeping over "to keep her company" (Garrison, 1978, p. 575).

Women still find their major role and validation in their families, as wives and especially as mothers. Higher education and careers are still alien to many Mexican American women. Even a working wife is considered an embarrassment by most Mexican American men (Moore, 1970, pp. 116-117).

... these [Boston Puerto Rican] women learned that they have to cope on their own; they find male company a mixed blessing. An additional factor is that with welfare, these women have little need for financial dependence on men, especially because of the low wages and high unemployment of many of the available men (Vasquez Nuttall, 1979, p. 131).

Most of the above findings are derived from the analysis of a single community, neighborhood or family or of a small, non-random sample of informants. They may also encompass other limitations on the representativeness of their findings, and, indeed, several authors explicitly address the limited generalizability of their conclusions. Nevertheless, because there is no national source of data concentrating specifically on documenting and analyzing the role of women within Hispanic families, such portraits often tend to dominate the perceptions of social scientists and human service providers.

There exist numerous references to the preference of Mexican American women for the maternal role (Clark, 1959; Rubel, 1966, Moore, 1970). The literature also attributes the following characteristics to Mexican Americans as a group. (1) childbearing is considered both a joy and an obligation; (2) large numbers of children are more desirable than a few, and (3) family planning or birth control is viewed as a negative and undesired intrusion into family life. The inevitable explanation which logically emerges in light of the generally high fertility of low-income Mexican American women relative to other ethnic groups is one which places such behavior within a "cultural context of childbearing" (Bradshaw and Bean, 1972). Viewed in this way, the Mexican American culture receives credit (or blame) for the women's fecundity. The fact that there are alternative explanations which have yet to receive sufficient attention is often overlooked. Factors such as the low educational levels of Mexican American women and questions about the responsiveness of health care delivery systems to such clients must be given prime considerations in any analysis that seeks to define the situation of these women (Andrade, 1980).

A variant of the picture presented of the Mexican American woman is that of the Puerto Rican welfare mother in the Northeast. The Puerto Rican woman is frequently portrayed as a happy-go-lucky individual, free of responsibilities to a male partner and facing life with equanimity. She never worries about planning for the future or working, because she can rely on public financial assistance. Sheehan (1975) presents the most vivid example in her case study of one New York woman. Its effect can be assessed by examining Michael Harrington's analysis of the work. In his concern to prove the mother innocent of any intent at welfare exploitation by having numerous children, he concludes: "It is Mrs. Santana's culture, her way of life, not monetary duplicity, that led to those nine children" (Sheehan, 1975). The fact that he is referring to the "culture of poverty," rather than Puerto Rican culture does not lessen the ethnocentric nature of his conclusion, particularly since the culture of poverty concept became identified with Lewis' work on Puerto Rican families (1965).

Research on the mental health conditions of Mexican American women is based on similar conclusions about family roles. Kiev (1968), in a study of *curanderos* (folk healers) in San Antonio, Texas, discussed the Mexican American woman from a psychoanalytic perspective. The Mexican American women he presents has complex emotional problems due to the unrealistic standards set forth by her parents and her culture. As a result, Kiev concludes that the young Mexican American female develops certain "characteristic feminine traits". self-belittlement, depressive trends, and a strong masochistic tendency. Moreover, his presentation of extraordinarily negative family relations provides a strongly pathological picture of the Mexican American family.

The tendency to perceive the Mexican American family as pathological has been reinforced by researchers who have depended on the interpretations of investigators who study the Mexican family from a psychoanalytic perspective. One article often cited is that of Peñalosa (1968), who emphasizes the work of Bermudez (1955), noting that she uses the term *hembrismo* as the feminine counterpart of *machismo*. Hembrismo is employed as an amplification of those characteristics that are ordinarily regarded as feminine -- weakness, passive attitudes toward males, and inertia. Peñalosa cites Bermudez's claim that hembrismo is the product of ineptitude and egotism on the part of the woman. The extent to which such conditions are biased by the existence of presumed behaviors and observations influenced by the anti-female chauvinism of Freudian theory remains open to provocative speculation.

While there are fewer studies available on Puerto Rican women (as compared with Mexican American women), similar tendencies to make indiscriminate projections based on conclusions derived from research on the Island are also notable. For example, Christensen (1975) presents an interpretation of island Puerto Rican women which emphasizes the effects of traditional childbearing practices

Interestingly, he characterizes the Puerto Rican woman as "strong, persevering, achieving, ambitious, determined, and active," although he describes the role of the female child as restricted, narrow, and inhibited. Christensen emphasizes the conflicts between the values of Island society and the individual woman's values and aspirations, as well as the stress generated within the family. "It seems as if the Puerto Rican woman is eagerly grasping the freedom that economic and sociological circumstances permit her, often quite unwittingly, to the detriment of the Puerto Rican male" (Christensen, 1975). Once again the culture itself is regarded as the locus of male female conflict while the impact of the educational, racial, and economic dynamics which generate male unemployment is disregarded.

Certainly, numerous relevant methodological criticisms may be aimed at the above studies and those of similar tone. Points of contention include. the size and selection of samples, the lack of behavioral referents for variables, and the reactivity or ethnocentricism of instruments and interviewers. Yet the crucial issue is the incomplete conceptualization of many of the studies. Their goal is the definition and measurement of Hispanic values, yet there is no recognition that those values are maintained and challenged in a difficult and often hostile cultural and socioeconomic setting.

In her discussion of social science research on Chicano families, Baca Zinn (1979) concludes that its most serious conceptual and empirical shortcoming has been the reduction of family dynamics to crude accounts of cultural values alone. This interpretation can be generalized to a large proportion of Hispanic family research. The implicit assumption of the investigators' definition of research issues and the interpretation of resultant findings is that Hispanic culture determines much, if not all, of the attitudes and behaviors of Hispanic men, women and children.

Critiques of Hispanic Family Research and Alternative Conceptualizations

For more than a decade, Hispanic scholars, human service providers, and social scientists have identified major flaws in the social sciences' interpretation of Hispanic families (Montiel, 1970, Murillo, 1971, Romano-V., 1968, Sotomayor, 1971, Suarez, 1973, Vaca, 1970). Hispanic feminists have undercut stereotypes about Hispanic women and have challenged both social scientists and Hispanic men to acknowledge the realities of Hispanic women's history, their oppressed social situation, and their participation in Hispanic communities (Baca Zinn, 1979, Chapa and Andrade, 1976, Cotera, 1976 Miranda King, 1978; Nieto-Gomez, 1973).

Non-Hispanic academics have also noted that a very limited number of investigators actually focus on characteristics of Hispanic families as a topic of study, yet a tendency toward overgeneralization of findings continues. One observer of Mexican American research commented that:

> Many factors such as religion, social status, class, language, education, employment, physical and social mobility, acculturation, and assimilation are not appropriately considered in the literature presently available. Consequently, empirical research which considers such factors must be undertaken before a true description and understanding of the Mexican American family can be obtained (Staton, 1972, p. 329).

Baca Zinn (1979) presents a seminal analysis of the conceptual distortions which have dominated research on Chicano families, noting the impact of the Western idea that universal evolutionary changes in family structure occur with urbanization and industrialization. A major thrust of social science research has been to document differences between the majority culture and "traditional" or Hispanic culture. The consequences, however, are a highlighting of different cultural values and the creation of a deviancy or pathological orientation. Such an ethnocentric approach "reflects a distinct ideological

commitment to a 'correct' family form" (Baca Zinn, 1979). This creates a situation in which Hispanic (or other minority) families cannot be perceived positively -- short of their self-annihilation -- because their cultural forms can never be measured up to the ideal white model. This ideological bias often serves as an additional means for rationalizing the status quo of inequity faced by Hispanics in their efforts to improve their socioeconomic conditions while maintaining and enhancing their culture and language. For example, Garrison and Weiss (1979) present a case study of one Dominican family's efforts to unite their family members in the face of U.S. immigration regulations. The authors note that although the conceptual definition of "family" varies cross-culturally, it has not yet been incorporated into existing oversimplistic theories of family organization and change.

Alvirez and Bean (1976) discuss the Mexican American family as an illustration of the importance of analyzing ethnic factors in understanding family lifestyles. They examine three major characteristics which have been emphasized in most social science literature as typical of the Mexican American family -- familism, male dominance, and the subordination of younger persons to older persons. The thesis is that Mexican American families demonstrate the same adaptive strategy utilized by all families throughout history, in that they are changing in adaptation to new situations and new opportunities.

Alvirez and Bean document considerable diversity among Mexican American families. This is due both to the varied impacts of cultural and racial influences in the different regions of the Southwest and to the different social and economic histories of those areas. The authors emphasize that one of the serious problems of social science research has been its tendency to study lower-class families as the sole basis for description of Mexican American family values and lifestyles, thus ignoring the cultural heterogeneity and class differences that exist.

Different conclusions can be drawn from careful examinations and even re-analyses of social science research on family dynamics within Hispanic families, as well as from recent investigations which are more sensitive to potential ethnocentrism in personal interviews or structured questionnaires. Cromwell and Ruiz (1979) examined four previous studies on marital decision-making in Mexican and Chicano families in order to assess the concept of *machismo*. They conclude that the available empirical evidence does not support any hypothesis of Mexican or Chicano male dominance in family decision-making. Cromwell and Ruiz's work suggests that machismo may be an idealized myth more than a behavioral reality in Hispanic families and that there is a need to investigate the alleged submissiveness of Hispanic females as well.

Baca Zinn (1979) provides another example of the tendency to ignore existing data on Hispanic families which do not fit the normative model:

> The literature on Chicano families does reveal contradictions between conceptual frameworks and empirical findings. These contradictions result from the failure to distinguish between cultural ideals and actual family behavior. One of the most apparent contradictions may be found in the disparity between the patriarch ideal and women's power in the family (Baca Zinn, 1979, p. 65).

She discusses the numerous early studies which documented the effect of wives' employment, and the variation of such Chicano families in relation to traditional patriarchal values. She notes that despite the frequent mention of wives' economic independence in Chicano family organization, there has been little systematic acknowledgement or exploration of the implications of this factor until very recently. Such critiques appear equally relevant to the study of Puerto Rican and other Hispanic families.

In their discussion of the pressures faced by Puerto Rican children growing up in New York City, Canino, Earley and Rogler (1980) emphasize the sources of socioenvironmental stress (e.g., a subordinate socioeconomic position, the migration experience, pervasive racism, adjustments required by a highly industrialized and urban milieu) which impact heavily upon the structure of the Puerto Rican family, thereby endangering its function as a social support network. They suggest that traditionally the Puerto Rican island family had a strong patriarchal structure, although they report that this pattern has been

found to vary in intensity by social class. When Puerto Rican families move to the United States, however, there are numerous social and economic forces that function to undermine this role structure.

> ... to be male is to be "the authority" with no power or economic potential and to be female is to be "submissive" but autonomous financially and overwhelmed by responsibilities. Thus, a cultural pattern once adaptive and socially syntonic has become a myth which no longer has a base in reality and may create, at times, an area of stress to family members who enter into conflict over their sexually defined roles (Canino, Earley and Rogler, 1980, pp. 27-28).

Thus, one needs to examine social and economic pressures on both male and female family members in relation to their roles. The major point made by critics of many of the existing studies is the social sciences' failure to recognize the need for a more comprehensive ecological theory of family relations – one which acknowledges that the roles, organization, and behaviors of Hispanic families are impacted to a significant degree by the interaction of their members with the majority population and its institutions. This does not negate the importance of investigating carefully and thoroughly the influence of culture in research on Hispanics. On the contrary, what is required is a multicultural research perspective which incorporates the study of the white or majority culture – its values, attitudes, behaviors and organizations, particularly with respect to their orientation toward culturally different groups – into the analysis of Hispanic families.

Implications for Research

This review of selected studies on Mexican American and Puerto Rican women highlights the need for three major research initiatives. First, there is a need to acknowledge the enormous heterogeneity of Hispanics in the United States and the different political-historical circumstances affecting different groups. Mexican Americans and Puerto Ricans represent two Hispanic populations which are characterized by low socioeconomic status and by proximity to their country of origin. Research should be developed within a sophisticated elaboration of internal colonialism theory in order to reflect more accurately the conditions of these groups, particularly with respect to family roles and relations.

The second requires a revitalization of social science field methodology to include a greater emphasis on observation, measurement and analysis of actual family behaviors or of indicators closer to those behaviors than the retrospective self-reports and written questionnaires which focus too heavily on values and attitudes. Interviews about family behaviors cannot yield the kind and quality of information that ethnographic observations in homes and neighborhoods can. While both are useful and necessary, there is an enormous need for the latter.

The third research initiative is for interdisciplinary, multimethod programs of research to assess behavioral interactions between institutions or organizations and Hispanics as consumers and staff members. There has been insufficient academic attention to such actual points of contact or exchange and too great a reliance on attempts to measure characteristics of Hispanics in isolation from their ecological settings.

The tragedy is that Hispanic women, who presumably could contribute a great deal to all three efforts, have very little accessibility to such research endeavors, because they continue to receive less education than comparable groups and have fewer employment opportunities available to them even if they manage to graduate. Research on Hispanic family roles must, therefore, continue to incorporate a focus on personal and institutional discrimination factors if Hispanic women's roles are to be understood. With a greater comprehension of the barriers confronting them, it is to be hoped that Hispanic women and their advocates can begin to seek more effective avenues of change in the policy arena.

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CONCLUSIONS AND POLICY IMPLICATIONS

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The collection of papers presented in this monograph constitutes a first step in the critical assessment of previous studies and in the development of a sociocultural perspective for the study of Latina women. The special needs of Latina women are inherently related to their gender, race, and class. Of utmost importance these variables are further compounded by Latina women's minority status membership in the United States. Minority status, adaptation to the dominant culture, and the migration patterns of the Hispanic community have dominated the social science literature. These foci of inquiry have tended to conclude that minority group members have adjusted poorly to their new environment. However, the conclusions which have emerged from the dominant social science perspective have neglected to examine the strengths of the community, and its politico-historical reality, thus perpetuating negative stereotypes.

In recent years there has been a keener recognition of the need for the incorporation of social and family context as an important determinant of individual behavior. Ethnicity and/or culture are notably key intervening variables. The authors in this volume have attempted to emphasize the importance of the development of a sociocultural perspective in order to enhance the understanding not only of Latina women as individuals, workers, mothers, and health care consumers, but of Hispanic families in general. A sociocultural perspective must of necessity be grounded in a clear understanding of the social structures which impact on Latina women's lives and their own culturally and socially defined role parameters.

The need to develop a more relevant theoretical framework for Latina women is of serious concern to academic researchers both in the United States and in Puerto Rico. Ms. Madugal eloquently articulated its importance for future inquiry on the special circumstance of Puerto Rican women:

"Not enough is being done, and so far most research is of a purely descriptive nature. Of course this is due to the fact that most research on women's issues is fairly recent; we expect it to be so. This first stage in the study of women in our history and society must lead to other stages.

"We must begin to develop our own theoretical framework for research in the social sciences, a framework which takes into consideration the material conditions of our society. In the first place, no serious and profound analysis of any social problem, women's issues included, can possibly arrive at valid conclusions and throw light on current problems unless it carefully takes into consideration the basic fact of Puerto Rican society, namely, that it is colonial, capitalist society. Furthermore, and this is certainly a

sui generis condition, ours is a colonial society that is nevertheless a proletarized industrial society, with a rapidly growing urban working class. We must also take into consideration the particular problems posed in our society by the fact that ours is a divided nation. Forced migration has meant that almost half of our national population is now living outside our national territory, in the United States. This creates special problems not only for the Puerto Rican population in the United States, but also for those who have stayed on the Island.

The problems of migration, as well as the structure and material conditions of colonialism in Puerto Rico, have been fairly well studied, the class structure of Puerto Rican society regrettably has not. During the last few years some researchers have begun to conduct promising work in this area. We cannot begin to do really serious theoretical work until this gap is filled. The particular conditions of women in Puerto Rican society, their particular needs and problems, must be studied in the framework of capitalist colonialism, an urban, industrial society, and a proletarized working class."[1]

The development of a solid theoretical perspective merely begins to address one of the issues. Closely related to the development of knowledge are such questions as what methods do we use to conduct investigations in Hispanic communities and how can we use the information obtained for social change. Dr. Zentella aptly described the importance of a study design in a Hispanic community:

> If the goal is to design and implement research that respects the community and that may lead to significantly altering national policy, the most accurate picture of any community's needs, attitudes, practices, and desires is provided by the holistic approach characteristic of anthropology, complemented by the quantifiable approaches of the [other] social sciences. Ethnographic research requires observation and participation in different social networks within a wide range of natural settings ... I think that our methodological approaches ought to allow for a more complete picture, and ought to be in concert with and respectful of our community's nature, even if it means we take the longer, more arduous route to complete our work.[2]

As has been pointed out, the Hispanic community is not yet fully understood by dominant culture investigators. Furthermore, national data have not been readily available. It seems clear that any analysis of the mental health needs, changing family roles or health-seeking behaviors of Latina women must use interdisciplinary methodological approaches. These primary sources of data can then provide the basis for a more meaningful interpretation of secondary data and or the results of a survey. The use of data and the application of knowledge for social change are a serious concern within the Hispanic community. The acquisition of data as an end in itself serves no function. The scarcity of data on the Hispanic community to date has created inequity in the system and has served to hinder the development of an effective national policy. As a result, there has been a push to collect data by gender, ethnicity, and geographical location for over a decade now. However, collection of data for a Hispanic category is very misleading.

Hispanics in the United States now constitute a very heterogeneous group in terms of class, race, and number of years in the United States, reasons for migration are also varied. It has been recognized that not all Hispanics face the same barriers. Cuban women who arrived in the United States in the 1960's, for example, possessed higher levels of education than Puerto Rican women who migrated in the 1940's and 1950's. Thus, data collection procedures must identify the special needs of groups based on each

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[1] Ms. M. Madugal, Opening Paper presented at the HRC Conference on Special Needs of Latina Women, November 10, 1980.

[2] Dr. Ana Celia Zentella, Opening Paper presented at the HRC Conference on Special Needs of Latina Women, November 10, 1980.

subgroup's reality and subsequent policy must be guided by these identified needs. In this volume, policy issues were raised which related predominantly to low-income urban Puerto Rican women. The major policy areas which need to be developed are expanded access to decision-making and planning activities at the national level for Latina women, and the funding, by government or private foundations, of special policy research projects proposed by Latina researchers. Central to the themes of this anthology has been the lack of systematic data on Latina women in the areas of work, family, and health. In Puerto Rico as well as in the United States, Latina researchers must work on limited budgets and have limited access to large-scale grants. Thus a compilation of existing secondary data sources as well as empirical studies to document significant policy areas are highly needed.

There are two substantive research and policy directions which, if implemented, would provide a basis for the systematic analysis and interpretation of the needs of Latina women. First, the collection of national data for each Hispanic group based on the awareness of the heterogeneity of Hispanics in the United States, particularly with respect to differences of class, race, and gender. Closely related to this is the development of an analytic approach which would take into account the specific sociohistorical and cultural factors which have shaped the reality of these communities. Without initial baseline data and an appropriate framework for analysis, the interpretation of the data will be neither meaningful nor useful for the development of policy directions.

It is difficult to take credit for these concluding statements when clearly these recommendations, at times made as demands and at other times made as requests, have been expressed before. It is certainly anticipated, however, that these recommendations will be assessed in light of the social problems which Hispanic communities, in general, and Latina women, in particular, have continued to experience in the United States. The authors in this volume have documented the nature of the problems experienced by Latina women, the need for studies on a larger scale, and the importance of a more relevant framework that will make future studies more representative of the needs of Latina women.

The concerns of Latina women must be heard at several levels for they not only occupy a subordinate position as a result of their gender, but are also members of a particular racial, ethnic, and socioeconomic group. There is a need today, therefore, to approach the understanding of Latina women with a different lens. It is not too far-fetched to suggest that the majority of studies to date have merely added confusion to a subject that is already unclear to the dominant culture.