SCHOOL-AGED HOMELESS SHELTERED CHILDREN'S STRESSORS AND
COPING BEHAVIORS

A Thesis

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by

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CHAPTER I

INTRODUCTION

Statement of the Problem

The largest growing homeless population is children (Bassuk, Rubin & Lauriat, 1986; Velsor-Friedrich, 1993; Wright, 1991). Approximately 20% of homeless people in shelters are children and adolescents (Breakey, 1989). Homeless families are housed in substandard conditions in shelters or welfare hotels. Regardless of the type of shelter facility, there is generally a lack of physical and emotional space which can be stressful to children (Bassuk & Gallagher, 1990). In addition, these children may face discriminatory remarks made by their peers in school (Berne, Dato, Mason & Rafferty, 1990). Research on the impact of homelessness on children has indicated that these children confront serious threats to their well-being (Rafferty & Shinn, 1991). Some researchers have described the impact of shelter condition on homeless children's developmental, emotional and behavioral aspects (Bassuk, Rubin & Lauriat, 1986; Bassuk & Rubin, 1987). However, no published research has been reported regarding stressors and coping behaviors of

school-aged homeless children staying in shelters (Bassuk & Gallagher, 1990; Toomey & Christie, 1990). The purpose of this study was to examine the types of stressors and the coping behaviors of school-aged homeless children staying in shelters.

Nurses play a significant role in providing primary care for homeless children. In order to deal with the psychological distress, a comprehensive understanding about homeless children's stress and coping is essential. Information from this study can provide important knowledge about the stressors and coping behaviors of school-aged homeless children. These findings can be used to develop strategies to assist homeless school-aged children in dealing with stresses regarding homelessness.

Purpose

The purpose of this study was to examine the types of stressors and the patterns of coping behaviors of school-aged homeless children residing in shelters.

Research Questions

1. What are the stressors experienced by school-aged homeless children residing in shelters?
2. What are the coping behaviors used by school-aged

homeless children residing in shelters?

Operational Definitions

Homeless child. Homeless child is a child between the ages of 8 and 12 years old who is living with his/her mother in a shelter.

Stressors. A homeless child's responses to some of the questions in the Homeless Children Interview Schedule pertaining to perception of stressors.

Coping behaviors. A homeless child's responses to some of the questions in the Homeless Children Interview Schedule pertaining to how the child handles stressors.

Shelter. A temporary shelter for a homeless child and the child's mother in Franklin County in the state of Ohio.

CHAPTER II

LITERATURE REVIEW

Conceptual Framework

The conceptual framework for this study was based upon Lazarus' and Folkman's (1984) cognitive appraisal theory of stress and coping. According to Lazarus and Folkman, stress is a "dynamic, mutually reciprocal, bi-directional" process (p. 293). It is a "particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (Lazarus & Folkman, p. 19). The definition of stress emphasizes the relationship between the person and the environment. Lazarus and Folkman have delineated stressors as "stress stimuli" (p. 12) which can be categorized as (1) major changes affecting large numbers of persons; (2) major changes affecting one or a few persons; and (3) daily hassles (Lazarus & Folkman, 1984).

Cognitive appraisal has been defined as "evaluative cognitive processes that intervene between the person and the environment" (Lazarus & Folkman, p. 52). Through cognitive appraisal processes, the person

evaluates the significance of what is happening for his or her well-being (primary appraisal). Further, the person perceives the events as being irrelevant, benign-positive or stressful. If stressful, the event is appraised as a challenge, threat, harm and/or loss. A secondary appraisal assesses available coping options and the applicability of a specific coping option. Primary appraisals and secondary appraisals of coping options interact with each other in shaping the degree of stress (Lazarus & Folkman, 1984). Many events relating to life experiences are largely age-related. Lazarus and Cohen (1977) have indicated that it is important to examine events in relation to relevant life cycle dimensions.

Coping affects the outcome of stress and can be defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141). Lazarus and Folkman have contended that stress and coping are not isolated events, but a process that changes over time. Whether individual approaches or avoids the stress, the focus

of the coping effort is aimed at trying to meet the demands of the situation (Lazarus & Launier, 1978). Problem-solving and regulation of emotions are the two major functions of coping. According to Lazarus and Folkman (1984) problem-solving and regulation of emotion may be expedited by coping behaviors that involve: information-seeking, direct action, inhibition of action and/or intrapsychic processes. The effects of coping can be measured on physiological, psychological and social levels (Lazarus & Folkman, 1984).

The major assumption underlying Lazarus and Folkman's cognitive appraisal theory of stress and coping is that stress can be influenced and determined by personal and situational factors specific to the individual's coping and appraisal, such as where the individual is living and how the situation is perceived. These factors are interdependent, and their significance for stress and coping derives from the cognitive appraisal process (Lazarus & Folkman, 1984).

Lazarus' and Folkman's (1984) cognitive appraisal theory of stress and coping can be used to study a specific population, in this case school-aged homeless

children. The theory can be used to understand the stressors and the coping behaviors experienced by a specific population within the context of an environment. Homelessness is an environmental stress stimuli for school-aged children. Homeless school-aged children might perceive their experience as irrelevant, benign-positive or stressful. If stressful, homelessness is appraised as a challenge, threat, harm and/or loss by the children. In order to shape the degree of stress and to meet the demand of the homeless situation, children assess the available coping options and apply specific coping behaviors. These coping behaviors would be used to manage stress related to the homeless situation and to regulate the emotional responses of being homeless. These coping behaviors can be expressed in different ways, such as seeking support from families, talking it out, fighting and so on; however, coping is a constantly changing process. Most of the stressors and coping theories have been developed for adults. There is no theory especially designed to explain children's stress and coping process. As a result, many studies of children's stress and coping are based on the theories designed

for adults. Lazarus' and Folkman's (1984) theory of stress and coping is the most commonly used adult theory (Ryan, 1988; Ryan-Wenger, 1992). Researchers have concluded that children's stressors are different from adult's stressors (Dise-Lewis, 1988; Ryan-Wenger, 1992) and their abilities of cognitive appraisal are also different (Yamamoto, 1979). According to Lazarus and Folkman's (1984) stress and coping theory, the timing of stressful events in relation to the life cycle is important; for example, an eight year old child may appraise a situation differently than an adolescent.

Homeless Children

Mothers and children living in housing facilities for homeless families constitutes 34% of the homeless population (Bassuk, 1991). The majority of homeless families consist of single mothers with two to three children (Bassuk & Rubin, 1987; Wagner & Menke, 1992a). Many of these families are living at substandard welfare hotels or shelters, lack support systems and preventive care, have substance abuse or problems and/or have child abuse and neglect problem (Alperstein & Arnstein, 1988; Bassuk, 1991; Bassuk & Rubin, 1987).

The impact of homelessness on children is profound. The available research on homeless children has suggested that homelessness is not an experience which can be adapted to positively (Berne, Dato, Mason & Raffery, 1990). Some researchers reported that homeless children are more vulnerable to developmental delays, immunization delays, physical illness, malnutrition, mental illness, learning difficulties and behavioral problems (Alperstein & Arnstein, 1988; Bassuk, 1991; Bassuk & Gallagher, 1990; Bassuk & Rubin, 1987; Bassuk, Rubin & Lauriat, 1986; Parker, Rescorla, Finkelstein, Barnes, Holmes & Stolley, 1991; Raffery & Shinn, 1991). Wagner and Menke (1992b) have contended that homelessness is a life event that represents changes and losses for the school-age child. In Bassuk and Rubin's (1987) study of homeless children in Massachusetts shelters, they found that more than half of the school aged children showed severe depression and anxiety with most of them expressing suicidal ideation. More than half of the children needed psychiatric referral and evaluation. Comparing school-aged homeless children with children with homes, Bassuk and Rosenberg (1990) found that school-aged homeless

children had significantly higher scores on depression and anxiety scales than children with homes.

Shelter life can be stressful for homeless children. The chaotic environment of shelters, lack of privacy, structure and routine are same as the stressors that have been delineated (Berne, Dato, Mason & Raffery, 1990). The consequences of homelessness for children residing in shelters are severe. Findings from a Washington study revealed that 49% of sheltered homeless children had acute and chronic health problems (Miller & Lin, 1988). In addition, staying at shelters can place homeless children at risk for lead poisoning and other environmental hazards (Raffery & Shinn, 1991). The effects of shelter life can have long-term effects on emotional development (Berne, Dato, Mason & Raffery, 1990). More information on how children cope about living in shelters is necessary to develop interventions to work with these children.

Related Literature

Stressors and coping behaviors of school-aged homeless children have not been systematically addressed. The available research has suggested that homelessness is not an experience to which one can

adapt positively (Berne, Dato, Mason & Raffery, 1990). Toomey and Christie (1990) have contended that children living in poverty experience many stressors. Children's coping behaviors for dealing with their stresses are largely influenced by their relationships within the home (Cole & Piers, 1969). However, homeless families are less likely to provide constant care for children's growth and emotional needs, which causes the children to be insecure, dependent and have low self-esteem (Friedemann, 1986).

Several researchers have studied school-aged homeless children stressors associated with their shelter life. Bassuk and Rubin (1987) have contended that the chaotic shelter environment, the lack of privacy, and the acute stress experienced by the mothers results in the children experiencing distress. Shelter life can be a source of shame for children. In Bassuk's and Rubin's study, more than half of school aged homeless children required psychiatric evaluation and referral. Berne, Dato, Mason and Raffery (1990) have contended that shelter life is a stressor for school age homeless children because they are below peer standards and may experience derogatory remarks by

classmates in schools. Irregular school attendance and poor school performance have been reported (Bassuk & Rubin, 1987; Bassuk, Rubin & Lauriat, 1986; Bassuk & Rosenberg, 1990; Wood, Valdez, Hayashi & Shen, 1990).

Stressors of school-aged homeless children have been investigated by several researchers. Heusel (1990) studied 33 school-aged homeless children's experiences of being homeless. She found they perceived moving, leaving home, missing friends, changing schools and being teased for living at a shelter by other children were the major stressors. Other stressors included parents fighting or separating, fear of harm coming to their families, being nervous when called upon in the classroom, and fear of gang fights in the neighborhood. Wagner and Menke (1993) compared the health of homeless and poor school-aged children. The most frequently mentioned stressors were being homeless, where staying, and the rules at the shelter. Some other stressors were changes that occurred in their lives, the lack of privacy where they were staying, the uncertainty of the situation and embarrassment at school because they were homeless and being teased by other children. In

addition, Bowdler (1991) reported that child abuse and/or neglect were stressors that homeless children might experience.

Several studies have focused on the coping behaviors of homeless children, however, these studies did not focus only on children staying in shelters. Wagner and Menke (1993) studied the coping of homeless school-aged children and domiciled children. They found that school-aged homeless children used significantly less talking and cognitive coping behaviors than domiciled children. There was no significant difference in using activity coping strategies. Examples of cognitive strategies were trying to solve the problem, forgetting about it, and/or thinking of something good. Examples of activity strategies included playing, fighting, praying, lying down, and/or watching television. In a Massachusetts study of homeless children residing in shelters, Bassuk and Gallagher (1990) reported children's coping behaviors of being homeless as regressive behaviors, aggression, shyness and withdrawal. Bassuk and Gallagher contended that these behaviors may be ways to express their anger at their

circumstances and at their parents for being unable to protect them.

None of the reported studies have studied the stressors and coping behaviors of homeless children residing exclusively in shelters. The studies have included homeless children residing in transitional housing, doubled up with another family, staying at cheap hotels, and/or living on the street. Most of the research has not used children as primary data sources. This study addresses both of these issues.

CHAPTER III

METHODOLOGY

This study was a secondary analysis of data from a descriptive comparative cross-sectional study of homeless and domiciled poor children (Wagner & Menke, 1993). The purpose of that study was to compare the health of homeless and domiciled poor children. The research prospectus was reviewed by The Ohio State University Behavioral and Social Sciences Human Subjects Review Committee prior to data collection. Data were collected from February 1991 to May 1992.

Sample

The sample for the original study consisted of 67 homeless children and 67 poor domiciled children who were between the age of 8 and 12 years of age and were living with their mothers. The sample was stratified with regard to age, ethnicity, and gender. More than one-third of the children were Euro-Americans, and over 50 percent of the children were Africa-Americans in each group. A child and their mother were considered to be homeless if they were staying at a shelter or transitional housing for the homeless, in a residence in which the actual stay or intent of stay was less

than 45 days, in a cheap hotel or motel, on the street, or in a car. It did not include shelters for battered women and their children. These criteria for homelessness are similar to the criteria used by Roth, Bean, Lust, and Saveanu (1985) in their study of homeless population in Ohio. The subjects were solicited from homeless families residing in transitional housing facilities, in facilities that assist homeless families, and in cheap motels, and homeless families using soup kitchens.

The investigators obtained permission from agencies that provide services to the homeless in Franklin County to talk with potential subjects. Six of these agencies provide shelter for families 24 hours a day, and another provides families with a place to stay during the day and then lodges them in churches for the night. In addition, the investigators had access to potential subjects at two soup kitchens and a community settlement house. All of these agencies were located in the downtown area of Columbus, Ohio, or were accessible via bus.

Contact was made with potential subjects to ascertain if the woman and any of her children met the

study criteria. If they met the study criteria, the study was explained to the mother and her children. If they did not, contact was terminated. If the mother and her child were willing to participate, the mother was asked to sign a consent form and her child was asked to give assent. After the data were collected, the mother was paid twenty-five dollars. The money was given in exchange for the time it took to be research participants in the study.

If a mother and her child did not want to participate in the study, the investigators or research assistant made field notes regarding the stated reason for refusal to participate and any descriptive characteristics about the family. This was done to ascertain if the mothers and children who participated in the study were any different from the mothers and children who refused to participate. There were no differences in the demographic characteristics of these who participated and those that choose not to participate.

The sample for this secondary analysis was comprised of 30 children who were residing in shelters. The other 37 homeless children were not included since

they were not staying in shelters.

Instrumentation

Data were obtained from both the child and the mother. The child participated in a tape-recorded interview. Two instruments were used in this study: (a) the Homeless Children Interview Schedule-Child's Version (see Appendix A), and (b) the Homeless Children Interview Schedule-Mother's Version (see Appendix B).

The Homeless Children Interview Schedule-Mother's Version was used to collect data regarding demographic information, the family's homeless experience, stressors and coping behaviors of the child, the child's behavior, the health care practices and health care status of the mother and each child in the family, and information about each child's behavior (Wagner & Menke, 1993). The interview schedule consists of 144 questions developed by Wagner and Menke based on the interview guide used in their previous studies (1988, 1992). Data from some of the questions were used to describe the sample in this study.

The Homeless Children Interview Schedule-Child's Version was adapted from Menke's (1987) interview schedule for siblings of chronically ill children. The

35 questions in the interview schedule pertain to the child's perceptions of the homeless experience, concerns about self and the family, activities, stressors and how the child copes with stressors. The interview schedule was pretested with homeless children prior to being used in this study (Wagner & Menke, 1993). Twenty questions related to stressors and coping behaviors from the children were used to address the research questions of this study.

Data Analysis

For this secondary analysis, descriptive statistics were used to describe the sample. A code book had been developed by Wagner and Menke. The data were coded according to predetermined procedures, and tests for intercoder reliability were implemented. The coded data were put on computer and then checked for accuracy prior to doing the analysis. Frequency distributions, ranges, means and standard deviations were used for demographic variables.

The data from the tape-recorded interviews were transcribed onto computer. This investigator delineated themes and categories from the data regarding stressors and coping behaviors. Content

analysis was used with the transcribed data. The themes from each subject were synthesized to generate overall themes and categories for the entire sample. The investigator and her thesis adviser reviewed the transcripts, themes and categories until there was consensus. The data from the categories were quantified in terms of the number and percentages.

Limitations

Using secondary data is economical and convenient, but does have certain limitations. Perhaps the greatest limitation is that research is dependent on the reliability of original data collection and entry. It is important to assure that the initial data collection was conducted in a manner that assures valid and reliable data (Herron, 1989). Also the analysis is limited to the questions addressed in the original study.

CHAPTER IV

ANALYSIS OF DATA

Description of the Sample

The sample consisted of 30 school-aged sheltered children; 16 females and 14 males. A summary of demographic characteristics is found in Table 1. In regard to ethnicity, 17 (56.7%) children were African Americans, 11 (36.7%) were Caucasians and 2 (6.7%) were biracial. The mean age for the sample was 9.7 years (S.D. = 1.39) with an age range of 8 to 12 years.

Table 2 presents the demographic characteristics of the homeless children's families with regard to family size, mother's age, and father's age. The number of people in the family ranged from 2 to 8 with a mean of 5.1 (S.D. = 1.74). The mean of the number of children was 3.76 (S.D. = 1.59) with a range of 1 to 7. The mothers ranged in age from 27 to 50 years (mean = 32.36; S.D. = 4.88). The father's age varied from 27 to 57 years (mean = 35.31).

Table 1

Demographic Variables of the Homeless Children (N=30)

Variables	N	%
Ethnicity		
African-American	17	56.7
Caucasian	11	36.7
Other	3	6.7
Age		
Eight years old	10	33.3
Nine years old	2	6.7
Ten years old	7	23.3
Eleven years old	9	30.0
Twelve years old	2	6.7
Gender		
Female	16	53.3
Male	14	46.7

Table 2

Demographic Characteristics of the Children's Families

Variables	Range	Mean	S.D
Number in family	2-8	5.1	1.74
Number of children	1-7	3.76	1.5
Mother's age	27-50	32.36	4.88
Father's age	27-57	35.31	6.47

Table 3 shows father's involvement with the family and children's ability to relate with family members. Seventeen percent of the fathers lived with the family and 26.7 percent of the fathers spent time with the children who participated in this study. Examination of the total sample revealed that according to the mother the majority of the children were able to get along with the other members of the family and with people in general.

Table 3

Father's Involvement With the Family and Children's
Ability to Relate With Family Members

Variables	N	%
Father lives with family		
Yes	5	16.7
No	25	83.3
Father spends time with child		
Yes	8	26.7
No	26	73.3
Child gets along with other family members		
Excellent	7	23.3
Good	10	33.3
Fair	10	33.3
Poor	3	10.0
Child gets along with people in general		
Excellent	5	16.7
Good	19	63.3

Table 3 (continued)

Fair	6	20.0
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Data were obtained about the homeless situation. A summary of the data can be found in Table 4. Examination of the total sample revealed that the majority of the children and their families had been homeless for less than 3 months (Mean = 3.36). For 19 (63.3%) of the families, this was the first time they had been homeless. The major reasons for being homeless are shown in the table. Eight (26.7%) of the families became homeless because of eviction.

Table 5 presents the information with regard to school performance. Only 1 (3.3%) child did not attend school. Five children (16.7%) earned As in school; 7 children (23.3%) earned Bs; 11 children (36.6%) got Cs; and 3 children (10%) received Ds in school. Seventeen mothers (56.7%) reported that their children had problems with school. The most frequently mentioned school problems were trouble learning (26.6%), not getting along with peers (16.6%), not paying attention (13.3%), acting out in class (10.0%), and fighting

(6.7%).

Table 4

Variables Pertaining to the Homeless Situation

Variables	N	%
Time homeless		
Less than one week	4	13.3
8-14 days	5	16.7
15-30 days	7	23.3
1-3 months	10	33.3
3-6 months	2	6.7
More than 2 years	2	6.7
Number of times homeless		
One	19	63.3
Two	10	33.3
Three	1	3.3
Reason homeless		
Evicted	8	26.7
Loss of shared housing	1	3.3
Domestic violence	3	10.0
Decided to leave situation	4	13.3

Table 4 (continued)

Loss of or unemployment	2	6.7
Other	12	40.0

Table 5

Information Regarding School Variables

Variables	N	%
<hr/>		
Attends school		
Yes	29	96.7
No	1	3.3
Average grades		
As	5	16.7
Bs	7	23.3
Cs	11	36.6
Ds	3	10.0
Other	4	13.3
Problems with school		
Yes	17	56.7
No	13	43.3
Kind of problems		

Table 5 (continued)

Trouble learning	8	26.6
Not getting along with peers	5	16.6
Not paying attention	4	13.3
Acts out in class	3	10.0
Fighting	2	6.6
Other	2	6.6
Talks back to teachers	1	3.3
Talks to peers	1	3.3

The majority of the mothers perceived their child's health to be as good as other children (see Table 6). Twenty-five (83.3%) of the children did not have any major health problems. Twenty percent ($N = 6$) of the children had been seen for emotional or mental health problems. Four (13.3%) of the mothers perceived their child as needing to be seen by a physician.

Table 6

Information Regarding Children's Health

Variables	N	%
Health compared to other children		
As good as	26	86.7
Not as good as	4	13.3
Major health problems		
Yes	5	16.7
No	25	83.3
Treated for emotional or mental problems		
Yes	6	20.0
No	24	80.0
Should be seen by physicians		
Yes	4	13.3
No	26	86.7

Results

The purpose of this study was to examine the types of stressors and the patterns of coping behaviors of school-aged homeless children residing in shelters. Data from some of the responses of the participants to 20 of the Children Interview Schedule were used. Themes from the qualitative data were derived and abstracted into categories.

Types of stressors

Each child could give more than one response. Twenty-nine (96%) of the 30 children perceived at least one thing as stressful. The total number of stressors reported per child ranged from 0 to 7, with a mean number of 2.7 stressors. The stressors perceived by the homeless children were placed into 5 categories: homeless experience, family, self, peers and other. Table 7 shows the categories of stressors perceived by the children.

Table 7

Categories of Stressors Perceived by the Children

Category	N *	%
Homeless experience	31	103
Family	21	70
Self	15	50
Peers	10	33
Other	9	30
No response	1	3

Note. * Each child could provide multiple stressors.

The greatest number (31) of stressors were in the homeless experience category. The most frequently mentioned stressors were rules at shelter, being homeless, environment and school (see Table 8). Thirty-six percent (N = 11) of the children identified rules at shelters as a stressor. These rules included mothers needing to be with their children all the time, can not go anywhere, can not use the phone, and a set time to go to bed and have meals. Some children

expressed that the rules at shelters were so formal that they irritated them. Thirty percent ($N = 9$) of the children mentioned being homeless as a stressor. Not having a home, not having a regular place to live, worrying about where they are living now, and not having own place were stressors expressed relating to being homeless. Sixteen percent ($N = 5$) of the participants identified aspects of the environment as being stressful. Examples of environmental stressors were the lack of privacy where staying, not having own room, and the problems of bug, flies, roaches or ants in the shelter. School was another stressor identified regarding the homeless experience ($N = 6$; 20%). Embarrassment at school because teachers and other students knew they were homeless, being teased by other children and adaptation to a new school are examples of these stressors.

Table 8

Stressors Perceived by the Children Pertaining to the Homeless Experience

Category	N*	%
Rules at shelter	11	36
Being homeless	9	30
Environment	5	16
School	6	20

Note. * Each child could provide multiple stressors.

The second category, the family stressors perceived by the children, are presented in Table 9. Family stressors expressed regarding parents were a parent drinking and/or doing drugs, not being with the family, and parent fighting. Some stressors related to the siblings (N = 6; 19%) were not being together and not getting along with each other. Other stressors (N = 2; 6%) pertaining to family stressors were missing a cat and a grandparent dying.

Table 9

Family Stressors Perceived by the Children

Category	Stressors	N*	%
Parents	Parent drinking and/or doing drugs	3	10
	Dad not being with family	7	23
	Parents fighting	1	3
	Stepparent	1	3
	Arguing and hitting mother	1	3
Siblings	Siblings not being together	2	6
	Not getting along	4	13
Other	Misses cat	1	3
	Grandparent dying	1	3

Note. * Each child could provide multiple stressors.

Table 10 presents the stressors perceived by the children pertaining to self, the third category. Some of the stressors about self were being sad, being angry, being lonely, being bored, afraid of getting into trouble, having bad dreams, worrying about something bad happening and strangers. The most

frequently mentioned stressors about self were being sad (N = 3; 10%) and being bored (N = 3; 10%).

Table 10

Stressors Perceived by the Children Pertaining to Self

Stressors	N*	%
Being sad	3	10
Being angry	1	3
Being lonely	1	3
Being bored	3	10
Afraid of getting into trouble	1	3
Having bad dreams	1	3
Worrying about something bad happening	2	6
Strangers	2	6
Trying to kill self	1	3

Note. * Each child could provide multiple stressors.

Peer stressor was the fourth category (see Table 11). Ten children (33%) mentioned peers as a stressor. Examples of these stressors were missing old friends, leaving old friends, not getting along well with "kids"

here and not making friends. The most frequently identified stressor was "kids fighting with me" (N = 4; 13%).

Table 11

Peer Stressors Perceived by the Children

Stressors	N*	%
Missing old friends	1	3
Leaving friends	2	6
Not getting along with kids here	1	3
Not being able to make friends here	1	3
People not playing with me	1	3
Kids fighting with me	4	13

Note. * Each child could provide multiple stressors.

Table 12 shows other stressors perceived by the children. These stressors included worrying about getting a bad grade (33%), hollering at teachers (3%), not being in the same school district for more than one year (3%), violence (10%), and health problems (10%).

Table 12

Other Stressors Perceived by the Children

Stressors	N*	%
Worrying about getting a bad grade	1	3
Hollering at teachers	1	3
Not being in the same school longer than a year	1	3
People fighting	3	10
Physical symptom	3	9

Note. * Each child could provide multiple stressors.

Coping behaviors

Three main types of coping behaviors were identified: talking, activity, and cognitive behaviors (see Table 13). Only one child (3.3%) did not provide a response to the questions related to coping behaviors. Talking to another person was used by 83.3 percent of the children (N = 25). Seventy percent of the children identified their mother, 23% siblings, 23% friends, and 20% father. Other individuals identified

were teachers, counselors, grandmother and principles (see Table 14). Table 15 presents the activity coping behaviors. Examples of activity behaviors were asking for help, walking away, playing, resting, fighting, screaming, praying, seeing friends, and taking care of people. The most frequently used activity was walking away (N = 5; 16.6%) and asking for help (N = 5; 16.6%). Fourteen of the children (46.6%) used cognitive coping behaviors (see Table 16). Examples of cognitive behaviors were ignoring (26.6%), forgetting about it (6.6%), thinking and cooling down (6.6%), and praying (6.6%).

Table 13

Information Regarding Coping Behaviors

Coping behaviors	N	%
Talking	25	83.3
Activity	20	66.7
Cognitive	14	46.6
No response	1	3.3

Table 14

Individuals Identified for Talking Coping Behaviors

Individual	N	%
Mother	21	70.0
Siblings	7	23.3
Friends	7	23.3
Father	6	20.0
Teachers	3	10.0
Counselors	2	6.6
Others	2	6.6
Grandmother	1	3.3
Principal	1	3.3

Table 15

Activity Coping Behaviors

Activities	N	%
Walking away	5	16.6
Asking for help	5	16.6
Playing	4	13.3
Resting	3	10.0
Fighting	3	10.0
Screaming	3	10.0
Being with friends	2	6.6
Taking care of siblings	1	3.3

Table 16

Cognitive Coping Behaviors

Cognitive behaviors	N	%
Ignoring the situation	8	26.6
Forgetting about the situation	2	6.6
Thinking and cooling down	2	6.6
Praying	2	6.6

Discussion

The demographic information of the participants showed that most of them did not live with father and not spend time with the father. For the majority of the children, this was their first time being homeless and they had been homeless less than 3 months. The information is congruent with the description of characteristics of homeless families in other research (Bassuk & Rosenberg, 1990; Wagner & Menke, 1992; Wagner & Menke, 1991).

The information gathered from the participants indicated that the stressors perceived by the children

were the homeless experience, family, self, peers and others. The stressors identified are similar to those reported in other studies (Heusel, 1990; Wagner & Menke, 1993).

The majority of the participants in this study identified the homeless experience, which included rules at shelters, being homeless, environment and school, as their stressors. Sheltered life for these participants was a stressor in the aspects of rigid rules, chaotic environment, lack of privacy and embarrassment at schools. In addition, being separated from family members, friends, violence and psychosocial stressors, which included uncertainty of the situation, sadness, and anger, contributed to the stressors of shelter life. Past research findings had contended that shelter life is a stressor for homeless children (Bassuk & Rubin, 1987; Berne, Dato, Mason & Raffery, 1990; Miller & Lin, 1988; Wagner & Menke, 1991; Wagner & Menke, 1993). This study supported these past research findings.

Some stressors identified are universal stressors among school-age children, and some are unique to homeless children. Lewis, Siegel and Lewis (1984)

studied sources of distress among normal pre-adolescent children. The results suggested that anxieties surrounding conflict with parents, self-image, peer-group relationships, and geographic mobility were the sources making them feel bad, nervous, or worried. These stressors are also identified by the school-age homeless children in the present study. For example, family stressors, peer stressors and stressors pertaining to self are similar to the sources of distress mentioned in the Lewis, Siegel and Lewis's study. It can be explained from growth and developmental perspectives. Family and peer groups are two sources for school-age children to develop feelings of security, development of self-identity, and establishment of their own standards. Factors affecting these family and peer groups can distress school-age children (Boynton, Dunn & Stephens, 1994). For example, a school-age child may feel stressful because he is larger than his peers. Some stressors of school-age homeless children are the same as stressors of normal school-age children.

Stressors presented in the present study which are unique for school-age homeless children were rules at

shelter, being homeless, and shelter environment. The rules of shelter which including mothers needing to be with their children all the time, not being able to go anywhere, and having a set time to go to bed and have meals. One of the developmental tasks for school-age children is to develop the ability of being independent and industry, or enjoyment of mastery (Berk, 1994). Too many rules at shelters decrease their opportunities of practicing industry, which can distress them. In addition, being homeless and shelter environment are unique stressors associated with their homeless experiences.

The types of coping behaviors used by the participants of this study were categorized into talking, activity, and cognitive. These findings are congruent with past research regarding the coping behaviors of homeless children (Wagner & Menke, 1993). The types of coping behaviors indicated in this study can be compared to a taxonomy of children's coping strategies developed by Ryan-Wenger (1992). The taxonomy includes 15 coping categories. These categories are "aggressive activities, behavioral avoidance, behavioral distraction, cognitive avoidance,

cognitive distraction, cognitive problem solving, cognitive restructuring, emotional expression, endurance, information seeking, isolating activities, self-controlling activities, social support, spiritual support and stressor modification" (Ryan-Wenger, 1992, p. 261). Talking behaviors used by the participants of this study, such as talking to parents, siblings, friends, teachers, counselors, principal, grandmother and others, can be classified under the taxonomy of social support. Some activity behaviors used in this study, such as fight and scream, can be placed in the category of aggressive activities. Ignoring it and forgetting about it can be categorized as the taxonomy of cognitive avoidance. Thirteen coping categories of the taxonomy of children's coping strategies were used by the participants of this study. No participants of this study used endurance and stressor modification as their coping strategies. Comparing the results of this study and the taxonomy of children's coping strategies, no new categories for the taxonomy has been identified.

Results of this study about the types of coping behaviors are congruent with a Boston study of sheltered homeless children who used coping behaviors

of regressive behaviors, aggression, shyness and withdrawal (Bassuk & Gallagher, 1990). These behaviors may be ways to express their emotions.

The results of this study fit with Lazarus' and Folkman's (1984) cognitive appraisal theory of stress and coping. The school-age homeless children in this study were able to identify and express their stressors. Both cognitive and behavioral efforts, which could be either focused on problem-solving or regulation of emotion, were used to cope with their stressors.

Limitations

There were several limitations of this study which serve to confound the final results. As a secondary analysis of data, the research was depended on the reliability of original data collection and entry and was limited by the demographic characteristics of the sample as well. Also the analysis was limited to the questions addressed in the original study. The strength of this study could be increased if a longitudinal study was conducted and the long-term consequences of the stressors and use of coping behaviors were included.

CHAPTER V

SUMMARY AND IMPLICATIONS

Summary

The purpose of this study was to examine the types of stressors and the patterns of coping behaviors of school-aged homeless children residing in shelters. The impetus for this study was the rapid growing homeless population of children. The impact of homelessness on children has indicated that these children confront serious threats to their well-being. Stressors and coping behaviors resulting from their homeless experience are essential to be understood in order to assist sheltered homeless children in dealing with stressors regarding homelessness. Lazarus' and Folkman's (1984) cognitive appraisal theory of stress and coping served as the theoretical framework for this study.

The study was a secondary analysis of data from a previous study which compared the health of school-aged homeless and poor children. Data about 30 school-aged homeless sheltered children was examined including demographic characteristics, homeless situation, stressors and patterns and coping behaviors. The

Homeless Children Interview Schedule - Child's Version and the Homeless Children Interview Schedule - Mother's Version were the instruments used in this study.

The results showed that the stressors experienced by the participants included the homeless experience, family, self, peers, and other. The coping behaviors used by the participants were categorized as: talking, activity, and cognitive strategies.

Implications for Nursing Practice

Information from this study provides knowledge about the stressors and coping behaviors of school-aged homeless sheltered children. Nurses and nurse practitioners should be familiar with the specific stressors, coping behaviors and needs for these children and be able to intervene with them within nursing practices. Nurses should assess the stressors and coping behaviors of homeless children. These findings can be used to develop strategies to assist homeless school-aged children in dealing with stressors regarding homelessness more effectively. Through communicating respect by active listening and encouraging children and the families to described the difficulty they perceived about the situation, a

therapeutic trust relationship with the homeless children and families is more likely to be established. Nurses can play a leadership role in providing primary care for these children and families.

The needs of sheltered homeless children are multidimensional and unique. A multidisciplinary team provides a comprehensive approach that includes services of a variety of professionals and agencies which also avoids overlapping and replication of services (Davidhizar & Frank, 1992). Individual therapy, group interaction, educational services, referral services, and psychological testing are beneficial in providing services to fulfill the unique needs of the homeless children. Services may be linked to educational services for sheltered school-aged homeless children. Nurses may assume the role of case manager to require a variety of services from different agencies. Homeless children and their families may perceive and cope with stressors in various ways. The focus is to meet the individual needs and to empower the family and children.

In order to empower the homeless families, nurses can work with the family and facilitate them to gain

control over the homeless situation. Also, assisting the families to access the resources and to find solutions to the existing problems are the ways to help them regain control. Since many children's stressors are related to the situations associated with their families and parents, which are outside of their control, empowering the families can be beneficial for the homeless children to decrease their stressors and to use the strategies that maximize coping.

Nurses can facilitate the use of strategies that maximize coping. When the situations are possible to respond to the needs, the environment should be manipulated to meet the needs. Interventions can be focused on supporting and increasing the child's and family's coping strategies if the situations can not be changed. Parents and children who learn to cope effectively without physiological and emotional adverse effects can influence the ultimate impact of homeless experiences (Davidhizar & Frank, 1992).

Recommendations

This study should be replicated to eliminate limitations associated with secondary analysis. A longitudinal study could be conducted to understand the

long-term consequences of experiencing stressors and the effectiveness of using specific coping strategies. The questions that would be asked for this longitudinal study include: alternations of physiologic and emotional status, alterations of growth and development, perceptions of the current situation, perceptions of self and sources of stressors.

In addition, research should be conducted regarding the taxonomy of homeless children's stressors and coping strategies with homeless children. Another recommendation is to conduct research regarding stressors and coping behavior of homeless child using different age and ethnic groups. The physical and cognitive development is different among different age groups. Similarly these may be differences among ethnic groups. As a result, the needs and interventions might need to be age and ethnic specific. It is crucial to understand the influence of age and ethnic variables on the perceived stressors and coping behaviors. Recommendation for further research is to study the positive aspects of school-age homeless children's homeless experiences. Coping behaviors, emotional development and social development can be the

focus areas of the study.

Finally, nurses and nurse practitioners must continue to conduct research on homeless children in order to expand empirical data for use in development of effective intervention for this population.

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APPENDIX A

HOMELESS CHILDREN INTERVIEW SCHEDULE - CHILD'S VERSION

Homeless Children Interview Schedule - Child's Version

1. What are some things you like to do?
2. What are some things you don't like to do?
3. What do you like to eat?
4. What did you eat yesterday?
5. Have you ever had to be hungry because your family has no food? When? How often?
6. Tell me about where you and the rest of your family are living today? This week?
7. Where did you live before?
8. Why did you move from your last place?
9. Did your mom talk to you about why you moved?
10. Is there anything that bothers you or upsets you about where you are living?
11. What do you like about where you are living?
12. Has anything changed for you since your family has moved?
13. What kinds of things?
14. How have they changed?
15. How does this make you feel?
16. Tell me what it's like for a kid who is going to be without a regular place to live, to do?
17. What would you tell another kid who is going to be

without a regular place to live, to do?

18. How can they handle it?
19. How do you deal with something that bothers you?
20. What happens that makes you feel bad, be nervous or worry?
21. Does your family have any problems?
22. What is the worst problem?
23. Do you have any problems?
24. If so what are they?
25. Can you do anything about your problems?
26. Can your family?
27. Do you think your family has enough money? How do you feel about that?
28. Can you talk to anyone about your problems, worries or fears?
29. Who?
30. If you were stranded on a desert island, who would be with you?
31. What do you think you will be doing next year?
32. What do you want to do when you grow up?
33. How can you help make that happen?
34. Can anything stop you from receiving what you want?
What?

35. If you had three wishes what would they be?

APPENDIX B

HOMELESS CHILDREN INTERVIEW SCHEDULE - MOTHER'S VERSION

Mother's Code Number _____

Date _____

Mother's Age _____

Mother's Education _____

AREA GRANT
HOMELESS CHILDREN INTERVIEW SCHEDULE¹
Homeless Mother Version

I. Questions About Homeless Situation

1. Do you have a permanent home?

____ 1=yes

____ 2=no

*2. Where did you sleep last night?

____ 1=on street

____ 2=at a shelter

____ 3=cheap hotel

____ 4=with friends

____ 5=with family

____ 6=church

____ 7=other _____ (specify)

____ 8=no response

*3. How many nights did you sleep there?

____ 1=less than one week

____ 2=8-14 days

____ 3=15-30 days

____ 4=1-3 months

____ 5=3-6 months

____ 6=6-12 months

____ 7=1-2 years

____ 8=more than 2 years

*4. Where do you plan to sleep tonight?

____ 1=on street

____ 2=at a shelter

____ 3=cheap hotel

____ 4=with friends

____ 5=coupled with another family

¹ * items adapted from Homeless Survey by Roth, Dean, Lust,
& Saveanu (1985).

#4 (Con't)

☐ 6=with family☐ 7=church☐ 8=other _____ (specify)☐ 9=no response

5. When did you become homeless? Date _____

☐ 1=less than one week ago☐ 2=8-14 days ago☐ 3=15-30 days ago☐ 4=1-3 months ago☐ 5=3-6 months ago☐ 6=6-12 months ago☐ 7=1-2 years ago☐ 8=more than 2 years ago

6. When was the first time you were homeless? Date _____

☐ 1=less than one week ago☐ 2=8-14 days ago☐ 3=15-30 days ago☐ 4=1-3 months ago☐ 5=3-6 months ago☐ 6=6-12 months ago☐ 7=1-2 years ago☐ 8=more than 2 years ago

7. How many times have you been homeless? _____

☐ 1=first☐ 2=second

*8. What do you consider to be the major reason that you no longer have a permanent or regular home?

☐ 1=evicted☐ 2=loss of shared housing☐ 3=mate deserted family☐ 4=domestic violence☐ 5=delay in benefit check☐ 6=decided to leave situation☐ 7=loss of or unemployment☐ 8=other _____ (specify)☐ 9=no response

9. Where have you and your children been staying?

- ☐ 1=on street
☐ 2=at a shelter
☐ 3=cheap hotel
☐ 4=with friends
☐ 5=coupled with another family
☐ 6=with family
☐ 7=church
☐ 8=other _____ (specify)
☐ 9=no response

10. Where did you live before?

- ☐ 1=in own apartment
☐ 2=in own house
☐ 3=mate
☐ 4=friend
☐ 5=duplex/triplex
☐ 6=trailer
☐ 7=shared housing
☐ 8=other _____ (specify)
☐ 9=no response

11. How long did you live there? _____

- ☐ 1=less than one week ago
☐ 2=8-14 days ago
☐ 3=15-30 days ago
☐ 4=1-3 months ago
☐ 5=3-6 months ago
☐ 6=6-12 months ago
☐ 7=1-2 years ago
☐ 8=more than 2 years ago

12. Where did you live before that?

- ☐ 1=in own apartment
☐ 2=in own house
☐ 3=mate
☐ 4=friend
☐ 5=duplex/triplex
☐ 6=trailer
☐ 7=shared housing
☐ 8=other _____ (specify)
☐ 9=no response

13. How long did you live there? _____

_____ 1=less than one week ago

_____ 2=8-14 days ago

_____ 3=15-30 days ago

_____ 4=1-3 months ago

_____ 5=3-6 months ago

_____ 6=6-12 months ago

_____ 7=1-2 years ago

_____ 8=more than 2 years ago

14. Where did you live before that?

_____ 1=in own apartment

_____ 2=in own house

_____ 3=mate

_____ 4=friend

_____ 5=duplex/triplex

_____ 6=trailer

_____ 7=shared housing

_____ 8=other _____ (specify)

_____ 9=no response

15. How long did you live there? _____

_____ 1=less than one week ago

_____ 2=8-14 days ago

_____ 3=15-30 days ago

_____ 4=1-3 months ago

_____ 5=3-6 months ago

_____ 6=6-12 months ago

_____ 7=1-2 years ago

_____ 8=more than 2 years ago

*16. Have you always lived in Franklin County?

_____ 1=yes

_____ 2=no

*17. How long have you been living in Franklin County? _____

_____ 1=less than a month

_____ 2=1-12 months

_____ 3=1-3 years

_____ 4=4-6 years

_____ 5=7-9 years

_____ 6=10-12 years

_____ 7=more than 12 years

_____ 8=no response

*18. Where did you live just before you came to this county?

- ☐ 1=Ohio
☐ 2=W.Va
☐ 3=Kentucky
☐ 4=Michigan
☐ 5=Indiana
☐ 6=other state

*19. Why did you come to this county?

- ☐ 1=born here
☐ 2=mate wanted to move here
☐ 3=family here
☐ 4=parents moved
☐ 5=other _____ (specify)
☐ 6=no response

20. Have any of your relatives been homeless?

- ☐ 1=yes
☐ 2=no
☐ 3=no response

21. Do you think your health has changed since you became homeless?

- ☐ 1=yes
☐ 2=no
☐ 3=no response

What about your children's health?

- ☐ 1=yes
☐ 2=no
☐ 3=no response

*22. Have you used any of the following services in the past month?

- ☐ 1=yes ☐ 2=no Shelters?
☐ 1=yes ☐ 2=no Community kitchens or soup kitchens?
☐ 1=yes ☐ 2=no Hospital emergency rooms?
☐ 1=yes ☐ 2=no Agencies for homeless families?
☐ 1=yes ☐ 2=no Shelters for battered women?
☐ 1=yes ☐ 2=no Community mental health centers?
☐ 1=yes ☐ 2=no Health clinics?
☐ 1=yes ☐ 2=no Private physician?
☐ 1=yes ☐ 2=no Paramedics
☐ 1=yes ☐ 2=no Welfare or general relief?
☐ 1=yes ☐ 2=no Other _____ (specify)

II. Questions About Family

Note ethnicity for each family member.

Give me the name, relationship and age of each individual in your family.

23. How many children do you have? _____

- _____ 1=1
 _____ 2=2
 _____ 3=3
 _____ 4=4
 _____ 5=more and 4

24. Do all the children live with you?

- _____ 1=yes
 _____ 2=no

25. If not, who do they live with? _____.

26. Does the child who is participating in the study father live with you?

- _____ 1=yes
 _____ 2=no

27. Fathers age _____

28. Fathers education _____

29. If he doesn't live with you, where is he? _____.

30. Does your child's father spend consistent time with your child?

- _____ 1=yes
 _____ 2=no

*31. Are you currently working for pay?

- _____ 1=yes
 _____ 2=no

32. How many hours a week do you work? _____

- _____ 1=full-time (25 or more hours)
 _____ 2=part-time
 _____ 3=not working
 _____ 4=no response

33. What kind of work are you doing?

- _____ 1=not working
 _____ 2=waitress
 _____ 3=housekeeper
 _____ 4=child care worker
 _____ 5=nursing assistant
 _____ 6=other _____

34. Have you ever had a job?

_____ 1=yes

_____ 2=no

35. If yes, when did you last work?

_____ 1=never

_____ 2=less than 6 months

_____ 3=6-12 months

_____ 4=1-3 years

_____ 5=more than 3 years

_____ 6=no response

36. What kind of work have you done?

37. Why did your last job end?

_____ 1=never worked

_____ 2=to be with children

_____ 3=moved

_____ 4=fired

_____ 5=other _____

_____ 6=no response

38. What keeps you from working now?

_____ 1=no skills

_____ 2=children

_____ 3=loss of entitlement

_____ 4=inadequate education

_____ 5=other _____

_____ 6=no response

*39. Have you had any income during the past month?

_____ 1=yes

_____ 2=no

40. What is the source of the income?

_____ 1=no income

_____ 2=entitlement

_____ 3=work

_____ 4=mate

_____ 5=other _____

_____ 6=no response

*41. Do you have any relatives you can count on for help?

___ 1=yes

___ 2=no

___ 3=no response

42. If yes, what kind of help?

___ 1=money

___ 2=place to stay

___ 3=emotional support

___ 4=other _____

___ 5=no response

___ 6=NA

43. If no, what is the reason that you cannot ask them for help?

___ 1=not applicable

___ 2=fight or falling out

___ 3=will not ask for help

___ 4=do not have enough themselves

___ 5=other _____

___ 6=no response

44. How long has it been since you've had any contact with relatives?

___ 1=less than one week

___ 2=8-14 days

___ 3=15-30 days

___ 4=1-3 months

___ 5=3-6 months

___ 6=6-12 months

___ 7=1-2 years

___ 8=more than 2 years

45. Do you have any friends you can count on for help?

___ 1=yes

___ 2=no

46. What kind of help?

___ 1=money

___ 2=place to stay

___ 3=emotional support

___ 4=other _____

___ 5=no response

47. If no, what is the reason that you cannot ask them for help?

- ☐ 1=not applicable
- ☐ 2=fight or falling out
- ☐ 3=will not ask for help
- ☐ 4=other
- ☐ 5=no response

48. Do you feel you have enough close friends?

- ☐ 1=yes
- ☐ 2=no

49. How long has it been since you've had any contact with friends? _____

- ☐ 1=less than one week
- ☐ 2=8-14 days
- ☐ 3=15-30 days
- ☐ 4=1-3 months
- ☐ 5=3-6 months
- ☐ 6=6-12 months
- ☐ 7=1-2 years
- ☐ 8=more than 2 years

III. Questions About Child

50. How old is your child?

51. How much did your child weigh at birth?

52. At the present time?

53. Does your child attend school?

- ☐ 1=yes
- ☐ 2=no

If so, what is the last grade of school completed?

54. What kind of grades does your child earn?

- ☐ 1=As
- ☐ 2=Bs
- ☐ 3=Cs
- ☐ 4=Ds
- ☐ 5=other

55. Does your child have any problems with school?

_____ 1=yes

_____ 2=no

If so, what kind of problems?

56. How does your child get along with the other members of the family?

_____ 1=excellent

_____ 2=good

_____ 3=fair

_____ 4=poor

57. How does your child get along with people in general?

_____ 1=excellent

_____ 2=good

_____ 3=fair

_____ 4=poor

58. Does your child share her/his feelings and worries with you?

_____ 1=yes

_____ 2=no

If so, what sort of things does your child share?

59. What are your major concerns about this child?

60. How would you describe your child's health compared to other children?

_____ 1=as good as

_____ 2=not as good as

61. Has your child ever had any major health problems?

_____ 1=yes

_____ 2=no

If so, what were they:

62. Does your child have any health problem that you think he/she should have seen by a doctor?

_____ 1=yes

_____ 2=no

63. Has your child ever been hospitalized?

_____ 1=yes

_____ 2=no

If so, why was your child hospitalized? (List illnesses, hospitalization)

64. Has your child ever been seen for emotional or mental health problems?

_____ 1=yes

_____ 2=no

If so, where and why?

65. What do you do to maintain your child's health?

66. When is the last time your child had a physician or clinic appointment regarding his/her health?

_____ 1=within last two weeks

_____ 2=within the last two months

_____ 3=within the last six months

_____ 4=within the last year

_____ 5=longer than a year

What was the reason?

67. How has your child's health been in the past month?

_____ 1=excellent

_____ 2=good

_____ 3=fair

_____ 4=poor

68. When is the last time your child was seen by a dentist?

_____ 1=within 6 months

_____ 2=within the last year

_____ 3=within 1-2 years

_____ 4=more than 2 years

_____ 5=never

69. Describe your child in your own words.

70. How often does your child take a bath or shower?

____ 1=daily

____ 2=every other day

____ 3=weekly

71. How much sleep does your child get?

____ 1=6-8 hours

____ 2=9-11 hours

____ 3=more than 12

72. Do you think not having a permanent home has affected your child?

____ 1=yes

____ 2=no

If so, in what ways?

73. How do you think your current circumstances are affecting your child?

74. What do you need to improve your circumstances for yourself and your family?

75. What have you done to help your child in your present situation?

V. Questions About Own Health and Health Practices

76. How would you describe your health compared to other women?

____ 1=better

____ 2=as good

____ 3=poorer

____ 4=other _____ (specify)

____ 5=no response

77. How has it been in the last month?

78. Have you had any major health problems?

____ 1=yes

____ 2=no

79. If so, what kind of health problems have you had?

80. Do you have any health problems that you think you should see a doctor about?

_____ 1=yes

_____ 2=no

If so, what kind of problem?

81. Have you ever been hospitalized?

_____ 1=yes

_____ 2=no

82. If so, why were you hospitalized? (List illnesses and operations)

*83. Have you ever been seen for emotional or mental health problems?

_____ 1=yes

_____ 2=no

84. If so, why and where?

85. When is the last time you visited a health care provider regarding your health?

_____ 1=less than a month ago

_____ 2=1-3 months ago

_____ 3=3-6 months ago

_____ 4=6-12 months ago

_____ 5=more than 12 months ago

Why?

Have you been diagnosed with any of the following?

86. Asthma

_____ 1=yes

_____ 2=no

87. Allergies

_____ 1=yes

_____ 2=no

88. Anemia

☐ 1=yes☐ 2=no

89. Headaches

☐ 1=yes☐ 2=no

90. Bronchitis

☐ 1=yes☐ 2=no

91. Cancer

☐ 1=yes☐ 2=no

92. Diabetes

☐ 1=yes☐ 2=no

93. High Blood Pressure

☐ 1=yes☐ 2=no

94. Heart Problems

☐ 1=yes☐ 2=no

95. Female Problems

☐ 1=yes☐ 2=no

96. Kidney Problems

☐ 1=yes☐ 2=no

97. Mental Health Problems

☐ 1=yes☐ 2=no

98. Nervous Disorders

☐ 1=yes☐ 2=no

99. Tuberculosis

☐ 1=yes☐ 2=no

100. Sexually Transmitted Disease

☐ 1=yes☐ 2=no

101. Are you pregnant?

_____ 1=yes

_____ 2=no

102. If so, when did you find out that you were pregnant?

_____ 1=first trimester

_____ 2=second trimester

_____ 3=third trimester

103. Are you receiving prenatal care?

_____ 1=yes

_____ 2=no

104. If so, when did you first go for prenatal care?

_____ 1=first trimester

_____ 2=second trimester

_____ 3=third trimester

105. When will the baby be born?

106. Have you ever had a PAP test?

_____ 1=yes

_____ 2=no

107. If yes, has it been within the last year?

_____ 1=yes

_____ 2=no

108. Do you do monthly breast self-examinations?

_____ 1=yes

_____ 2=no

109. Did you have any problems with any of your pregnancies?

_____ 1=yes

_____ 2=no

If so, what kind of problems?

110. Are you using any type of birth control?

_____ 1=yes

_____ 2=no

111. If so, what kind?

112. When was the last time you went to a dentist?

_____ 1=less than a month ago

_____ 2=1-3 months ago

_____ 3=3-6 months ago

_____ 4=6-12 months ago

_____ 5=more than a year ago

_____ 6=1-2 years ago

_____ 7=more than 2 years

113. Do you take any drugs or medications now?

_____ 1=yes

_____ 2=no

114. Are they prescribed?

_____ 1=yes

_____ 2=no

What are they?

115. Have you ever used illegal drugs?

_____ 1=yes

_____ 2=no

116. Are you using illegal drugs now?

_____ 1=yes

_____ 2=no

117. Do you drink any alcoholic beverages?

_____ 1=yes

_____ 2=no

118. If so, what do you drink?

_____ 1=none

_____ 2=beer

_____ 3=wine

_____ 4=hard liquor

_____ 5=beer and wine

_____ 6=beer and hard liquor

_____ 7=wine and hard liquor

_____ 8=beer, wine, hard liquor

119. How often do you drink?

- ☐ 1=never
- ☐ 2=less than once a month
- ☐ 3=once a month
- ☐ 4=several times a month
- ☐ 5=weekly
- ☐ 6=2-3 times weekly
- ☐ 7=4-6 times weekly
- ☐ 8=on a daily basis

120. How much do you drink at one time?

- ☐ 1=1 drink
- ☐ 2=2 drinks
- ☐ 3=3 drinks
- ☐ 4=4 drinks
- ☐ 5=5-7 drinks
- ☐ 6=8-12 drinks

121. Have you ever gone to anyone for help for abusing drugs, including alcohol?

- ☐ 1=yes
- ☐ 2=no

122. Have people annoyed you by criticizing your drinking?

- ☐ 1=yes
- ☐ 2=no

123. Have you ever felt bad or guilty about your drinking?

- ☐ 1=yes
- ☐ 2=no

124. Have you ever had a drink first thing in the morning to steady your nerves?

- ☐ 1=yes
- ☐ 2=no

125. Do you drink caffeinated beverages?

- ☐ 1=yes
- ☐ 2=no

If so, how many do you drink a day?

126. Have you ever smoked?

- ☐ 1=yes
- ☐ 2=no

127. How long have you smoked?

128. Do you smoke now?

_____ 1=yes

_____ 2=no

129. How much?

_____ 1=none

_____ 2=less than 5

_____ 3=less than 10

_____ 4=a pack

_____ 5=more than one pack

130. Where do you usually get your meals?

_____ 1=soup kitchen

_____ 2=fast food place

_____ 3=where staying at shelter

_____ 4=relatives

_____ 5=churches

_____ 6=other _____ (specify)

_____ 7=no response

131. Have you ever had to skip a meal so the children could get enough to eat?

_____ 1=yes

_____ 2=no

132. How often does this happen?

133. How often do you take a bath or shower?

_____ 1=less than once a day

_____ 2=once a day

_____ 3=more than once a day

134. How many hours of sleep do you usually get?

135. What do you do to maintain your health?

*136. How would you rate your (nerves or) mental health at present?

_____ 1=good

_____ 2=okay

_____ 3=poor

_____ 4=other _____ (specify)

137. In general, how satisfying would you say your life has been?

_____ 1=satisfying

_____ 2=not satisfying

138. How do you decide if you or your child need health care?
139. How do you find out what health care services are available to you?
140. Are you satisfied with this care?
_____ 1=yes
_____ 2=no
141. Why or why not?
142. How many days, in the last 30 days, did you not do things (activities) that you normally do because of illness or injury?
143. How many days for your child?
144. Do you have health care insurance?
_____ 1=yes
_____ 2=no
If yes, what kind?

VI. Interviewer Notes

1. How accurate do you feel the respondent's answers were?
2. Did you feel the respondent was lying to you at any time during the interview?
3. Location and Date of Interview
4. Interviewer Name
5. Edited by
6. Editor's Comments
7. Coded by
8. Coder's Comments