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**Identification of Inner-city, African-
American Caregivers' Informational
Needs in Providing Care for
Their Children**

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Abstract

The purpose of this study was to identify the information inner-city, African-American caregivers wanted in order to provide better care for their children. Thirty-five African-American caregivers of children, aged three to seven years, were interviewed. The gender, relationship to child, number of children cared for regularly, and the desired informational needs were identified. Frequencies and descriptive statistics were used for data analysis. Results showed that parenting-discipline and safety were each identified by approximately 25% of the respondents as desired informational needs. Almost 20% of the responses indicated no need for information. Other categories where a need for information was identified were nutrition (10.1%), other topics (8.5%), health state (6.7%), and parenting-education (5%). Future educational programming is recommended regarding identified informational needs. Further research needs to be done in a variety of settings to determine more about areas of informational need.

Identification of Inner-city, African-American Caregivers' Informational Needs in Providing Care for Their Children

A key to providing better care for children is to identify what information their caregivers want or need to know more about in relation to caring for their children. Educational programs based on these needs could then be implemented for caregivers, especially those in inner-city, high-risk populations. With preventive care becoming more important in health care today, early identification of informational needs of inner-city, African-American caregivers regarding child care is necessary.

Literature Review

Little information exists in the literature identifying what information inner-city, African-American caregivers want to know to provide better care for their children. The body of knowledge relating to informational needs of various groups pertains more to identification of knowledge deficits among individuals, as opposed to their identified desire for specific knowledge.

Children from impoverished backgrounds almost always have more health problems, have higher mortality rates, and suffer with more disabling handicaps than those children from more affluent areas (Goon & Berger, 1989; Nugent, Linares,

Brykczynski, Crawford, Fuller, & Riggs, 1988). While this high-risk population especially needs medical care, they often do not receive it because of cost (Nugent et al., 1988). The school-age years are the time when many health problems are identified. Hearing and speech difficulties, dental caries, gross and fine motor coordination difficulties, delayed and inadequate immunizations, asthma, lead poisoning, iron deficiency anemia, infectious diseases, and malnutrition are common and recognized (Bithoney, Vandeven, & Ryan, 1993; Goon et al., 1989; Koch, 1988; Nugent et al., 1988). To help decrease these problems, preventive care should be instituted prior to the school-age years. Inner-city, poor children are at greater risk than others for many problems. Dental caries and oral diseases are at a higher level among this group (White, 1993). Elevated lead levels occur with greater frequency (Bithoney et al., 1993). Maltreatment, defined as abuse, neglect, or sexual abuse, is a common threat (Leventhal, Horwitz, Rude, & Stier, 1993). Also the mortality rate from injuries in low-income families is the highest (Baldwin, Fisher, & Simon, 1987).

Health education is an important component of improving the overall health state of the inner-city, preschool population. It is essential that knowledge deficits and

educational needs of caregivers be identified, and then addressed.

Liller, Kent, and McDermott (1991) identified the knowledge of postpartum patients in a predominantly low-income population pertaining to childhood injuries. Participants were verbally surveyed to identify knowledge deficits. Areas of concern included burns, motor vehicle injuries, and drowning. It was concluded that these areas of knowledge deficit needed to be addressed in future educational programs. No specific programs were implemented, but implications for nurses and nurse-midwives to establish injury prevention education for parents were discussed.

In a 1983 study by Halperin, Bass, and Mehta, accident prevention knowledge of parents in nine Massachusetts towns was identified. Educational needs were significantly different among parents in different communities. Differences also occurred between regions, including urban, suburban, and rural. The most important point raised by this study may be the idea that beyond legislative efforts, educating parents may be the only way to prevent significant injury to children.

Baldwin, Fisher, and Simon (1987) surveyed low-income families to identify their injury prevention knowledge. They found that increases in knowledge do not necessarily correlate

with decreased injury. Importantly, though, researchers determined that knowledge surveys can help to identify areas in need of further education and study.

While the above studies related to information needs of parents, Nyamathi and Flaskerud (1992) worked on developing a revised Inventory of Current Concerns (ICC) for drug-addicted, minority women living in impoverished conditions. This inventory was used to identify specific concerns and desires for information among this high-risk population. By using an inventory like the ICC, concerns for a variety of populations may be identified, thus developing a basis for nursing interventions and facilitation of educational programming. The revised ICC is a good tool for gaining information about various areas of concern among a homeless, drug-addicted population. Yet, the tool is inadequate for identifying specific child care needs of parents or guardians due to its vast array of questions involving non-family related categories. Of the fifty items on the revised ICC, only seven related to the family category (Nyamathi & Flaskerud, 1992).

While there exists a body of knowledge about health problems of the school-age years and injury prevention knowledge of parents, there is little documented in the literature about health care knowledge needs related to their

role as caregivers. No studies were identified addressing the desire for specific knowledge relating to child care among inner-city, African-American caregivers.

Purpose of Study

The objective was to identify what informational needs inner-city, African-American people have, related to providing better care for their children.

Methods

Sample and Setting

Thirty-five African-American caregivers of children aged three to seven years participated in this study. Thirty-six people were initially approached, but one refused to participate, stating that she was in a hurry. Twenty-six of the caregivers had one or more children attending the Peoria Committee for Equal Economic Opportunity Head Start Program, and nine caregivers had one or more children attending the Valeska Hinton Early Childhood Education Center. Both schools are located in Peoria, Illinois. The relationships of participants to child were mother (30), father (1), grandfather (1), brother (1), aunt (1), and mother and grandmother (1). This last participant cared for more than one child. She was the natural mother and foster mother to several children, and the natural grandmother to one other child.

The Early Childhood Education Center is financed through Chapter 1 funds. In order to use these monies for district-wide projects, such as the Center, 75% or more of the students need to be economically disadvantaged (Winfeld, 1991). These guidelines are outlined in the Hawkins-Stafford Amendments of 1988. The majority of children attending these schools are from low-income families. Some 75-80% of the children attending the Valeska Hinton Early Childhood Education Center live in households that fall below the poverty level (M. Lockett, personal communication, March 10, 1994). The poverty level, as established by federal standards, is \$12,000 per year for one parent and one child. For each additional person living in the household, the maximum income increases by \$3,000 (M. Lockett, personal communication, March 10, 1994). Some children from other areas of the district attend the Center based on Federal Chapter 1 guidelines. These standards also allow middle and upper-income children to attend the Center because of extenuating circumstances, such as falling below a certain educational level (M. Lockett, personal communication, March 10, 1994). All children go through an application process that establishes the socioeconomic status of the family and provides initial developmental screening.

Procedures and Instruments

Thirty-five African-American caregivers volunteered to participate in an informal, semistructured interview. A semistructured interview "requires certain types of information from all respondents, but allows flexibility in phrasing and order of questions based on the respondents' characteristics" (Hutchinson & Wilson, 1992, p. 117). This type of data collection was determined to be the most beneficial because it would allow participants the freedom to express their ideas without being limited by the researcher. Wilson (1993) also states that semistructured interviews are an effective means for exploration, which is the main purpose of this study.

Demographic data were collected, including gender, relationship to child, and the number of children the participant cares for on a regular basis. The question asked of each participant was, "What information would you like to know to provide better care for your child or children?" If the participant could not think of any response, four general category prompts were used. These prompts were safety, nutrition, illness, and emergencies. All data collection occurred at the Valeska Hinton Early Childhood Education Center and at the Peoria Committee for Equal Economic

Opportunity Head Start Program at Webster School in Peoria, Illinois.

All participants were informed of voluntary participation and confidentiality. Each participant verbally agreed to answer questions. The choice of verbal participation and consent was made after discussion with the Superintendent of Schools. Since a large percentage of adults in the target population do not know how to read or write, requesting them to sign a consent form may have inhibited them from participation. Before data collection began, the study was approved by a student Honors Research Committee composed of faculty at Illinois Wesleyan University, the administration of the Valeska Hinton Early Childhood Education Center, the Peoria Committee for Equal Economic Opportunity Head Start Program, and the nursing administration of the Peoria City County Health Department.

Data Analysis

Data analysis included tabulation of frequencies and descriptive statistics. Responses to research questions were divided into seven categories. These categories included parenting-education, parenting-discipline, nutrition, safety, health state, other, and no need. Table 1 provides a list of the responses falling under each category. More than one response was accepted from each participant. Therefore, the

number of responses was greater than the number of participants.

Results

Demographics (see Table 2)

Thirty-five individuals participated in the study. Thirty-two (91.4%) were female, and three (8.6%) were male. All participants were African-American.

Of the females, thirty (85.7%) were mothers, one (2.9%) was an aunt, and one (2.9%) was a mother and grandmother. This woman cared for her own children and grandchildren. Of the males, one (2.9%) was a father, one (2.9%) was a grandfather, and one (2.9%) was a brother. Four of the females were foster parents. None of the males were foster parents.

Thirteen (37.1%) of the participants cared for one to two children regularly. Seventeen (48.5%) cared for three to four children. Five (14.2%) cared for five or more children on a regular basis.

Eighty percent of the respondents expressed some informational need. Of these participants showing a need, the number of children each cared for varied. Some of the respondents appeared well-dressed and possibly belonged to middle-income families. Because no income questions were asked in the demographic section, though, the financial status

of the participants could not be definitively identified. Most of the people responding with needs were talkative or interacted with others while they waited for their turn. Some appeared with harsh looks on their faces, but when they were approached, they smiled and were more friendly and talkative.

Of those participants expressing "no need" for information, 10-20% appeared more middle-income, showing up in business attire. Yet again, the financial status of the families could not be positively determined. Those who did not express a need for additional information tended to have two or more children under their care. Others responding seemed not very talkative and were possibly uncomfortable with the interview situation.

Responses in Total (see Table 3)

Fifty-nine responses to the research question were given. According to category, safety and parenting-discipline each received fifteen and fourteen responses, or approximately one-quarter of the responses each. Approximately one-fifth of the responses were in the "no need" category. Other categories followed, in order from most to least responses, nutrition (10.1%), other (8.5%), health state (6.7%), and parenting-education (5%).

Responses Based on the Relationship to the Child (see Table 4)

Four participants in the study were foster parents. All four were female. Of the responses given, a majority (55.6%) identified parenting-discipline as an informational need. Some caregivers wanted to know about sibling rivalry and positive role modeling, while many wanted to know more about how to get their child to behave. Almost one-quarter (22.2%) of the responses were of no need. Parenting-education and other each received 11.1% of the responses. Nutrition, safety, and health state were not mentioned.

Responses from females who were not foster parents varied. Almost one-third (29.5%) of the participants stated safety as a concern. Some of the safety concerns mentioned were teaching the children how to handle emergencies, first aid, CPR, preventing sexual abuse, and street safety. One-fifth of the females indicated no specific area of interest. Parenting-discipline had a considerably smaller response from non-foster parent females than from foster parent females, with 15.9% of the replies. The other categories ranged from nutrition (11.3%), health state (9%) and other (9%), down to parenting-education (4.5%).

Males, none of whom were foster parents, answered safety as their highest concern (40%). Parenting-discipline, nutrition, and no need each had 20% of the responses.

Parenting-education, health state, and other were not mentioned as responses.

Responses Based on the Number of Children Cared for Regularly (see Table 5)

Slightly over 37% of the participants cared for one to two children on a regular basis. Of this group, 32% cited parenting-discipline as an informational need. Safety followed with 16% of the responses. Nutrition, health state, and no need each had 12% of the responses. Eight percent of the replies were for each of the last two categories- parenting-education and other.

Almost one-half (48.5%) of the participants cared for three to four children regularly. Safety was their biggest concern, with 38.4%. A little over one-quarter (26.9%) responded as having no informational needs. The "other" category followed with 11.5% of the responses. Almost 8% of the statements each fit into the nutrition and parenting-discipline categories. Parenting-education and health state each received 3.8% of the responses.

Slightly over 14% cared for five or more children on a regular basis. One-half of the responses fit into the parenting-discipline category. One-quarter replied no need. Safety and nutrition each got 12.5% of the responses. Parenting-education, health state, and other were not mentioned.

Responses Based on School (see Table 6)

Almost 30% of the responses came from participants at the Valeska Hinton Early Childhood Education Center. Almost one-third (29.4%) of the responses fit into the parenting-discipline category, as well as the “no need” category. Concern for safety and the “other” category followed with 17.6% of the responses each. Parenting-education received 5.8% of the responses. Nutrition and health state were not mentioned at the Early Childhood Education Center.

A majority of the responses (70.2%) came from the Peoria Committee for Equal Economic Opportunity Head Start Program at Webster School. Safety received the most responses with 30%. Parenting-discipline was closely behind with 20%. “No need” responses comprised 17.5% of the results. Nutrition (15%), health state (10%), other (5%), and parenting-education (2.5%) were all mentioned.

Responses Based on Prompting or Not Prompting (see Table 7)

A majority of the responses (67.8%) were achieved without prompting with any of the four general categories. Of these responses, almost one-third of the replies were parenting-discipline. Almost one-quarter (22.5%) responded with no need. Safety received 15% of the replies, while 12.5% of the responses fit into the “other” category. Nutrition,

health state, and parenting-education each received 7.5%, 5%, and 5% of the responses respectively.

Almost one-third of the responses were achieved by prompting with one of the four general categories- safety, nutrition, illness, and emergencies. Safety received 47.3% of the prompted responses. Answers prompted by "safety" included teaching children how to handle emergencies and dial 911, first aid, CPR, and teaching children to not talk to strangers. Twenty-one percent still responded with no need. Nutrition was mentioned in 15.7% of the responses. Health state received 10.5%, and parenting-education received 5.2%. Parenting-discipline and the "other" category were not mentioned.

Discussion

Of the thirty-five people surveyed, 20% of the responses indicated that they had no informational needs regarding providing better care for their children. It is important to note that one-third of these "no need" respondents had other resources, such as classes at Illinois Central College, in which they gained information.

Overall, safety and parenting-discipline were categories with high demand for information. It is important to note that safety issues and child abuse are two areas in which problems are known to occur in low-income populations (Leventhal et

al., 1993; Liller et al., 1991). The fact that the participants are interested in learning more about these topics is encouraging. Another important aspect to note is that physical and health state attributes were rarely identified by caregivers as informational needs. This could be an obstacle, particularly when problems such as dental caries, high lead levels, malnutrition, and missed immunizations are reported commonly in this age group (White, 1993; Goon et al., 1989; Koch, 1988; Nugent et al., 1988).

While some of these areas are not necessarily the most urgent needs of caregivers, it may be important to include the requested topics in classes or educational programming for caregivers. Because they are interested in the topics, participants may learn or retain information better. Getting caregivers to these classes would also provide an opportunity to present material on other topics as well.

Because this study was intended to acquire initial data concerning desired informational needs of caregivers, no hypotheses were made regarding findings based on school attended, number of children cared for regularly, prompting or not prompting, or relationship to the child. Results were analyzed in a variety of ways in order to look for patterns or significant findings.

In the tabulation of responses based on the number of children cared for regularly, a pattern emerged. In those individuals with 1-2 children, discipline was a major issue. This could be because the caregiver is inexperienced in caring for children and is not sure how to correctly handle discipline situations. Caregivers with 3-4 children had less of a need for information on discipline. This could be explained by a comment made by one of the participants, "After four kids, you know it all." Therefore, the caregivers are more experienced and potentially have acquired adequate methods for handling discipline. Caregivers with 5 or more children expressed an increased desire for discipline information. This is possibly due to an increased demand of caring for a large number of children and having a harder time controlling their behaviors.

A pattern occurred in the responses based on prompting or not prompting. Parenting-discipline received the most responses in the not prompted category, while discipline did not receive any responses in the prompted category. This is possibly due to a bias in the prompters used. Since two of the prompters, "emergencies" and "safety", directly relate to the safety category, a larger number of "safety" responses may have resulted. Potentially, the prompters may need to be changed for future study.

A limitation of this study is that no attempt was made to assess participants' current knowledge level or compare that level to their expressed informational needs. Another study could be done to make a comparison between current knowledge level and desired informational needs. Also an assumption was made that participants were of low-income status because data was collected in a clinic where school physicals were being offered based on financial need.

Another limitation of this study was the small sample size. In order to facilitate a larger data base, all parents or caregivers of children attending the Valeska Hinton Early Childhood Education Center and the Peoria Committee for Equal Economic Opportunity Head Start Program should be questioned regarding their informational needs in providing better child care. Not only should more data be collected in Peoria, but also more research should be done in other inner-city areas with African-American populations to see if similarities exist in informational needs. This could also provide for widespread use of educational programs for caregivers.

Research like this could also be done in a variety of settings including urban, suburban, and rural communities with different cultural backgrounds to determine areas of

informational needs. Eventually, the research could be expanded to include areas other than child care.

The results of the research provided information that was used for the planning of initial parent group discussions at the Valeska Hinton Early Childhood Education Center. Further educational programming for the parents at the Center is expected to continue based on the results of this study. Also, the results are intended to be provided to the Peoria City County Health Department and the administrative and teaching staff at the Peoria Committee for Equal Economic Opportunity Head Start Program for future educational programming.

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Table 1

Responses by Category

Parenting-education:	Activities with children, age appropriate. How to educate children about the environment. Home activities to keep learning.
Parenting-discipline:	Discipline. Sibling rivalry. Positive role modeling. Positive reinforcement. How to handle behavior disorders. How to teach manners. How to get along with other children. How to control hyper children.
Nutrition:	Eating healthier. Cooking nutritious foods. How to get children to eat their "veggies". Normal eating habits, when to be worried.
Safety:	Teach children not to talk to strangers. Street safety.

(table continues)

CPR.

Teach children how to handle emergencies, call 911, use telephone.

How to make home a safer environment.

First aid.

Poison.

Fire safety, how to escape.

Prevent sexual abuse and teach children to tell.

Health State: How to identify chicken pox, rashes, etc.

How to identify illness.

Diseases to look for at this age.

Other: "Anything and everything I'd like to know."

Support groups.

Teach parents not to do drugs.

Developmental milestones.

How to deal with speech difficulties in children.

Table 2

Demographics

<u>Participants</u>		<u>Percentage</u>
32 females		91.4%
3 males		8.6%

30 mothers		85.7%
1 father		2.9%
1 grandfather		2.9%
1 brother		2.9%
1 aunt		2.9%
1 mother and grandmother		2.9%

<u>Caregiver Provides Care for:</u>		
1-2 children	13	37.1%
3-4 children	17	48.5%
5 or more children	5	14.2%

Table 3

Responses Per Category

<u>Category</u>	<u>#Responses</u>	<u>Percentage</u>
Parenting-education	3	5%
Parenting-discipline	14	23.7%
Nutrition	6	10.1%
Safety	15	25.4%
Health State	4	6.7%
Other	5	8.5%
No Need	12	20.3%

Table 4

Responses Based on Relationship to Child

Foster Parents (all females)

<u>Category</u>	<u># Responses</u>	<u>Percentage</u>
Parenting-education	1	11.1%
Parenting-discipline	5	55.6%
Nutrition	0	0%
Safety	0	0%
Health State	0	0%
Other	1	11.1%
No Need	2	25%

Males (not foster parents)

<u>Category</u>	<u># Responses</u>	<u>Percentage</u>
Parenting-education	0	0%
Parenting-discipline	1	20%
Nutrition	1	20%
Safety	2	40%
Health State	0	0%
Other	0	0%
No Need	1	20%

(table continues)

Females (not foster parents)

<u>Category</u>	<u># Responses</u>	<u>Percentage</u>
Parenting-education	2	4.5%
Parenting-discipline	7	15.9%
Nutrition	5	11.3%
Safety	13	29.5%
Health State	4	9%
Other	4	9%
No Need	9	20.4%

Table 5

Responses Based on # Children Cared for Regularly

1-2 children

<u>Category</u>	<u># Responses</u>	<u>Percentage</u>
Parenting-education	2	8%
Parenting-discipline	8	32%
Nutrition	3	12%
Safety	4	16%
Health State	3	12%
Other	2	8%
No Need	3	12%

3-4 children

<u>Category</u>	<u># Responses</u>	<u>Percentage</u>
Parenting-education	1	3.8%
Parenting-discipline	3	11.5%
Nutrition	2	7.6%
Safety	10	38.4%
Health State	1	3.8%
Other	2	7.6%
No Need	7	26.9%

(table continues)

5 or more children

<u>Category</u>	<u># Responses</u>	<u>Percentage</u>
Parenting-education	0	0%
Parenting-discipline	4	50%
Nutrition	1	12.5%
Safety	1	12.5%
Health State	0	0%
Other	0	0%
No Need	2	25%

Table 6

Responses Based on School

Valeska Hinton Early Childhood Education Center

<u>Category</u>	<u># Responses</u>	<u>Percentage</u>
Parenting-education	1	5.8%
Parenting-discipline	5	29.4%
Nutrition	0	0%
Safety	3	17.6%
Health State	0	0%
Other	3	17.6%
No Need	5	29.4%

Peoria Committee for Equal Economic Opportunity Head Start Program

<u>Category</u>	<u># Responses</u>	<u>Percentage</u>
Parenting-education	1	2.5%
Parenting-discipline	8	20%
Nutrition	6	15%
Safety	12	30%
Health State	4	10%
Other	2	5%
No Need	7	17.5%

Table 7

Responses Based on Prompting or Not Prompting**Prompted**

<u>Category</u>	<u># Responses</u>	<u>Percentage</u>
Parenting-education	1	5.2%
Parenting-discipline	0	0%
Nutrition	3	15.7%
Safety	9	47.3%
Health State	2	10.5%
Other	0	0%
No Need	4	21%

Not Prompted

<u>Category</u>	<u># Responses</u>	<u>Percentage</u>
Parenting-education	2	5%
Parenting-discipline	13	32.5%
Nutrition	3	7.5%
Safety	6	15%
Health State	2	5%
Other	5	12.5%
No Need	9	22.5%
