Pediatrics Clinic and Well-Child Care Clinic

by

Pam England

March 28, 1984
Burt Feintuch
Folk Studies 462/462G

Through my observations in the waiting room and examining room, discussions with a Family Nurse Practioner, a Pediatric Nurse Practioner, and the manager of the Pediatric Clinic at the Bowling Green Health Department, I have drawn the following conclusions about folk and academic medical practices and beliefs coming into conflict during early childhood health care within this program.

The Bowling Green Health Department has two early childhood health care programs, the Well-Child Care Clinic and the Pediatric Clinic. The Well-Child Care Clinic involves health maintenance. In this clinic, patients are based on income. The program is funded by the state. It is provided for children two weeks to six years old. It involves primary care as it includes immunizations, physical examinations, the child's history, and counseling about good child care. The patients are scheduled by the hour since this is a more indepth interaction between the patient and the nurse. I was exposed to this clinic only while setting in the lobby where I observed the parents with children waiting to be examined.

The Pediatric Clinic is funded by the city of Bowling Green. It is the only one of it's kind in the state of Kentucky according to a Family Nurse Practioner at the clinic. The clinic is free and patients are not based upon income. No appointments are made. Patients simply wait in line between 8:00 a.m. and 12:00 p.m. on Mondays, Wednesdays, and Fridays.

My first observation of the Pediatric Clinic was for about an hour in the waiting room. It appeared that everyone waiting for treatment was of lower income. I noticed several refugees including Laotians, Vietnamese, and Koreans. It was obvious that many of the parents could not speak English. They must have been experiencing a great deal of anxiety as they waited. It was obvious that there would be difficulty in communicating with a medical practioner.

In observing such a large percentage of refugees, the possibility of a conflict in folk and academic medical practices and beliefs as these individuals interact with the American medical practioners seems probable. According to a Family Nurse Practioner, the Pediatric

Clinic usually has one nurse in charge of refugees. A community refugee agency assist in organizing appointments for them. Still, the nurse often must deal with a patient who speaks little or frequently no English. Many times an interpretor is not available. Communication is simply left to body language. The Health Department has posters with several languages listed. The patients may point to their language so pamphlets in their language may be provided to assist in the examination and in instruction for taking medication. The problem with this is that many of the patients are illiterate in their own language. She said they seem to be treating more and more uneducated refugees.

I was able to interview a Family Practioner nurse about some of the folk medicine practices she had encountered among American patients. She said she had come across a variety of folk practices which she tried to recall during our discussion. I included a couple of the most common practices dealing with early childhood.

Sometimes a child is born with a weak spot in the muscles of the belly wall or groin. This condition is commonly known as a rupture or hernia. Often, the spot appears around the naval in newborn babies. One of the nurses said it was a frequent practice of parents in this area to bring such a child in with a silver dollar taped to the navel hernia in the hope that scar tissue will seal over the defect. This does not necessarily conflict with academic medical practices since doctors often tape the navel hernia for a few months. The idea of taping the hernia is the same although some parents may feel that the silver dollar has an influence in causing the scar tissue to seal.

Fevers usually indicate that a child is ill. Ordinary colds as well as the onset of common childhood diseases may cause fevers. Home remedies varied from sponge baths with lukewarm water, ice-cold rub-downs, aspirin, and drinking plenty of fluids. A nurse included no home treatment, such as laxatives or enemas, should be given until they are prescribed. Also, it is best not to give ice-cold or alcohol rub-downs to babies under two years of age.

Academic medicine during early childhood may often be avoided because of income rather than skepticism of the medical practices. Fear of the expenses involved often makes people reluctant to seek early treatment of medical problems or even to leave some problems unattended. Since the Pediatric Clinic is free and available to

anyone from birth to age eighteen, this probably helps to somewhat alleviate some of the conflict between folk and academic medical practices due to income. Rather than experimenting with their own remedies and practices, patients may become more open to use of academic medicine when the financial stress has been lifted.

On a later visit, I was able to observe in the examining room as a Pediatric Nurse Practioner examined and treated her patients. My first observation was the examination of a five year old girl. The father remained in the examining room holding and talking to the child as she was examined. The little girl had ear problems and difficulty in breathing. The nurse and father reviewed her records as they discussed past treatment. The nurse then examined a rash covering the girl's body from the waist down. The nurse questioned the father about any treatment he may have done for her. Other than soaking her in warm water, he had not done anything. She gave him a tube of medication and instructions on treating the rash. Then, she preceded to discuss the child's ear and breathing problems. She asked the father if he still smoked. He admitted that both parents smoked, but claimed that the child was usually in the other room. The nurse recommended that they discontinue smoking as this seemed to be affecting the child's health. The father preceded to say that he didn't think his smoking practices were influencing the child's health although he was trying to quit smoking because he felt it was a bad habit. He added that they could not control guests who entered their home and smoked either. It was interesting to observe that the nurse avoided an excessive medical vocabulary in dealing with her patients. She used a simple vocabulary explaining the child's health situation clearly to the parents.

By having early childhood health care at the Bowling Green Health Department, the difference between having a healthy child and an unhealthy child is at stake. Parents may choose their own folk medical practices and beliefs; however, the Pediatrics Clinic and the Well-Child Care Clinic provide an alternative in academic medical practices and beliefs. No matter how low the family's income may be, they still have the opportunity to have their child treated against childhood diseases through this program.

In conclusion, I feel my observations reveal a conflict between folk and academic medical practices and beliefs at this setting. I believe the refugees would probably be more skeptical of modern medicine and less likely to properly follow academic medical practices. Attributing this to the cultural differences and language barriers, one might expect the lower class Americans to be more open to academic medicine; however, education, economic fears, and family traditions have an impact on whether they benefit from academic medical practices and beliefs.