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Sharing Stories:
Understanding Early Childbearing Among Reservation-Based
Native American Women

by

Janelle F. Palacios

DISSERTATION

Submitted in partial satisfaction of the requirement for the degree of

DOCTOR OF PHILOSOPHY

in

NURSING

in the

GRADUATE DIVISION

Sharing Stories:
Understanding Early Childbearing
Among Reservation Based Native American Women

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By

Janelle F Palacios

This dissertation is dedicated to all marginalized communities.

qe es nk^wúsm

pesyáʔ st̃m̃melis

pesyáʔ ka 'aktak'

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First, the women who stepped forward and volunteered their personal experiences deserve a very special acknowledgment. These courageous women were often surprised at the end of the interview in how much they shared. Their stories not only lay the foundation for guiding the community on healthy family issues, they also encourage other women to reflect on their own experiences and strive for healthy futures. I am humbled by your gifts.

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Every story has a beginning, and my story begins with my first teachers-family members. My dearly loved grandmother Eloise and my aunty Kay-Kay, both teachers by trade, introduced me to reading. From reading my interest in school grew, and little by little the seed they planted matured into a desire to attend college. My beloved grandmother Kay taught me the powers of faith and forgiveness which guide me today. Kathy and Duane, my parents, role modeled a loving and supportive family. Manda, Holly and Brooke, three younger sisters, have shown me that optimism is rewarding. A special sister, Starlite, pointed out the incommensurability of some value systems, while providing exemplar skill in motherhood. My uncles, Lyle, John and Lance, along with my great aunty Rhonda and cousin Kelly, and grandpas Rick and Ken have demonstrated that the interlinked web of extended

family is there to catch you when you stumble. Some extended distant family members are professors. It was a far distant cousin that empowered the undergraduate Janelle with a new set of language. While taking a class at the University of Washington (UW), I met Dr. Luana Ross who taught a course on the construction of deviance in Native American women. Luana both introduced a language which I could finally articulate my experience as a Native child growing up on a rural reservation, and role modeled poise and grace. Luana, thank you for your gifts.

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Entering graduate school was nearly unbelievable. Friends and colleagues to share laughter with helped maintain my sanity. Thank you Pam, Airin, Aja, Vanessa, Rochelle and Diane for sharing your humor and lunch dates!

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developed into a co-authored manuscript located in Chapter 3 “Historical Legacies: Understanding Native Women’s Health” which was accepted for publication. The numerous exercises we underwent together have only fueled my desire to challenge and improve theory, many thanks to these new skills! Unknown to me at the time, through interpretive phenomenology Dr. Kit Chesla (expert Chair of my Qualifying Exam!) introduced me to my existence within existentialism. I am grateful to you Kit for this new awareness in myself. Finally, Chair of my Dissertation, my advisor, my Academic Mother, and now my colleague, Dr. Holly P. Kennedy gave me a tremendous gift- the gift of opportunity. I am honored to have met you and extraordinary lucky to have worked with you closely. Each of you has imparted unto me invaluable skills and fond memories.

Finally, my husband Gilberto must be recognized for his patience, steadfast encouragement, humor, and concern for my work. Countless times you provided me with welcomed excuses for respite from hiking to ancient ruins to movie-thons at home. You are a source of my inspiration. inḡmenč ka nu’ła

I am not here alone,

I have arrived with all those who have shaped my life.

We all must celebrate.

ABSTRACT

SHARING STORIES:
UNDERSTANDING EARLY CHILDBEARING
AMONG RESERVATION-BASED
NATIVE AMERICAN WOMEN

by

Janelle F. Palacios

Doctor of Philosophy in Nursing

University of California, San Francisco, 2008

Early child-bearing (ECB), or becoming pregnant at age 18 or younger, is a common and poorly understood event among the Native American population. In 2002 Native American ECB rates of 53.8 per 1,000 live births were higher than total United States ECB rates (42.9/1,000) and White ECB rates (28.6/1,000). In general, regardless of age at childbirth, Native American women have poor maternal/child outcomes compared to other populations, and minimal research has inquired into these women's ECB experiences.

This interpretive phenomenological study aimed to discover retrospectively the ECB experiences of adult, self-identified Native American women who lived on a particular reservation located in the Western United States. Specifically, this study sought to understand (a) the social context situating women's ECB experience, and (b) ECB effects on women's life trajectories.

The findings revealed that women's childhood contexts situated their entrée into ECB and affected the meanings women ascribed to their experience. Accounts of their childhoods revealed numerous exposures to traumatic events (e.g. parental substance use, neglect, abuse, death, and divorce) which often times contributed to risky behaviors and early pregnancy. Women embodied ECB according to their life situations. For some, ECB extended the chaos from their childhoods and became a challenge as they negotiated roles and responsibilities. Other women took up ECB as a means to heal emotional voids inherited from their youth. Additionally, some women felt their adulthood was confirmed through their mothering role and initiated changes in their lives that enabled them to refrain from engaging in risky behaviors.

The theories of Historical Trauma and Weathering are discussed in terms of how they contribute to women's childhoods and how ECB may serve as a protective factor enabling women to discontinue the intergenerational cycle of risk. Implications for health care, future research and clinical practice are presented.

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CHAPTER ONE: INTRODUCTION

Background and Significance of the Problem

Early childbearing (having a child at age 18 or younger) is common among the Native American population. Despite recent early childbearing (ECB) rates decreasing for this population from 1991 to 2003, they are still higher (53.8:1,000 live births) than the total United States average (42.9:1,000 live birth; Martin et al., 2005). The Native American population has many risk factors associated with ECB such as low income, lower educational attainment, and membership in a marginalized group (Indian Health Service, 2001b).

Despite higher rates of ECB, there is a paucity of data on maternal and child health outcomes for ECB Native American women. This may reflect difficulties recruiting Native American participants into studies (Center for Disease Control, 2001c) or the challenges of creating inclusion and exclusion criteria that accurately portray the diversity and size of this population (Center for Disease Control, 2001c; Parker, Haldane, Keltner, Strickland, & Orme, 2002). Despite these shortcomings, ECB Native American women have been included in larger studies on childbearing practices and outcomes.

In general, childbearing Native American women have significantly worse maternal and child outcomes compared to other groups (Luo, Wilkins, Platt, & Kramer, 2004). These women have high rates of substance use (Warren et al., 1990), smoking (Martin et al., 2003; Ventura, Hamilton, & Sutton, 2003), anemia (Martin et al., 2003), diabetes (Martin, Hamilton, Ventura, Menacker, & Park, 2002), and late entry into prenatal care (Grossman et al., 2002). Native American women are at an

increased risk for poor childbearing outcomes which include: mortality (Center for Disease Control, 2001c), pregnancy associated hypertension (Martin et al., 2002), gestational diabetes, macrosomic infants, (LaVallie et al., 2003), fetal-alcohol spectrum disorder, preterm delivery (Martin et al., 2002), low birth weight (Grossman et al., 2002), sudden infant death syndrome (Randall, Krogh, Welty, Willinger, & Iyasu, 2001), and neonatal and postneonatal mortality (Grossman et al., 2002).

Since outcomes for Native American ECB women in this population have been pooled with adult women, it is difficult to link poor outcomes specifically to maternal age. Grossman and colleagues (2002) suggest maternal and child health disparities among Native American/Alaskan Native infants are related to higher rates of poverty, lower levels of maternal education, and limited use of prenatal care.

Health disparities across the United States (U.S.) childbearing populations have been recognized. *Healthy People 2010* outlined goals to increase quality and years of health among all populations, with a particular target to eliminate health disparities (Center for Disease Control, 2001a). Improving infant, child, and maternal health are relevant concerns for childbearing Native American women. Adjoining these focused targets are specific goals developed by federal institutions. Both the National Institutes of Health (NIH) and U.S. Department of Human and Health Services (DHHS) recognize that decreasing infant mortality across populations requires steps to reduce health disparities among the U.S.'s most vulnerable women (Parker et al., 2002).

Studies over the past decade have compared childbearing outcomes between minority and White women and suggest ECB may provide biological advantages for

historically disadvantaged women (Geronimus, 1992, 2001; Geronimus, Bound, & Waidmann, 1999a, 1999b; Geronimus, Bound, Waidmann, Colen, & Steffick, 2001; Geronimus & Hillemeier, 1992; Geronimus, Neidert, & Bound, 1993; Jenny, Schoendorf, & Parker, 2001; Wildsmith, 2002). For example, Geronimus (1992) proposed African American women's health deteriorates at an accelerated pace compared to White women. Their accelerated health deterioration (Weathering) may explain why African American women have better maternal/child outcomes at younger ages (<25 years old) compared to White women who have better outcomes at older ages (>25 years old). While these advantages may explain the biological maternal/child outcomes, research has not integrated biological, sociological, and cultural perspectives when addressing ECB.

Statement of the Study Purpose

The purpose of this interpretive phenomenological study was to understand the ECB experiences of rural dwelling Native American women. Understanding these women's experiences will provide a foundation for interventions and policies aimed at improving childbearing health outcomes. As such, it will provide context to understand strategies to delay childbearing for professionals (e.g. health care providers, nurses, social workers, and educators) and local communities (Native and non-Native) who work with these women.

Specifically, this study aimed to understand and describe the following issues on a rural reservation-based Native American community related to: (a) the social context situating women's ECB experience, and (b) ECB effects on women's life trajectory.

Dissertation Content

Since few studies focus primarily on ECB Native American women, Chapter Two addresses general differences among minority ECB women's biological, sociological, and cultural perspectives within the United States (U.S.). This review describes how ECB has been negatively framed and draws forth perspectives that are important for vulnerable populations.

Chapter Three is a copy of a submitted theoretical manuscript, co-authored with Dr. Carmen J. Portillo, to the *Journal of Transcultural Nursing* which has been accepted for publication. This manuscript draws together Historical Trauma (as described by Brave Heart, 1998) and Weathering Theory (Geronimus, 1992; 2001) as two complimentary theories to understand ECB among Native American women. Researchers are beginning to document health effects (mental health, heart disease, substance use, and diabetes) that stem from historical traumatic events across Native American history (e.g. colonization, population decimation, and forced assimilation policies). In addition, recent investigations indicate some marginalized women may have better maternal and child outcomes at younger ages (<25 years old) versus older ages (>25 years old).

Chapter Four compares descriptive and interpretive phenomenology, and explains how interpretive phenomenology is well suited for understanding Native American women's ECB lived experiences. This chapter also includes a brief review of Community Based Participatory Research (CBPR) approaches. CBPR is beyond the scope of a graduate student's dissertation project; however, a philosophical orientation to CBPR was used throughout this study.

Chapter Five presents the results which describe women's childhood experiences. Two themes emerged: chaotic and diminished childhoods. Chapter Six presents how women embodied their ECB experience. Some participants experienced ECB as an extension of their lost childhood, others sought fulfillment through ECB, and some women embodied adult-like responsibility. Finally, the discussion, implications, limitations, and conclusion are included in Chapter Seven.

CHAPTER TWO: BIOLOGICAL, SOCIOLOGICAL, AND CULTURAL PERSPECTIVES OF EARLY CHILDBEARING

Introduction

Early childbearing (ECB) has been widely studied. Despite 14 years of ECB birthrates declining, between 2005 and 2006 the birthrate for women ages 15 to 19 rose 3% from 40.5 births per 1,000 in 2005 to 41.9 births per 1,000 live births in 2006 (Center for Disease Control, 2007). During this time the largest increase for 2006 was among African American teens at 5%, while Native American teens experienced a 3% increase. The average age of Native American women at the time of their first child is younger (21.8 years old) compared to African American (22.7 years), Hispanic (23.1 years), and White (25.4 years) women (Martin et al., 2006). Childbearing outcomes specific to Native American women are sparse due to the diversity of Native people who represent over 500 tribes and 200 languages throughout the U.S. It is also important to note that childbearing outcomes for Native American adolescents have been aggregated with adult women, making it difficult to link poor outcomes specifically to maternal age within this population.

Native American women are at risk for poor childbearing outcomes compared to other groups for a variety of reasons (Luo et al., 2004). More Native American women were found to have gained less than 16 pounds (17.5%), smoke more (18.2%), and develop diabetes (5.6%) than African American (18.8%, 8.4% and 3.4%), and White women (11.9%, 13.8%, 3.4%; Martin et al., 2006). Generally, Native American women are least likely to begin prenatal care during the first trimester of pregnancy (69.9%) compared to all U.S. races (83.9%), White (88.9%),

African American (76.5%) and Hispanic women (77.5%). Grossman and colleagues (2002) suggest childbearing health disparities between Native American and White infants are related to higher rates of poverty, lower levels of maternal education, and limited use of prenatal care.

All of these factors place Native American women at risk for poor childbearing health outcomes including pregnancy associated hypertension (Martin et al., 2002), gestational diabetes, macrosomic infants (LaVallie et al., 2003), fetal-alcohol spectrum disorder, preterm deliveries (Martin et al., 2002), sudden infant death syndrome (Randall et al., 2001), low birth weights, and neonatal and post-neonatal deaths (Grossman et al., 2002). Childbearing outcomes tend to be worse for African American women, with higher rates of infant mortality (13.49 deaths per 1,000 live births), neonatal mortality (9.22/1,000), post neonatal mortality (4.34/1,000) and preterm birth (17.7/1,000). Native American women have similar poor outcomes (8.73, 4.55, 4.18 and 13.7/1,000) compared to White women (5.72, 3.86, 1.86, and 11.6/1,000) and the U.S. average (6.84, 4.63, 2.22 and 12.5/1,000; Mathews & MacDorman, 2006). More Native American infants (10.5%) are born weighing >4,000 grams (macrosomia) than White (9.4%), and African American (4.8%) infants (Martin et al., 2006). Macrosomia, associated with diabetes related to maternal obesity and excessive maternal weight gain, is known to result in neonatal morbidity, neonatal injury (e.g. shoulder dystocia), maternal injury (vaginal, perineal, and cervical), and cesarean births (Bloomgarden, 2000).

Although poor childbearing outcomes are often linked to younger or older maternal age, Native American women consistently have worse outcomes at all ages.

Therefore, factors other than age may play a role in determining childbearing outcomes. Studies over the past decade, largely conducted by Arline Geronimus, suggest teen pregnancy may provide biological advantages for historically disadvantaged women. Geronimus (1992) proposed that African American women experience health deterioration at an accelerated pace compared to White women's health. This may explain why African American women have better childbearing outcomes at younger ages (<25 years old) than at older ages (>25 years old) compared to White women.

Understanding the reasons for these differences may be explained by integrating biological, sociological, and cultural perspectives in Native American women's lives. This chapter will present a discussion comparing childbearing outcomes within adolescent age ranges and with adult childbearing women. This will be followed by an examination of the cultural context and the sociological implications for minority women becoming ECB mothers.

Biological Early Childbearing Outcomes

Abstracts of potential articles were retrieved from PubMed, Cumulative Index for Allied Health and Nursing (CINAHL), and Science Citation Index®. Keywords searched included: *adolescent, teenage, pregnancy, maternal, perinatal, outcomes, cohort study, and retrospective case control*. Studies conducted in the U.S. from 1998 to 2008 that included case-matched results for live singleton births among adolescents and compared childbearing outcomes to adults were included for review. The search identified 51 abstracts. Of these studies, nine met inclusion criteria and are presented in this literature review. Unless otherwise noted, all studies received institutional

review consent, and used a 95% confidence interval for significance with their adjusted odds ratios.

The landmark study by Cooper, Leland, and Alexander (1995) examined ECB outcomes and found outcomes gradually improved with older adolescent ages. These findings warranted further investigation to make policy recommendations based on adolescent age. Investigators have compared adolescent and adult childbearing outcomes through retrospective case-controlled or matched studies that used hospital based databases (Ekwo & Moawad, 2000), linked birth and death certificates (Chen et al., 2007; Gould, Madan, Qin, & Chavez, 2003; Hessol & Fuentes-Afflick, 2005; Markovitz, Cook, Flick, & Leet, 2005; Schempf, Branum, Lukacs, & Schoendorf, 2007), and statistics generated from national (Madan et al., 2006; Phipps, Blume, & DeMonner, 2002; Phipps, Sowers, & DeMonner, 2002; Schempf et al., 2007) or state wide data bases (Gould et al., 2003; Hessol & Fuentes-Afflick, 2005; Markovitz et al., 2005).

Based upon numerous childbearing variables generated by investigators, for this literature review, only the most common and significant variables were examined. These variables included: neonatal mortality, post-neonatal mortality, low birth weight and preterm delivery. Preterm delivery is birth before 37 weeks gestation, while neonatal mortality (infant death within birth to first 28 days life) is different than post-neonatal mortality (death after 28 days of life but before one year). Live birth weights less than 2,500 grams are considered low birth weights. When determining adjusted odds ratios, each study controlled for: maternal age, maternal education, prenatal care use, parity, marital status, cigarette use while pregnant, and

alcohol use while pregnant. African American, Hispanic and White women represented the largest female populations and most studies used only these populations to compare ECB outcomes. However, two studies drew upon foreign born Asian Indian women to compare ECB outcomes to White women (Gould et al., 2003; Madan et al., 2006). The reference group varied by study, where some used adult White women (Chen et al., 2007; Hessol & Fuentes-Afflick, 2005; Markovitz et al., 2005; Phipps, Blume et al., 2002; Phipps, Sowers et al., 2002) and others used adult women of the same maternal ethnicity (Ekwo & Moawad, 2000; Gould et al., 2003; Hessol & Fuentes-Afflick, 2005; Madan et al., 2006; Schempf et al., 2007).

Each study defined ECB differently. Adolescence was defined from age 10 to 19 (Chen et al., 2007), 12 to 19 (Markovitz et al., 2005; Phipps, Blume et al., 2002; Phipps, Sowers et al., 2002), and 19 and younger (Ekwo & Moawad, 2000; Gould et al., 2003; Hessol & Fuentes-Afflick, 2005; Madan et al., 2006; Schempf et al., 2007). Similarly, a number of studies stratified adolescent age into different categories to distinguish younger from older adolescents to determine if significant childbearing outcomes were observed. Table 1 presents the variation in investigator derived stratified adolescent age groups.

Table 1

Adolescent Age Stratification by Investigator

Investigators	Young	Middle	Older
Chen et al., 2007	10-15	16-17	18-19
Phipps, Blume & DeMonner, 2002	12-15	16-17	18-19
Phipps & Sowers, 2002	12-15	--	16-19
Markovitz, Cook, Flick & Leet, 2005	12-17	--	18-19
Ekwo & Moawad, 2007	≤15	16-17	18-19
Hessol & Fuentes-Afflick, 2005	≤18	--	--
Schempf, Branum, Lukacs & Schoendorf, 2007	<18	--	18-19
Gould, Madan, Qin & Chavez, 2003	≤19	--	--
Mandan et al., 2006	≤19	--	--

Appendix A presents a summary of ECB women's childbearing outcomes compared to adult White women, and Appendix B contains ECB women's childbearing outcomes compared to adult women of the same racial background. In general, as adolescents age they have lower rates of neonatal and post-neonatal mortality and low birth weight compared to younger adolescents. Although adolescents have poorer childbearing outcomes compared to adult White women, older adolescents tend to have better childbearing outcomes than younger adolescents.

Compared to adult White women, all adolescents regardless of race had poorer childbearing outcomes across all dimensions, except older Hispanic adolescents (Phipps, Blume et al., 2002). This group had fewer post-neonatal mortality rates than adult White women. Table 2 summarizes minority women’s ECB outcomes to adult White women’s childbearing outcomes. Preterm delivery did not appear to be significantly influenced when ECB women were compared to adult childbearing White women.

Table 2
 Summary of Adolescent Childbearing Outcomes
 Compared to Adult White Women Reference Group

	Adolescent Ages		
	Younger	Middle	Older
Neonatal Mortality	↑	↑	↑
Post Neonatal Mortality	↑	↑	↑*
Low Birth Weight	↑	↑	↑
Preterm Delivery	--	--	--

*Note.** Except Hispanic women

Table 3 summarizes race specific ECB outcomes that were matched to adult women from the same racial background. In some domains adolescent women fared better than their adult counterparts. For example, the youngest African American adolescents had lower rates of neonatal mortality, low birth weight, and preterm delivery compared to adult African American women. Middle aged and older adolescent African American women had lower neonatal mortality rates, and older adolescents had less low birth weight infants than adult African American women.

Table 3

Summary of Adolescent Childbearing Outcomes by Age Group and Race Compared to Reference Group of White Adult Women

	Younger			Middle			Older		
	Black	Hispanic	White	Black	Hispanic	White	Black	Hispanic	White
Neonatal Mortality	↓	↓	↑	↓	↓	↑	↓	↓	↑
Post Neonatal Mortality	↑	↑	↑	↑	↑	↑	↑	↑	↑
Low Birth Weight	↓	↑	--	↑	--	--	↓	--	--
Preterm Delivery	↓	--	--	↑	--	--	↑	--	--

Note. ↓ Indicates lower rates of specific childbearing outcomes

↑ Indicates higher rates of specific childbearing outcomes

Similarly, Hispanic women had lower neonatal mortality rates than adult Hispanic women. White adolescents consistently had worse childbearing outcomes than adult White women.

Biological Early Childbearing Outcomes Summary

These findings suggest that there are racial differences in adolescent childbearing outcomes, where minority adolescents tend to have better childbearing outcomes than their adult counterparts. It is not known why younger versus older African American adolescent women have better childbearing outcomes. However, Geronimus (1992) proposes African American women's health deteriorates rapidly over time due to accumulated stress through day to day living and marginalization, which may indicate why African American women's childbearing outcomes are better at younger than older ages. Variation in investigator derived adolescent age stratification may affect results. For example, childbearing outcomes from youth aged 12 and younger may artificially increase the higher rates of neonatal mortality, post-neonatal mortality, low birth weight, and preterm delivery outcomes in pooled adolescent data. In addition, pregnancies at younger ages may reflect sexually compromising situations such as rape or incest and their increased risk for poor childbearing outcomes could be tied to emotional distress in addition to their developmental stage. Despite the poor childbearing outcomes for younger adolescents, research has demonstrated that historically marginalized populations have lower incidents of negative childbearing outcomes as adolescents than adults. Continued investigation into this phenomenon is needed.

Sociological Implications of Early Childbearing

This section will first identify and discuss studies addressing ECB on women's sociological outcomes that will include two key literature derived domains such as employment and education. Articles from PUBMED, CINHALL, Science Citation Index®, and SocAbstracts were searched using the following terms: *socioeconomic costs, early childbearing, teen pregnancy, teen motherhood, education attainment, and poverty*. Only U.S. data-based, studies published from 1990 to 2008 and with cross-sectional matched controlled data were reviewed. Based upon these criteria, five articles were selected for this review. Unless otherwise noted, all studies received IRB approval and examined the relationship between ECB and educational level, marital status, poverty, welfare and employment.

All studies used longitudinal data from at least one of the following data sets: the National Longitudinal Survey of Labor Market Experiences, Young Women's Sample (NLSYW); the National Longitudinal Survey of Labor Market Experience of Youth (NLSY); and the Panel Study of Income Dynamics (PSID; Ahn, 1994; Geronimus & Korenman, 1992; Hofferth, Reid, & Mott, 2001; McCrate, 1990; Taniguchi, 1999). Data from both women and men were collected in all three of these large-scale, longitudinal surveys. Data collection began in 1968 for the NLSYW and PSID, and data collection began in 1979 for the PSID. In 1968, survey participants in the NLSYW and PSID were between the ages of 14 to 24, and were either living at home with a guardian or were unmarried college students who were still officially part of their guardian's household. Women sampled in the 1979 NSLY were between the ages of 23 and 31 in 1988. Significance level is set at $p < 0.05$.

Geronimus and Korenman (1992) investigated how ECB affected long-term maternal socioeconomic outcomes. Cross sectional data were collected from the NLSYW, NLSY and PSID surveys. The researchers studied sister pairs and compared economic outcomes of one ECB sister to her sister who delayed childbearing until after she was 20 years old. Sister pairs were collected from the 1982 NLSYW data (174 teens and 144 controls), the 1988 NLSY data (400 teens and 530 controls) and the 1985 PSID data (122 teens and 274 controls).

Data from both the NLSYW and NLSY revealed that over their lifetime ECB women had significantly less education, received welfare, and had lower incomes than their sister who delayed childbearing when controlling for familial socioeconomic status. In contrast the PSID data showed little differences when family background was considered. Both the NLSYW and PSID showed ECB effects on current income were determined to be explained by differences in current marital status and high school completion.

In a replication of the Geronimus and Korenman (1992) study, Hoffman, Foster and Furstenberg (1993) found similar results using pairs of sisters between the ages of 21 and 33 from the 1987 PSID data set. Results indicated that their analysis of the PSID data and those of the Geronimus and Korenman 1992 study were consistent. Although the results were similar, the investigators acknowledged that the effects of ECB on future education and earning potential were smaller than originally assumed. Overall, both research teams agreed that ECB women were not as socio-economically compromised as previous projections, and when controlling for unobservable family backgrounds these effects were smaller.

Similarly, Hofferth, Reid and Mott (2001) examined the effects of ECB on women's education. This team collected data from the NLSY (N= 4,013) and PSID (N=3,562) surveys. Independent variables of interest included the young woman's age at first birth. Women were divided into four groups according to age at first birth: (a) 19 and younger, (b) 20 to 24, (c) 25 to 29, and (d) those with first birth at age 30 and older. All women were further stratified into three groups for each database set: (a) all women available, (b) all sisters, and (c) matched sisters. Each group was clustered according to one of two outcomes: high school graduation (completed 12 years of education), or some college completed (more than 13 years of education). Race, maternal employment, mother's education, number of siblings, and region of residence at age 29 were used as control variables. Only non-Hispanic White and African American women were analyzed, since the NLSY was weighted more with recent Hispanic immigrants compared to the PSID data.

Teen mothers were significantly less likely to complete high school when compared to women who delayed childbearing until age 30 or older. On average, ECB mothers completed 1.9 to 2.2 fewer years of education. Family comparisons indicated that younger and older adolescent women were less likely to complete some college education when compared to women age 30 and older. Between families, ECB women were less likely to complete college education when compared to women aged 30 and older. Further analysis revealed that since 1990, the negative effects of ECB on high school completion declined. Despite the recent changes, investigators found a gap remained between adolescent and adult childbearing women and postsecondary school attendance. The authors suggested that these smaller, but

significant estimated effects of ECB on education were due to temporal and unobserved family factors influencing both ECB and schooling. They suggested that using matched sister comparisons would enable researchers to reduce overestimation of the effect of a teen birth on education. However, using matched sisters restricted the samples available for analysis (those samples tended to be more disadvantaged than non-sister samples) and thus limited generalizability across populations of women.

Ahn (1994) also addressed ECB and high school completion. A sample of women (N = 5,541) drawn from the NLSY database were analyzed. The highest proportion of teen births belonged to African American women (35%) and the lowest rates to White women (17%). Women with a more educated mother, fewer siblings, and who lived with both parents until age 14 were less likely to become ECB women. After controlling for individual and family background characteristics, African American ECB women were estimated to be 11% more likely to complete high school than White ECB women.

McCrate (1990) reviewed descriptive statistics from the NLSY survey to understand why *already poor* women, who were disproportionately African American, were less likely to postpone childbearing. At a time when research and policies primarily focused on lower educational levels as creating higher risk for teen pregnancy, McCrate posited that the circumstance of poverty increased the likelihood of teen pregnancy. Using economic theory (the theory of segmented labor markets) to frame her argument, she posited that secondary labor markets (e.g. jobs in

maintenance or food services) offered lower wages, less job security, fewer chances for advancement, and demand less education.

Statistics from the NLSY survey demonstrate that ECB African American women on average completed more education ($M = 11.5$ years, $SD = 1.7$, with 63.3% of all African American women completing high school), when compared to White women of the same age ($M = 10.6$ years, $SD = 1.9$, with 52.3% completing high school). Unlike Ahn (1994) who found African American ECB women completed high school more than ECB White women, McCrate (1990) found White ECB women completed slightly more high school (92.7%) than African American women (89.1%). However, regardless of age at time of first childbirth, both ECB and older African American mothers had higher rates of unemployment (25.6% and 16.7%, respectively) when compared to White mothers (14.4% and 5.5%). When taking all of these factors into account, McCrate (1990) reasoned that ECB among African American women was prevalent for two reasons: (a) a discriminatory labor market, and (b) inferior schooling. Both factors appeared to challenge African American women's employment and economic stability despite conforming to White childbearing patterns.

Taniguchi (1999) also examined women's wages and birth timing of children. Sample cases were collected from the NSLYW database and women were clustered into one of four categories based upon their age at time of first birth: (a) teenage (b) from ages 20 to 27, (c) from age 28 and older, and (d) never had children. Women's education level, hourly work status, marital status, race, and number of children were included in the analysis. Taniguchi used the term "child wage penalties" to indicate

the differences in income among women who delayed childbearing. Taniguchi found that education significantly ($p < 0.001$) reduced the child wage penalty for women with at least 12 years of schooling. Women with less than 12 years of education experienced a child wage penalty of 5.8% compared to women with more than 13 years of education (3% and 3.6% child wage penalty). The interaction between the number of children and education indicated that high school drop-outs earned less than 16.3% than those who graduated ($p < 0.001$). Women with less education had an 8.4% wage loss when compared to high school graduates ($p < 0.001$). Overall, Taniguchi's findings indicated that women who delayed childbearing had an economic advantage over adolescent mothers.

These studies used data from large scale national surveys; therefore, they have similar limitations. Each national survey reflects participant recall, which is subject to bias. The surveys made no distinctions between women who became pregnant, women who miscarried, and women who had abortions. Both of these issues pose threats to reliability and validity of each study. Additionally, ECB women's employment outcomes were unrealistically compared to women who had their first child by age 30 and older (Geronimus & Korenaman, 1992; Hofferth et al., 2001), leaving out an entire decade of women's ages (age 20 to 29) from the employment analysis. There may be differences reflected in a woman's life trajectory and cultural values, between ECB women and women who delayed childbearing until much later. It would be expected that older childbearing women would have more education and find financial security during the ten year time span. Ahn's (1994) study indicated that there may be protective factors originating from a woman's childhood and family

situation (e.g. two parent household, educated parents, and financial security) that deter her from becoming a teen mother. Finally, the data are limited to the timeframe in which they were gathered, thus reflecting historical bias. Studies conducted within the past five to ten years have indicated that minority ECB women have higher perceived education goals and are more likely to complete high school than White ECB women (Chavous et al., 2003; Williams & Vines, 1999). Future studies should address these apparent changes, which may point to the influence of cultural values.

Sociological Implications Summary

This review indicated that ECB mothers attain lower education than women who delay childbearing; however, evidence suggests that African American ECB women pursue more education than White ECB women (Ahn, 1994). One study that examined ECB women's intention to graduate from high school found that African American ECB women were more likely to say school was important and less likely to drop out when compared to White ECB women (Stevenson, Maton, & Teti, 1998). These findings challenge prevailing assumptions and may reflect changing cultural norms related to ECB and educational attainment.

Education has often been used as an indicator of future employment and earnings. This section demonstrated that ECB women are more likely to be unemployed or work at secondary labor jobs, which require minimal education, than women who delay childbearing. Two studies in this review compared ECB outcomes to women who bore children at age 30 and older (Geronimus & Korenman, 1992; Hofferth et al., 2001). These groups are not similar and women who delayed childbearing may have done so to attain an education. A better comparison, to

understand education outcomes, would have been women closer in age, such as between 20 to 25 years of age.

This section also reviewed the socioeconomic costs of ECB on education and employment. One of the assumptions implicit within the term socioeconomic costs is that all women have equal opportunities to not have costs. Even though numerous studies (Corcoran & Kunz, 1997; Gleason, Rangarajan, & Schochet, 1998; Grogger & Bronars, 1993; Williams & Vines, 1999) indicate ECB manifests disproportionately among disadvantaged women, none of the reviewed studies explicitly discussed this assumption.

In light of new research, it is evident that a review of the science and its approaches are warranted. Without this review, research will continually frame ECB as a pathological, non-normalized, deviant pathway in life and prevention will be promoted. For example, in a review of the literature by Stevens-Simons & Lowry (1995) to determine if ECB and poverty were causally related, the authors concluded that “the negative effect of early childbearing on the educational and vocational achievements of young Americans could be a reflection of the self-selection of academic underachievers to the teenage childbearing group,” (Steven-Simons & Lowry, 1995, p. 912). While this summary may be true for some young women, the authors appeared to discount the historically situated context women and their families come from. When people from disadvantaged backgrounds are assumed to have the same educational resources as those from higher education and income backgrounds, the findings are misrepresented and context is forgotten. It is important to understand both family and cultural context when identifying ECB outcomes.

Cultural Perspectives on Early Childbearing

Shifting perspectives outside of Western paradigms and into historically marginalized cultural points of view raises awareness of how ECB may benefit the young woman, her family, and her community. Before resources are used to prevent ECB, it is first important to understand the cultural role and significance ECB may have.

This section addresses ECB between Native American, African American and Hispanic cultural norms. Abstracts of potential articles were collected for review from PubMed, CINAHL, Science Citation Index®, PSYinfo, SocAbstracts and Social Sciences Citation Index®. Keywords searched included: *early childbearing, teen pregnancy, teenage motherhood, early motherhood, culture, and cultural beliefs.*

Studies conducted in the U.S., from 1995 to 2008 with minority ECB women that reported cultural practices, beliefs, values, and differences concerning ECB women and their families were included in the review. Each study needed to address minority or dominant cultural perspectives on ECB. Based on these criteria six articles were reviewed. Unless otherwise noted all studies received institutional review approval. Three themes concerning ECB life trajectories were identified from the combined studies: (a) negative life trajectories, (b) divergent life trajectories, and (c) supported and normalized life trajectories.

Appendix C summarizes these three themes. Studies categorized under negative life trajectories discussed adversely perceived cultural consequences of having children early in life. Divergent life trajectories captured both negative and positive experiences of ECB women. Finally, supported and normalized life

trajectories demonstrated familial and community support for ECB women. Separate sections are devoted to each of these three themes.

Of the six reviewed studies, two were ethnographic (Domian, 2001; Rowley, 2002), one was phenomenological (Dalla & Gamble, 2001), one was interpretive phenomenological (SmithBattle, 1995) and two were descriptive without any mention of a specific qualitative method (Kaplan, 1996; Kendall et al., 2005).

The studies sampled diverse populations. Four studies included African American women (Kaplan, 1996; Kendall et al., 2005; Rowley, 2002; SmithBattle, 1995), two included Hispanic women (Domian, 2001; Kendall et al., 2005), one included Navajo women (Dalla & Gamble, 2001). ECB age ranged from 14 to 18 years of age. Only two studies were conducted in rural low income areas (Dalla & Gamble, 2001; Domian, 2001), while the remaining studies were conducted with low income urban ECB women. Three of the six studies contained information regarding maternal education level (Kaplan, 1996; Kendall et al., 2005; SmithBattle, 1995). At the time these studies were conducted more ECB women were still enrolled and had not completed school than had withdrawn from school. Participants were predominately recruited from community programs including a parenting program (Kaplan, 1996; SmithBattle, 1995), high school (Dalla & Gamble, 2001), vocational or educational training program (Rowley, 2002), and a clinic (Domian, 2001; Kendall et al., 2005).

Negative Life Trajectories

This first section outlines the negative life trajectories often attributed to ECB women. Two qualitative studies identified how Western cultural perspectives shaped

young women's perceptions of their ECB experience. Kaplan's study (1996) found that ECB among African American families was not condoned. Kaplan explored how gender, racial, and economic status oppressed African American adolescent mothers and how ECB women coped with their early parenthood. Interviews from 22 adolescent mothers and 9 of their adult mothers were taken from a larger study addressing ECB among African American women who lived in an urban Northern California city. Data were collected from 1986 to 1989. ECB women were recruited from nonprofit adolescent parenting services and through snowball sampling. Kaplan did not indicate if the study participants assented or consented. Each interview took place in the participant's home for two and a half hours.

Most participants were from economically disadvantaged households. Only 2 of the 22 ECB women were not on welfare since their own mothers' annual incomes exceeded the family eligibility limit. The remaining 20 young mothers lived alone and received public assistance. Most young women (n = 18) had not completed high school at the time the interview was conducted. ECB women reported that their pregnancy placed stress on their relationships with their mothers and felt unsupported by them. Thematic findings based upon the breakdown in mother-daughter relationships included: gender relationships in motherhood roles, negotiating the status transition, an anti-abortion stand as an affirmation of motherhood, and conformance to cultural norms. Gender relationships were defined as a relationship between adult mothers and ECB daughters and the role change as the daughter assumed the role of mother.

The adult mothers discussed the disgrace and disappointment they felt around their daughter's pregnancy. In contrast, ECB women expected their adult mother to be nurturing and supportive during the process of their own early motherhood, yet often felt emotionally abandoned. Many ECB mothers reported that conflicts arose in their mother-daughter relationships when role transitions took place (e.g. daughter becoming mother, and adult mother becoming grandmother). Kaplan attributed some of the conflict to adult mothers who felt disappointment with their child's pregnancy since it challenged the following three cultural norms: (a) that young girls should not have children before reaching adulthood, (b) the cultural taboo against sexual behavior at younger ages, and (c) that "successful" mothering obligates a woman to pass dominant social values onto her children. Adult mothers reinforced the first two cultural norms by negatively labeling their daughters with derogatory names and threatening to call Child Protective Services (CPS). When adolescents became pregnant, adult mothers often described their concerns that community friends (e.g. friends from church) would gossip about the pregnancy, further undermining their role as mother.

Findings from this study may have been strengthened had the investigator interviewed extended family members (e.g. aunts, grandmothers, and cousins). The findings were also influenced by the limited sample. The ECB women included in this study may have been from families that faced financial devastation and social challenges, which possibly skewed their experiences. The themes identified were difficult to conceptualize and may prove challenging for efforts to understand findings and use them for a practical basis. Furthermore, it is not clear if participant

observation or field notes were used for data analysis. No measures were described in the reporting of data. Yet despite these issues, this study is valuable as it included the perspectives of young ECB women's mothers.

Rowley (2002) conducted an ethnographic study aimed at understanding the maternal socialization experiences of young African American mothers who received welfare. Participants were 15 urban African American adolescent mothers who were interviewed between January and June of 1997. Women were recruited from an educational and vocational training program that targeted adolescent mothers. The study was limited to women between the ages of 18 to 21 during the study period, who had given birth to their first child between the ages of 15 to 17. Purposive sampling was used to identify participants, and in depth interviews and participant observations were conducted. Each open-ended, semi-structured interview focused on the following: definitions of motherhood, maternal role socialization, personal role expectation, societal perceptions, community perceptions, and personal agency. Interviews ranged from 45 to 90 minutes and were tape recorded and transcribed.

Findings revealed that women received messages about the roles and expectations around mothering from two distinct arenas: (a) public institutions (e.g. high school, hospitals, and child protective services), and (b) informal settings that involved family members and peers. Oftentimes, young mothers cited "being there for their children" as their most important role. This meant a "willingness to give up anything for your child and [to] sacrifice," (p. 168). Sacrificing their own needs often placed young mothers in difficult situations which required them to miss school in

order to take care of their child. At other times, being there for their child (because of the child's illness) meant missing work.

When seeking medical attention for their child, hospital settings and staff influenced how mothers felt about their maternal roles. Negative encounters with staff led young mothers to feel that their roles had been devalued, and resulted in feelings of anger and frustration. Many times these interactions included encounters where young mothers perceived that their race, age and low socioeconomic status placed them in vulnerable positions that exposed them to discriminatory practices. Fears were expressed about CPS whisking away their children. Some women described fears of how they constantly watched their children playing and warned them from playing too rough to prevent any bodily injury. CPS was often used as a deterrent by hospital officials, schools, and family members to threaten young mothers and to keep them compliant.

The investigators found that ECB women's informal relationships with their mothers were important regardless of their quality. Their own mothers were highly regarded as models for socialization and child rearing. ECB women had limited and often strained peer relationships. Young mothers voiced their concerns and suspicions about entering into new relationships-for fear that they would end like previous relationships, filled with disappointment and abandonment. Oftentimes, when these women pursued peer relationships, they sought out other young mothers and comparisons to their contemporaries served to validate their own maternal role. Some participants reflected upon significant changes they had noticed within their own community. For example, one woman reminisced on community parenting in the

following way: “When I was raised you [were] not allowed to get smart with grownups. Now you see people out there cursing other people’s mothers, fighting with them. When I was growing up, the neighbors was beatin’ you! You didn’t have to worry about your mom, you [worried] about her later,” (Rowley, 2002, p. 68).

Overall young mothers expressed aspirations for a better life. These women’s aspirations concerned educational completion, childrearing, and marriage. While marriage was sometimes viewed as a source of financial and emotional security, young mothers recognized that potential mates were not always ready for financial or emotional commitments. As a result, young mothers sought to delay marriage so they could pursue education and work, which were viewed as key variables for a self-sufficient life. Mothers also wanted their own children to pursue education before becoming parents.

Divergent Life Trajectories

The following section describes the alternative life trajectories that ECB can precipitate. Some researchers found that participants discussed both positive and negative ECB experiences. SmithBattle (1995) used interpretive phenomenology to study 7 African American and 9 White ECB women from urban programs serving adolescent parents. Eligible participants were under the age of 19 at the time they gave birth to their first born healthy infant and had at least one parent or parental figure willing to participate in the study. All ECB mothers were between 14 to 18 years old, with a mean age of 16 when they gave birth. Five had graduated from high school or had received their general education development (GED), 6 were enrolled in high school, and 5 had dropped out of school. Young mothers were interviewed at

home three times; when the infant was 8, 9 and 10 months old. The investigator spent a maximum of 15 hours over the 3-month interview period conducting participant observation. All women were paid \$50. Data were analyzed by a hermeneutic approach, using semi-structured interview guides, thematic analysis, exemplars, and paradigm cases.

Identified themes included: (a) inheriting a diminished future, (b) inventing a future from an impoverished past, and (c) pressing ahead into an open future. As an example of the first theme, two women's narratives revealed an idyllic fantasy of having a baby to mend their broken worlds. Both desired ECB and sought this life course as a positive response to lives marked by disappointment and exclusion. Becoming a parent proved difficult for these women, and both battled to keep their children. SmithBattle explained how these young women's narratives lacked a sense of power or agency to act as the mother they wanted to be. The second theme, inventing a future from an impoverished past, was derived from ECB women who often characterized themselves as "on the wild side" or having hung out with the "wrong crowd" (p. 36). Mothering became the catalyst to become more responsive to their children and themselves. One participant shared how her drug use ended when she tried to conceive, and illustrated how mothering provided a corrective experience, where her future was organized by her responsibility to her infant. The final theme, pressing ahead into the future, was demonstrated by stories of ECB women who did not lead disadvantaged lives or create idyllic fantasies for what their current lives lacked. Instead, these young women expressed ambivalence about their pregnancy

and shared concerns over how ECB may interrupt their future plans. These women's backgrounds shaped what they viewed was in the future for them.

SmithBattle (1995) provided detailed descriptions of her sample, data collection method, and analysis. This study was also strengthened by including women from different ethnic backgrounds; although, this sample was limited to an urban population.

Kendall and colleagues (2005) conducted a semi-structured, content analysis study in an effort to understand how sex, motherhood, childbearing, marriage, partner relations, contraception, and abortion factored into both adolescent and unintended pregnancies. This qualitative study was part of a larger mixed method study (Determinants of Unintended Pregnancy Risk in New Orleans) funded by the Center for Disease Control (CDC) and Prevention. The semi-structured interview guide, composed of 115 items, was developed by the principal investigator, co-investigators, a CDC project officer, a graduate student and three field workers, based upon a literature review and personal experience. Closed-ended items were used to catalog dates and timings of pregnancies and open-ended questions elicited women's perceptions of community and their own experiences. Participants were recruited from a community clinic and a hospital, where the interviews took place. Purposive sampling was based on age, race, marital status, and childbearing status. No inclusion or exclusion criteria were noted. Data were coded and independent agreement among the entire research team was used to draw conclusions.

Overall, 77 interviews were conducted with 37 in the prenatal clinic and 40 in the family planning clinic. Women ranged in age from 14 to 38 years old and half the

respondents were women aged 19 or younger. Most respondents were African American (n = 73), three were Hispanic women and one woman identified as White. Two themes were identified concerning women's childbearing and mothering experiences. The "ideal life course" theme followed typical mainstream cultural views for childbearing where education was sought first then childbearing. For ECB mothers pursuing an "alternative life course" (where education was often delayed until children were older) more value was placed on life experiences. Within this perspective, ECB was viewed as a positive alternative life event creating an opportunity to acquire more responsibilities.

Due to financial constraints, only 5% of the interviews were tape recorded for quality control, and minimal field notes were taken. This resulted in missing detailed content and linguistic analyses of participants, as well as the opportunity to check each interviewer's performance. Despite these limitations, the study had a number of strengths. The field guide was repeatedly tested for salience, duration, and ability to stimulate discussion. Researchers looked for saturation of responses before moving onto new items. The research team was experienced and followed rigorous procedures to assess adequacy of data collection and analysis.

Supported and Normalized Life Trajectories

Cultural perspectives are dynamic and childbearing practices can change from generation to generation. The following two studies illustrated the changing temporal life trajectory for ECB women as they discussed their support and normalized experiences.

Dalla and Gamble (2001) used descriptive phenomenological analysis to compare attitudes about maternal roles, teenage parenting, and the meaning of motherhood in two generations of Navajo men and women. Permission was granted from the Navajo community. Interviews and observations were made on the twenty-five participants in this study which included ECB women (n = 8), their own mothers (n = 7), community informants (n = 6), and teenage fathers (n = 4). Inclusion criteria for ECB women included: (a) identified as Navajo, (b) aged 19 years old or younger, and (c) having a child. Family members were recruited from the ECB women and community members were recruited by word of mouth. ECB participants were between the ages of 14 to 16 at the time of their first birth (M = 15.6); 7 had only one child and 2 women were pregnant with their second child. Six women lived with their families of origin, one lived with extended family, and one lived with a partner. Thematic analysis was used to analyze data. Dalla and Gamble (2001) established trustworthiness through: (a) member checks with participants, (b) triangulation of data, (c) extensive descriptions to ease transferability, and (d) an inquiry audit with community informants.

Motherhood was viewed as a normative life event within this community. A number of participants indicated that a traditional Navajo view opposes Western cultural views. One participant stated, "...there's more acceptance of teenage parenting in this culture... [B]ut, there's a lot of people around who say 'you need to have an education, you need to go to college, it's not good to have a baby when you're a teenager, but it will take time for that to change, really radically change, because they've been doing this for twenty thousand years,'" (p. 10).

This investigation was conducted with rural dwelling Navajos and findings from this study cannot be transferred to the larger Native American population. Furthermore, the principal investigator acknowledged that her role as a non-Native Caucasian female may have affected each Navajo person's perception and sharing of their story. This study did not address whether or not these interviews were conducted in English or Navajo. If conducted in English, the study findings may be limited since ideas and concepts may be altered in translation. Additionally, the investigators recognized that the rapid change of Navajo culture within a few generations is reflected in differing views on ECB. This study may have been strengthened by the inclusion of perspectives from older ECB women (20 to 60 years old).

Domian (2001) conducted an ethnography to investigate social support among Hispanic families during pregnancy, in New Mexico from 1995 to 1997. Purposive sampling was used to recruit 20 low risk Hispanic pregnant women aged 16 to 39 with generational roots in New Mexico. For cultural and acculturation exploration, women who had intergenerational roots within the same community were recruited for the interview. Participant observation, field notes, transcribed interviews, reflective journals, and analytic memos were used for data analysis. All women were interviewed twice during their pregnancy and once in their postpartum period.

Four themes relevant to cultural practices and social supports were identified: (a) cultural preservation through anchors of meaning, (b) family perpetuation through generational bonding, (c) stability amid change through community sustenance, and (d) integration of health care beliefs through reciprocal interchange. Cultural preservation through anchors of meaning was critical to understanding the other

themes. Anchors of meanings, such as ethnic preservation, identity, religion, and primary importance of the family, were all viewed as key ways to preserve culture. Generational bonding was tied to the cultural anchors through creating a space for role transformation and positive attitudes toward pregnant women that informed childrearing practices and the importance of family legacies. Participants recognized that their communities were changing largely due to socioeconomic reasons. Despite these changes, they felt it was important for community members to strengthen their sense of belonging (e.g. every child is called mijita or mijito- meaning my daughter or my son) and to continue their struggle for their way of life.

Domian established trustworthiness by immersing herself in the community over a five year period of time, to gain credibility within the community, before beginning her study. She used multiple methods to triangulate and collect data beyond interviewing (e.g. field notes, observations). Another experienced researcher in qualitative research helped with data analysis and a medical anthropologist and nurse researcher helped with peer debriefing. Member-checking was conducted with all participants. Although Domian took multiple steps to attain trustworthiness, her findings are still limited to the population she studied.

Cultural Perspectives Summary

Of these studies, only two explicitly described their use of field notes and participant observations (Domian, 2001; SmithBattle, 1995). Field notes were not identified as part of the collected data in the study by Kendall and colleagues (2005), however they did include participant observation. This study was also the only study

to state that data saturation was achieved. Permission for ethical approval was stated by only two studies (Dalla & Gamble, 2001; SmithBattle, 1995).

All studies included ECB women from diverse backgrounds including Hispanic, Native American, and African American women. Kaplan's (1996) study interviewed adult African American mothers of ECB women which added a different perspective to ECB. Furthermore, perspectives from Navajo community members, teenage fathers, and mothers of ECB women enriched the findings from this review.

Kaplan's (1997) study discussed ECB African American women who felt emotionally abandoned by their families and lamented their loss of social and economic support from extended families. These findings may reflect the larger experience of an uncertain future found by SmithBattle (1995). Being an ECB woman also created psychological obstacles. Rowley's (2002) study indicated ECB mothers faced societal resistance in public institutions (e.g. school and health care) which surrounded them with messages that challenged their life course. Both Smithbattle's (1995) and Rowley's (2002) studies reflected the widening possibilities that ECB offers in a young woman's life. These two studies contextualized the experiences of ECB women by showing how their lives were situated within a dominant culture that constructed deviance around their life trajectories. ECB challenges "normative" life trajectories of completing an education before childbearing. ECB women may be following alternative life trajectories, which may or may not relate to intergenerational ECB norms within their own subcultures (e.g. African American, Hispanic or Native American) or families.

While Native American and African American cultures may prefer young women to complete their education before childbearing, some historical and current accounts identify cultural differences between non-White and White community perspectives. Studies on Navajo and Hispanic women found ECB women, family members and community members tolerated ECB, and sometimes embraced it (Dalla & Gamble, 2001; Domian, 2001). For Latina women, childbearing was a way to pass on cultural values, traditions and beliefs (Domian, 2001). Among Dalla & Gamble's (2001) Navajo women, mothering was positively viewed and respected as a "giver and sustainer of life" (p. 12).

In light of these studies, it is apparent that cultural perspectives related to ECB need to be further explored. Although studies have increasingly documented the positive life forces ECB can provide, both public discourse and policies continue to construct deviant identities for ECB women. While interventions are aimed at preventing adolescent pregnancies with sex education, increasing access to contraceptives, and decreasing other risky behaviors, little attention has been given to intergenerational trajectories and the cultural significance of ECB.

Conclusion

Maternal child outcomes explored in this review have identified some key findings. First, there are distinct differences in adolescent age and childbearing outcomes. Younger adolescents tend to have worse outcomes when compared to older adolescents. Second, racial background has an effect on childbearing outcomes with minority (e.g. African American and Hispanic) adolescent women fairing slightly

better than adult women of the same racial background. White adolescent women have poorer outcomes compared to adult White women.

Studies of sociological consequences for ECB women have mostly been limited to education, employment, and the use of public assistance. Poor educational attainment of ECB women has been linked to less gainful employment. Recently, African American ECB women have been shown to pursue more education than White ECB women. By challenging prevailing views on ECB, with an exploration for potential sociological benefits of ECB along with the negative consequences, a more informed and critical discussion of the significance of ECB to the women, families and communities is possible.

Three life trajectories (negative, divergent, and supported) have been identified within cultural perspectives of ECB. In these frameworks, limited views from each ECB woman's social world is interpreted against the background of her life experience. Her background helps shape her ECB experience and provides a context for her ECB life trajectory. ECB women who experience or perceive their young parenthood as leading them along a negative life trajectory may do so in response to their social world. Women who face divergent life trajectories report their experience as neither positive nor negative. Supported ECB life trajectories are described by women from social backgrounds that tend to accept rather than pathologize ECB.

This review has synthesized knowledge gained from studies that addressed childbearing outcomes, sociological implications and cultural perspectives of ECB. It is likely that the intersection of all three domains affect women's trajectory into ECB,

determine their experience, and influence the lasting impact on their lives. In general, sociological studies of ECB women are limited to consequences and rarely are benefits explored. Cultural perspectives, although relatively new as subjects of research within the past 15 years, are often framed through the dominant Western cultural lens. Exploring ECB experiences and their impact on a woman's life trajectories is essential to understand and identify risk factors for poor maternal and child outcomes and long term sociological developments. Methodological considerations for researching this area must take into account significant historical events which situate women within a marginalized community. Each woman's background and context must be understood in terms of her actions and concerns when it comes to ECB. Interpretive phenomenology offers one such avenue to investigate context and action.

CHAPTER THREE

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Historical Legacies: Understanding Native Women's Health

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Abstract

Purpose: Theoretical underpinnings of two theories were examined for their applicability in guiding practice and research when understanding Native women's health outcomes. Methods: Examination of published studies testing two independent theories, Historical Trauma and Weathering were reviewed. Key theoretical concepts are discussed that are applicable in the study of Native women and understanding their heritage of centuries of injustice and cultural context. Findings: Key concepts are identified and discussed. Implication for practice: By understanding historical legacies and surrounding context, researchers and clinicians can develop knowledge to improve and enhance optimal health outcomes and life opportunities for Native women.

Native Americans are an ethnically and culturally diverse population, each with their own beliefs, practices and cultural values representing over 550 federally recognized tribes and 200 languages. Health disparities among ethnic and diverse United States (U.S.) populations have been well documented in a number of sources, principally by the Institute of Medicine's Report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* (Smedley, Smith, & Nelson, 2002). Health disparities are rooted in poverty, lower socioeconomic status, and less educational attainment, all which are prevalent throughout Native communities (Indian Health Service, 2002b).

Interventions to address these health disparities should be based on research findings that foster an understanding of marginalization and the context from which it arises. Theoretical frameworks are useful to understand, describe, and explain Native women's health outcomes stemming from historical marginalization. Clinicians use theory every day in their assessments to evaluate health, identify problems, and determine best treatments. Theory aids investigators to understand phenomena, conduct research, and develop data-based interventions. Policies and practice should be based on the results of research that is conducted with theoretical underpinnings (Meleis, 1997).

Understanding Native women's health extends beyond culture, lifestyle, and genetics, and includes how intersections of poverty, geography, discrimination and racism inter-play individually and collectively on health (Walters & Simoni, 2002). Theoretical frameworks are useful for understanding marginalization created by these intersections, as well as impact on health and childbearing outcomes. The purpose of

this article is to describe two theories useful in conceptualizing and reflecting on the health of Native women.

Native Women's Childbearing Outcomes

Access to care is frequently related to overall health outcomes. Ten percent of Native women and their families who live on or near a reservation are less likely to graduate high school, attend college, and are more likely to be impoverished when compared to other minority groups (Indian Health Service, 2002b). In 1989, the median household income for Native families living on a reservation was \$19,897, while the median income for the rest of the U.S. as a whole was \$30,056 (Indian Health Service, 2002a).

Health disparities are well documented among Native women. The five leading causes of death for Native women of all ages are heart disease (19.6%), cancer (17.6%), unintentional injuries (8.8%), diabetes (6.9%) and stroke (5.1; Center for Disease Control, 2003). Native women are the only ethnic group where death due to chronic liver disease is in the top ten causes of death. Among Native women age 18 and older, nearly one-third have one or more cardiovascular disease risk factors including current cigarette smoking, hypertension, diabetes, and obesity (American Heart Association, 2007). Cancer incidence rates from 1975 to 2004 varied by geographic region and cancer site among Native people, with higher cancer rates ranging from 219 (Southwest) to 611 (Alaska) compared with 404 to 578 per 100,000 Non Hispanic Whites (Espey, Wu, Swan, et al 2007). Obesity is also a significant problem for Native women (29.7%) in contrast to White women (19.8%; National Women's Law Center, 2004). Native women age 20 years and older are

vulnerable to diabetes with an average diagnosed diabetes rate of 12.8% (with some Native communities ranging from 8.1% to 27.6%) compared to 13.3% for Blacks, 9.5% Hispanic and 8.7% for Whites (National Diabetes Information Clearinghouse, 2005). For ages 65 and older, 32% of Native women have Type 2 diabetes compared to 16% for White women (Center for Disease Control, 2001b). More Native women report smoking (34.5%) and binge drinking (17.3%) than Pacific Islander (26.8% and 14.7%), White (22.2% and 12.9%), African American (19.5 and 5.5%), Hispanic (10.6% and 6.8%) and Asian American (6.7% and 4.2%) women (National Women's Law Center, 2004).

Another problem affecting Native women is violence. Reports indicate Native women remain twice as likely to experience violent victimization compared to all U.S. women (Perry, 2004b), and one report found Native women experienced more rapes or sexual assaults (7 per 1,000 women), compared to Black (3/1,000), White (2/1,000) and Asian women (1/1,000; Greenfeld & Smith, 1999). Interviews with 112 urban dwelling Native women found 65% experienced some form of interpersonal violence over the course of their life (Walters, Evans-Campbell, Simoni, Ronquillo, & Bhuyan, 2006).

In addition to poor general health, Native women are at risk for poor childbearing outcomes compared to other groups due to health behaviors (Luo et al., 2004). More Native women were found to gain less than 16 pounds (17.5%), smoke (18.2%), and develop diabetes (5.6%) than African American (18.8%, 8.4% and 3.4%), and White women (11.9%, 13.8%, 3.4%) (Martin et al., 2006). Generally, Native women are least likely to begin prenatal care during the first trimester of

pregnancy (69.9%) compared to White (88.9%), African American (76.5%), Hispanic (77.5%) and all U.S. women (83.9%). Grossman and colleagues (2002) suggest childbearing health disparities between Native and White infants are related to higher rates of poverty, lower levels of maternal education, and limited use of prenatal care.

All of these factors place Native women at risk for poor childbearing health outcomes including pregnancy associated hypertension (Martin et al., 2002), gestational diabetes, macrosomic infants (LaVallie et al., 2003), fetal-alcohol spectrum disorder, preterm deliveries (Martin et al., 2002), sudden infant death syndrome (Randall et al., 2001), low birth weights, and neonatal and post-neonatal deaths (Grossman et al., 2002). Although childbearing outcomes tend to be worse for African American women, with higher rates of infant mortality (13.49 deaths per 1,000 live births), neonatal mortality (9.22), post neonatal mortality (4.34) and preterm birth (17.7), Native women have similar poor outcomes (8.73, 4.55, 4.18 and 13.7) compared to White women (5.72, 3.86, 1.86, and 11.6) and the U.S. average (6.84, 4.63, 2.22 and 12.5; Mathews & MacDorman, 2006). More Native infants (10.5%) are born weighing >4,000 grams (macrosomia) than White (9.4%), and African American (4.8%) infants (Martin et al., 2006). Macrosomia, associated with diabetes related to maternal obesity and excessive maternal weight gain, is known to result in neonatal morbidity, neonatal injury (e.g. shoulder dystocia), maternal injury (vaginal, perineal, and cervical), and cesarean deliveries (Bloomgarden, 2000).

It is important to note, however, that childbearing outcomes for Native adolescents have been aggregated with adult women, making it difficult to link poor outcomes specifically to maternal age within this population. The average age of

Native women at the time of their first child is younger (21.8 years old) compared to African American (22.7 years), Hispanic (23.1 years), and White (25.4 years) women (Martin et al., 2006). Although poor childbearing outcomes are often linked to young or older maternal age, Native women consistently have worse outcomes at all ages. Therefore, factors other than age may play a role in determining childbearing outcomes. Studies over the past decade, that compared childbearing outcomes between minority and White women, suggest teen pregnancy may provide biological advantages for historically disadvantaged women (Geronimus, 1992; Geronimus et al., 1999a, 1999b; Geronimus & Hillemeier, 1992; Geronimus & Korenman, 1992; Geronimus et al., 1993; Wildsmith, 2002). Geronimus (1992) proposed that African American women experience health deterioration at an accelerated pace compared to White women's health. This may explain why African American women have better childbearing outcomes at younger ages (<25 years old) than at older ages (>25 years old) compared to White women. Understanding the reasons for these differences may be explained by integrating biological, sociological, and cultural perspectives in Native women's lives.

Theoretical Frameworks to Study Native Women's Health Outcomes

The historical and contextual factors surrounding Native women are essential elements of any conceptual framework regarding health outcomes among these women. Very few culturally specific frameworks exist that unify important historical Native American events or the current milieu of Native women. It is our attempt to bring to light theoretical concepts proposed in two theories, *Historical Trauma* (as described by Brave Heart, 1998) and *Weathering* (Geronimus, 1992). Both theories

provide complimentary approaches for studying Native women's health, specifically childbearing outcomes.

Theoretical Concepts of Historical Trauma Theory

Historical Trauma Theory (HTT) legitimizes a context for understanding the significance of Native American history and how social and psychological symptoms can be transmitted across generations (Brave Heart, 1999; Brave Heart & DeBruyn, 1998; B. Duran, Duran, & Brave Heart, 1999). HTT proposes that a legacy of chronic trauma is transmittable to future generations (B. Duran, Duran, & Brave Heart, 1998). Elements of the theory are derived from psychiatry and psychology, drawn from research done with Jewish Holocaust survivors and their children.

The term "Historical Trauma" is used interchangeably with the terms "Soul Wound," "Historical Legacy," "Native American Holocaust," "Intergenerational Posttraumatic Stress Disorder (PTSD)," (B. Duran et al., 1999) and "Intergenerational Trauma" to portray the transmission of trauma across generations (Kellerman, 2001b). For the purpose of this article, the term Historical Trauma will be used. HTT has been conceptualized as the "cumulative emotional and psychological wounding over the lifespan and across generations emanating from massive group experiences,"(Brave Heart, 2003, p. 5).

Specific theoretical concepts, relationships and assumptions of HTT have not been fully defined (see Table 4). However, the literature on HTT is robust enough to propose working definitions, relationships, and clarify critical assumptions. Three central concepts of HTT include: (a) individual wellbeing, (b) unresolved grief, and (c) intergenerational transmission of psychological symptoms from one generation to

the next. Relationships among these key concepts have been observed and tested in multiple populations including Native Americans (B. Duran et al., 1998), Jewish Holocaust survivors (Kellerman, 2001a, 2001b), victims of natural catastrophes (Livanou, Basoglu, Salcioglu, & Kalendar, 2002), genocide victims from Bosnia (Pollack, 2003), and World War II Japanese internment camp survivors (Nagata & Cheng, 2003). Their relevance to health concerns specific to Native women has not been described.

Table 4

Author Inferred Theoretical Assumptions and Major Concepts of Both Theories

Historical Trauma Theory	Weathering Theory
<u>Theoretical Assumptions</u>	<u>Theoretical Assumptions</u>
Traumatic events happen.	Life is stressful, there is daily stress.
There are survivors of these traumatic events.	Stress from social differences can have grave health impacts.
Survivors respond to traumatic events.	There is a range of optimal fertility timing.
Survivors transmit their response onto others.	Social factors are tied to resources and linked to social mores.
<u>Theoretical Major Concepts</u>	<u>Theoretical Major Concepts</u>
Individual Wellbeing (psychological health)	Cumulative Stress (stress from daily living)
Unresolved Grief (incomplete mourning)	Health (biologically based)
Intergenerational Transmission (passing on psychological pain)	Fertility Timing (optimum time for woman's body to bear child)

Four key assumptions support this theory. First, a traumatic event takes place. The traumatic event itself can range from genocide, to war trauma, to surviving a natural catastrophe. However, the event must be devastating and have a life changing impact for the person it affects. Some studies report traumatic events situated in a finite history with a beginning and an ending marked by dates such as the Jewish Holocaust or a natural disaster (Amir & Lev-Wiesel, 2003; Livanou et al., 2002). Traumatic events have also been defined as more fluid without definite time boundaries (e.g. working as an ambulance driver; Wastell, 2002). The second assumption is that the person must have survived the traumatic event. Rarely have studies made distinctions between survivors of direct traumatic experiences (e.g. experience of Jewish concentration camp) and survivors of indirect trauma (e.g. losing relatives, or escaping before genocide). It is important to note that survivors may have varying degrees of traumatic experiences in addition to how they respond to the traumatic event (Pollack, 2003). How individuals respond to traumatic events and react to them is the third assumption. Having suffered from the traumatic event, first generation survivors (those who experience the event first hand) then evaluate the trauma. After evaluating the trauma, survivors can experience a wide range of reactions, from suppression of the memory to flashbacks of the traumatic event. If the person remembers the traumatic event, the impact of the memory, again, ranges from coping by reasoning the event to lesser forms of coping such as experiencing mental health problems (e.g. PTSD, depression, anxiety, anger, etc.) that affect an individual's wellbeing.

The final assumption addresses the form in which the individual transfers the traumatic event and how the message is received by the other person. It is possible that depending upon how the traumatic event was evaluated (e.g. coping and its current effect on the individual), that transferring this event (or this message) onto another person may take on different forms (e.g. parenting practices.) with a range of positive or negative intensities. This particular assumption has been challenging to test and remains central to understanding this theory.

Wellbeing

Wellbeing is defined by having little to no pervasive psychological symptoms or physical somatization. Three sub-concepts key to understanding the impact of HTT that are identified within the literature include: (a) immediate effects, (b) long lasting effects, and (c) severity of trauma.

The sub-concept of immediate effects is illustrated in a number of studies that describe how survivors of traumatic events (e.g. natural disaster, war related etc.) are at high risk of mental health problems such as PTSD (Halcon et al., 2004; Livanou et al., 2002; Potts, 1994; Shmotkin, Blumstein, & Modan, 2003), anxiety, anger, and depression (Baider, Peretz, & Kaplan De-Nour, 1992; Livanou et al., 2002). In a retrospective survey among World War II Japanese civilian internees with PTSD, 36.7% demonstrated symptoms six months after their release from the internment camp (Potts, 1994). Fifty years later 15% of the same respondents reported PTSD symptomology within the most recent six months. Immediate effects indicate that the onset of psychological symptoms appear within two years of experiencing a traumatic event regardless of type of event (war trauma vs. earthquake devastation; (Livanou et

al., 2002; Potts, 1994). Findings clearly indicate mental health issues are to be expected immediately following traumatic events.

Research studies have also identified long lasting effects of psychological symptoms and somatization among Jewish Holocaust survivors 50 years later compared to non-Holocaust survivors (Amir & Lev-Wiesel, 2003; E. Cohen, Dekel, Solomon, & Lavie, 2003; M. Cohen, Brom, & Dasberg, 2001). Increased psychological manifestations such as PTSD symptom scores ($p < .01$), depression, anxiety, somatization, and anger-hostility scores, were noted in child survivors ($n = 43$) whom were compared to a community sample who did not directly experience the Jewish Holocaust ($n = 44$; Amir & Lev-Wiesel, 2003). The comparison group had a significantly ($p < .05$) higher quality of life with respect to the physical, psychological and social domains. These findings suggest traumatic events can have long lasting psychological effects, with particular groups experiencing more psychological problems than others.

Severity can be defined along a continuum of traumatic experiences that varies in its the appraisal (Halcon et al., 2004; Jaranson et al., 2004; Robinson, Rapaport-Bar-Sever, & Rapaport, 1994; Steel, Silove, Phan, & Bauman, 2002), intensity (Holbrook, Hoyt, Stein, & Sieber, 2001; Prigerson, Maciejewski, & Rosenheck, 2001), and duration (Shmotkin & Barilan, 2002; Wastell, 2002) of the traumatic event. There appear to be differences in manifestations of traumatic events among people with direct experience compared to those who did not directly experience it. Shmotkin and co-investigators (2003) investigated the severity of long lasting traumatic effects among child Holocaust survivors ($N = 126$) compared to trauma

experienced by individuals of European descent who had immigrated either before World War II (N = 206) or after World War II (N = 145). Comparisons found stress was significantly greater ($p < .001$) and support was significantly less ($p < .001$) among the survivors compared with prewar immigrants.

The severity of the trauma affects both the immediate effects and the long lasting effects. The association between severity of trauma and stress may explain why not all exposed survivors of traumatic events have short and long term negative effects on their wellbeing. Those who experience a shorter duration, mildly appraise the traumatic effect, and have an overall low level of perceived severity may have fewer negative effects on their wellbeing.

Unresolved Grief

Another concept of HTT is unresolved grief. Unresolved grief, sometimes called unresolved mourning, is a condition under which lapses in the monitoring of reasoning are observed when traumatic events from the past are discussed (Sagi-Schwartz, Van et al., 2003). It has been defined as a legacy of chronic trauma that is not easily mourned (Brave Heart & DeBruyn, 1998).

Braveheart and DeBruyn (1998) defined unresolved grief in the context of history of Native communities. Although each Native American nation has a unique history, there is also shared history of the Native American Holocaust. This has been described as the largest cumulative traumatic event in Native history marked by decimation of populations from wars, disease and starvation, removal from ancestral land, forced boarding school attendance, sterilization campaigns, children adopted outside of their Native community, relocation from reservations to cities, and

banishment of practicing Native religions. High rates of poverty, low socioeconomic levels and lower educational attainment prevalent in these communities are recognized as disadvantaged realities, and believed to be the result of historical injustices and ongoing discrimination. Braveheart and DeBruyn (1998) posit these factors, along with unresolved grief, contribute to substance use, violence, mental health problems and poor physical health. Likewise, they envision unresolved grief manifests from cumulative traumatic events.

Pollack (2003) considers unresolved grief to be linked to the inability to properly mourn ancestors. He interviewed survivors five years after the Srebrenica massacres in Bosnia identifying links between trauma experience and mourning practices. Findings indicated that the geographic placement of the burial site was important since the massacre was a horrifying traumatic event. To the survivors, the exact placement of the burial site was important, “trauma, as it occurs in particular locations, breaks the sense of attachment to a particular place. Restoring the physical and social environment through burial and memorials mitigates the consequences of the trauma,” (Pollack, 2003, p. 793). Pollack’s findings illustrate how unresolved grief emanates not only from a loss of people, but also from the land. Likewise, Native Americans as a group have numerous experiences of land being forcefully taken and sacred sight appropriated for resources and exploitation (Beltran, 2008).

Transmission

Studies among survivors have illustrated direct effects of traumatic events on wellbeing. Yet scientists debate whether or not psychological symptoms are passed on to subsequent generations. The concept of transmission is difficult to

conceptualize, and the lack of clearly delineated definitions deepens this confusion. Sub-concepts identified for transmission encompass: (a) secondary trauma, (b) intergenerational transmission, and (c) parenting skills.

Secondary trauma, also known as secondary traumatic stress, is defined as comprising similar components as PTSD, except that the person evidencing the symptoms has not actually been exposed to the traumatic event(s), but has developed them as a result of caring for someone with PTSD,” (Lev-Wiesel & Amir, 2001, p. 433). Studies have shown that both partners and parents (Dirkzwager, Bramsen, Ader, & van der Ploeg, 2005; Lev-Wiesel & Amir, 2001) are at risk of developing PTSD symptoms similar to their spouse or child who currently suffers from war-related PTSD (Bramsen, van der Ploeg, & Twisk, 2002). Secondary trauma is thought to stem from the demands of living with a symptomatic survivor (Lev-Wiesel & Amir, 2001). Reviews of this literature identify no agreed upon guidelines indicating the number of symptoms one must have in order to have secondary trauma (Major, 1996).

The long lasting psychological effects of traumatic events suggest that survivors are at increased risk of manifesting symptoms across their life span. Similarly, some evidence suggests these psychological symptoms can be transferred to future generations, known as intergenerational transmission (Baider et al., 2000; Yehuda, Halligan, & Bierer, 2001; Yehuda, McFarlane, & Shalev, 1998). Yehuda and colleagues (1998) interviewed Holocaust survivors (n = 22) and their offspring (n = 22) to assess lifetime trauma history, the effect of trauma on one’s life, level of intrusive and avoidance symptoms in response to reminders of the Holocaust, and

current and lifetime PTSD. Children of Holocaust survivors were more likely to develop PTSD from traumas in their own lives ($p < .05$) if their parents suffered from chronic PTSD. Other studies, however, have found no significant transmissions between parents and their children (Brom, 2001; Kellerman, 2001b; Sagi-Schwartz, Van et al., 2003), nor grandparents and their grandchildren (Bachar, Cale, Eisenberg, & Dasberg, 1994; Sagi-Schwartz, Koren-Karie, & Joels, 2003). In a study attempting to identify generational tendency for psychological problems in children or survivors (Major, 1996), a group of Norwegian born Holocaust survivors who did not escape to Sweden and their children were compared to Norwegian born Holocaust survivors who did escape. Psychological vulnerability in children born to survivors who did not escape was found, although differences between groups were not statistically significant and no psychiatric transmission was identified.

Although these findings are not clearly delineated, and it appears that secondary traumatic stress may be an intergenerational phenomenon, future study is essential (Bramsen et al., 2002; Dirkzwager et al., 2005; Levy, Jacobson, & Sowers, 1994). Equivocal findings may signify that there are dynamic responses to traumatic events and transmission onto subsequent generations. While studies provide conflicting evidence of transmission, researchers are beginning to search contextual factors facilitating transmission, such as parental communication in first generations survivors and its role in either protecting or engendering traumatic transmission (Okner & Flaherty, 1989).

To help identify intergenerational transmission process, several investigators have focused on parenting skills (Okner & Flaherty, 1989; Rowland-Klein & Dunlop,

1998) and social interactions (Dickson-Gomez, 2002). Okner and Flaherty (1989) examined differences in parental communication and psychological distress in children of Holocaust survivors in Israel (n = 54) and the U.S. (n = 140). Israeli children reported more communication by their parents ($p < .01$) and higher levels of demoralization ($p < .01$), compared to US survivors. Communication for both groups of children with parents correlated negatively with anxiety (-0.38, -0.44) depression (-0.32, -0.24) and demoralization (-0.26, -0.36). Rowland-Klein and Dunlop's grounded theory study (1998) interviewed six female Holocaust survivor offspring aimed at identifying the transmission process and found four prevalent themes: (a) offspring felt heightened awareness of their parents' survivor status, (b) parenting style mediated transmission, (c) offspring overly identified with parents' experiences, and (d) transmission of fear and mistrust were prevalent. Similarly, Dickson-Gomez (2002) identified social interactions (e.g. parental communication, oral-shared community history, community gossip, and how mistrust and jealousy affect communication) and *nervios* (e.g. emotional withdrawal as in being emotionally unavailable from children) as routes Salvadoran parents who lived in guerilla camps transmitted their expectations of violence and state oppression onto their children who did not experience the civil war.

Scientists understand very little how trauma is transmitted to others. Investigators have pointed out the difficulty in measuring mechanisms of transmission or even the prevalence of it (Whitbeck, Adams, Hoyt, & Chen, 2004). Mixed results prevail among studies of intergenerational trauma transmission to second and third generations of traumatic event survivors. However, several factors

deserve recognition. First, traumatic events are nondiscriminatory and affect people at different stations in their life (adulthood vs. childhood). Second, children and adults filter their experiences according to their developmental stage. Investigators suggest there are special developmental and cognitive distinctions between children and adolescents who experienced the Holocaust (Sigal & Weinfeld, 2001). Third, each individual who experiences a traumatic event has the potential to react in ways resulting in positive or negative wellbeing immediately and long after the event. These factors can account for differences among those survivors who do not exhibit negative psychological manifestations compared to those who do have symptoms. While scientists are working to discover relationships within HTT, traumatic events rooted in history situate Native American women's current marginalization in society. The concepts of Weathering help link negative health effects from history on the present.

Theoretical Concepts of Weathering

Although HTT articulates the phenomenon of intergenerational symptomatology of social problems on individuals, Weathering Theory, developed by Arline Geronimus (2000), conceptualizes racial disparities in health as physiological manifestations of social inequalities between groups. Geronimus posits that socially structured sets of opportunities (e.g. education and employment) and constraints (e.g. poverty and institutionalized discrimination) are direct sources of health disparities. These opportunities and constraints are the basis for understanding key concepts within Weathering including: (a) cumulative stress, (b) health and (c) fertility timing (see Table 4). This theory has been applied to various populations including African

American (Geronimus, 1992), Mexican (Collins & David, 2004), Mexican-American, and non-Hispanic White (Jenny et al., 2001; Wildsmith, 2002). Its past use with disadvantaged populations suggests its potential for studying Native women.

Author inferred implied assumptions underlie Weathering. First, Weathering assumes that life is stressful, and humans encounter stress on a daily basis. Second, stress is assumed to originate from social differences and these have a grave impact on human health. Finally, there is a range of optimal fertility timing, or a best time for having a child, based on both biological factors (age and health status of mother) and social factors (e.g. poverty). These are tied to resources, but can also be linked to societal mores.

Cumulative Stress

Weathering is the progression of a woman's health over time, reflecting the cumulative impact of her life experiences, from conception to her current age (Geronimus et al., 2001). The stress of daily living (e.g. poor living conditions, discrimination, racism, malnutrition, unemployed etc.) accumulates throughout a woman's life eventually accelerating poor health. Other events that may contribute to Weathering, beyond daily stress, include environmental hazards, social stressors in all environments, and persistent psychological stress related to family, work and obligations with repeated social and economic adversity (Geronimus et al., 1999a; Geronimus et al., 2001; Geronimus & Hillemeier, 1992). Weathering is also thought to increase over time because of increased pressure to adopt unhealthy behaviors as a means of coping with stress (e.g. smoking and substance use etc.; Geronimus et al., 1999a).

Health

The implied definition of health is the presence or absence of illness and disease, making it biologically based. Weathering originated from data gathered on urban dwelling African American women. African Americans have higher mortality rates regardless of income level (Geronimus et al., 1999a, 1999b). African American women smoke more (Geronimus et al., 1993), and have higher blood levels of lead than non-Hispanic White women (Geronimus & Hillemeier, 1992). These studies indicate that health patterns throughout an African American woman's lifespan are different from health patterns in a non-Hispanic White woman's lifespan. Given Native American women's poor health status, we can infer their health patterns are somewhat similar to African American women's health patterns across their lifespan.

Optimal Biological Fertility Timing

Cumulative stress affecting a woman's health may have consequences on optimal biological fertility timing. Optimal biological fertility timing can be defined as the biological age at which women have their best childbearing outcomes. There is some indication that historically marginalized women have better outcomes at younger ages than at older ages. One study analyzed birth certificate data from 96,887 singleton births to African American and non-Hispanic White mothers in Chicago from 1994 to 1996 (Rich-Edwards, Buka, Brennan, & Earls, 2003). Risk for low birth weight rose steeply with maternal age for African American women but not for non-Hispanic white mothers. For example, African American women and non-Hispanic White women had similar risks of delivering infants of low birth weight at a younger

maternal age (approximately 11.2% - 11.9%). However, by age 25 non-Hispanic White women's risk for delivering low birth weight infants had decreased to about 5%; whereas African American women's risk had increased to 14.6%. Adjusting for maternal age found the risk of low birth weight rose more quickly with maternal age for socially and economically disadvantaged women (measured by low maternal education, single motherhood, and neighborhood poverty), regardless of race. These findings imply that hardships act cumulatively to threaten reproductive health.

The factors identified above combine to create a picture of Weathering in African American women's health. Geronimus (2000) suggests that optimal fertility timing may be at younger ages for African American women (compared to non-Hispanic White women) in order to capture these women during a healthier time of their lifespan. There may also be cultural differences in accepting early fertility timing. For example, African American grandparents may be more likely to support and help raise grandchildren if they are relatively young and healthy themselves.

While Native women tend not to have high rates of low birth weight, they do have poor maternal/infant outcomes (e.g. gestational diabetes, macrosomic infants) which may indicate a Weathering process specific to their situation. Although Weathering has not been tested upon Native women, over the course of their lifetime, they may deliver with fewer complications at younger ages than at older ages, indicating earlier optimal biological fertility timing. Similar to African American families, Native families may have more support from grandparents and extended family members to help care for young children.

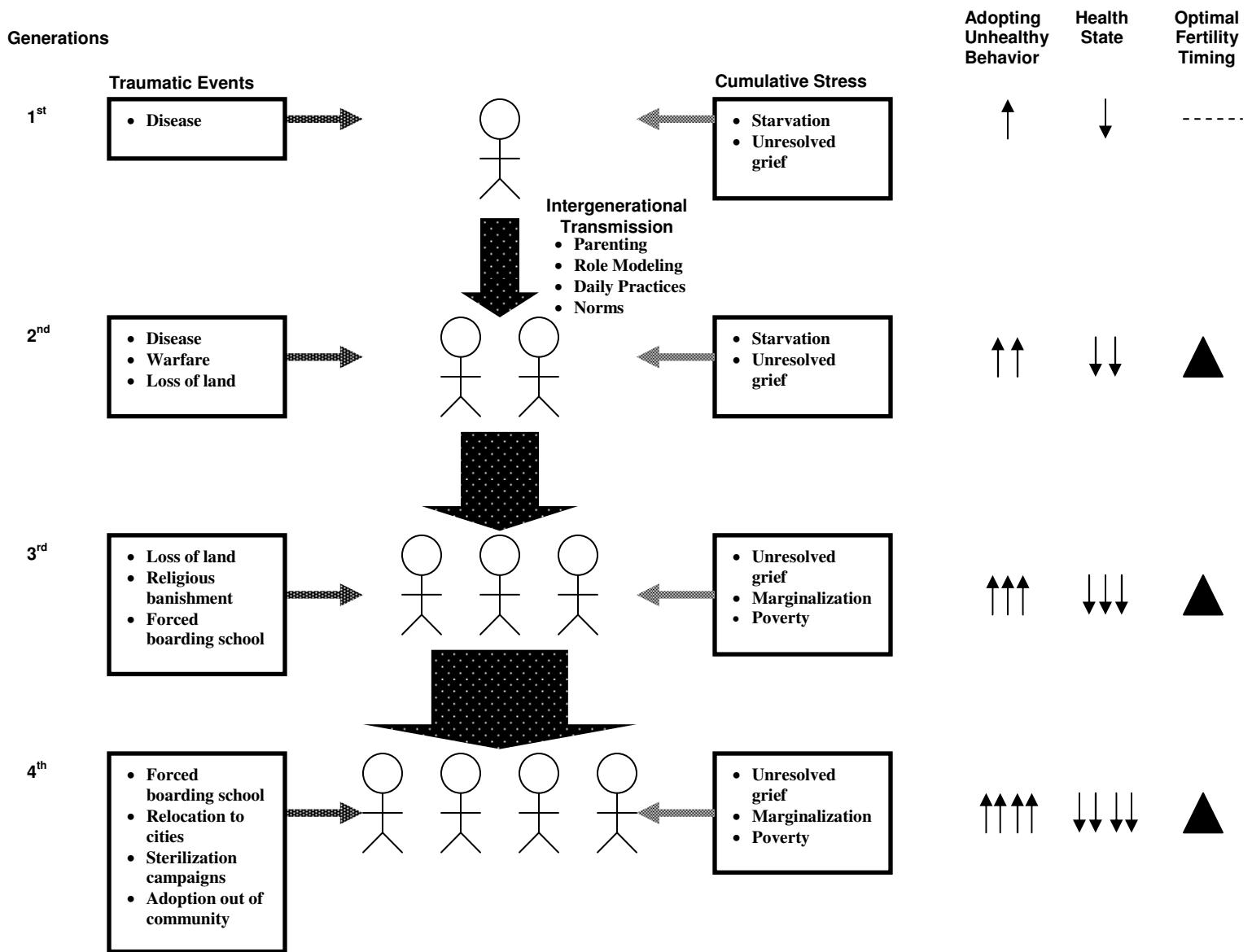
Applying Historical Trauma and Weathering

Both theories have significant potential to frame our understanding of Native women's health and childbearing outcomes. Brave Heart (2003) has used HTT to understand the effects of traumatic events specific to the Lakota people. The effects manifested within this community, collectively called Historical Trauma Responses, include high rates of alcoholism, suicide, homicide, mental health problems and poor health conditions. Brave Heart (2003) considers these collective responses to be direct results of four key historically traumatic losses. These include: (a) the 1890 Wounded Knee Massacre; (b) trauma from war, starvation and displacement; (c) separation of Lakota children from families when sent to boarding school; and (d) population decimation by one-third during the tuberculosis outbreak between 1936 and 1941.

For example, forced attendance at boarding schools, a traumatic event designed to disrupt family and community cultural practices, often led to youth being sexually, physically, emotionally and verbally abused; these experiences as a whole had the potential for being internalized and later manifesting as psychological symptoms (E. Duran & Duran, 1995). The resulting psychological symptoms may have been transmitted (transmission) onto family members (secondary traumatic stress), which were passed onto subsequent generations (intergenerational transmission), in the absence of culturally appropriate ways for healing (unresolved grief). The trauma and resulting health problems are compounded by the cumulative stress of living life in the wake of past historical atrocities and ongoing marginalization (e.g. poverty, discrimination, racism, unemployment indicative of Weathering). In the wake of colonialism, internalized racism contributes to deviance

construction among Native American women as they embody the triple whammy of gender, race, and poverty (Ross, 1998). Cumulative stress has dire implications, accelerating health deterioration and increasing pressure to adopt unhealthy behaviors (e.g. smoking and substance use). The health effects of HTT are compounded by the stresses described in Weathering. The two have a synergistic effect, ultimately resulting in overall current poor health among Native women (e.g. high rates of substance use, smoking, diabetes, and obesity) and a future for poor maternal and child outcomes.

Figure 1 illustrates a hypothetical application of these theories. Since neither have been blended and fully tested with the Native population, we are limited to theoretical conjecture how both interact together on Native women's health. This figure represents how major concepts from these theories may demonstrate an intergenerational legacy affecting at least four generations of Native families. Moving downward from first to fourth generation reveals a cycle of intergenerational affects, affecting health behaviors and health state.










 Indicates health assaults from examples of key traumatic events central to Native American history (e.g. disease, warfare, loss of ancestral land, religious banishment etc.)
 Indicates health assaults from examples of daily cumulative stress (e.g. starvation, unresolved grief, marginalization, poverty etc.)
 Indicates increasing accumulative strength of negatively impacting psychological issues onto subsequent generations (through parenting, role modeling, daily practices and norms)
 Indicates likelihood of adopting unhealthy behavior such as substance use, violence, crime, abuse, and risky sexual behaviors
 Indicates likelihood of decreased or poor health (psychologically and biologically based health)
 Indicates that fertility timing at younger ages may not have been biologically advantageous yet because accelerated poor health has not happened yet
 Indicates likelihood for optimal fertility timing to be at younger ages due to accelerated poor health

Figure 1. Hypothetical application blending Historical Trauma and Weathering theories to Native American health.

As the first generation experienced contact with European influences directly through disease, daily stress accumulated over their lifetime. Diseases, such as measles and small pox, devastated Native communities. Entire communities and families were wiped out, leaving survivors to cope with decreased manpower, influencing their ability to maximize resources (e.g. food, shelter, and clothing) and health behaviors. Survivors, facing tremendous loss and grief, may not have been able to process this devastating reality through their cosmology, resulting in poorer physical health (Weathering), psychological wellbeing and unresolved grief (Historical Trauma). Dynamically this process may have been transmitted onward (intergenerational transmission) to future generations through behaviors (e.g. substance use, violence, crime, risky sexual behaviors, and abuse) and beliefs.

The second generation in turn, experiencing their own traumatic events (e.g. disease, warfare and loss of land), cumulative stress from daily living (e.g. starvation and grief), and unresolved psychological transmission from the first generation, adopt unhealthy coping behaviors resulting in poorer overall health, then transmit this process onward to the third generation. In the absence of culturally appropriate ways of healing (since Native Americans were banned from their religious practices until 1978) and continued assimilation into Western culture, this cycle continued, as demonstrated by Figure 1, throughout subsequent generations with additional stressors, traumatic events, and unhealthy behaviors that lead to poorer overall health. Oftentimes traumatic events such as loss of land and boarding schools repeated throughout several generations as depicted in Figure 1. Reduced health may have resulted in optimal fertility timing at younger ages. Unhealthy behaviors are situation

dependent but may have included substance use, violence, crime, physical abuse, sexual abuse, psychological abuse, and risky sexual behaviors. Health, as defined by both theories narrowly focus on biologically and psychologically based outcomes, and may result in poor health conditions like heart disease, cancer, unresolved psychological issues, diabetes, and substance dependency.

A case study is useful to illustrate how this framework applies to Native women's childbearing health. A low-income, smoking, 15-year-old Native female has lived with her binge drinking grandparents on and off for the past 10 years, as both her parents are in and out of jail for domestic violence, and are unable to provide a stable home life. She becomes pregnant after a sexual encounter without protection at a party, where she had been drinking and also tried methamphetamines for the first time. After four months of missing her period, which she attributes to recreational drug use and being athletic, she takes a home pregnancy test. Positive results find her depressed and increasing her smoking. One of two men may be the father, she is not entirely sure of the events at the party. She feels close to an aunt, but she does not want to burden her aunt who is a single mother of four who works double shifts. Thinking she can ignore her issue, she goes out over the weekend to party with friends. Over the weekend, a friend and cousin die in a car crash attributed to drinking and driving. For the next two months she is depressed, while friends and family members believe her weight gain is due to her recent loss. At month six, she presents to the emergency department with severe abdominal pain, where a toxicology screen and pregnancy test are administered. *How does Historical Trauma and Weathering apply to this case?*

Recent deaths may possibly contribute to unresolved grief with this young woman, especially in the absence of positive coping practices. Substance use, family members, death, potential rape experience and possible victimization of domestic violence are likely to negatively affect her psychological wellbeing, and be sources of cumulative stress. Intergenerational transmission of prior generational problems (e.g. traumatic events, cumulative stress, and intergenerational transmission from previous generations) manifest themselves in parenting practices (negligent parenting), role modeling (e.g. binge drinking and domestic violence), and norms (e.g. little consequences for youth to engage in underage drinking), influencing this young woman through her beliefs and practices. Not entirely cognizant of how to cope, she smokes, drinks alcohol, engages in risky sexual behavior and uses methamphetamines. Ultimately, the intergenerational transmission of psychological problems onto her (e.g. parenting practices, role modeling and norms), cumulative stress over her lifetime (e.g. not having a stable home, marginalization, and poverty), pressure to adopt unhealthy coping behaviors (e.g. substance use and risky behaviors), and unresolved grief (loss of family members to substance use), situate her physical health to undergo rapid deterioration over her lifetime. Weathering may result in heart disease, cervical cancer, lung cancer, substance dependency and diabetes. Despite social issues compromising her ability to care for an infant, with her current health behaviors, likelihood for increasing stress and pressure to adopt unhealthy coping behaviors over her lifetime, as an adolescent she may be in her optimal *biological* fertility timing window, rather than having children at an older age

where her health has been rapidly weathered further and her future for caretaking has been compromised.

Discussion

When combined, these two theories provide lenses to understand the significance of historical events and contexts surrounding Native women's health outcomes, especially those related to childbearing. Their uses permit an approach to develop a knowledge base reflecting minority voices and experiences outside of dominant Western culture. Together, both examine Native populations in context of their history which: a) illuminates differences between marginalized and dominant populations, b) illustrates how stress manifests for minority cultures, c) raises awareness of an intergenerational legacy, and d) contributes to knowledge development on ongoing stressful environments for Native communities as they are juxtaposed within a dominant Western culture and ensuing poor health outcomes.

However, both theories are limited to vague conceptual development, indicative of theories in their infancy. Multiple definitions of concepts appear within this literature making relational statements difficult to develop among concepts. In addition, both theories possess overlapping concepts such as health or wellness. Each theory conceptualizes an individual's state-of-being. For Weathering this is health, inferred as an individual's state-of-being with or without disease (as measured by prevalence of smoking or heart disease). Following the psychological traditions of HTT, health is similar to wellbeing, with a particular emphasis on mental health (as measured by PTSD and depression scales).

Conflicting evidence indicates a need to clearly delineate all concepts. Since descriptions of both theories are indistinct, the authors have inferred assumptions, defined key concepts and assumptions. Many studies addressing Historical Trauma have operationalized key concepts in different ways, making the continued development of this theory more complex and the importance to achieve clarity well founded. Weathering has been used with large scale retrospective chart reviews and surveys found in data bases. Conducting similar studies with Native communities could prove challenging based upon identifying the population due to multiple definitions for what *is* Native American (e.g. based on blood quantum, tribal membership, or self identification) and the well documented case for racial misclassification (Epstein, Moreno, & Bacchetti, 1997; Stehr-Green, Bettles, & Robertson, 2002).

Another area to note is that striking differences arise when comparing the use of Historical Trauma, which was developed from Jewish Holocaust survivors, with Native communities. Both devastating events impacted millions of lives and affected future generations. While some agree that transmission of traumatic effects has ended by the third generation in Jewish Holocaust survivor populations (Bachar et al., 1994; Sagi-Schwartz, Koren-Karie et al., 2003), this may not be the case for Natives. Scharf (2007) has pointed out consideration for severity of experience and the number of family members (both parents and grandparents) who experienced traumatic events may signify continued transmission.

The Native American Holocaust began in 1492 and has continued until present time. Many generations have been directly affected, and the trauma is ongoing, ever

present (Whitbeck et al., 2004). Whereas the Jewish Holocaust has gained wide public recognition and has been the subject of many movies, books, and recognized as an important era in history, over 500 years after the start of the Native American Holocaust the public is only just beginning to learn how the “West” was won and lost. Public recognition and discourse on the atrocities of the Jewish Holocaust and survivors may contribute to community wide healing in addition to any mental health services utilized by community members. In contrast, Natives were forced into silence as their cultures, communities and very existence faced annihilation.

Finally, while both share a common view for positive health outcomes, each theory addresses separate dimensions of health (e.g. mental health and biology). These theories neither incorporate nor acknowledge the need for a holistic approach, which is central when working with Native populations. Investigators have found symptoms stemming from the Native American Holocaust not only impact physical and psychological health, but also affect environmental (Dogson & Struthers, 2005), economic, social, intellectual, political, and spiritual wellbeing (Struthers & Lowe, 2003). Likewise, further investigation must be extended beyond the individual and family, and include community members as Whitbeck and colleagues (2004) found Native elders attributed a major source of loss to the erosion of traditional family and community ties. To effectively care for Native families and communities, the aim must be for holistic approaches which reflect Native cultural health and illness conceptions. Only through holistically addressing Native women’s health, do we gain advantages to maximize not only her health, but the health of her children.

Conclusion

This paper neither intends to disentangle urban and reservation based Native health outcomes, nor does it attempt to over-generalize all Native women and their families. However, it does address commonalities shared by Natives, as a marginalized group, in context of their history and present day health. Key historical events (population decimation, removal from and loss of ancestral land, forced boarding school attendance, sterilization campaigns, and relocation from reservations into urban areas) have directly and indirectly impacted all Native women and their families.

Historical Trauma can be used to understand the ramifications of the generational spiral of psychological manifestations affecting not one generation but subsequent generations by inquiring about parenting patterns, coping mechanisms, responses, and their family, community and own wellbeing. Through this perspective the relationship of current and cumulative stresses and responses to societal illnesses within a community can be examined. Meanwhile, Weathering provides exploration of environmental processes affecting biological outcomes. This theory aims to understand the degree to which marginalized people face discrimination throughout their lifetimes, and how this relates to their health. It challenges preconceived notions regarding early childbearing, and legitimizes the event among marginalized populations, giving voice and support to these women's experiences and choices. Clinicians and researchers are positioned uniquely to understand how continued marginalization impact woman's environment and her resulting stress load. In turn,

these factors may be identified, measured and changed by using interventions to address health disparities among Native children to ensure future healthy generations.

Native history is not one of immigration, but one of forced eviction, and systematic cultural genocide. Their unique history lends itself to theoretical perspectives that incorporate monumental historical events leading to present day welfare. Theoretical paradigms appropriate for Native women include those which recognize the legacy of accumulating traumatic events stemming from the Native American Holocaust, which reverberates today. By recognizing underlying historical legacies, and the context of Native population's experience, we can develop knowledge to assist us in providing the best and most comprehensive care for this population aimed at eliminating health disparities and enhancing optimal health outcomes and life opportunities.

CHAPTER FOUR:
INTERPRETIVE PHENOMENOLOGICAL CONSIDERATIONS

Introduction

From the moment doctoral students step into a classroom and seat themselves before a lectern, they are infused with the research mantra, “The question drives the method.” However, through the course of my studies, I have realized that before selecting a question, it was my very existence, history, and experience that preemptively *selected* my question, which then *drove* the method.

I, a Native American woman, grew up on a rural Indian reservation dreaming of becoming a midwife. Who I am and what constitutes me provides the foundation for my research questions. As a graduate student researcher, I wanted to understand the reflective life experiences of ECB among adult, Native American women. Specifically, I sought to better understand two domains related to bearing children early in life: (a) the context of the woman’s life when she became pregnant, and (b) how her experience as a young mother impacted her life. Based upon my Native American background, personal experiences, knowledge and assumptions, interpretive phenomenology (in the Heideggerian tradition) was selected as the most appropriate approach.

The first portion of this chapter will compare Husserlian transcendental phenomenology and Heideggerian hermeneutic phenomenology. This chapter provides the rationale for how and why Heideggerian interpretive phenomenology is best suited for understanding Native American women’s ECB experiences. The methods for data collection and analysis are presented, followed by issues of validity

and representation. The chapter concludes with a discussion for research to be conducted collaboratively with Native American communities and a description of how a philosophical approach to community based participatory research was employed.

Brief History of Phenomenology

Studies using phenomenology strive to understand lived experiences. Qualitative inquiry, used to understand personally held meanings, is an important research method (Denzin & Lincoln, 2000). However, phenomenology is a method that allows inquiry to cut across individual experiences while valuing each perspective. Within phenomenology there are two main schools of thought: descriptive (eidetic) phenomenology and interpretive (hermeneutic) phenomenology (Lopez & Willis, 2004). While both disciplines share a common goal in uncovering lived experiences, both have distinct philosophical foundations and methods for reaching this goal (Lopez & Willis, 2004).

The distinct philosophical foundations of descriptive and interpretive phenomenology are historically founded. Originally, phenomenology began in a positivistic philosophy filtered through a Cartesian view. Positivism, rooted in the work of nineteenth-century French philosopher Auguste Comte, is a philosophical orientation and method that separates metaphysics from science (Benner, 1994a). This orientation limits science to what is represented through observation and interpretation-free data (Benner & Wrubel, 1989a). Epistemological queries (what is known) are investigated rather than ontological questions (what it means to be the knower). Human experience and feelings (the subjective experience) are excluded

from this method that strives to reach objectivity. The Cartesian view, rooted in Descartes' interpretation, adheres to the practice and belief of separating the mind from the body (Benner & Wrubel, 1989b). Cognitively, the mind understands the world as representations via beliefs and ideas. The self is seen as the subject while the world is viewed as the object. Within this view, truth is "a correct representation" having a high correspondence with objective reality (Leonard, 1994) and is beyond the grasp of context.

Descriptive Husserlian Phenomenology

Descriptive phenomenology, or eidetic phenomenology, derives from German philosopher Edmund Husserl (1859-1938). Husserl continued the Cartesian view (separating the mind from body) in his phenomenological approach by striving to understand epistemological inquiry in terms of what our minds know and what interpretations reveal through consciousness. Interpretations, according to Husserl, are products of individual consciousness of subjects (Leonard, 1994). His cognitive representation of the mind (or *noema*) "accounts for the mind's directedness toward objects" which tells our minds to think rationally and to see objects (Benner & Wrubel, 1989b, p. 42). Following the noema viewpoint, Husserl believed individuals assigned meanings to their situations and those meanings resulted in intersubjectivity based on a consensus of private meanings (Benner & Wrubel, 1989c). Under Husserlian phenomenology, the goal is to understand meaning from conscious actions.

Based upon Husserlian phenomenology, action and meaning are reduced to finer, universal essences (or eidetic structures). The concept of universal essences is

derived from Cartesian philosophical views of an objective truth, where reality is considered objective and independent of history and context (Lopez & Willis, 2004). These smaller “deconstructed entities” of truth are interchangeable and, in this view, can be used to generalize across human experience (Plager, 1994). In this stance, each person’s point of view is objective, or detached, and evaluation requires rigorous tests of validity to ferret out confounding variables to extract the truth (Packer & Addison, 1989).

Arriving at a “truth,” as defined by Husserlian phenomenology, means researchers must transcend their own subjectivity. To know is to see, and to see is to “look beyond constructions, preconceptions, and assumptions (our natural attitude) to the essences of the experience being investigated” (Gearing, 2004, p. 1444). In order to grasp the essential lived experiences of those under scrutiny, researchers strip themselves of all prior personal knowledge and biases. This permits researchers to engage with their participants and their experiences through the use of reduction or bracketing.

Bracketing, a method used to transcend subjectivity, originates from researchers that practiced Husserlian phenomenology (Leonard, 1994). In this method, the researcher brackets herself from the object being studied to transcend any presuppositions she has of the object. Lopez and Willis (2004) point out that when applying transcendental phenomenology, researchers are encouraged to “not conduct a detailed literature review prior to initiating the study and not have specific research questions other than the desire to describe the lived experience of the participant in relation to the topic of study,” (p. 727). Bracketing oneself from the lived experience

under scrutiny involves shedding any bias or presuppositions of a particular phenomenon. In this view, a researcher's own ideas and experiences that contribute to shaping who they are must be consciously ignored and left out of the investigation.

Denying our biases in understanding experiences and failing to recognize concerns that arise when exploring new types of knowledge can inhibit a full understanding of the subject matter. Benner (1994) points out that the Cartesian view:

constrains our ability to understand human agency (that is, intentionality in human action constituted or shaped by concerns, purposes, goals and commitments), limits our imaginative ability to generate questions, and, further, limits the answers we can generate for those questions that we do manage to pose. (p. 101)

Husserl's phenomenological stance is well suited for investigators oriented toward epistemological questions. However, for phenomenologists who philosophically recognize their *position* situated in research, embodiment, and are concerned with understanding what it means to be the knower, Heideggerian phenomenology is a more appropriate research trajectory.

Interpretive Hermeneutic Phenomenology

During a time when separating the mind from the body and searching for universal essences was in vogue, Martin Heidegger, a student of Husserl, developed an interpretive, hermeneutical approach to studying lived experiences. Heidegger's (1889-1976) interpretive (hermeneutical) phenomenology departed from Husserl's transcendental phenomenology because it: (a) integrated the mind and body, (b) addressed ontological inquiry, (c) denied universal essences, and (d) advocated for

recognition of our situatedness which is back-grounded by our thrownness into a world. In the following section, the above will be discussed and include: (a) self interpretation, (b) worldhood, (c) background meanings, (d) embodied intelligence, (e) modes of engagement, (f) concerns, and (g) temporality.

Self Interpretation

Heidegger's ontological investigation (what it means to be, to exist), asked the questions: (a) "Who are we?" and (b) "How do we live?" According to Heidegger, humans embody two critical features: (a) we are self-interpreting and (b) we unreflectively understand our-*selves* in the world. Rather than viewing human interpretation as products of consciousness, Heidegger claimed that our interpretations "are given in our linguistic and cultural traditions and make sense only against a background of significance" (Leonard, 1994, p. 52). To Heidegger, "The person does not come into the world predefined but becomes defined in the course of living life" (Benner & Wrubel, 1989b, p. 41). In other words, we are who we are in terms of our background and living our lives. Whereas descriptive phenomenology directs investigators to seek an objective truth of conscious actions regardless of history, interpretive phenomenology requires investigators to consider multiple truths based upon conscious and unconscious actions situated within history.

Accounting for historical context and the multiplicity of truth is important when conducting cross-cultural work, especially within Native American cultures. In Heidegger's view, being born Native American does not mean that a person has automatic access to that culture and tradition. Instead, it is the surrounding milieu which contributes to shaping the person into being Native American or not. Each of

the federally-recognized Native American tribal nations throughout the U.S. is different. Many tribal nations have distinctly different languages, cultural practices, and beliefs. For example, Navajo-speaking women from the Southwest have different linguistic and cultural traditions than Lakota-speaking women in the Dakotas. Both Navajo and Lakota women engage in self-interpretation, albeit unreflectively because “every encounter is an interpretation based on [their] background,” (Leonard, 1994, p. 52). If a Navajo and Lakota woman have children early in life, then their experiences are expected to be different because each woman is backgrounded by her own specific culture. Similarly, two women with the same tribal heritage are also expected to have different experiences because of their individual backgrounds, irrespective of being situated in the same tribe.

Worldhood

Heidegger departed from the Cartesian view on self and world. In the Cartesian viewpoint, the self was viewed as a subject possessing the world (as an object); Heidegger viewed the world as both constituted by and constituted of the self (Leonard, 1994; Packer & Addison, 1989). World, as indicated by Heidegger is a priori; it already exists. World is framed by our language, culture, and history and encompasses temporality, concerns, and meaningful situations.

From Heidegger’s perspective, each person is *thrown* into the existing world. Thrownness implies we are delivered into the world and are *always already situated* (Leonard, 1994). In other words, humans are *being-in-the-world* (Dasein). Being already situated and being-in-the-world also means we have situated freedom. For example, women born into a Native American community on a rural reservation are

thrown into the experiences of what it is to be a Native American living in that scenario. These women cannot escape their thrownness. By virtue of being born and living, these women are *being*; they *exist* in a world where some possibilities are created and other possibilities are limited (Benner & Wrubel, 1989b; Leonard, 1994). Scholars have pointed out that living in the Native American world often involves poverty, low educational attainment (Indian Health Service, 2001b), and high rates of substance use (Walters, Simoni, & Evans-Campbell, 2002). In her discussion of situated possibilities, Leonard (1994) explained:

Although the self constitutes her world, she is constrained in the possible ways she can constitute the world by her language, culture, and history, by her (constitutive) purposes and values. In other words, world sets up possibilities for who a person can become and who she cannot become (p. 47-48).

Since reservation-dwelling Native American women are thrown into a world, they *become* defined and shaped by living out their lives and being-in-the-world. Their thrownness and being-in-the-world also illuminate their freedom situated within the possibilities of their context. Some doors are opened and others are closed depending upon their thrownness and being-in-the-world.

Background Meanings

Having a world and being thrown into *being*, or existence, also means we have *background meanings*. This is what a culture gives us upon birth. Background meaning is neither subjective nor limited to ideas. Instead, it is a “shared, public understanding of what is....embedded in cultural practices and skilled activity” and

“determines what counts as real for that person” (Benner, 1994b, p. 46). Native Americans born on a particular Indian reservation share culturally rooted background meanings of what it means to be Native American on a reservation. Women who share their background meanings also reveal the broader context of their world and their throwness into the world. For example, my throwness as a Native American woman living on a rural reservation situated me in the world to learn and be shaped by my Native American culture, but also what it meant to be a Native American female living within a larger non-Indian community and negotiating both communities. Through my throwness and background meanings particular to my experience, I have come to understand the differences by living in both cultures.

Embodied Intelligence

Heidegger discarded Husserl’s view on mind-body duality because he believed mind could not be abstracted from the body (Benner, 1994a). Instead, the mind and body were integrated to compose embodied intelligence, reflecting the body as knower. The body knows and is capable of innate proprioception, understanding and enacting cultural knowledge (e.g. judging the appropriate space to stand next to someone waiting in line), and maneuvering complex skills (e.g. expert nursing skills; Benner & Wrubel, 1989a).

According to Benner (1989), embodied intelligence “enables us to move through situations and encounter situations in terms of meaning and in rapid, nonreflective ways,” (p. 42). Embodied intelligence is being able to non-reflectively drive home from work while preoccupied with a cell phone call. Possessing embodied intelligence also means that we can engage in situations in meaningful ways,

employing what Benner terms a *culturally skilled habitual body*. For ECB Native American women, embodied intelligence may include their experiences of navigating their lives unreflectively through school, work, community and family life. Asking these women to share their stories of their teen pregnancies may locate moments where embodied intelligence or culturally skilled habitual bodily intelligence is made visible.

Modes of Engagement

As embodied, self-interpreting beings, we relate to our world in three distinct modes of engagement: ready-to-hand, unready-to-hand, and present-to-hand (Benner, 1994). Typically we live our lives in engaged practical activity (ready-to-hand) that is fully involved, but unreflective in our involvement, of every day activities (Benner, 1994a, 1994b; Packer & Addison, 1989; Plager, 1994). Engaged practical activity is the smooth fluid moment throughout one's day devoid of reflectivity or deliberation on these daily activities (Chesla, 1994; Leonard, 1994). Interpretive phenomenology strives to understand this mode of engagement because it reveals the everyday taken-for-granted aspect of our understanding the world. For example, a young mother may go adeptly about her day caring for her child (e.g. bathing, feeding and changing diapers) without reflecting on these actions.

Unready-to-hand is the mode of engagement in which our practical activity (ready-to-hand) is made apparent. A disruption in our smooth and fluid activities is the breakdown evident in our unready-to-hand engagement. Our attention focuses on the problematic disruptions we face in everyday situations. This is the mode of engagement when life-changing events become evident. Teenage women who

suddenly confront an unintended pregnancy realize their lives have changed. This breakdown, or disruption, in their lives stands out against their unreflective, ready-to-hand engagement. Focused attention only on our unready-to-hand engagement, such as risk factors for unintended pregnancies, may provide an insufficient understanding of a phenomenon (Plager, 1994). Researchers who identify both the unready-to-hand and ready-to-hand modes of human engagement receive a more holistic perspective of the phenomenon they study.

The final mode of engagement, present-to-hand, is when “the person stands back and observes or reflects on the situation,” (Plager, 1994, p. 73). Reflecting on the situation is to stand outside of it, to observe it. Under a Cartesian view, the reflective, present-to-hand mode of inquiry is where investigations take place. However, investigations using this mode of engagement are at risk for missing the ready-to-hand and unready-to-hand involvement humans engage in. For example, identifying use of prenatal care through an objective chart review may overlook the breakdown in each woman’s life that contributed to her late entry into prenatal care. Under a Heideggerian view, investigations must encompass the unready-to hand (asking women why they missed appointments) and ready-to hand (how she plans her day).

All three modes of engagement provide different avenues for investigation. Each mode is important to consider. Understanding a young woman’s lived experience requires investigators to consider her actions and practices. Action and practice are embedded in smooth and unreflective engaged practical activity (ready-to-hand). Engaged practical activity is made apparent in breakdowns, when action is

not smooth, and can be understood by addressing an individual's unready-to-hand engagement. Understanding an individual's present-to-hand, or reflective and theoretical mode of engagement, is critical when considering her beliefs and ideas.

Concerns

Concerns guide our engagement (Benner, Tanner, & Chesla, 1996) and influence each ECB woman's stories and experiences. Shaped by her background meanings and embodied intelligence, each woman is involved in the world and has things that matter to her. For example, a young mother may reflectively choose to use contraception, because she does not want to become pregnant. Her actions in everyday life and every situation are shaped by her situatedness (including her age and developmental stage) and her concern for how she lives. Subsequently, her action to prevent future pregnancies will depend upon context and her concern. People are not necessarily conscious of their concerns, yet these are apparent in actions and responses *of a person facing situations* and can be gathered through narratives about particular actions (Van Manen, 1990a). A young woman who desires autonomy may deny wanting to become pregnant, but still engages in risky sexual behavior. Upon becoming pregnant, mothering may allow her to establish a sense of adulthood.

Temporality

Whereas the Cartesian view of time is fragmented into distinct quantifiable segments reflective of a linear temporal trajectory inherited from Western culture, as in a long line of *nows*, Heidegger viewed temporality as "constitutive of being" (Leonard, 1994). In other words, we are present within time; our presence is marked by "being" in time. Being-in-time is made intelligible through the past and future

(Benner & Wrubel, 1989b). Leonard (1994) explained that to study an individual's being-in-time, the individual must also be studied within the context of her having-been-ness and being-expectant, her past and future by which she is constituted.

An individual's thrownness, embodied intelligence, background meanings, concerns, and situations intersect within temporality. Her current being-in-time is understood within these entities when placed in context of a future and history. For example, to understand an ECB woman's reality of teen pregnancy, the researcher must consider both her having-been-ness and being-expectant. The ECB woman's having-been-ness may include being the child of an ECB mother. She may have been expected from an early age to care for younger siblings and been responsible for managing the household. Her being-expectant may involve her desire to establish her own autonomy from her immediate family. Therefore, for a woman who decided to bear a child early in life is to understand her decision as constituted by both her past and future.

In summary, interpretive Heideggerian phenomenology is useful to understand retrospective perspectives of childbearing (SmithBattle, 2000). It strives to explain patterns of meaning and action in the lives of those studied within the context of an individual's *situatedness*, or ways of living, her history, her family, and her concerns (Chesla, 1994; Van Manen, 1990c). This method allows researchers to question participants systematically about experiences in an open question format (Benner et al., 1996; D. L. Kahn, 2000; Koch, 1996) and enables researchers to consider their situatedness in relation to the participant and the interview interaction (Benner, 1994a; Leonard, 1994).

Research Design

In revealing lived experiences, interpretive phenomenology acknowledges ways in which people live, including their history and situations that contextualize them. Rather than an atomistic perspective that addresses one particular response, this method focuses on detailed explanations of varied patterns of human understanding and action (Chesla, 1995).

Setting

This study took place on a rural Native American reservation located in the Western part of the U.S. Exact information, both in describing the community setting and the participants, was modified or excluded in order to protect this community's identity, in accordance with the agreement between the investigator and the tribal council.

Inclusion and Exclusion Criteria

Thirty English-speaking, self-identified Native American women who were pregnant at age 18 or younger, from a particular reservation located in the Western part of the United States, comprised the sample. Additional inclusion criteria included women who at the time of the study were at least 18 years of age or older, currently lived on the reservation and possessed the ability to reflect on their past experiences. Women who did not complete their pregnancy, or bear a live child, due to loss of pregnancy or abortion were not included.

Recruitment

Due to the potentially sensitive nature of women's stories, recruitment was done by public flyers (Appendix D), word of mouth, and announcements in two local

newspapers that included flyer information. The investigator's local contact information was located on the flyer and in both articles. Women contacted the investigator, except in one case where prior consent from one participant through a community member allowed the investigator to call, screen and obtain her consent. In this case, snowball recruitment was used and proved to be a source of participants for this study in which seven women identified their recruitment through word of mouth.

Informed Consent

Joint approval from the University of California-San Francisco (UCSF) Committee for Human Research (CHR) and the tribal council where this study took place, were obtained (H12251-25697-03). In accordance with the agreement established with the tribal council, no identifying information (e.g. including signed letter of approval for investigation) has been included in this dissertation. However, this letter is on file with the UCSF CHR office.

Potential participants contacted the investigator at a local phone number, and were screened by the investigator for inclusion criteria. The study was explained to those who met inclusion criteria over the phone and interview appointments were made at a time and location that suited participants. All women were compensated \$20 cash for each interview. During the first interview, women were read the consent form, asked to sign the written consent (Appendix E), and given a copy to keep. Eight women requested to be interviewed over the phone and in these cases the consent form was read over the phone, verbal consent was given, and women were mailed two copies of the consent form, one to keep for their records and another consent to sign and return in a addressed stamped envelope to the investigator.

Data Collection and Measurement

The goal of interpretive phenomenology for this study was to understand the lived experience of ECB women. Methodologically, this was conducted by uncovering thematic commonalities and distinctions. These were based in culturally grounded meanings, habits, and practices (Benner, 1994b).

Procedures

Interviews

Data collection relied upon a semi-structured interview guide (Appendix F) composed of narrative questions and a short survey to collect self-reported demographic data (Appendix G). The open-ended interview guide allowed ECB women to *reflectively* comment on cultural values and beliefs they held as well as describe the context surrounding their experiences.

Interviews took place at a time and place that was convenient for each woman over a 12 month span. Women were interviewed over the phone or in person depending upon their level of comfort and availability. Interview locations ranged from private (women's homes or over the phone) to public (work place, parks, and cafes) spaces. While women were given freedom to end the interview at any time, most women (n = 28) shared for at least one hour, with interviews ranging between 30 minutes to 2 ½ hours. Although each woman gave consent to be interviewed up to three times, only 8 women participated in second interviews, and one woman was interviewed three times. The length of time between first and second interviews ranged from 2 weeks to 4 months. All interviews were digitally voiced recorded and

the investigator transcribed all interviews, per an agreement with the participating tribe.

Open-ended questions from the semi-structured interview guide allowed participants to share their ECB experiences. Interviews, aimed at gathering narratives, enable researchers to gather a holistic perspective rather than an atomistic perspective on ECB experiences (SmithBattle, 2000). Generally, the interview began with an open-ended question such as, “Tell me what was going on when you became pregnant?” to elicit a starting point of her experience. Probes, such as, “Can you share a memory of what you did when you suspected you were pregnant?” were employed to identify specific memories. These narrative questions allowed participants to explain their *daily-engaged* experiences, concerns, and knowledge contextualized within their culture, history, and family lives (Benner, 1994b). Concerns, shaping a participant’s experience and perception of events, are made visible through the stories women chose to share.

Listening became crucial when asking narrative questions. Active, engaged listening allowed the investigator to reach understanding. When a particular memory or issue was not understood, questions that paraphrased women’s experiences were asked in order to check that comprehension was correct. In addition, open listening, a technique that allows the speaker to shape their story-telling, was employed so that the story was not formed or remembered according to the investigator’s concern (Benner, 1994b).

Field Notes and Participant Observation

In conjunction with conducting interviews, field notes (central to reflection and used for theorizing) and participant observations (systematic observation of surroundings and interactions) were recorded (Adler & Adler, 1994). Observations of the interview setting (e.g. the participant's home), participant appearance with attention to mood, verbal and nonverbal cues, emotions, and interactions with children or grandchildren were noted. Field notes, or the descriptive, selective representations of people, dialogues, scenes, activities, personal experiences, and reactions (Emerson, Fretz, & Shaw, 2001), documented these observations along with responses from the investigator. The act of writing field notes identified potential follow-up questions, created breadth for important reflective writing exercises, and allowed the investigator to recall the interview. All of these actions contributed to data analysis.

Data Analysis

While demographic data was entered into a database and analyzed with Microsoft Excel, transcribed interviews and field notes were imported into Atlas.ti™ (a qualitative software program) for organization and assisted with analysis. Analysis did not begin with transcribed data, but began during the first interview through active listening and interpreting what was being shared (Benner, 1994b). Interpretive phenomenology's use of open-ended questions revealed meanings and concerns. Meanings and concerns, which are embedded in social and cultural practices, are uncovered by four strategies: (a) case analysis, (b) thematic analysis, (c) paradigm cases, and (d) exemplars (Chesla, 1994).

The process of interpretive phenomenological analysis began with active listening and was followed by immersing myself in the text through repeated readings of transcribed interviews. Each interview (or case) was read carefully to determine meanings and interpretive notes were kept that documented these meanings and generated questions. Once all interviews had been read, a thematic analysis across interviews was conducted to note distinctions and similarities.

Thematic analysis addresses distinctions and similarities by examining meaningful patterns, stances and concerns (Benner et al., 1996; Chesla, 1994). Investigators move back and forth among themes and situations found in portions of the text. Thematic analysis was used to uncover Native American women's experience of ECB in ways that clarified their realities as ECB women. During thematic analysis codes were generated and defined. Codes were condensed or broadened depending upon this iterative process.

Paradigm cases exemplify strong instances of concerns or ways of being in the world (Benner, 1994b). A paradigm case was chosen based upon my understanding of what was known or unknown. First, each text was read for a global understanding. Next, distinct issues (e.g. concerns, events, issues) were further explored for more detail. Both steps were repeated systematically moving from the parts to the whole, checking for differences, disconnections, and unifying concerns (Benner, 1994b)

After patterns of meaning, commonalities, and differences were identified, exemplars were excerpted from the text to illustrate similarities and contrasts. Exemplars (acting as "operational" definitions in interpretive research) allowed the researcher to demonstrate intents and concerns within contexts and situations

(Benner, 1994b). Exemplars are like multiple examples that illustrate specific points. With each example (or exemplar) demonstrating multiple facets of a particular phenomenon, investigators can understand varying nuances of complexity situating the phenomenon.

These analytical methods are appropriate when working with Native American communities since they reflect key Native American cultural traditions. Using paradigm cases and exemplars in interpretive phenomenology is similar to oral traditions prevalent throughout the broader Native American culture. Paradigm cases and exemplars offer readers an opportunity to engage in the practical world of the participant and come closer to the lived experience (Benner, 1994b). Historically, oral stories were used to teach lessons by example (Echo-Hawk, 2000). Employing paradigm cases and exemplars to illustrate concerns and patterns is similar to storytelling used to teach social and cultural roles and expectations.

Evaluation

Qualitative research must meet comparable criterion as quantitative studies for evaluation. Whereas quantitative methods utilize internal validity, external validity, reliability, and objectivity, qualitative methods are measured by credibility, transferability, dependability, and confirmability (Denzin & Lincoln, 1994; Lincoln, 2002). Credibility, similar to internal validity, aims to determine the fit between women's self reported experiences and my interpretative representation. Member checking was achieved by asking women if the interpretation reflected their experience. Transferability, comparable to external validity, is the extent of how these results could be transferred to other settings, principally to other Native American

groups. Despite the variation among Native Americans, there are general historical experiences (discussed in Chapter Three) which may situate Native women across the country to experience similar trajectories into ECB. Dependability, similar to reliability, was met through an audit trail using field notes, reflexive journaling, and interpretive memos that provide logical and traceable paths to the results. Confirmability, or how the results would be corroborated by others, was achieved through a collaborative analytical review process of the findings with UCSF faculty.

Issues of Validity and Representation

In addition to these four measures that evaluate qualitative research, this study was enhanced by methodological concerns when working with a Native American community and culture. This section focuses on evaluation with a discussion on how representation and positionality affect interpretive findings.

During interviews, mutual understanding is created from the interaction between the interviewer and interviewee. Interviews are jointly constructed by interviewer and respondent through the reciprocal process of questions and answers (Rapley, 2004). Both the researcher and participant enter the interview with pre-understanding of basic elements of what it means to live in the twenty-first century U.S. Interviews develop through a mutual reformulation and specification process, whereby interviewers reformulate questions and respondents frame answers in terms of their reciprocal understanding as meanings emerge (Mishler, 1986). Mutual reformulation process is also known as jointly constructing meaning through interaction and dialogue (D. L. Kahn, 2000; Koch, 1996). Jointly constructing meaning during the interview process is central for basic understanding. It provides

avenues and dead-ends for grasping lived experiences. How the woman tells her story and how the researcher is able to engage in understanding, constitute whether or not joint understanding takes place. Findings are limited to the researcher's understanding of what was discussed.

Participating in the joint construction of meaning with interviewees implies there is no one absolute truth. If people are thrown into a world, and have situated possibilities, then both the researcher and participant bring their own background and situated selves into the interview. Together, through commonly shared patterns and meanings (e.g. language, what it means to be a woman in this decade) they jointly construct meaning. Just as no two participants will be the same, no two interviews will be exactly the same.

In the absence of an absolute truth, each woman is a situated knower with her own situated truth. Situated truth is individually context dependent (Gergen & Kenneth, 2000). For example, what one participant reveals about her ECB experience may be completely different from another woman's account. One truth, or experience as known by one participant, is *real* for that participant and there may be a different *real* experience for someone else. Researchers are not in the position to believe one account over the other in a wrestling match of stories and voices. Rather, both are true according to the multiple lived experiences of these women. However, researchers are at risk for misrepresenting experiences.

Crisis of Representation

A central problem in post-modern science is *who* has the capacity to represent *others*. How do researchers represent their participants and findings? This section will

discuss representation (in terms of race, culture and poverty), positionality, and actions investigators may take to address these issues.

Denzin and Lincoln (2000) describe the crisis of representation and legitimation as two crises that speak “to the Other and the representation of the Other in our texts and to the authority we claim for our texts” (p. 1050). The *other* (the participant) is a situated knower and encompasses situated embodiment thrown into a world of limited situated possibilities. Women who self identify as Native American ECB women are the focus of this research project and are the other. Race, cultural background, and poverty are all important elements to consider when understanding these women. Recognizing the dynamics in place, which contextualize these women, will help the researcher to understand their experience.

Foregrounding race, culture, and poverty in interpretations becomes one route for authoring social responsibility. Similarly, researchers are charged with the responsibility for creating narratives that frame class privilege, or its absence, as the foundation on which individuals make sense of the worlds they negotiate (Pilcher & Juneau, 2002). My responsibility as a researcher is to portray ECB Native American women’s experiences in their social context. Taking into account poverty, substance use, abuse, and adopting adult responsibilities at young ages must be contextualized both in the foreground and background spaces to understand these women. Skeptical readers, who may begin to understand each participant’s struggle through their engagement with the text, may become transformed and leave the text with a broadened sense of understanding. It is exactly this sense of awareness that Pilcher and Juneau (2002) encourage researchers to undertake, such that “researchers must do

more than address social class, they must increase mindfulness of how to negotiate living in public spaces with out perpetuating economic injustice,” (p. 734). Arising from this activity is the need to transform public consciousness and common sense.

Race.

Discussing the dynamics of racial and social discourse is important when understanding the web of relations, experience and how interpretive work is woven into this web. As a social construction, race has profound consequences through daily life, identity, and social movements (Fine, Weis, Weseen, & Wong, 2000). To understand the context of Native American women is to understand there are distinct historical and an ongoing marginalization that affect them. Methodologically, race needs to be taken into account. How the researcher selects questions and collects data reveals the underlying discourse of race. Whether discussed openly or silently, race can become the “elephant” in the room. Foregrounding race in interpretation becomes equally important because it may inform how researchers and participants narrate, account for, make sense of, and experience every day life.

Culture

As discussed earlier, an assumption of this methodology is that humans are self-interpreting, making sense of their experience and the world in which they are situated (Koch, 1996; Leonard, 1994). Culture, as a part of one’s situatedness, is also integral to living everyday in the world. By living her life within her respective Native American culture, an ECB woman interprets her life according to her background, her concerns, and which possibilities are open for her. In narrating her story, a Native American woman interprets her ECB experience. This fits within the

scope of Native American culture and respect for an individual's voice, where one person may only speak for herself and to her own experiences. Interviewing multiple women, who embody different experiences enhance the representation of the findings.

Native American women's voices, like other historically marginalized women, have been silent due to their social position. Interpretive phenomenology allows researchers to hear these women's voices, rather than speak for them. To capture pieces of each participant's world, two methods were used. First, each woman's own vernacular, grammatical structure, and pauses were employed to draw readers close to the text. Drawing readers into the text through the way she spoke allowed each woman to be represented. Second, each narration was used as the foundational framework for building an interpretive layer. Having each woman's story provided a frame for constructing interpretive work.

Poverty

Poverty, much like culture and race, may situate women's possibilities. For some, poverty is an everyday existence both back-grounded and fore-grounded in their lives. For others, poverty is not experienced first-hand. However, its pervasive presence in communities and social worlds does affect them. Many who live on Native American reservations live below the poverty line. Thirteen percent of all Americans live in poverty, compared to 24% - 49.1% of reservation dwelling Native Americans (Indian Health Service, 2001a). While some participants may discuss at length their experience of poverty, others may not. Representing each woman's

concerns and experiences as they express them is a goal for interpretive phenomenologists.

Self-Positionality and Self-Reflexivity

Investigators must explicate their assumptions and pre-understandings by trying to come to terms with them, and understand their biases, not turn against them (Van Manen, 1990b). Recognizing one's bias is similar to what Heidegger refers to as the forestructure of understanding. There are three aspects of one's forestructure of understanding: (a) fore-having, (b) fore-sight, and (c) fore-conception (Plager, 1994). Fore-having is entering a situation with one's background intact. Fore-sight is interpretation based upon one's background and point of view. Finally, fore-conception is an individual's beliefs and ideas informed by theory. Altogether these fore-structures of understanding comprise each researcher's situated position and biases.

For example, I as a childless, twenty-something, Native American woman, researcher, bring all of my background (fore-having) into understanding Native American women's ECB experiences. Likewise, my childhood friends and family who were ECB women may have shaped my ability to "see" more positive than negative implications of ECB, because my interpretation is based upon my background (fore-sight). In addition, my view is molded by any theoretical inundation from the most recent literature review (fore-conception).

Researchers with a similar fore-having (background) as their participants may have commonalities with their participants. However, problems may arise when engaging with participants. Shared cultural and racial background does not preclude

researchers from experiencing varying degrees of insider and outsider status. In her discussion about the dilemmas of shared racial background among “insider” and “outsider” perspectives, Josephine Beoku-Betts (1994) explains there are differences between researcher and research participants with “other status identities which are fluid and variable that factor into the research endeavor and make the process more complex,” (p. 413). Other factors (e.g. class status, gender, cultural history, religious affiliation and educational status) can differentiate researchers from participants, providing an advantage or disadvantage depending upon context.

Although I identify as Native American and work as an insider in Native American communities, I still needed to negotiate my identity and legitimacy. Rarely are insiders considered insiders by default; rather, they experience various gradations of endogeneity throughout the course of the study (Jacobs-Huey, 2002). As a childless, educated, urban dwelling Native American woman, interviewing older, reservation dwelling, ECB Native American women, simultaneously I have insider and outsider status. My dual identity may have affected how I interacted with women, and how they interacted with me. Being viewed as both an insider and outsider may have affected each woman’s chosen narratives, depending upon how she viewed me, therefore contributing to how each woman framed her story. It is possible that some stories were withheld (e.g. stories of abuse), and those which were shared are still recognized as reliable and valid experiences because they are the instances the woman chose to illustrate her concerns.

One way to account for our biases throughout our research trajectory is to acknowledge and reflect on them. A process of critical reflection on the self as

researcher, a task researchers may engage in, is termed reflexivity (Lincoln & Denzin, 1994). Reflexivity can be practiced by journaling and during the course of this study, I kept a reflexive journal to process my thoughts, ideas, biases, understandings, and concerns.

Each time I engaged with the text, or interviewed a participant, I was aware of the multiple social worlds I inhabit. Realizing that I have multiple identities, and that depending upon the situation, I am an insider or outsider, illustrated how I could not rely solely on how *I thought* I was viewed. The relationship between researcher and participant is not determined a priori, where the researcher is designated as an insider or outsider; instead, relationships are continuously negotiated and locally determined (Kusow, 2003). Each participant had the privilege of scrutinizing me and questioning my identity to determine if I was an insider, or outsider, or both. Journaling my ideas, perceptions, understandings, biases and concerns helped initiate reflexive engagement and helped elucidate my understanding of myself, participants, and the phenomenon.

Considering the crisis of representation and finding ways to represent myself and participants, allowed me to begin the process of establishing validity. Understanding the multiple beliefs regarding validity in qualitative research also lends itself to producing work congruent with standards set by peers. Throughout this paper I have discussed representation of participants and researcher within the context of one's own lived situatedness, with particular attention to race. Keeping the dynamics in mind of what it is to be situated in a time, place and world-hood, validity could be socially constructed within discourses or framed within specific historical

moments for specific purposes and interests (Sparkes, 2001). This indicates validity may be based on social agreement. In this view, validity is judged by social standards; the community has the final important say in the trustworthiness of the representations. Sparkes (2001) questions whether validity involves an evaluation of how effective the research process has been in empowering the participants and enabling them to create change. Similarly, Lincoln and Denzin (2000) suggest engaging in participatory collaborative research as one avenue to navigate through the tumultuous waters of representation. A more thorough discussion of collaborative research is discussed below.

Interpretive Phenomenology Conclusion

Interpretive phenomenology is suited for understanding Native American women's ECB experiences. This method provides recognition for each woman's unique situated life experience. Under this perspective, her worldhood, background meaning, self-interpretation, and thrownness construct the unique life possibilities open to her. Being thrown into existence as a Native American woman, living on a rural reservation, with a worldhood and background meanings full of cultural patterns shape her existence and what it means to be living her life. Her concerns and embodied intelligence (mediated by her temporality) help shape her experience and guide her modes of engagement. A Native American woman, situated against her background with situated possibilities, engages in the world according to her concerns and embodied intelligence. Realities for having children early in life, or perceived barriers and supports are made intelligible by understanding a woman's context in life and understanding her engagement with the world.

Community Based Participatory Research

Historically, Native American communities have experienced exploitation from researchers resulting in loss of lives, privacy, economic viability, and trust in researchers (Manson, Garrouette, Goins, & Henderson, 2004; Norton & Manson, 1996). Valuable research done with marginalized communities, such as Native American communities, must provide collaborative approaches. Community based participatory research (CBPR) is both a philosophical and methodological avenue which seeks to equalize power between the researcher and the researched (Minkler & Wallerstein, 2003). This collaborative approach recognizes the unique autonomous position Native American communities occupy (as sovereign nations) while balancing power differentials among all involved under the auspice of respect throughout all steps of the research process.

Defining Community Based Participatory Research Methodology

While researchers have used many names to describe this collaborative relationship including participatory action research (Davis & Reid, 1999; Garwick & Auger, 2003; Whyte, 1991), action research (Argyris & Schon, 1991), collaborative research, and community based research (Holkup, Tripp-Reimer, Salois, & Weinert, 2004), there are key principles underlying all methods: an emphasis on experiential or participative knowing and power equality. Central aspects attributed to CBPR methodologies include: (a) facilitating a collaborative and equitable partnership in all phases of the research, (b) promoting capacity building among all partners in the community, (c) reciprocity, (d) community sustainability, and (e) maintaining long term relationships (Israel et al., 2003). Table 5 lists key CBPR principles.

Table 5

Basic Community Based Participatory Research Principles

CBPR Methodology
Facilitate Collaborative Equitable Partnership in all Phases of Research
Generate Question
Plan
Implement
Evaluate
Disseminate Results
Promote Capacity Building
Reciprocity
Community Sustainability
Maintaining Long Term Relationships

While true power equalization may never be reached between the researcher and the researched, researchers should strive for this ideal (Wallerstein & Duran, 2003). There are a number of strategies to facilitate these collaborations. Involving the community in all phases of the research process from project conception, grant writing, designing the project, to implementing the project, and distributing the results (Israel et al., 2003). Reciprocity means that researchers share their knowledge, skills and expertise in research related tasks which may not be readily available in communities, and that researchers undertake efforts to encourage community self-efficacy. This might involve educating community members in grant writing or training community members to collect and analyze data. Long term relationships (greater than 3 to 5 years), with communities provides a foundation for working relationships and reciprocity to grow. It also illustrates respect and concern for the community when engagement is prolonged and trust gained. Community

sustainability is a potential outcome resulting both from reciprocity and long term relationships with researchers. Communities now trained with new skills have the opportunity to develop their own lines of original research.

CBPR changes the research agenda. Whereas principal investigators typically have sole authority for research design and implementation, in CBPR, researchers must collaborate, compromise and credit communities with whom they work. The research agenda includes not only the funder's goals and the principal investigator's aims, but also the community's desires. Questions asked must be pertinent to community interests and stakes. Survey tools and instruments must not only be culturally tuned, but subject to community approval. Results belong to both the community and the principal investigator. By virtue of collaboration with researchers, communities stand to gain ownership of research and experience in the process of negotiating for their concerns. Collaborative ownership of the results allows communities to have input on the results and decide upon the method for disseminating the findings. Validity potentially becomes not only a construct of the research design; it also intersects with community approval.

A Philosophical Orientation to Community Based Participatory Research

This study was conducted with a philosophical orientation to CBPR which involved my commitment to core CBPR principles built upon equality of power, collaboration and participation. To the extent a graduate student is able, I included community oversight into all facets of the project. Although my research interest and question were designed before community relationships were initiated, I did provide tribal council with multiple presentations that indicated the need to understand ECB

among Native people. Upon tribal council approval, I was able to work with a two-person committee, which served as my guiding community members. Their role was different from a planning or advisory committee often used in CBPR, because the research question and method had already been shaped. However, these two community members, appointed by tribal council, guided me through the community process. Community support to conduct this collaborative study, through a letter of support from the tribal council Chairman, was received before applying for institutional approval and grant support. After sharing preliminary data results with tribal council, they approved the findings to be disseminated through publications and presentations to the larger community as long as their community was not identified. Commitment to equality of power, collaboration and participation were honored in this study. Although CBPR methodology was not used, CBPR core principles guided every step of this study.

CHAPTER FIVE:

CHAOTIC AND DIMINISHED CHILDHOODS

This chapter presents Native American women's recalled childhood experiences, which provides understanding for how they engaged their world, what opportunities were open to them, and how ECB was situated in this context. In this chapter I will: (a) describe the sample characteristics, (b) briefly review Benner and Wrubel's interpretive framework for situating and discussing the data, and (c) provide a paradigm case to illustrate two major themes, chaotic and diminished childhoods.

Presentation of the Sample

Table 6 provides demographic data describing the sample characteristics. A total of 30 women were enrolled in the study and completed one interview, while 8 women (27%) completed two interviews. At the time of the interview the mean age of the sample was 35.5 years old (Range = 20 – 65; SD = 12.03 years), most lived in a household of 3 to 6 people (n = 20; 67%), and reported an annual household income of \$40,000 or less (n = 23; 76%). Self reported age at first pregnancy ranged from 14 to 18 years old, with a mean age of 16 (SD = 1.38 years). Only two women (6%) reported dropping out of high school without returning to complete their education once they became pregnant. Half of the sample (n = 15; 50%) reported receiving some college classes as their highest level of education, which indicated these women had received either their high school diploma or GED. Six women graduated college (20%) with a degree, and one woman graduated with a professional degree (3%). By age 18, 22 women (73%) had one child and 8 women (27%) had two or more

children. As time passed, women had more children. By age 20, 56% of the women (n = 17) had two or more children.

Table 6

Study Sample Demographics (N=30)

Age Mean = 35.5 (Range 20-65; SD =12.03)	
Age at first pregnancy Mean = 16.4 (Range 14-18; SD =1.38)	
Number of Children at \leq18 years old	n (%)
1	22 (73%)
2	6 (20%)
3	1 (3%)
>3	1 (3%)
Total Current Household Size	
1-2 people	5 (17%)
3-4 people	12 (40%)
5-6 people	8 (26%)
7-8 people	2 (6%)
>8 people	3 (10%)
Highest Level of Education	
GED	3 (10%)
HS Diploma	3 (10%)
Some College	15 (50%)
Graduated College	6 (20%)
Professional Degree or Graduate School	1 (3%)
Annual Income (US dollars/year)	
<5,000	0
5,000-10,000	0
10,000-15,000	9 (30%)
15,000-20,000	5 (17%)
20,000-30,000	6 (20%)
30,000-40,000	3 (10%)
40,000-50,000	7 (23%)

Women also reported instances of abuse (e.g. sexual, physical and psychological), substance use, and changing family situation defined by guardianship.

It is important to keep in mind that specific questions about abuse, becoming

pregnant, substance use, and living situations as a child were not asked in the formal demographic questionnaire. This was done purposely, allowing women to bring up meaningful events in their history. Data for these areas reflected each woman's willingness to share her history and actual events may be underreported. Table 7 reports key experiences situating women's lives and reveals that 7 women (23%) reported sexual abuse, 6 (20%) physical abuse, and 3 (10%) psychological abuse. Twenty-two (73%) women stated they became pregnant by their partners, 5 (16%) women did not disclose how they became pregnant, and 3 (10%) women recounted memories of date-rape experiences. Many women shared their living situation memories as a child. Nine (30%) grew up in a dual parent household, 11 (36%) lived with single- parents, 7 (23%) spent time with extended family, and 5 (16%) lived in a formal or informal foster care situations. Substance use pervaded many women's stories. Eight (25%) women described their guardians as alcoholics, 13 (43%) women revealed personally using substances (e.g. alcohol and drugs) frequently as an underage youth, and 5 (16%) reported entering a recovery program at least once in their lifetime. A detailed discussion outlining women's experiences is covered in this chapter, following a description of the interpretive framework used to illustrate women's stories.

Table 7

Sample Self-Reported Characteristics (N = 30)

Abuse Experiences	n (%)
Sexual	7 (23%)
Physical	6 (20%)
Psychological	3 (10%)
Becoming Pregnant	
Raped	3 (10%)
Consensual Partner	22 (73%)
Not Discussed	5 (16%)
Substance Use	
Parental/guardian used substances	8 (26%)
Self-reported use of substances ≤ 18 years old	13 (43%)
Self reported stay in treatment or recovery program	5 (16%)
Living Situation as Child	
Single-Parent Household	11 (36%)
Dual Parent Household	9 (30%)
Extended Family Household	7 (23%)
Foster Care or Out of Home	5 (16%)

Findings

Findings in this chapter are discussed according to Benner and Wrubel's (1989) interpretive phenomenological framework which includes: (a) embodied intelligence (or embodiment), (b) situation, (c) temporality, (d) concerns, and (e) common meanings. Embodied intelligence recognizes the body as a skilled knower that moves through situations with meaning and in non-reflective ways. As children, many women recognized problems and were able to respond quickly and non-reflectively. Women in the study were situated both historically and in the present where daily activities may have emerged as smooth and unnoticed (ready-to-hand), disrupted (unready-to-hand) or reflective (present-to-hand). Women sharing their childhood memories revealed instances where their smooth functioning was disrupted

and how they reacted. The concept of temporality proposes that people exist in the present, shaped by the past while being projected into the future. Women were thrown into life, they lived in time, moved through time, and were shaped by their past. As *self interpreting beings*, humans have the capacity to change meanings of their experiences. New understandings enabled them to revisit and reinterpret their past and was evident when sharing their memories and reinterpreting their lives and meanings. Because we are *skilled knowers* living in the world, things matter to us; these are our concerns. Concerns orient us meaningfully in our situation, and our concerns indicate what matters most to us. Women's stories reflected their concerns about what mattered most to them at the time of the interview, filtered through their experiences. This illustrates why some women revealed abusive memories and others may not have. Finally, common meanings are immediately apprehended, because they draw upon taken-for-granted understandings grounded in our linguistic and cultural meanings. As an investigator, interviewing women, I am able to understand women's stories and meanings due to our similar language, culture and the experience of living in this day and age, but there may be instances when these taken for granted understandings are challenged.

This chapter describes two prevalent themes identified in most of the women's youth: (a) "I wished Welfare would come and take us away": Chaotic Childhoods and (b) "By the time I was 13, I was old": Diminished Childhoods. The first theme, "I wished Welfare would come and take us away": Chaotic Childhoods" is characterized by events that introduce or maintain chaos in women's lives, including divorce, death, exposure to parental substance use, neglect (including lack

of guidance, supervision), and abuse. The next theme, “By the time I was 13, I was old’: Diminished Childhoods” is characterized by women’s stories of growing up fast and how they engaged the world through assuming adult roles at an early age. Both themes have overlapping characteristics and are not mutually exclusive. Many women (n = 17) spoke of experiencing both, while few (n = 3) women related stories where neither theme was present. Each theme is introduced separately, illustrated by supporting (exemplary) cases from women, and discussed at length in context of Benner and Wrubel’s (1989) framework. Finally, a paradigm case incorporating both themes is used allowing the reader to engage in one woman’s world, to have a closer view of a lived experience so that one way of being, or existing is better understood. Women are introduced with fictional names to protect their identities while other identifying details were modified or omitted to protect their anonymity.

“I wished Welfare would come and take us away”’: Chaotic Childhoods

This theme illustrates the emotionally devastating experiences of women as they grew up which contributed to a sense of messy or confusing childhoods. Nearly half of the women shared instances where chaos, in the form of death, divorce, parental substance use, neglect and abuse, entered their early lives. Their stories varied. Some shared one particular challenging memory, while others shared overlapping chaotic instances that persisted in their lives. In this section, memories from Cienna, Holly, Reyna, Marisol, Danika, Ellie, Lily, Leslie and Yadira are shared. Collectively, these women’s childhoods forever changed their lives and provided situationally bound opportunities.

Death and Divorce

Women who spoke of a loved one's death or parental divorce also spoke of a need to rebel or escape. Cienna disclosed a glimpse into her childhood around the time she became pregnant. Both Cienna at age 15 and her sister at age 16 became pregnant at the same time.

Cienna: You know, it was, my mom was also a teen mother and she had several marriages, but most of my life, I grew up with just one parent, she raised us. I'm sure there was a lot of confusion going on in my life, my mom was a career woman; she was in school all the time. My older brother and sister were a lot of times the caretakers. Two years before I got pregnant, my biological father died of alcoholism. And I'm sure a lot of that affected me. Now that I think back to it, it was probably very hard for me to deal with, with all of that stuff going on. And I was kinda a wild child. I continued to be rebellious up until around 15. It was just kind a difficult time. My mom provided very well for us, very well for us, We were never in need of anything, she just wasn't always available. So, I think that was kind of a mediating factor too, my ability to just kind of do what I wanted when I wanted (laughing). (Cienna T1, line 6).

For Cienna, "a lot of confusion" happened in her life within her single-parent household where her father's early alcohol-related death and little supervision ultimately shaped her childhood experience, such that she became a "wild child." Becoming a "wild child" follows to some degree her developmental task for testing boundary issues, pursuing independence and autonomy, but also reflected her situation and how she embodied her confusing childhood. Cienna's reflection as an adult woman allowed her distance in time and space from her youth to make sense of her actions in context of her background.

Like Cienna, Holly also dealt with death. Holly, who became pregnant at 16, shared memories of how both her grandfather's death and her parents' divorce contributed to a difficult time in her life. When asked to elaborate on her childhood in

seventh grade, a particular time she framed in her first interview as hectic, Holly spoke to the culmination of events in her life.

Holly: Probably the divorce. And there were just a number of things going on. My [relative] committed suicide during that time. My grandmother was living with us and you know things were pretty bad.

Interviewer: During that time, I got the sense that you have said that you really did not want to return to your school. I think it was for your ninth grade year...

Holly: Let me see, when we were in seventh grade, we moved to another town on the reservation. And after our parents divorced or during that time there was a time of reconciliation. And my mom moved back to where we were living in and I was back in the same school. Well, things did not work out with my parents. And my mom ended up moving there any way and no, I did not want to return to that school and I wanted to go to a boarding school elsewhere.

Interviewer: Can you share with me why you do not want to return to that school?

Holly: Oh, you know I just did not feel like returning there, because I left one school to go to a different one and I just did not want to go back. I do not know why. (Holly T2, Lines 34-43)

Although Holly did not delve into detail regarding this time in her life, there is a sense of a lost security. Holly's relatively secure home life was fragmented by divorce and death. Her reaction was to leave her fragmented home, opting for a distant boarding school. It is unclear why Holly wanted to leave her home, but perhaps her concern was to escape, get away, and leave the chaos behind her.

These women, among others, shared memories of how death and/or divorce shaped their lives and their perspectives. In their experience, this combination became a catalyst for change where escape in some shape or form resulted. Perhaps these reactions illustrate the ways women coped with their

predicament, but were also ways women could live their own lives in context of exercising some semblance of free will and decision making for their behaviors; including risky behaviors.

Parental Substance Use

Parental substance use was a common occurrence for women as they grew up.

For Reyna, who became pregnant at 16, one night changed the rest of her life.

Reyna: Like my mom went to prison for a while and my grandma took care of us. And we were in foster homes. My dad died in front of me. Over alcohol. And I look at the past and I know I was nothing like them. When I was younger I always told myself that I would never be an alcoholic. It just leads you in the wrong direction and puts you in places that you don't want to be put in ... Like for instance the night he got shot, he and my mom were both drunk. My mom came home from work and my dad was drunk and they were yelling at each other. And me and my brother and sister were in the camper sleeping, because we were pretending we were camping, and then my brother came running out saying "Dad's on top of mom! Grabbing her!" So we all ran inside. And it just led to a big mistake to where one of the guns ended out, and he got shot in the gut, and he died that night. And then I lost my mom that same week. And they sentenced her to prison. And you know... right then and there... it leads to a big mess up, of not going no where. I just grew up around it so much that I don't want to see myself in that situation and not knowing what's going on in my life if I'm always drinking. And I just grew up around it... (Reyna T1, Lines 74-86)

Reyna shared memories of her parents' substance use that resulted in embarrassing and emotionally draining consequences. What was clear from Reyna's interview was that parental substance use was a common practice- something expected and although troubling, provided a stable sense of outcomes. With her father's death, this somewhat stable life ended and Reyna went onto live in foster homes and her grandmother's home. Eventually, as a teenager, Reyna began going out with friends, driving to the city, and not returning for days at a time, with little concern to return home.

Reyna: We would just go to the city alone all the time and we would just drive around and stay at a friend's house. You know because I had a best friend and we would always hang out. We would go do something. And I would just never go home. You know I would go home I would never just worry about going home right away. (Reyna T2, Line 78)

Being thrown into a family where situations resulted in a tumultuous home life, Reyna continued to make sense of her predicament through physical distance from family and over time. After being bounced from foster home to foster home and eventually settling in with her grandmother, Reyna's actions of "hanging out" "doing something" and not returning home for days at a time may illustrate coping behaviors that allowed her to refocus her life in a new direction. Her persistence in hanging out with her best friend also demonstrated a level of independence she experienced in making her own decisions for returning home or not, as if taking charge of her life.

Neglect

Women characterized neglect in two separate dimensions: supervision and inconsistent family life. Neglect, reflected through lack of supervision, ranged from both parents being absent for days to weeks at a time (sometimes due to alcohol binges), to single-parent mothers working double shifts. This often allowed the young women ample time to engage in risky behaviors. They described inconsistent family lives where they were jostled from place to place including foster families, juvenile detention homes, and other family member's homes. Lack of supervision and inconsistent family lives were risk factors for abuse and will be discussed later in more depth.

Marisol, who identified herself as a "wild child" initiated alcohol and drug use at age 13 and by 16 had a police record reflecting her illegal activities. Her unsteady

home life marked by continuous shuffling and inconsistent security signify Marisol's trajectory into risky behaviors.

Marisol: ...My mom was a raging alcoholic and abandoned me when I was 5 months old, and my dad, I had never met him until I was 12 years old. And, my grandparents took me in. But then [my grandfather] had a stroke when I was 6, so I had to go live with a foster family. And I lived there 'till I was 12, and then my mom had gotten beat with a bat at a bar, and her head was caved in and she was in the hospital in a coma for 9 months. They didn't think she was going to live, well, she did, she came out of it, and she went and lived in a nursing home, got out of the nursing home and moved into her own apartment. That was when I was 12, and when I was 12, I was living in foster care on the other side of the reservation with these church people who made me wear dresses down to here [gestures to her calf], no TV, no makeup. They were strict, strict, strict! (Marisol T1, line 190)

After being sent to treatment at 16 and miscarrying her first pregnancy, she ended her drug use upon completion of a treatment program, but continued drinking.

Marisol shared how turbulent her life continued to be:

Marisol: And then, they put me in a variety of different foster homes, treatment homes, and detention facilities. And I kept running away from all of them.

And I was on probation and had a social worker, and they put me in one, the detention center and that's where I found out I was pregnant with my son, and I was 17. They were going to send me to another home, but they didn't, because they wouldn't accept me. Because one drunken night I had gotten into an argument with my cousin who was at my mom's house, and he wouldn't leave. He was standing with his back to the wall, and there was a hammer there, and well I took the hammer and went to swing it at the wall, and barely grazed the side of his head, while his sister was there. It was a big old fight and brawl. So she took off and called the cops and I got a felony assault charge for that.

So because of that assault charge they wouldn't accept me in that [particular] center. So, from the detention center where I found out I was pregnant, they moved me to another group home, and basically wouldn't let me see my boyfriend. I was with the same guy who I had been with before, and when he got out of detention center, and he was an adult. He was 18 now. And they wouldn't let me see him or go anywhere or do

anything. And I stayed there for a while. I did ok. (Marisol T1, Lines 17-26)

In a short span of time, 3 years, Marisol bounced left and right between residencies and detention centers, which contributed to an unsteady home life. Although Marisol's life was marked with periods of chaotic events, there were also periods of respite and some momentary stability. Her first 6 years were spent with her grandparents, another 6 years with a consistent foster family; albeit fanatical and abusive, and a final stretch of "rest" in a juvenile detention center. Marisol did not elaborate on memories or details of being abandoned by her mother as an infant, but she may have issues concerning that experience. Although she had somewhat consistent family presence until age 6, given the earlier account of brawling with a family member as a teenager, it is not difficult to imagine life with her grandparents had episodes of chaos. After leaving the foster family, Marisol moved in with her mother where she quickly acquired a juvenile record. In her case, little family consistency, possible traumatic effects from foster care, and limited supervision culminated in risky behaviors.

Like Marisol, Danika (who became pregnant at 17) lived with a religiously based foster home for about two years, as a sophomore in high school, off the reservation in another state. She also encountered a combination of little adult supervision and inconsistent family engagement.

Danika: Well, see they had this deal with the reservation. And it was supposed to be with this Mormon thing. They [the Mormons] really wanted to take Indian kids because they felt that they were God's chosen people. And they would take us over to another place. We went with kids from other tribes in our state.

Interviewer: Mormons would come here and take all of the kids?

Danika: Yeah, they would take all of the kids from the reservations and put them in foster homes over there. Foster homes for the church. And then when they [the kids] got out of school they would come back home.

Interviewer: So the children lived with different families?

Danika: Yeah, and then you would have church nights or something. You would get all together and see all the other Indian kids and stuff. (Danika T1, Lines 48-85)

Danika went onto share how psychologically abusive this home stay program was; which is further explored later in this chapter. After returning from the foster family, both Danika and her sister moved in with their older brother and his girlfriend.

Danika: Well, we were kind of left alone because my brother, he had a girlfriend at the time, and we thought that was really kind of neat. And he had his house. Him and his girlfriend would be gone. And sometimes he would come home and we would be home and sometimes he would be gone for a few days.

Interviewer: So, who was living there?

Danika: Me and my sister.

And then we had a friend that lived there. She is from the same reservation too. And it turned out that we all went to the same school together.

Sometimes he would be there and sometimes he wouldn't. And we kind of liked to see him but, what can you do? So on the weekend we could all go out together and have fun and stuff. We were not really watched. (Danika T1, Lines 94-108)

Similar to Marisol's experience, Danika left her foster family, moved in with a family member and then encountered scant supervision. She remarked that she would have liked to have seen more of her brother but, "What can you do?" Her response to this predicament was to "make do" with what she had,

and making do entailed spending time as she saw fit, having “fun and stuff.”

Danika, who had a considerable amount of freedom under her brother’s roof, indicated she was not opposed to boundaries and seeing her brother more often.

At no time did Danika talk about her mother, except to say that she was well respected in the community and was a “good” mother.

Both women’s parallel experiences of foster family and subsequent scarce adult supervision contributed to an underlying tone where women appeared to welcome boundaries, rules and guidance. Marisol found reprieve from her chaotic life in a detention center while Danika wished to see more of her brother.

Another woman, Ellie who became pregnant at age 16 with her 20 year-old boyfriend, remembered how her parents often went on drinking binges, leaving her and her siblings alone for an extended amount of time.

Ellie: Yeah. I used to do a lot of babysitting. Like taking care of my brothers. I remember the first time I ever babysat I was eight years old. And I cooked, and cleaned. We just had a wood stove for heat, it was a lot of physical labor. Like milk cows and stuff like that. I used to wish that when my folks were on one of their binges that Welfare would come and get us and take us away. I wished that a lot of times. But I never had enough nerve to say anything to anybody, because I didn't want to leave them either. Because I was worried he would kill her. He would beat her. And I wanted to be there to protect her, as much as I could. And my brothers too. Because I have a lot of younger brothers. I guess you would call me a mother hen, or something (laughing). I was always trying to protect helpless, younger and older people I guess. I didn't mind it.

I stayed with my grandmother quite a bit. When she passed away I really missed her. I liked staying with her because she would talk Indian to us quite a bit and I was learning a lot from her and then she died. But anyway, life goes on.

Interviewer: Do you have a memory of your grandmother that you could share?

Ellie: Mmmhmm. She was, let me see, pretty blind. She could not see very well. She was strict, strict with us, which was good. And she lived in a little shack near the mountains. She smoked until the day she died. I remember that's where I learned how to roll cigarettes, because she could not see very well and she would have me roll her cigarettes for her. I got pretty good at it until I was nine years old, and I asked her if I could have a cigarette. We were sitting on her porch and she said, "You can have one, but don't tell your mom or we'll get into trouble!" So we sat there and smoked a cigarette (laughing). And I never did say anything to anybody else. Because I didn't want to get her into trouble.

Like I said I liked staying with her. And then she had her mother who is really, really old. She was told she couldn't walk anymore. When my daughter was born that is where I stayed for two weeks, while my parents were out on one of their binges. And my one sister came after me and my cousin and we caught a ride up to my grandma's because I got a job babysitting for a family in another state that I knew really well. I stayed there for several months. I considered myself lucky because at least I had a place to stay with my baby. And I had an older sister that lived down there too. And my brother-in-law. If they hadn't brought any clothes for my daughter she would have had nothing to wear. (Ellie T1, Lines 75-83)

In Ellie's case, concern for her mother's life outweighed her own desire for CPS to intervene in her overlooked situation. Each competing concern was devastating; to face a looming death threat or to continue living in constant chaos. Both might be horrific demands for an adult, let alone a child. Ellie's thrownness complete with its emotionally draining day to day drama, brought out a strong sense of responsibility which Ellie shouldered. Her silence was protection. This was demonstrated both by her silence on home life, but also the silence she shared with her grandmother over a hand rolled cigarette. Her grandmother's worry over a cigarette seemed to pale in comparison to Ellie's circumstance at home. Ellie considered her grandmother to be strict, which was "good"; the structure and limits her grandmother provided may have been desired and needed.

Overall, each woman discussed attributes of neglect encompassing lack of supervision, consistent presence and emotional distance. Ruptures in these women's lives derived from a lack of role modeling and parental involvement. These women had ample time to engage in risky behaviors, but their life circumstances also generated a sense of purpose to look after themselves.

Abuse

Women further experienced ECB in the context of sexual, physical, and psychological abuse. Some women experienced more than one pattern of abuse. This section will discuss women's recollections of abuse and how abuse shaped and reflected their chaotic lives.

Earlier, Marisol was introduced as a woman who spent 6 years with a religious foster family before running away to live with her handicapped mother. Marisol elaborated how her foster family was strict.

Marisol: They weren't state foster, but... My grandma had met this lady in the post office or something, and they had 10 kids, but all of her kids were grown. But they were mean, I mean we were their slaves! You know, they use to beat us. Beat us! You know, "Spare the rod, [Spoil] the child" that term in the bible, they took that literally. My sister, she freaked out when she was like 15 and came back to the town were we're from. But I stayed there, because I was brainwashed, because I thought that was how life was suppose to be, until I was about 12 ½ and then I was like, I'd had enough. I was like "No, I'm not going to bend over that chair and let you hit my ass! Sorry, not doing it!" (Marisol T1, Lines 190-194)

Marisol endured both physical and psychological abuse at the hands of her foster family. Ominous remarks such as how her sister "freaked out" and ran away arouse suspicion about other abusive experiences. However, Marisol stayed in the home "brainwashed," believing life was full of damnation, hellfire

and bare-bottomed spankings. Marisol eventually left the foster family after a short stay with her mother, where she saw glimpses of a different life, absent of particular forms of psychological and physical abuse. However, as discussed earlier, Marisol went on to encounter the adult world through risky behaviors which quickly led to a juvenile record and a detention center stay.

Likewise, Danika, another woman who lived for a time with a religiously based foster family, recalled similar psychological abuse, although she made no mention of physical or sexual abuse. In reference to the Mormon foster family she lived with off the reservation, Danika recalled how difficult it was during her mid-adolescent years.

Danika: It was kind of hard. There was some good and some bad. I mean, they really didn't want us Indian kids hanging out together.

Interviewer: How could you tell that?

Danika: Because they would get upset with us. "You guys are not supposed to be mingling with all those kids!" And even if we did not know someone from another reservation, we got to be really good friends because they were scared and we were scared. It felt like you were a bunch of cattle. When they first got you over there they had to take your blood and test it. And to check your head for lice. It was like you had to go through this whole bunch of stuff. And it was like- Ugh. I don't know, you felt like you were cattle. Because you are going through this process like you know. It was like man...

Interviewer: How long were you in there?

Danika: It was like a year and a half or two years. Or maybe it was just one year. Because I moved to another home. My sisters stayed in their homes. The first one that I was in, it was with this older couple and they were kind of mean.

Interviewer: How were they mean?

Danika: They didn't want me talking to anyone, or writing letters to anyone. You know, it was like I really better appreciate if they give me

something to eat. Or if I have some clothes from them. So, anyway there was this guy. There was a head guy who would come and check to see if all of the kids were okay in their homes. Anyway, he came to the house and I said, "Oh yeah. this is going to be good because he is with them."

I mean how can a child tell someone in the church you know? You always feel like adults are not going to listen to you. But then I told him and stuff and then he did get me removed. And it was like yeah. Yeah he did and that woman, she got mad when he left. And she told me that I had to give her all of the clothes back. So I did, but what is she going to do with all of them? It was like, "I don't care I am getting out of here." And I went into a different home, with kids who were younger. (Danika T1, Lines 48-83)

Danika's time spent with the foster family was isolated; she was scrutinized for fraternizing with other Native children. She recalled feeling like "cattle" being herded up, shipped off to foster families, checked for lice, stamped with approval after meeting some criterion, and given to a family she never met. Psychologically, this experience was demeaning, and recreated the stereotype of "dirty Indian" for Danika. She received messages of what *not to be*, how not to act and who not to fraternize with. After returning from the foster program, Danika moved in with an older brother and his girlfriend. However, she remained lonely for she rarely saw her brother.

Although only 7 women (23%) divulged memories of sexual abuse, those who revealed their experiences did so with candor. Lily, who was a mother at age 17, provided brief insight into her chaotic childhood filled with sexual abuse.

Lily: My mom's older, and she didn't raise me, I was adopted, and me and my sister were adopted. So I didn't really know her and I didn't know who to turn to and who to trust. So it was pretty... I was on my own basically. She came to the hospital with me when I had the baby. But I didn't know her, and she didn't know me very well and I'd only been with her 2 years prior to that. If even that, so I just started running away from her 'cuz I didn't know...I just wanted to get away from her.

I was mad when I came back from adoption. 'Cuz I was molested and pretty much raped all through that period and then when I came back I was mad at the world and I wanted somebody to pay for what had been done to me, and here I came back pregnant. Well that didn't help anything! (Lily T1, Lines 17-19)

After repeated abuse in her foster home for 13 years, Lily returned home to live with her mother and stepfather, where sexual abuse continued. Finally, after becoming pregnant she left her home and lived on her own for a time. During this time she was raped by a relative and had a second child. Lily explained how she dealt with her pain.

Lily: And I partied quite a bit after the whole thing, and no one understood, lot of people didn't know, my older sister, we were adopted together, she was my savior, my best friend, she still is. But, I'd tell her stuff, but she was busy with her own life. So, it was pretty much, "Deal with it." And I didn't know how to deal with it, so I drank a lot. And got into smoking weed, you name it I got into it. I got a juvenile record. (Lily T1, Line 27)

Lily's childhood sexual abuse contributed to her distrust in adults, which further broadened into general distrust of everyone, except her sister. However, her sister became involved in her own problems and was not able to help Lily process her pain. Subsequently, Lily turned to substance use and illegal risk taking.

Like Lily, who was exploited from a young age, Leslie became pregnant at 14. She shared memories of her sexual experiences, with her first encounter happening at age 11 while babysitting for a neighbor.

Leslie: I was very young because actually when I was babysitting, and one of the people, like her brother was there, her brother lived there and that is when sex started. I was probably 11. I was young.

Interviewer: That is when it happened?

Leslie: Yes....I remember that it was not that great (laughing). I was like "Okay, whatever." So it is funny. I mean it was not that great. You

know for one thing it happened, so I must [have wanted it to happen].
(Leslie T1, Lines 210-213)

In addition to her early sexual experience, as an adolescent, Leslie recounted how she became pregnant after a party.

Leslie: I mean... I got left at a party. My friends left and I did not know anybody there. And so I just picked up a guy, and got pregnant and I never saw him again. That was the way it happened. You know, I ended up in the southern part of the reservation. You know, I had asked the people but I do not know who they were really. Well, I do not. And I asked them to drop me off in a different town and then the next thing I knew I was in a completely different town. And I was like "Shit!" So that is how that happened.

Interviewer: Did you know him? Did you know this man or who he was?

Leslie: Afterwards. Yeah. And then I hitchhiked home. I woke up that next day and I hitchhiked back home (laughing). That is how it happened. (Leslie T1, Lines 179-183).

Leslie's responses to the questionable rapes at age 11 and 14 are normalized. These events have been enfolded into her life experience where no judgment is passed on the events, and she takes partial responsibility for the incidents. However, by speaking about these events and answering questions, Leslie seemed to have left open a small possibility that she was exploited.

By accepting the events, normalizing them, Leslie's response may run less risk for self-shame and act as a protective coping mechanism, defraying feelings of guilt, shame, and stigma. However, when abusive events are made apparent, and internalized by the victim, self destructive behaviors may result. This was seen with Yadira who became pregnant at 15. She shared a vivid memory of confiding to her mother about her sexual abuse.

Yadira: Yeah, I was 5, and it was my dad's friend, and I told my mom about it because they used to let him baby sit us and she told me that she was going to talk to my dad. She sounded really concerned, and I felt really safe at that moment because, I thought she was going to tell my dad. She's going to do something, and I was really horrified like a week later when I came home and he was there, and she said he was going to baby-sit, and I really acted out.

I screamed and told her not to leave, and she broke off this bush and just started beating me with it. I was just scared. And he ended up cleaning the blood off my head, and he ended up doing what he always did, but this time he left money to make me promise not to tell on him anymore...

And I tell people that that was the first time I ever really felt like I had prostituted myself. Because he left money after every time, and I never felt I could tell anyone anymore, and I remember crying and she [her mom] said to me, "Well, your dad doesn't believe you." Later, I found out when I was about 13. I confronted my father about it, and I believe him that he honestly didn't know and that she never brought it up to him. He told me that he never had known. And he was really hurt and angry about it. And he did break off ties with his childhood friend. After that he didn't have anything to do with him. And up till then, I loved my mom so much and I would do anything for her, I would lay and cry for her just to be with her. And, so this was probably 4 months ago when I finally confronted her about that and asked her why she let him get away with that, why did she continue to let him baby-sit. And she got really angry with me, and she asked why hadn't I told my dad about it, and I said that I did, and he had told me that he didn't know, "You hadn't told him?!" And she just kind of dropped it and she wouldn't say anything more about it.

You just can't talk with her about it, if you do, she just gets really mad about stuff like that. She gets defensive and mad, so it's really pointless to talk with her. So, I could tell by her answer that she didn't say anything to him, but what I still couldn't understand why was she let him continue, and why it still went on. Did she not believe me? I don't think I'll ever find out from her. So, that's why I couldn't leave my kids with people, I was just so afraid, but at the same time I was with them so much....I hurt them.

I didn't feel like I knew how to take care of them; I didn't even know how to take care of myself. I didn't get to do anything, I wasn't able to be a teenager, and that was really hard. Because I had basically been around people older than me, since I was so young, that when I started having my kids my friends were older. I felt like a big nerd. Girls my age didn't want

to have anything to do with me, so I always felt like a big dufus and I didn't know what it was like to be a teenager, what it was like to be them.

You know, like my sister would be laughing with her friends and I felt all out of place, because they'd all be talking about something I had no clue [what it was about]. I had no idea what it was they were going through. What they were experiencing because they just passed me up. (Yadira T1, Lines 39-45)

Yadira's memory revealed instances of sexual, physical, and psychological abuse at the hands of her father's friend and her own mother. Yadira, betrayed by her mother, as she reached for help, was released time and again into her perpetrator's care. Yadira's embodied abuse contributed to feelings of being a "prostitute" and had grave implications over her lifetime concerning relationships with men, to where she explained, "I don't think I know what love is. I've never had that."

Given her repeated abuse, Yadira's concern for her children was not to leave them with people, "I was just so afraid..." and upon reflection, she realized that she may have been similarly abusive or neglectful, "but at the same time I was with them so much...I hurt them." Her ominous statement indicated her children might have had a comparable childhood. This is in context of self understanding that she never knew what it was to be a kid. Although she biologically matured, her childhood experiences of turmoil and devastation "aged" her. She had no idea how to relate to young children. Like many of the women interviewed, chaotic experiences appear to have curtailed her childhood, contributing to an accelerated maturity.

Discussion of Chaotic Childhoods

Given their chaotic childhoods filled with abuse, neglect, instability and the confusion arising from death, divorce and parental substance use, women took up (or embodied) their experiences in multiple ways. As Benner and Wrubel (1989) have

pointed out, embodiment encompasses the taken for granted responses allowing us to recognize situations and react quickly. Women illustrated how they embodied their childhood experiences by running away, choosing to go to boarding school, rebelling, and engaging in risky behaviors. For Cienna and Holly, who shared memories of how death and divorce shaped their lives, rebelling (becoming “wild”) and actively choosing to attend a boarding school demonstrated the meaning of chaos in their lives, something to escape and avoid. Likewise Reyna, who spoke of her father’s accidental death attributed to alcohol, embodied the meaning of her parents’ substance use in her life as something to reject, which is reflected through her concerns not to drink alcohol. She saw what it did, “it leads to a big mess up, of not going no where.”

Embodied experiences such as these allowed women to recognize potentially harmful or volatile situations. Often women created or sought physical distance from their immediate predicaments, and through their concerns, or what really mattered to them, women exercised choice in their lives. Choice, however was not radically free, but was situated, based upon the women’s circumstances and history- reflexive of both present and past. Often restricted opportunities and avenues were available for women. This was in part due to temporality (or how life is influenced by the past while being simultaneously projected into the future) and each women’s situation (her relevant concerns, issues and demands situating her within temporality). For example, Ellie spoke of her chaotic youth filled with parents who binged and often left their children alone, only to return home to engage in domestic violence. Ellie hoped for CPS to discover her predicament and spring her free from her family life, “I used to

wish that when my folks were on one of their binges that Welfare would come and get us and take us away.” However, childhood experience taught her that her parents’ patterns would continue with or without the children, and she feared for her mother’s life. Concerned for her mother and her siblings, she refrained from revealing their circumstance to authorities.

In Ellie’s circumstance, the life she was thrown into, as a Native American girl growing up on a rural reservation with substance-using parents provided situated, or limited opportunities. Growing up, she grew accustomed to her family’s patterns. Her embodiment, background meanings of what life was like in her predicament, and concerns for her mother superseded concerns for herself. Ellie understood the situation as it was meaningful for her. Her actions of keeping silent demonstrated her response, or how she involved herself in the world, understanding her situation.

There are some representations and stereotypes in the literature that suggest ECB women are bad, promiscuous, and are cutting off their future opportunities (Hayes, 1987; Maynard, 1997). There are also representations that suggest ECB is an opportunity for some young women to reorient their lives and mature into the role of mothering (SmithBattle, 1995, 2000, 2005). From the women’s perspectives in this study ECB was a multilayered experience embodying risk, opportunity, escape, and suffering. What is most apparent in the women’s narratives is how their life circumstances set up and contextualized their ECB. Divorced from their chaotic lives, ECB may become a risk resulting in potential loss. In the context of serious loss, lack of support or chaotic circumstances, ECB appeared to be a logical if not tragic working out

of unsupportive or abusive relationships these women encountered in their youth. In other situations, women elected, or as much as youth can choose, their actions to engage in risky behaviors that subsequently led to unanticipated pregnancy.

In conclusion, women's childhoods revealed what possibilities were open to them, where women engaged in risky behaviors, or searched for avenues that helped them make sense of their life. These same unraveling experiences contributed to their accelerated maturity, where impinging events pressured them to act, ranging from acceptance to rejection as they made sense of their situation. Through the ways women shared their abuse and neglect it appears these chaotic instances were normalized to lessen their hurt and pain. Devastating events physically and psychologically shaped them, to where women described a sense of lost childhood. There is no other area in between childhood and adulthood where these women felt they could exist, and with one disintegrating before their eyes, they often spoke about becoming adults at young ages.

“By the time I was 13, I was old”: Diminished Childhoods

Chaotic childhoods promoted an accelerated maturity. The next theme is characterized by stories of the women growing up fast and engaging the world as quickly maturing youth. It is a process of young women being developmentally, socially, psychologically, and emotionally mature beyond their physical age. This theme was identified from women like Mia, Brooke, Carissa, Olivia, Leslie, Cheyenne, Kelly, Shanita, and Aleah whom described how they “grew up earlier” than their peers. They drew the comparison to differentiate how their experiences and

responsibilities were more demanding and more adult like than what the larger society deemed appropriate for youth their age. Theirs was a quickly paced and short lived childhood that fast tracked into adulthood beyond what was normally socially acceptable and demonstrated by the number of adult-like responsibilities women possessed as youth. For example, at young ages they managed households and siblings.

Mia concluded that she did not know what it was to be a “kid.” At 16 years of age, Mia had a son and felt her role as a mother was similar to her role as town babysitter. She began babysitting around age 9 for her parents (who housed up to 14 foster children at one time). This shortly developed into a “babysitting business” for Mia. When asked if she could relate to other women who had responsibilities throughout their childhood, Mia agreed enthusiastically.

Mia: Oh definitely, yeah.

Everybody would say that I was old. I started babysitting when I was in third grade for my mom and I would take care of other people's kids. I mean I had my own little business basically. You know and new people would call me up. If you did not call me by Tuesday for me to baby-sit the following weekend, you were not getting me. [We both laughed]

You know, up until ...up through high school that was what I did and I did not go out; instead, I would baby-sit. And I would have this huge schedule. And my mom was like “Wow that is just too weird.” But I enjoyed kids and I love them. I definitely wanted my own. And I did not know how to be a kid. (Mia T1, Lines 146-157)

Mia’s concluding statement that she “did not know how to be a kid” was exemplified through her care-taking role. Although Mia’s mother viewed her daughter’s babysitting business as excessive, and “weird”, these responsibilities mirrored her own actions when caring for multiple foster children in her household.

Mia felt satisfaction in her caretaking role stating that she “enjoyed kids and love[d] them.” For Mia, her maturity was repeatedly recognized through a competitive babysitting schedule, which reinforced her caretaking role.

Brooke also responded to childhood deprivations by taking care of others. As the oldest child, Brooke looked after her two younger siblings while their single mother worked double shifts, providing for them.

Brooke: Oh yeah, I think I was already grown up. Yeah my mom worked really hard and she raised three kids as a single-parent. She had to work nights and she would go to school during the day. And since I was the oldest I had most of the responsibility for caring for my younger brother and sister. So I think I was already a parent before I became one. I don't know, I think that I was ready. I was 16. I was 16 when I got pregnant and I was 17 when I had my baby. But I do not think it was negative. I think I was young. I think that I was ready to be a parent.

Interviewer: What was the typical day for you when you were caring for your younger brother and sister?

Brooke: Well, during school, I would get up early about 6:30 every morning. And my sister was the youngest, 13 years younger than me. And I would get her ready and a diaper bag for her and I would walk her to daycare. And then I would go home and make sure that my brother was ready and then we would catch the bus and go to school. And then when we got out of school we'd go home. And I would pick up my sister from daycare. Because there was a daycare just around the block from where we lived. And we would go home, and my mom would have cooked a meal during the night and put in the fridge. So I would re-heat the meal. And we would eat and do our chores. My brother would go play and I would stay home with my sister and do homework. Then we would go to bed, and then my mom would get home around midnight and she would finish the cleaning, cook dinner for the next day and breakfast for the next morning. And that is how we did it for 3 years.

Interviewer: About how old were you when you started doing this?

Brooke: I was probably 13 to 14, and then in the summertime my grandmother would come over and stay with us during the summer. Yeah, so that's how it was during the school year.

It was important though. It was not like a big chore for me. It was really empowering I guess because I was young enough or old enough to do that. Old enough for her to trust me to do that. So I did not really resent it. It was just what we had to do. (Brooke T1, Lines 7-17)

In caring for her siblings and managing the household, Brooke felt empowered to be entrusted with significant responsibilities. Out of necessity, she was needed to fulfill these roles in order for the household to operate smoothly. Brooke acknowledged that although 16 was young to have a child, she felt prepared to take on parenting. Brooke responded to her situation with a level of maturity and responsibility beyond her developmental age.

While Brooke and Mia's single mothers worked often, other women shared memories of managing the household related to parental substance use. Carissa characterized her disruptive childhood with alcoholic parents, where she became the primary caretaker of a younger brother. Frustrated with her situation, Carissa engaged in drinking and partying, eventually having children at 16 and 19 years old. When asked to describe her life when she became pregnant, Carissa admitted to substance use.

Carissa: Um...I was very...I guess I partied a lot. I was raised by alcoholic parents. When I was young I more or less spent my time raising my kid brother. And my mom decided to quit drinking when I was 13 years old. And I guess as my revenge to get back at her for being gone all that time, I headed out. I ran away. I had a lot of minor possessions. Drinking. Just pretty much being ungovernable. And I was let me see... I was 6 months pregnant on my sweet 16 birthday.

Interviewer: It kind of sounds like you grew up fast.

Carissa: Yeah, really fast. I was in my younger years before I became a teen that I was the mother of the household. I was the one who got my brother up and off to school. Got myself off to school. Fixed us dinner when we got home. It wasn't as though our mom was never there, but I'd

say at least half of the time she wasn't. Or when she was, it was either to pass out, or recuperate.

Interviewer: How did you deal with that?

Carissa: I think mainly, it was other family members. Like support from other family members like my grandparents that didn't drink. We were able to go over there a lot. And, just... trying to... I felt like I had to be the strong one, in order to make sure that my brother was going to be all right.

Interviewer: Does any memory stand out about something that happened during that time?

Carissa: I'd have to say that... my most vivid memories are of going to the bar to find my mom. Or to find my dad. And, seeing them drunk was a very... I don't know... It's still kind of hard to look back on and you know, just try to think of times when I needed them and they weren't there. And in fact, not this last year, but the previous year I had lost my father to alcoholism, and he was only 50 years old. [Her voice wavers and she takes in deep breaths]. I guess a lot of us in that time grew up with parents that were absent. (Carissa T1, Lines 4-26)

Like Ellie who was concerned for her mother's life, Carissa worried over her younger brother. Carissa felt she had to be "strong" and protect him, if even by her presence. She remained in her parent's house, occasionally slipping off to visit her grandparents, but for the most part, her time was occupied by taking on a mothering role at home and providing to the best of her abilities. At 13 years old, just as Carissa's mother quit drinking, the culmination of her childhood and adult like responsibilities may have contributed to Carissa's rebellious behavior as she became "ungovernable." Carissa's paradoxical behavior (responsible "mothering" and irresponsible "foolery") represent her way of coping with tremendous pressure.

Despite becoming pregnant at age 16, 13 was also a memorable age for Olivia who remembered a sense of needing to "take care" of her family, after the deaths of younger siblings and her parent's subsequent divorce related to substance use.

Olivia: My mom and my dad split up after my [younger siblings] died in a car accident. And my mom was still into partying, so it was me and one of my older brothers who took care of all of our family by cooking and cleaning. I was living with my mom because I chose not to live with my dad. We didn't have to go and live with my dad until we were in seventh grade, and that was when my mom got sick and she moved [off the reservation] and we didn't want to go with her. And my dad raised us. I mean, I really didn't have to learn how. It came natural and I knew how to take care of my baby.

Interviewer: When you were taking care of your younger brothers and sisters, do you have a memory of what it was like to taking care of them?

Olivia: No, not really. It wasn't really bad. It was just my mom drinking. I would be the one to baby-sit. Sometimes Thursday or Friday for a friend who would pay \$25 a night. So I would do that and that would be to get us kids food for a week. And that would be money that I would hide from my mom. Because I would only baby-sit when my mom was gone and I would return before she came back. (Olivia T1, Lines 36-40)

Olivia unveiled the tremendous pressure she endured for a young woman of 13 to become responsible for her family, caring for them, managing the household, and hiding money from her mother so she could purchase food. All of these concerns demonstrate adult-oriented worries and actions from recognizing the situation, to pursuing resources and having the conscience to move in secrecy. Interestingly, Olivia does not recall caring for her younger siblings as “bad”; rather her challenges derived from navigating around her mother’s substance use.

Like Olivia and others, Leslie shared a sense of acceptance for her caregiver role. Leslie, who delivered her son at age 15, reminisced about her childhood and the responsibilities she undertook.

Leslie: Well I was the oldest of five children. So, yeah I had that. I had that same exact thing (laughing). I mean I was doing the caretaking, the cleaning, the cooking. Both of my parents worked.

Interviewer: Do you have a memory that stands out at that time of being a young kid and taking care of them that would help me understand what you were doing?

Leslie: Well, I was buying groceries and doing the menus; because at the time my mom always had two jobs. And then she would work during the day and she would not get home until like 6:30, and sometimes I would have everything already taken care of.

...I just did it because I knew that it had to be done. You know, I knew the kids had to eat and so I just did it. I do not even remember being told to do it. I just knew instinctively that it had to be done.

And then there were times that, of course my mom would cook and then we would all be together. But there were not many of those times, but there were a few.

Interviewer: Were there times that you got to feel like you were a kid?

Leslie: Only if I left to go partying...I did not do school activities stuff or that kind of stuff. You know what; one is that my parents never encouraged it. And if I ever wanted do anything like that, like if I wanted to go to a show or go to a ball game I needed to find my own ride. That was clear, that if I wanted to do that kind of stuff and then I needed to find my own ride, because they never did that stuff. And I never questioned it. And I cannot tell you why, I just know that is the way it was. So if I wanted to do something like that, you know it was the same thing if I wanted to go partying it was the same exact thing. So if there was ever anything that I wanted to do, like I had the time to do it, and then I would set it up. And I would have a car ready you know I got a car later, not until after I was 15.

Interviewer: So about what age were you when you were managing the household?

Leslie: I was probably 10. And then everything, I mean I became the town's babysitter. I became the town's babysitter for all of the families that drank with my parents. So there was... like five families that I would watch their kids consistently too....At least three nights a week. Because there was pool night, bowling night, those were biggies back then, bowling and pool (laughing). (Leslie T1, Lines 63-107)

Leslie, a strong character who shouldered many responsibilities throughout her life time, pointed out that she saw what needed to be done, and simply- did it, out

of instinct. At the age of 10 Leslie began taking on household responsibilities, caring for her younger siblings, cooking, cleaning, and eventually watching the neighborhood children of parents who drank with her mother and father. Her weekly schedule, set by tavern events, left little time for respite. When she did find time to socialize she arranged all her transportation, including hitchhiking. Like Carissa who described a paradox between responsibly caring for her brother while irresponsibly “acting out” using substances and being caught with drugs (minor in possessions), Leslie disclosed for her being a kid meant partying. Leslie’s parents made it clear, if Leslie wanted to time alone with friends, she was responsible for coordinating everything, from transportation to the activity. In Leslie’s case, one evening filled with drinking led to being stranded, which resulted in becoming pregnant.

One woman in particular, Cheyenne, remembered horrific abuse (sexual, physical and psychological), and summed her childhood simply by stating “I was never a kid.” Cheyenne’s case was somewhat different from the other women in the study. No other woman delved into as great of detail of her childhood abuse as Cheyenne did. She became pregnant at age 14, after numerous encounters with different men sexually abusing her. When asked about how she learned of sex, Cheyenne explained that she learned through men.

Cheyenne: It was all men.

Interviewer: Men, touching you?

Cheyenne: Yep. That was how I learned. My uncle wanting to go for a car ride... Another man wanting to go up on the mountain on a horse... Boys out behind the church (laughter)... I cannot give you a number. I have no idea. I just remember my dad used to call me his blue-eyed little girl, the one who was going to grow up and be a go-go dancer. And guys would say, “Well do a dance for us!” I was always the center of

attention. I do not know (long pause). Always the center of attention but back then it was... the reservation was different back then. (Cheyenne T1, Lines 198-208)

From an early age Cheyenne's identity was shaped though sex, from different men fondling her to her father calling her his "blue-eyed go-go dancer." Cheyenne explained how in the absence of innocence (childhood innocence) she was no longer a child. This is perhaps demonstrated through numerous memories of being sexually abused, but also in a memory as a little girl playing with other children.

Cheyenne: Well, I started to tell some of my young friends. I remember being in school and we would sit on the grass at school. Like in little circles and play little games like, well it was not spin the bottle back then, but it was games where you know it was like you tell me what you did and then I will tell you what I did. And I remember telling them about asking them have you ever seen a man's dick. And they said "No. Tell me about it." You know, I started telling them and they told their parents and then the parents told them that they could not be friends with me anymore and slowly one by one, I lost all of my friends. And so I couldn't talk with anyone about it. And I became a loner. That was probably in second and third grade. And that is how I ended up being a loner at such a young age.

And then the boys would hear about it and so they would come up and so they would say, "You know what I look like. You show me what you look like." And that was how at such a young age I probably became such a good exhibitionist. Because of being raped at four, I already knew what the boys looked like. So I was able to show them what I looked like. And that is why when you asked how many, I could not tell you. I would not even begin to know. (Cheyenne T2, Lines 13-17)

In a time when Cheyenne reached out, telling others of her abuse, she was stigmatized and ostracized for revealing her experiences and knowledge. With no one to turn to, Cheyenne continued throughout life repeatedly being abused and sexualized. Later in the interview, Cheyenne divulged that she was open with her two daughters about her sexual abuse and tried to explain to them that because of the abuse, she "grew up in [her] head." While other women described growing up in

terms of household skillfulness, Cheyenne defined maturity with a psychological component- her head, meaning her mind. Because of traumatic events, in her case abuse, mentally she matured at a younger age comparative to other youth her age.

Similar to Marisol's earlier life filled with inconsistent family patterns (described under "Chaotic Childhoods"), Kelly spoke of a consistent family life with her grandmother until her death when she was 14. After her grandmother's death she and her siblings drifted, with neither a place to live nor restrictions. Three years later, Kelly became pregnant at age 17. When questioned if she experienced "growing up fast" Kelly shared a glimpse into her childhood.

Kelly: Yeah, my grandmother raised me from the time that I was two weeks old until the time I was 14 years old. And she passed away from cancer. And pretty much after that when I was 14 I just kind of wandered here and there and stayed in different places. And my mom, she tried to please us... she used to drink a lot back then. And she never really wanted us. I don't know... it was just really crazy.

Me and my [younger] sister, and then one of my best friends who lived right next door to me, we'd pretty much raised each other. And we were just talking about that a few days ago. We did not have parents around. And we have always been really close. She has been my best friend since we were nine and we are still best friends now. And we were just talking about this. About how our parents never really cared about us and we stayed here or we stayed there. And that we started drinking when we were 13 or 14 years old- and going out partying. We would go to school if he wanted to. We never really had anyone there telling us that we had to go to school. So, for the most part I think we've turned out okay.
(Kelly T1, Lines 51-53)

While Kelly shared this part of her interview, she spoke quickly, rushing over details, as if the memory was painful. There seemed to be undercurrents of sadness as she recalled her situation, being left for weeks at a time home alone, to cook meals, and to prepare for and attend school on her own. It is possible many feelings welled up for Kelly as she shared this with me, and she glazed over this part, maybe not

wanting to talk too much about it. However, this situation resulted in the interdependence among her siblings and best friend that remains strong today.

After her grandmother's death Kelly's life lacked guidance and structure. She engaged in substance using behavior beginning at 13 or 14 years of age and began getting into trouble, often receiving charges for breaking the law, like minor-in-possession for underage drinking. Her uncle tried to take leadership in raising Kelly and her sister, but "gave up", because he "had enough of us" and eventually moved away, off the reservation. Kelly explained how she, her sister and best friends raised each other:

Kelly: And it was me and my best friend and I don't know. And he [her uncle] was only 10 years older than us, so he was pretty much like my brother. Growing up and stuff. And I think he just had enough of us and that he just gave up on us. Anyway he moved across the nation to a city and he left my mom the house. And then she tried for about a month to take care of us but that didn't work out. Anyway she went back to the town off the reservation she was living in. She would go over there for weeks at a time and only come back to where we were for a few days at a time, you know. Just to pay the light bill or the phone bill but then she would just leave us there. She would sometimes buy us groceries and stuff too.

Interviewer: Oh my, how old were you?

Kelly: We were like 15 or 16 at the time. Because my birthday is on the same day as my best friend. And so she was the same age. And it's kind of funny because our daughter's birthdays are on the same day too. It is crazy.

But she [her mom] would take off again and she would make sure that we were going to school you know that we were going to school five days a week. But we would only go to school like three or four days and there would be a day here and there that we would go to school. I know but we went to school because we chose to go to school. You know, we did not have anybody making us get up and stuff. So we would make ourselves get up and take showers and stuff. And make breakfast for each other.

You know, we were talking about this the other day. Because at that time we did not even know how to cook. I did not know how to do laundry until I met my older kids' dad's mom. You know I didn't even know what bleach was for. So you know we did the best that we could though. You know, but we used to drink a lot and smoke a lot of weed too. And where we got the money for alcohol and weed, I don't know. But we managed to have that whenever we wanted it. And my mom would come home you know, she would call us and let us know that she was coming back and so we would clean up the house. And we would always have extra people stay in there so we would get rid of everyone and clean up the house. And make it look like we were being good. And she would come home for a few days and everything would be all right and then she would tell us that she was taking off again. Sometimes for months at a time. You know, and then she would have my aunty-come check on us-check out the house. Sometimes we were there and sometimes we were not. That went on for a while.

Finally, she came down and decided that we were all going to move back to where she was living off the reservation. Even though she had already actually been living there. So she packed up me and my sister and I brought my friend over with me. She came over with us. She came over with us until we both got into too much trouble. We kept getting like minor in possession tickets and stuff like that. Just for drinking over there and stuff. So my mom sent her back down here. (Kelly T1, Lines 213-223)

Kelly, like other women lacked considerable structure, boundaries, and consistent parental-like presence and affection, thus leaving her to look after herself, or feeling a need to survive on her own. Women like Kelly questioned authority, because adults in their view had little to offer, could not be trusted or depended upon and were regarded with suspicion. Escape, at times, emerged as substance use. Getting high, momentarily feeling happy temporarily eased their pain and eventually became an established ritual in their lives, while creating legal trouble for them. Other delinquent like behavior and risky activities such as sex were not far behind.

In Kelly's experience, very little parental guidance was available. Shanita also lacked guidance. Like Ellie who wished for CPS to "rescue" her from her

circumstances, Shanita left her home at age 16 after years of caring for herself and younger brother. When asked if she grew up with many responsibilities, Shanita responded affirmatively.

Shanita: Totally. Well, I guess partly because my mom was sort of not there a lot and my parents both had drug and alcohol problems. I had a younger brother who is seven years younger than me and I was a lot older and I was kind of like his mom in some ways. I mean like I would have to babysit him a lot. And I did not really like it.

And then when I moved out of my mom's house at age 16 I had to learn really fast. Like, I worked at McDonald's and I was a telemarketer and then I would look at some of my friends who did not even have to have a job until they were out of college, for some of them, because their parents were more supportive. So I really did have to grow up at a young age. And then just other things too, I went through puberty when I was a lot younger than some of my friends. You know I became sexually active at a young age than most girls. (Shanita T1, Lines 96-98)

Shanita's concern was to leave, and she left her home at 16, before becoming pregnant. Shanita acted upon her concern for a *better* if not *different* life from her parents. She also shared insight into other reasons that accelerated her maturity which have not been obviously voiced by other women, including early puberty and sexual exploration.

Like Shanita who left home young, Aleah shared how her parents often were occupied with binges related to their substance use, which led to her parents' imprisonment and Aleah's emancipation at age 15. When asked how old she was when she became pregnant, Aleah counted four separate teen pregnancies.

Aleah: 15, 16, 17, and 18. Four in a row...I had kids four years straight. I was emancipated when I was 15 though... When I got pregnant, both of my parents were in prison and then when they got out, I lived with them for a little while. But I think I grew up early. I was always babysitting, by the time I was 13 I was old.

Interviewer: Yeah.. Do you have a memory of a typical day for you; do you remember what that was like for you when you were young?

Aleah: No, I remember my parents would leave for weeks at a time. Every now and then someone would come and give us money and we would catch a ride to go down town and get us some food. They had 7 kids; I don't know how come we were always by ourselves... (Aleah T1, Lines 3-13)

Out of necessity Aleah needed to fend for herself, to survive. She alluded to how her parents left “for weeks at a time” which forced the children to hitch rides to town and buy groceries. Others, surrounding neighbors and extended family members, knowing Aleah’s home situation, would stop by, and leave money for the children. At no time did Aleah mention whether these visiting adults checking up on them, would take the children to their own home and care for them. From her memory, the children remained at home, getting by until their parents returned.

Discussion of Diminished Childhoods

Women’s orientation, including their embodiment, concerns, and situations are reflected through their throwness into the world. These women embodied adulthood via their parenting role and circumstances pressuring them to mature. Often times out of necessity women took on the role of “mother” or adult managing the household and their siblings while their parent(s) worked, or were absent (in some cases due to alcohol). Not always did women agree to their role (e.g. as in the case of Shanita who left home in defiance of her situation at age 16), but most women interviewed shared elements of acceptance for their responsibility simply stating that “it had to be done.”

Some women articulated an impression of empowerment, deriving satisfaction from their position as caretaker and manager. Their embodied meaning of experience

was positive where it may have contributed to a sense of self efficacy and accomplishment. This was explicitly expressed by Brooke who looked upon her experience as fulfilling and as important preparation for motherhood. Some women echoed Brooke's sentiments as they described how managing the household prepared them for mothering their own children. Other women, like Carissa, hinted at the challenges their responsibility constructed and the need to escape them through rebellion.

Through women's embodied adulthood or motherhood, concerns for their families, typically a younger sibling engaged, their attention and focus. Time and again, a woman's concern for her younger sibling (or family) was demonstrated through her unreflective actions. Olivia immediately recognized her family needed to eat and that her single mother was not entirely capable of providing for the family, so she hired herself out to babysit. Olivia also recognized her mother could not know she babysat, or that she had money, and hid both in secrecy so that her family could survive. Olivia's actions illustrated her taken-for-granted understanding of the situation at hand, and her remarkably mature response to adult role demands.

Many women shared common instances of how their childhood was diminished as they faced adult like responsibilities and worries. Earlier discussion on the role chaotic childhoods played in their lives also contributed to women's experience for a short lived childhood marked by tumultuous events. Sometimes women faced both chaotic and diminished childhoods. To understand how both chaotic and diminished childhood themes intersect women's lives, a paradigm case will be introduced and discussed.

“...like somebody had punched me...”: Paradigm Case

This paradigm case illustrates how both themes situate our understanding of shortened youth, where women felt they grew up rapidly. Jeneya, who became pregnant at 16, recalled how her stepfather was physically and psychologically terrifying. Subsequently, Jeneya grew tough at school, becoming a bully.

Jeneya: Growing up I was always the big bully. All of my friends would tell me to go kick someone's ass, and then I would go kick their ass. You know, “You just don’t piss off Jeneya, or else she’s going to kick your ass!” When I got into higher levels of grade school, I still had the mean reputation, but it was also, “Whoa, she can play sports.” I incorporated being mean into playing sports... (Jeneya T1, Line 141)

Jeneya’s identity as a school bully engaged not only her life, but her friends’ lives. Jeneya was not to be messed with as she demonstrated time and again through physical dominance, by “kicking ass.” Her bully identity stayed with her into high school where she integrated her energy into playing sports and became successful. Jeneya explained how she became a bully.

Jeneya: My step dad kept us under rule and thumb. We couldn’t get calls from the opposite sex, we would get into trouble. He was a very abusive man. I actually ran into him a couple of weeks ago. It made me feel icky. It made me feel angry and I was pissed. I thought I had actually let go of all of that stuff, but he wanted to come up and give me a hug. I just looked at him.

When I was little, I remember this big man that was mean and would hit us. And when I saw him... I think my 9-year-old was actually taller than he was, and probably stronger than he was. I couldn’t believe that that little man had that much control over us when we were little. I got really angry. I told him, “You might have been able to knock me around as a little kid, but I will beat the shit out of you! Don’t think I don’t remember what you did to us when we were little!” And he looked at me, and he left.

But at the same time, I didn’t think I was still carrying that with me. Honestly, it caught me by surprise because I was all shaky when I got back into my vehicle. I just could not believe...And I guess what pissed

me off that I couldn't believe that I let him bring that type of anger back out of me. So, I had to do a little bit of my self counseling and stuff. Trying to let it go and stuff...I really didn't realize it was...[until] people would tell me they remember how many black eyes they saw me walking around with, and how many fat lips I had, or how many scratches or whatever. And what makes me mad is that I hear from all these people that had seen me and knew what was going on, but nobody did anything about it [voice wavers]. (Jeneya T1, Lines 143-147)

When faced with her childhood abuser as an adult, Jeneya reacted viscerally to her memories and feelings. Feeling angry and upset when running into a man who dominated her childhood and whom she feared, she lashed out and confronted him. Her embodied response to childhood violence was aroused; she felt briefly what it meant to be a kid again, fearing her abuser. In that instance, Jeneya-the-child filled with fear merged with Jeneya-the-adult and mother. The situation, as Jeneya lived it, was an intersection of her childhood filled with abuse, fear, pain and her present stance as adult and mother. Her initial response was to attack. Jeneya's concern may have derived from being cognizant that her youngest child was with her when this event happened, and that she needed to protect herself and her child. Jeneya lashed out verbally. What was evident, through Jeneya's narrative, was how her life continues to be impacted by her chaotic childhood experiences. Also apparent in the narrative are her capacities to cope as an adult with the unpleasant emotions. After leaving her stepfather, Jeneya engaged in self-comforting and calming activities indicating healthy forms of self-care.

Jeneya revealed a particular memory from her childhood that illustrated her stepfather's power and abuse.

Jeneya: So, one time, he had this rule that as far as we could reach high, that was how clean things had to be. And, if he went in there with a white glove and found dust...or he'd stash stuff in our dressers, like a piece of

string, to see if we cleaned it. And if he found it that meant we didn't clean our room good. So you always had to keep on top of it. So this one time, I had taken scraps of pieces of paper and made my own little diary. And I thought I had hidden it. Because of all those times he had looked at my room, he had never found it, so I thought I had a pretty good stash.

So one time, I couldn't remember but I had gotten into trouble for something, but I had literally gotten my ass beat. Because he took a yard ruler and pulled down my pants and he hit me over and over with that yard ruler. It was always, "You can't tell your mom!" or else I would get it worse, or she would get it. You know. He always held my little brothers and sisters over my head or my mom over my head about why I had to keep quiet about what was happening.

So, one day he loaded us up in the car, and it was the same day he spanked me with the ruler, and took us to go visit our mom at work. And I did all I could. I laid on my stomach, because from here (she indicates her mid hamstring) up to here (lower back) hurt. I didn't want any pressure on it. Then when we got into my mom's working place, my little sister came into the bathroom with me and I kind of forgot about what was going on, I felt safe because my mom was down the hall. And when I got into the bathroom, pulled down my pants, and was trying to pull down my underwear that's when I started crying and I didn't realize I had started crying. I thought I was still being tough. And I forgot that my little sister was there. But my underwear was stuck to my skin where the skin had broken and blistered. And my little sister went, "Dad did that to you?" "Yeah, but you can't tell, you can't tell." And she goes, "That's bullshit!" And my little sister, she had to have been [younger than 7], I think, she went and got mom and... [She] came in and fixed up my wounds. Then...he was kicked out of the house, and it lasted for about a month.

So, when he came back into the house, that's when I got my little diary going, "I hate my step dad. I hate my step dad. I hate my step dad." Well, I had stashed my diary where I normally stashed it in. And it was a couple of nights after that when we were sitting at supper, and he always had like this secret code you understood. You knew when you were in trouble. Nobody else knew or could hear it, but you knew. I was sitting here, and he was sitting there [across from one another], and my mom asked for the salt, and it was in front of my step dad. So, he picks up the salt, hands it to me, and says, "Here, give this to your mother. And by the way, I hate you too." And right then and there, I knew he had found my diary. I knew I was dead meat the moment my mom went back to work. I felt like somebody had punched me in the stomach.

Fear was gripping me.

I remember I barely ate any supper. I told my mom I was going downstairs to clean my room. So, I shut my door, took out my suitcase, packed it, and crawled out my window. I remember the snow was knee deep. I crawled out the window, went into the woods, found my way out onto the highway and hitchhiked to my grandma's house. This was during my 7th grade year. I told her about everything that had happened. I told her about all of the beatings, because it wasn't just me and my brother which everyone thought. (Jeneya T1, Lines 149-159)

At the young age of 13 Jeneya demonstrated remarkable resiliency to her abusive home life. Jeneya shouldered the traumatic psychological and physical abuse in silence, fearing abusive reprimand. Her stepfather's control extended beyond simple household chores and encompassed militant scrutiny when searching through her drawers for a hidden piece of string; thereby, enforcing his psychological control for a trivial piece of thread. Silenced and in fear, Jeneya kept his abusive behavior a secret. Psychologically, Jeneya's actions were manipulated through repetitive threats to hurt her siblings and mother. Suppressed at home, Jeneya externalized her silence, anger, and repressed energy into physical dominance at school.

Despite flagrant abusive evidence, her stepfather returned home on numerous occasions to resume his physical and psychological governance. Surrounding adults speculated abuse; however, no one helped Jeneya and her siblings. The community's silence further enforced continued abuse. Upon escaping to her grandmother's home and divulging her abusive home situation, Jeneya's stepfather was tried in court for child abuse and sentenced to less than one year of jail. Both the community's silence and weak sentencing may demonstrate why women in similar circumstances as Jeneya mistrusted adults and held the system with suspicion.

Eventually, Jeneya focused her energy into sports which helped shaped her life as she cultivated determination and discipline that were later used in college. This brief glimpse into Jeneya's childhood depicts a vivid picture of her shouldering pain, reaching a breaking point and making decisions affecting her life. Time and again concerns for her mother and siblings were tested, as she was beaten, and threatened with more violence (both against herself and her family) if she told. Understanding her situation in terms of past abuse experiences, and concerned to prevent further violence on her siblings and mother, Jeneya immediately understood she could not reveal her abuse. Living under constant turmoil, in fear of repeated abuse, demonstrates how her chaotic childhood shaped her life, positioning her as school bully. For Jeneya, having the courage and understanding the consequences in running away, she left behind her siblings and mother to break the silence on her abuse in hopes of a new life.

Upon her stepfather's incarceration, Jeneya's mother worked to support her family, often leaving Jeneya to manage the household and look after her siblings. Jeneya shared how her life was configured into a new role out of necessity.

Jeneya: ...It wasn't how my mom was, because she was basically like a stranger. Except for the once in a while day off that she got, where she was running around trying to pay bills and take care of this and that. And the whole thing about me and brothers and sisters, is that we pretty much became a self contained little family, with someone just bringing in groceries. We just knew that there were certain times we had to be quiet so that mom could sleep. She'd get up and eat whatever we fixed her and then go off to work. She was just like a tenant that we saw who provided the food, and paid the bills. So when my brothers wanted to join sports, they could never catch mom. So I started signing their permission slips. I'd forge my mom's name for whatever was going on. If the kids needed money for a game or an away game, I'd tell mom that I needed milk for my daughter, and she would give me money, I would give money to the kids. There were never any questions asked (laughing). And the only time

we were found out was when my brother started making the newspaper articles [she found out]. She was pissed. She came home, “How come my boys are playing [sports]? I never wanted them to play [sports]!” And I was like, “Mom, you work all the time, they haven’t gotten hurt... They’re doing great!” “I know that! They’re making the papers!” After she calmed down a little bit she said, “Well, I guess its ok then.” But she had no idea they were playing sports. Once she found out, she started making it to games. So it actually worked out (laughing).

After I moved out, and mom started writing notes and permission slips, the school started calling mom saying, “We’re thinking the notes are being forged.” She goes, “No, that’s my handwriting!” So the whole time the school got used to my handwriting. It was quite comical, because there was a bunch of different stuff (laughing).

I was pretty much taking care of the household and stuff, so that when my daughter came along, it just took me to adjust to that fact that it was actually my responsibility and not my mom’s responsibility. Plus my younger brothers and sisters helped out a lot in raising my daughter. There were times when they knew I had to study and they would take her for walks. They would take her on her bike. We all kind of pulled together and raised her. That’s why when she gets into trouble now that she’s older, not only is she going to hear it from me, but she’s going to hear it from her two uncles, her aunties... She says that it is not worth getting into trouble. All of my [siblings] say that they try not to favor their nieces and nephews, but you can tell. They bend over backwards for her. If I tell her no on something, she goes and gives her sad puppy dog eyes...and they’ll give her whatever she wants. (Jeneya T1, Lines 67-71)

As the eldest child, Jeneya took up responsibility, taking charge of her younger siblings and operating the household. Like other women expressed, Jeneya’s accelerated maturity through mothering roles was accepted and enfolded into her existence. Understanding her family’s predicament, her mother’s work load and respite needs, Jeneya unreflectively orchestrated signing permission slips and finding periodic supplies of money to fund school activities and outings. Her decisions and actions were not to defy her mother, but were rather adept skills she acquired in operating the household.

These fine-tuned skills in managing the household and her siblings contributed to a sense of diminished childhood and accelerated maturity. Jeneya's childhood had been eclipsed by events including chaotic abuse, and subsequently being raised by only her mother that situated her in taking on these responsibilities.

Over time Jeneya's childhood embodiment transformed. Initially, Jeneya faced a traumatic childhood eclipsed by profound physical and psychological abuse. As Jeneya's life situation changed, Jeneya took on deft skills managing her household. She demonstrated mature responsibility that surpassed her developmental tasks. Difficult experiences and decisions she faced demonstrated her accelerated psychological, developmental and emotional maturity.

Conclusion

Across interviews and both of the themes, chaotic and diminished childhoods, women overwhelmingly resonated on one issue: growing up fast. Women reflected upon their childhoods only to find there was a large gap, or it was entirely missing. A few women explained they did not know how to be a kid, due to their experiences and actions- their throwness into life. No matter which category women's stories followed, women who felt they became adults quickly, spoke of burden and stress on their childhood.

As children, women in this study had little power to modify their life situations. However, women such as Aleah, Yadira, Carissa, Jeneya, and Shanita attempted to change their childhoods for the better. Aleah emancipated herself at age 15, while 16-year-old Shanita moved out of her home. Some abused women, like Yadira, tried to change their life but were met with more challenging obstacles.

Despite Yadira's bold disclosure of her sexual abuse, she continued to live in fear and anxiety as the abuser was given access to her repeatedly. Ineffectual adults, those who were trusted with women's abuse histories, contributed to women's mistrust in surrounding adults and structures.

Other women engaged in risky behaviors, which often seemed to occur *after* traumatic experiences. Carissa is a case in point. After taking care of her younger brother continuously while her parents drank, Carissa rebelled just as her life was becoming stable. Her paradoxical activities of responsible caretaking mixed with irresponsible behaviors may have been her coping mechanism to release stress. After so many years of not being able to make a mistake, rash behaviors like underage substance use and partying may have been appealing as a way to experience a reckless childhood. Leslie shared her view that to be a kid was to party. To party may have been viewed as a way to partake in debauchery without consequences; however, for many women this was not true. In Leslie's case, she became pregnant.

Collectively, women's diminished and chaotic childhoods contributed to engaging the world as adults. Risky behaviors became a point of entry into accessing the adult world, where women may have felt they decided whether or not to drink, to go out, or have sex. Although generalizations cannot be drawn about subsequent sexual behavior, some women in this study experienced rape and exploitation. There was a resounding sense from these women that making their own decisions, following through with their own actions, as well as making decisions for the family coalesced into a strong maturity of action that superseded the women's developmental age. These women had been around, had some knowledge and experience, and were

frustrated in instances when they were reminded by society or the very people who demanded their responsibility that they were children, too young, to have adult privileges.

In summary, women's stories of their childhood backgrounds challenge the meaning of adulthood. For women in this study, adulthood may be defined in broader terms beyond physical age and developmental maturity. Women's chaotic and diminished childhoods illustrate that psychological, emotional and social maturity be included in the meaning of adulthood. Time and again, women demonstrated through unreflective understandings, experiences and actions that they were not children. As Cheyenne recalled, abuse contributed to how she "grew up in the head."

Through their actions and concerns, women demonstrated their adult stance in the world. Each woman's agency was refracted through her thrownness into the world, the avenues open to her, and her concerns. Comparatively, women shared a similar thrownness into the world, challenged by devastating experiences and tested with significant responsibilities.

From a young age, as they continued to be shaped by their life situations, few doors of possibility opened to them. Most women were corralled into a similar life trajectory poised to become young mothers. Women's concerns ranged from being focused on themselves to being focused on their families, in particular on younger siblings. Recognition for their responsibility was a source of positive feedback and fed their self-efficacy. Breakdowns throughout their childhood intersected where women would often engage in risky behaviors. ECB became a turning point for many of the women. Although the women's recollected experiences were filled with abuse,

neglect, death, divorce and extraordinary responsibility, their sense of strength and resilience were evident throughout the stories.

With finite possibilities opened to these young women, few pathways led them away from risky behaviors. ECB, as a source of stress, had the potential to lead women farther into risky actions. However, at times ECB became a source that altered their life trajectories. The next chapter will discuss how young women, given their childhoods, embodied ECB.

CHAPTER SIX

EARLY CHILDBEARING MEANINGS

Given the preceding discussion on the participants' childhood backgrounds and their limited avenues throughout life, this chapter presents an interpretation of how they embodied their ECB experiences. The participants described a range of often overlapping ECB meanings. Three major themes were identified: mourning a lost childhood, seeking fulfillment, and embodying responsibility (see Table 8). Each theme will be discussed, supported with exemplars and followed by a brief discussion of how Benner and Wrubel's (1989) framework, including embodiment, situation, concern, and temporality dimensions, applies to each theme. A paradigm case will then be used to illustrate how one young woman experienced ECB. The chapter concludes with a summary of the meaning of ECB for the women in this study.

Table 8

Early Childbearing Meanings

Theme	Characterization
Mourning a lost childhood	"It was like a whirlwind."
Seeking fulfillment	"It just filled a void."
Embodying responsibility	"I settled down."
Reorganizing life	"It was a turning point for me."
Confirming adulthood	"...working hard for my son."
Curbing risky activities	"I didn't think I was missing out."

"It was like a whirlwind": Mourning a Lost Childhood

Mourning a lost childhood, the first theme, expresses the tumultuous and isolating aspects of ECB that the participants experienced. Becoming a young mother

was often described as a surrealistic experience: “It was like a whirlwind.” Barriers in the community, in her family, and within herself at times characterized ECB as a troublesome and challenging time in a woman’s life. The following interviews with Cienna, Ellie, Lilly, and Jade vividly illustrate how traumatic it was for these young mothers to lose their childhood and be thrust into the adult world.

Cienna became pregnant when she was 15. After noticing that neither Cienna nor her 16-year-old sister had used menstrual pads for some time, their mother asked both daughters if they were pregnant. Cienna and her older sister confessed. In the following description, Cienna explained how drastically her life changed and how utterly overwhelmed she felt.

Cienna: I don’t remember ever feeling... I use to be a cheerleader when I became pregnant, and that was really hard knowing that I couldn’t participate in that, and I remember feeling dread, I guess. Like, “What’s going on?” When I was pregnant, it was really scary, like what was going on. When I think I was 6 or 7 months pregnant, me and my husband got married. And I was 16.

I still have the note that his mom and my mom signed as a permission note for us to get married, and I run into those once in a while and I think, “Could I do that again?” Gosh I just don’t know, but we’re still married today. It was really strange, there was so much going on in my life. I had gotten braces at the same time, when I was pregnant, I had gotten glasses and I wasn’t a cheerleader anymore. It was really kind of devastating. There were lots of changes in that one year. And I had gotten married, there was just so much going on and it was like a whirlwind, I had gotten pregnant when I was 15 and I had her two months after my 16th birthday.

I was just way too young. I was happy to be able to have a child, I was very happy about that, I don’t regret my daughter, or how she came or when she came, now, but at the time it was devastating for how many adult decisions had to be made. I just really think I wasn’t in an adult frame of mind to make those decisions. I’m really thankful for my mother who was there throughout the whole thing. She was very supportive. She was disappointed, but supportive.

She wasn't over ecstatic that we were pregnant, and I didn't see the joy in her eyes until she had seen the babies, but she was very supportive. She helped make the arrangements for our wedding; she helped us too.

...I think I was on welfare for a year or two, then we've been working ever since. But yeah, it was a lot of adult decisions and decision making. I remember one time, I was sitting in my house, and I've got my baby, and I'm only 17, and I remember thinking, "Where's my mom? I just want to be a little girl again." It was really hard. (Cienna T1, Lines 20-40)

By the time she was 17, Cienna was an employed mother and wife who lived on welfare. In a short period of time, Cienna was forced to make adult decisions; she readily admitted that she "wasn't in an adult frame of mind to make those decisions." Because of her circumstances, however, she was forced to quickly abandon childhood and take on adult responsibilities.

Cienna was fortunate to have the support of her mother, a single parent. Other women recalled their isolation when little or no support was forthcoming from family members and partners. For example, when Ellie became pregnant at age 16, her boyfriend abandoned her. Although she devoted much of her childhood to taking care of her younger brothers and worrying about her parents' drinking, Ellie's family was not supportive. She felt isolated and adrift. After her daughter's birth, Ellie moved in with her grandmother because her parents' drinking made the family home an unfit environment. Ellie's life as a young mother was clear from the beginning: She would be largely responsible for herself and her daughter.

Ellie: Well, she was born, and they cleaned her up. They put her on my chest. And she was crying of course, and I told her that we were on our own. (Ellie laughs). I have always been there for her. (Ellie T1, Line 27)
Unexpectedly, she found sources of support, although she continued to struggle.

Ellie compared her ECB experience with today's young women who have more available resources (e.g., social services).

Ellie: I think nowadays, the young girls are so lucky because they have all kinds of help. And still they complain about it. Like that they have to change their baby's Pampers, and I shake my head and don't say a word. Because they wouldn't believe it if I told them! (We both laugh). They are just lucky that they have all of this help. We never did when our kids were little. Everything we got we had to struggle for it. (Ellie T1, Line 89)

Ellie embodied ECB as a challenge, a struggle for which she was ill-prepared, emotionally, socially, and financially. Although she received limited support from her sister (clothing for her daughter) and grandmother (transitional housing), Ellie realized that she needed so much more, accounting for her feelings of isolation and abandonment.

The challenges of ECB were not only characterized as isolation from resources and being thrust into adulthood but also shame. During a week's layover after completing a substance abuse program, Lily, aged 17, became pregnant. Although she returned to school, she hid her pregnancy from family and friends until her eighth month.

Lily: I hid it from my mom and everybody. I was too scared to voice that...I didn't really know I was pregnant until I felt movement in my belly... I had morning sickness, but I was too naïve. I didn't really know what was going on.

I kind of knew but I didn't want that as a reality. I was very active, I was go-kart riding, horseback riding up until the 8th month, and my step dad he said, "I think something's wrong with her." He told my mom that she better talk to me, so she took me aside and said, "Are you pregnant?" and I said, "I think so." I think at this point, yeah! (Lily laughed; Lily T1, Lines 11-13)

Lily's story demonstrates a young woman's struggle with pregnancy and the fear she felt in disclosing her condition. Despite her pregnancy, Lily continued to be active, driving go-karts and riding horses. Had her family known that she was

pregnant, Lily would not have been allowed to engage in such potentially dangerous activities. Perhaps she did so in a conscious or unconscious attempt to initiate a miscarriage. Nonetheless, by participating in these activities, Lily minimized her pregnancy, creating an illusion of normalcy and escape. Some women, like Jade, recalled ECB as a difficult time of missed opportunities.

Jade: Because being a single mom at my age is still hard, and (I) know I've got a grandbaby coming, which I'm well ready for that, financially, emotionally, because I know the struggle that she's going to have, but she's more prepared than I was because my mom...we still don't say the "s" word, we just don't talk about it. Sex is still a bad word. We never talked about it, whereas with my kids, as uncomfortable or as embarrassing as it was, "I don't care, you're gonna listen to me and we're gonna talk about it before you ever go try it!" I wish my mom could have done that for me, because of the struggle.

I wasn't abusive to my son, but there were times I felt I would rather end my life, because it was that hard. I would have waited. And, you know, if I had more knowledge of what was to come, I might have waited, because my kids are at that age of about to make those same decisions ... my daughter ... had a baby, course she was in love. Well, he's gone now, and he don't come around. "Well, that's life. That's the way people really are, and I know it hurts, And you think he should be good, but not everyone is and so...but, you have all of us, your dad, his uncles, your brothers." I'm trying to get her back in school to get her GED and get her into higher education. I told her, "You know all those dreams you had, don't let them go, just hold onto them," because that's what I've always wanted, just to learn more and get a new skill, although it's a little late in my life now. Because it's gonna make a lot of difference to get a job, because you'll always get the bottom of the barrel job, and it will be you and ten thousand other people fighting for them. And I said, "The more you better yourself, the more you better your chances of getting a higher paying job, rather than being just a grocery clerk for life." I told her, "You're not going to be able to make it just on that job. You might have to get 2-3 jobs to just to make it." (Jade T1, Line 110-112)

Jade's experience as a young mother reflected her experience as a single parent. Both were difficult. Jade candidly revealed that there were times when she considered suicide because ECB was "that hard." In her statement, Jade urged her

daughter not to let go of her dreams but to “hold onto them.” Jade’s own education was postponed and partially sacrificed due to an early motherhood and subsequently single parenting. ECB posed a serious obstacle to her education, one that was overcome with patience and tremendous struggle. Although Jade frankly discussed sex with her children, her daughter became pregnant anyway. Jade is now determined to help her daughter get an education.

For some women, ECB reflected their chaotic and diminished childhood experiences, and as described in the previous chapter, many of the participants experienced a childhood marred by neglect and abuse. These young women grew up fast and became pregnant in their early teens, diminishing their childhood even further. Role change and isolation may have accelerated their loss of childhood. For some women, the embodiment of pregnancy often meant not acknowledging it publicly until late in the gestation. Hiding pregnancy may have been a reaction to fear, shame, or simply denial. For other women, it meant joining peers in popular youth activities like go-karting, regardless of the consequences on their pregnancy. Denial is a common defense mechanism, which can be used to make something unpleasant go away, whether by physical intent or psychological withdrawal.

As some participants reflected on their shortened childhoods, they wistfully described their meanings as *lost* opportunities. Missing a basic or advanced education meant that their employment prospects were dead-end jobs at minimal wages. For some women, the lack of sex education from their mothers or other adults led to the inevitable: ECB. All of the women expressed love for and protectiveness of their children, especially in preparing them to manage their lives better than they did.

However, they wistfully reflected on a childhood that could never be recovered.

Looking back, they also recognized that in some ways their pregnancy filled a void.

“It just filled a void”: Seeking Fulfillment

Feeling a void in their life, some women revealed that they sought fulfillment through love and affection, typically from their baby or partner. “It just filled a void” was the second theme. These women, like Mariel, Danika and Jade, were searching for an emotional sanctuary where their love and affection would be reciprocated.

Mariel described herself as a “little hellion” who “ran around” and partied since she was 13. Years later after she gave birth to her daughter at age 16, Mariel realized that she was searching for love and affection from her partner or men in general.

Mariel: Honestly, and I didn’t know until my husband pointed it out, I think I was looking for a dad. Not a dad, I don’t know how to explain it. My dad had left my mom, actually they both mutually decided to divorce when I was seven or eight. And for some reason that really messed me up I think. I didn’t know it at the time. And all in my life, I kept picking these morons for men, and just running around, and it wasn’t until not too long ago that my husband said, “ I think that’s why young girls go out and get pregnant so soon, is because they’re missing that male figure and they compensate maybe by running around. (Mariel T1, Line 49)

Mariel defined “running around” as partying, drinking, being a “risk taker,” and breaking the law. She met her daughter’s father when she began hanging around with a crowd old enough to purchase alcohol. She explained how quickly her relationship with him developed: She became pregnant, moved in with him, and discovered that he drank constantly.

Mariel: And I started hanging around an older crowd that could always buy us alcohol or what not, and that’s where I met my daughter’s dad. And you know, he said the things I wanted to hear. And he was probably 8 years older than I was, and I was 15, and he was an adult, and I just clung to that, boy did I ever cling to that. And we made a relationship.

And it was really hard for me. I didn't drink while I was pregnant, and it was hard for me to accept that and I thought, "Well, if I'm pregnant, then you should be sober too."

And that's not how it worked. And I remember he and his dad would get up at 7am and by 8 they could buy alcohol, started drinking and just get oblivious and by the time they would come home, he would be mean. And I just thought that was how my life was supposed to be, and so I accepted it and after I had her, I kept thinking that "Oh, we're just this happy little family, I got this new baby." And at first everything was just cute, and it didn't last very long, and I think she was about 3 months old when I finally left and he decided to leave me alone, and that's how we parted, and he never ever acknowledged my daughter. (Mariel T1, Lines 51-65)

Although she desired a partner who could share mutual love and affection, Mariel found herself in a bleak relationship filled with substance abuse and its consequences. She deceived herself that her circumstance was "normal" and repeatedly told herself that she was happy. Although Mariel offered no comment about her childhood other than she was a "hellion," ECB was a means to find security and stability in a relationship. Mariel's desire for a fairy-tale relationship was shattered when she quickly realized that her partner had a drinking problem. But, she showed amazing maturity and self-control in maintaining sobriety during her pregnancy and quickly leaving her abusive partner.

Danika related how her pregnancy filled a void in her life. After living with a Mormon family during a home-stay program, she moved in with her older brother during high school. This was one of the most stable periods in Danika's childhood, even though she was often left alone for days. During this time, Danika became pregnant. Her pregnancy was not planned but did offer the promise of stable companionship.

Danika: To me, I just felt like I wanted my baby. I didn't care or anything. I was just happy to have my baby- to love. And it seems like it filled a void in my life. I guess maybe when you are young like that you are looking for love. The pregnancy was an accident, and I did not want that to happen. And I was scared when I found out that I was pregnant. I cried because how was I going to tell my mom? And I felt like I was in trouble. And it was like what do I do? And I kept it from her until I started showing a little bit.

And she was just waiting for me to tell her because she had to go to the hospital for something. And I went to the hospital and I felt dizzy because I was pregnant. Because I was going to try and tell her that night and then it was like, "Forget it!" So then I did kind of tell her. Well you know you just kind of say something like "I have something to tell you and I don't know how to tell you this. I am pregnant."

I mean you start crying and you're trying to tell them. And that's what I did. And she told me that I was just going to have to make the best of it. So that was not too hard at least. So I felt now that it's off my shoulder so I am going to have to just make sure that I don't expect anyone to help me. (Danika T1, Lines 17-21)

Given her family's emotional detachment and indifference, Danika felt that she could not rely upon others to meet her needs and desires. So, Danika expected to provide for and parent her child alone. Like the other women, Danika's pregnancy seemed to fill an emotional void.

Jade echoed the sentiments of other participants that ECB was a challenging event, but one that also filled a void in her life. She recalled how her mother provided for her family's material needs but was emotionally unavailable. Jade attributed her mother's lack of emotion to being raised outside of a mother's love, something Jade felt one could only learn from their loving mother. For Jade, reciprocal affection was crucial, as she described how different her daughter's childhood was from hers.

Jade: She realizes (her daughter) that it's a choice that she didn't grow up with drugs and alcohol, poverty. "I worked hard to make sure you had everything, a loving stable home." Because [even at my age] my mom has never told me that she has loved me. Never. We didn't have affection,

like motherly affection because she grew up without a mom. And I just firmly believe that's how you learn to love, to nurture, compassion and that's from your mother. And she didn't have one, she knew how to provide for us, but she didn't know how to give love. And, that's something I always wanted was love, and just to feel that someone needed me, and that's what I was lacking, so when I had my son, he needed me and he was someone to fill that void. (Jade T1, Line 33)

Jade's pregnancy came at a time when she felt emotionally isolated. During her childhood, she observed and felt the dichotomy between her mother's "providing" and her mother's "affection." As a young mother, Jade was determined to cultivate the kind of interdependent relationship with her child that was missing from her childhood.

Unstable homes, little parental investment, and poor emotional communication compelled some participants to seek emotional fulfillment and affection from their pregnancy. Upon reflection, some participants recognized that these factors contributed to risky behaviors. Becoming a hellion meant breaking rules, creating havoc, and engaging in sexual activities. Although sexual intimacy momentarily masked the emotional void that these young women felt, the "magic" soon wore off when they became pregnant. Some women survived distressing situations (e.g., abusive partners), which tested their maturity, only to continue their search for interconnected relationships with new partners. Other women sought emotional refuge in their children.

Demoralized by the lack of parental investment, the participants realized that they had to parent and provide for their child alone. Many of the young women viewed the birth of their infant as an opportunity to try alternative mothering

practices. ECB channeled their energy into nurturing their mother/infant bonds, as they created their own family.

Whether they turned to their partner or child, the women in this study resolutely and repeatedly sought someone who would accept and reciprocate their love and affection. Having a child or partner was a fulltime relationship that created a new role for them as either a partner or a mother. In such roles, the participants were able to receive and give love and affection, actions that may have filled their emotional voids.

As stated earlier, the participants' views of ECB evolved. Although ECB was scary and challenging at first, it slowly changed the women's lives, creating new meanings for them. Jade is a good example of how this change occurred. She experienced ECB not only as a challenge, one she warned her children not to repeat, but also as a source for emotional fulfillment. Likewise, Danika was ashamed of her early pregnancy but later viewed ECB as a means to fulfill a void in her life. While, ECB has thus far been characterized as a challenge and a way to seek fulfillment, other participants characterized ECB as an effective way to mature and accept adult responsibilities.

“I settled down.”: Embodying Responsibility

The final theme, embodying responsibility, is characterized by three subthemes: (a) “It was a turning point for me.”: Reorganizing Life, (b) “...working hard for my son”: Confirming Adulthood, and (c) “I didn't think I was missing out.”: Curbing Risky Activities. Reorganizing life describes the epiphanic experiences that motivated the women to move toward responsibility; confirming adulthood

characterizes the actions and experiences that reinforced the women's responsible behavior; and curbing risky activities explains how the women steadily progressed toward responsible behavior and away from destructive lifestyles.

Most women ($n = 22$) indicated that ECB created avenues for them to assume responsibility for themselves and their infant. Some participants expressed how ECB may have been instrumental in curtailing substance abuse problems or risky activities like partying.

Reorganizing Life: "It was a turning point for me"

After witnessing her father's tragic death due to alcohol and being shuttled from foster care to a family member's home, Reyna became rebellious. Although she steadfastly refused to use drugs, she spent most of her time with friends who drank and stayed out all night. After discovering that she was pregnant, Reyna and her boyfriend radically changed their habits.

Reyna: When I first found out, I felt like I had butterflies in my stomach. I was always happy....I settled down, stopped going out and became a mom. Sometimes I stayed away from home, because I was more or less happy, and her dad changed too. Like the day I found out I was pregnant. The next day he got me an appointment, he took me into the doctor - him and his dad did - and he got me signed up with one of the good doctors. He got a job that same week, and he got his drivers license. And he started working right away. He changed his whole attitude about life. He totally dropped everything. It was really good. (Reyna T1, Line 48)

Despite her tremendously troubling childhood, Reyna found happiness in her new role as a mother. She and her boyfriend stopped their risky behaviors and radically restructured their lives in preparation for the coming baby. The abrupt end to risky behaviors may have signaled willingness to change already present; Reyna's pregnancy provided the pretext to alter their lives.

Rhonda, who started partying at age 13, also spoke of settling down after she became pregnant. Having a baby refocused her life. She now had a purpose, a role, and a partner, all of which contributed to a more positive ECB experience. ECB was *the* impetus to change her life from the transient, powwow trail that migrates from site to site, to a settled life, which entailed securing a job and a permanent residence. And, her family celebrated the birth of her child, its fourth living generation. Rhonda explained how she passed her time after she dropped out of high school.

Rhonda: Really, I just started to party too much. School was not at the top of my list. You know I did not have anyone telling me that I needed to go to school. But now I realize that I wished I had gone to school. But at the time, I guess I was just one of those teenagers that wanted to do what was fun at the time. But I am really glad that I had my daughter because she really pulled me down. You know, I do not know if I did not have her where I would be right now. I probably would have eventually kept on going to school, but it probably would have taken me a lot longer to settle down. (Rhonda T1, Line 8)

Rhonda elaborated on learning that she was pregnant and the changes it forced she and her boyfriend to make.

Rhonda: Actually, my mom and my boyfriend and I were all at the clinic together. We were actually there to get birth control. The nurse, she just told all of us at once. I guessed that I was pregnant. And we were all just like "Oh my gosh! Whoa! Okay that is crazy!" ...

We really did not know what to think. I guess I did not think I would ever get pregnant. You know I really did not know anything about kids because I never babysat. Or change diapers or anything. It was all really new to me. But my boyfriend and I were in love and so it was okay for us. And we pretty much stayed with my mom. And we stopped going to powwows and started to work. And eventually we got our own place and we just started to be a family I guess.... (Rhonda T1, Lines 30)

[And later]...I do not really feel that I have missed out on anything. Because I got a lot of crazy stuff in before we had children. I do not feel like I ever missed out on anything. So it was just time to have kids. (Line 178)

...Oh but I had so much fun when I was pregnant with my first kid. It was just so fun. Well, I was kind of spoiled (laughs). My boyfriend did everything for me. Like he would come home from work and then I would have a craving for something, like a cheeseburger. So he would drive me all the way to the large town and go to the drive-in and we would rush in to get the cheeseburger before it closed just so that I could get my craving (laughs). He always had to deal with my cravings through both of the pregnancies because I had some strong cravings. Kind of like, out of the blue I would be like "I got to have it." And he managed to get it for me somehow. You know he would be willing to travel and get whatever I wanted... (Rhonda T1, Line 179)

Despite scant experience in caring for children, Rhonda and her boyfriend plunged into the myriad of preparations for their coming child. Both relinquished their transient lifestyles, following the powwow trail, for a permanent residence and began working with purpose. As Reyna said, ECB settled her into a more stable routine, gave her structure for a baby through routine preparation.

Likewise, Carissa stopped drinking when she became pregnant. Having come from a chaotic childhood in which her drug-dependent parents were often absent, she described how her life changed after the pregnancy.

Carissa: And of course the father was absent. Or more or less at that time, what you'd get from a guy when you tell him that you're pregnant is, "It's not mine". And he was the only one I had been with, so I knew that it was. And, so I went through that phase of being mad at the world. Just hated guys, hated... I don't know... I didn't necessarily hate my parents, but I was mad at them. I think I held a lot against them, not for my actions, but for their actions, which I kind of felt led me to the lifestyle that I was living.

As soon as I found I was pregnant though, it was a whole different turning point for me. I didn't touch a drop of alcohol after that. I continued my education. At that time, I was going to [the alternative school], and it was a little bit hard. But I think I made it all the way up until the seventh month of going to school. And I dropped out until after she was born, and went back to school after she was born. That didn't last very long. I ended up not even lasting a year, and dropped out in my junior year, the end of my junior year. And I didn't receive or go for my

GED until I was 19 and pregnant with my second child. (Carissa T1, Lines 56-58)

For Carissa, pregnancy was a turning point that gave her the strength to reorganize her life. She stopped drinking and doggedly pursued her GED, actions that illustrate how young motherhood positively refocused her life. Similarly, other participants recounted how ECB positively reshaped their lives and accelerated their maturity as adults.

Confirming Adulthood: "...working hard for my son"

Confirming adulthood was seen in women's actions and how they took up their ECB status. In Chapter Five, many of the participants described their short lived childhoods. For example, Cheyenne exclaimed, "I was never a child." ECB marked their entrée into the adult world, confronting them with enormous responsibilities, as the comments of Stephanie, Brooke, and Kim attest.

After moving out from her parents' home when she became pregnant, Stephanie remarked that she needed work to support herself. Soon she realized that her motivation to work was vastly different than that of her friends.

Stephanie: Well I think part of it was that I had to go to work, and I was working and going to school at the same time. And a lot of my friends were not working and were having fun. Still, I mean they went to school sometimes but they were not working to support themselves you know they worked to do whatever they wanted with their money. And I was working hard for my son. That was what I thought was important and that had not even crossed their minds. So that kind of made me grow up, that I had to support somebody. You know, like I was making \$5.50/hour and trying to support another person. That was hard for me. (Stephanie T1, Line 163)

Stephanie recognized that working for her child set her apart from her friends who worked essentially for pocket money. For her, working was a means to survive,

to bring food home, and to support her family. In contrast to her friends who spent their money indiscriminately, Stephanie carefully watched her expenses day by day, an embodiment of adult responsibilities and behaviors.

Brooke, who became pregnant at 16, felt that motherhood was the next step in her life, even though it may have come earlier than expected.

Brooke: ... [I] think I was already grown up. My mom worked really hard and she raised three kids as a single parent. She had to work nights and she would go to school during the day. And since I was the oldest I had most of the responsibility for caring for my younger brother and sister. So I think I was already a parent before I became one. I don't know, I think that I was ready. I was 16. I was 16 when I got pregnant, and I was 17 when I had my baby. But I do not think it was negative. I think I was young. I think that I was ready to be a parent. (Brooke T1, Line 7)

...Well, I think I was ready. I don't think that I was ready to go out and do that [sex], I don't think I was old enough to do that, but when it [pregnancy] happened it did not put me in a crisis situation. I was not inexperienced with parenting so I was not overwhelmed. Yeah, I guess I was more scared for that kind of change. I guess I was more mature and more grown-up. And I had a better understanding of a healthy family and how it works because I saw my mom do it as a single parent in our household. And I had a lot of family support. (Brooke T1, Line 25)

For Brooke, motherhood was a surprise, but it was not a crisis, and she was not overwhelmed with parenting responsibilities. Believing herself to be an adult with proven capabilities of caring for younger children, Brooke accepted her role and responsibility as a mother to be reasonable.

Unlike Brooke, other participants were not fortunate to have readily available support from their mothers and families. Nonetheless, ECB accelerated their transition to adulthood as they embraced the growing responsibilities of supporting themselves and their baby. However, some women felt that they needed to prove to their family and community that they were ready for these adult responsibilities. This

was true for Kim who became pregnant at age 16 and moved out of her single mother's home.

Kim:...Well, I knew I could not stay at home with my mother. It was time for me to move out and prove to her that I could do this on my own. And so fortunately I was able to get some of my Indian monies. I got a car so I was able to transport my daughter and myself. I got a job after school under a training program and my very first job was working for the unemployment service as an office aid. And I did that after school in the evenings. And I did that for at least two years. And then I would work there all summer too. (Kim T1, Line 28)

So I had to pay rent and pay a babysitter and pay my own bills. Buy gas too. And I proved to my mother that I could do it. I was scrimping and saving, but I did it. Eventually, that job ran out and I had to find another job. So I ended up getting a night shift job at a rest home on the reservation. I was like a nurses aide. And I was paid really well, but it was really tough. Because I would go to school all day and then go to work until 10 or 11 at night. And then I would pick my daughter up when she was sleeping, the only time I would see her was a few moments in the morning when I would get her up and take her to the babysitter. So that was a rough two years, but I did that for two years. And then by then I was a senior and I was looking forward to graduating. (Kim T1, Line 30)

Four months before her high school graduation, Kim was told by the school's administration that she would not graduate with her class. Rather than withdrawing from school, Kim pursued her GED.

Kim: But I feel that I proved them (high school administration) wrong because I turned around, and I got my GED. And I kept working, and I continued to support my daughter. In spite of them! I feel that is what I did to in spite of them and their lack of faith in me or not thinking that I could do it. You know I was going to do it anyway just to prove them wrong! (laughter). (Kim T1, Lines 36)

Kim's steadfast resolve to show her family and community that she could support her child despite obstacles illustrated her resiliency and maturity. Becoming a young mother was a challenge for Kim. Family and community members quickly

dismissed her ability to be both mother and student. Kim, however, met this challenge by demonstrating her maturity in managing her and her daughter's lives.

Curbing Risky Activities: "I didn't think I was missing out"

Some of the participants described motherhood as destiny, a fateful event that prevented them from stumbling down the "rocky road" to continued substance abuse and other risky behaviors. ECB became a source of inner strength for these women, reminding them of the difficult situations they had survived and protecting them from present and future substance abuse and partying. The interviews with Aleah, Valerie, Reyna, and Shanita illustrate this finding.

Aleah, who emancipated herself at age 14 and became pregnant at age 15, advised teens to delay childbearing.

Interviewer: What do you advise young women to do?

Aleah: To hold off. I see young mothers that are teenagers and they look like they're going to be all right. (I did not feel like I missed out on being a teenager) because ... seeing what they were doing, I didn't think I was missing out. They were drinking and dying. I figured that in three years from now, I'll be done having my kids, and I'll be able to travel. They're just having their kids, I knew that. (Aleah T1, Lines 189-194)

Although Aleah advocated that young women delay childbearing, she added that she had witnessed successful young mothers. Were it not for ECB (she became pregnant at ages 14, 15, 16, and 17), Aleah hinted that her life could have been filled with more problems. Aleah presented a paradox between the risks involved of having children early in life compared to delaying childbearing. For some women, ECB was a boon in disguise; for others, it remained a challenge.

Like Aleah, Valerie felt that ECB protected her from further substance abuse. Valerie characterized ECB positively because she learned how to be responsible.

Valerie: I think that it has showed me more responsibility that you have to work for what you want. And I did. Because, I even had friends who helped me out when I would ask them. Like I had a friend who lived two towns away and when I called her and asked her to drive me to the store just for a pack of diapers she would. Even when my mom was home. Like I would walk to the local gas station and buy diapers because that was what I had to do. I think it gave me more responsibility and made me realize that you have to deal with it.

I would not do it any other way now. I could not imagine my life being different. I mean what would my life be like if I did not have my children? I would still be one of those girls running around all skinny and screwed up looking. Drunk... and that is not the way I want to be. Even when we go to the fairs I will try and drink then, but it doesn't even taste good. I guess I am not a drinker. But that's good. But when I do drink my little one, she tells me, "Oh mom you were drinking beer, you are going to get drunk!" Because she sees it as bad, I guess. And that is good, because that is what we have taught them. And then she sees me do it, and I tell her that, "I'm ok. I'm Ok. I'm not going to drink very many."

And that is another thing when I do things like that. I limit myself because I do not want to look like an ass in front of my kids. Because I do not want them to see me like that. I mean, they can see me drink a little bit. I guess that is not going to hurt them. (Valerie T1, Lines 114-120)

Having children positively affected Valerie's life. She realized that her children not only enriched her life but also motivated her to model positive behaviors and activities rather than self-destructive behaviors.

Reyna echoed a similar sentiment on her experience of young motherhood. She witnessed substance abuse end her father's life and imprison her mother. She described what a difference ECB made in her life compared with the lives of some of her friends who were not young mothers.

Reyna: ...I look at girls my age these days I used to hang out with and, you know, I was done. But they still run around and do what they want to and they leave their kids with their parents 24/7. And I am so thankful that I became a mom. As early as I did, it made me become so responsible. You know I do not count on my mom to watch the kids

while I go out. And you know I never drink anyways. I was so happy to be you know, to be with who I was. Because if it were not for my kids, I do not think, I do not know what I would be doing. And I don't know. Compared to these other kids around here, I look at them and I asked him "Where are your kids at?" If I hadn't had my kid, I don't know where I would have been.

And people tell me to this day, "You know Reyna, you need a break. You are around your kids all the time 24/7." Well! What else am I supposed to be doing? (Lines 108-110, Reyna T2).

Reyna elaborated on the differences she found between herself and her friends when it came to drinking and partying.

Reyna: They want me to do what they do, I guess. They act like their life does revolve around drinking and stuff. You know I went out once with my friends to the bar and I was not drinking. And I was more or less the designated driver and it was just like 'What am I doing here?'" I was like "This is retarded. How do you guys get a thrill out of this?" And they were like "You're not having fun?" And I know. This is boring. It is stupid. There is smoking in here, people are getting drunk and fighting over stupid stuff. You know and I was like the designated driver and I do not know people. Only the ones I came there with. And it is just like a pattern. I was just responsible, and then I was like, "Guys, quit fighting." And I didn't even know anyone. And it was like, "Oh my God. People are stupid here. What the heck is going on? This is not fun. I want to go back home." You know I was the designated driver so I cannot just leave my friends and my family behind and expect them to find their own way home. So, I was like, "Come on guys! Let's get out of here!" And I was impatiently waiting for it to be two o'clock, so we could leave the bar. (Line 120).

Reyna shared how thankful she was for becoming a young mother, believing that the responsibilities of motherhood prevented her from running around like some of her friends. She also acknowledged that some friends with children continue to party, leaving their children with others, shirking parental responsibility, and focusing on their own pleasure. For Valerie and Reyna who witnessed the harmful effects of substance abuse, ECB offered the possibility of changing their lives and modeling healthy behaviors.

Like other participants who viewed ECB as protecting them from engaging in destructive behaviors, Shanita recounted that she moved out of her parents' home when she was 16 and became involved in substance abuse until she married and became pregnant.

Interviewer: How did you deal with moving out of your home?

Shanita: Well, not very well. Because that was before I got pregnant. And for a while I just partied a lot. So in a way I say that it was good that I did get pregnant because I was not heading down a very good road. And I always said to myself that I was not going to be like my mom. Because of all the things that she had done wrong that I had thought she had done wrong that I said I did not want to be like her. So when I finally got pregnant part of my whole mindset was that I was not going to be like my mom.

And then what I realized now since I had my daughter and since my mom has been off drugs and alcohol for five years is that I need my mom to show me how not to be like that. I have to learn from my mom and for her to be around to show me. I have this theory that no matter what we do we all kind of end up like our moms. (She laughs.) (Shanita T1, Lines 81-84)

Shanita felt that ECB marked a new time in her life when she could focus on healthy parenting, something she did not have as a child. Her mother's substance abuse reminded Shanita that she was "not going to be like (her) mom." ECB offered Shanita an alternative path; she restructured her life around motherhood and responsibly caring for her daughter.

ECB presented the participants with an opportunity to carve out new roles and embrace distinctive actions. These women demonstrated unanticipated discipline: They stopped their substance abuse, exchanged their nomadic ways for settled lives, and pursued employment. At times, their partners also made dramatic changes, which supported and affirmed the women's new roles. ECB offered these young women a

unique opportunity to parent differently than their parents: to spend time with their child, to provide consistent nurturing, and to create a stable home environment.

Mothering demonstrated how capably these women could handle adult responsibilities; they turned their lives around with newfound resolve to complete their education, to pursue employment, and to nurture and love their children. Those who recognized how life changing ECB would be vowed to succeed and to prove family and community members wrong. Achieving educational goals and a secure financial future were hard won through patience and determination.

Many of the women in this study believed becoming a mother was their salvation. Many ominously concluded that their lives would have taken a drastically different turn had they not become pregnant. Continued substance abuse and criminal behavior defined their limited life's vision. The women doubted their ability to abandon risky behaviors. They needed a compelling reason to drop their risky lifestyles and to build a stable life of their own. Parenting was that opportunity.

Paradigm Case

ECB often heralded change throughout the participants' lives. For some, ECB was a challenging time filled with shame and hardship. For others, ECB offered reciprocal love and affection. And for still others, ECB affirmed their independence and adulthood. On reflection, some women saw ECB as a protective factor, preventing further substance abuse as they assumed the adult role of mother. To understand how ECB affects a woman's life and how its meaning evolves depending upon situations in her life, the following paradigm case is offered.

Jeneya's chaotic childhood experiences are extended in this paradigm case following discussion from Chapter Five, where the meaning of ECB was understood over the course of her life. In brief, as a young girl Jeneya lived with a viciously abusive stepfather who spent time in jail on child abuse charges. Jeneya capably managed her single mother's household, but became pregnant at age 14, described as being at the "wrong place at the wrong time" at a house party. She chastised herself for drinking, which put her in the compromising and vulnerable position of being violated.

Jeneya : ...I should not have been drunk, and I was at a house party, and I should not have been at a house party. I did not want certain events to happen and at the same time, when you think back on it, I did not say "No" and I just...I did not like what was happening. And I think that was why my denial was so big, you know, was that even when the baby was moving inside of me, you know I just pushed on it and tried to get it to stop... (Jeneya T2, Line 13)

...I dropped out of school. I didn't want to prove everyone right, I guess. It was like a stigma, it was, you know...if you were Indian and female if you got pregnant, you would drop out and never finish school. So I kind of fit that mold at the time, and I was ashamed of fitting that mold. (Jeneya T1, Line 9)

...I didn't like having visitors. Because I didn't want them to see me pregnant. I didn't feel comfortable. I felt ashamed. Not really quite dirty, but that's the only word I can think of to describe it at the time. Because there was a time...and I remember being in the bathtub and I could see my stomach moving, and I remember just pushing, you know, "Stop! I can't be pregnant!" You know, because I had my mind convinced that I had my period, that there was no way I could be pregnant. But even seeing the baby move, I still said, "I'm not pregnant. I'm not pregnant." And I would purposely lay on my stomach so that nobody would think about it. God it was hard to breathe! [laughs]. (Jeneya T1, Line 13)

Jeneya revealed how emotionally painful it was to drop out of school, an attempt to evade stigma and shame. Not wanting to "fit the mold" as a pregnant young woman in her Native American community, she convinced herself that she was

not pregnant and denied her pregnancy for 8 months. Finally, she confided to her mother that she was pregnant and was surprised to find an ally.

Jeneya: When I finally told mom, she got me on WIC, she just...it was just...everything fell into place. And once people started knowing, I couldn't hide my belly anymore, like overnight, it just grew into this huge, huge beached whale looking thing [laughter]. So when I finally did go into labor and I had her... Because the whole plan had fallen through the cracks, so my next plan was to let my mom adopt her, and then just raise her as a sibling with me. Then that way, I could go on with school and everything.

But after I had her and held her, I was like, "Mom I'm sorry, I can't let you have her, she's my responsibility." (Jeneya T1, Line 17)

Jeneya: If I wanted to hop up and go to the big town I could not do that because my mom was not there to care for my daughter. You know, I had my daughter to consider, and babysitters did not come cheap. And so it was a transition period, to where I had to put on my adult hat and act like an adult versus act like a teenager that wanted to go run around and go see her friends whenever she wanted... it was a transition. (Jeneya T2, Line 45)

Jeneya described the situation she found herself in, trying to balance her identity as an adult with responsibilities and as a teenager. The years that followed were filled with more challenges as Jeneya struggled with obstacles and personal growth. Navigating the educational system proved difficult, but she persevered, graduated high school, and pursued a college degree because she wanted to "provide for her child."

As a young mother, Jeneya accepted her adult role to prove to her family and community that she could provide for her child and that her predicament was not shameful. Although she did not specify to whom, Jeneya felt she needed to justify to others that neither she, nor her daughter, were deficient. Part of this effort involved

preparing her daughter for school: She spent hours grilling her preschool daughter to recite the alphabet.

Jeneya: ...I felt messed up, and I wanted her to prove to everyone else that she and I were fine. I guess by having her I am not messed up and that she is not messed up. "Because if you look at how smart she is, and she can do all of her ABCs and none of the other classmates can do this," so I think it was more or less try to let people know that, "Yeah, I messed up but hey look at how smart my daughter is." I guess more or less to take the focus off of what I considered my mistake at the time was.

...The first day I brought her to school of Head Start, the teacher said "Okay well let's go and find your name." And I remember telling the teacher, "Oh no, let's let her find her name." And my daughter found her first and last name and the teacher was like "wow." And I remember just being proud and everything. My daughter was just [doing it in] a matter of fact [way] and everything. It was no big accomplishment for her because she had been doing it. And I remember we would be sitting there, and we had a little black chalk board sitting with us and I remember sitting there and I would push her. And I would ask her "What is that letter?" And she would be crying saying "I don't know. I don't know." And I would tell her "You know what this letter is. What is that letter?" I remember we was there for hours and when I think back on it I think about how it was cruel and unusual punishment [chuckles]. You know "Tell me that letter!"

...I would grill her over the numbers and we had the little chalk board and I would draw a letter or number and she had three seconds to tell me what it was. And there would be times when she would cry and tell me she did not want to do this anymore. "We're going to do it. We have only four more letters to do." And I just remember you know it was pretty close to mental anguish. I don't even know why I was bound and determined to make sure that she knew her ABCs. No, I can understand maybe making her know her ABCs but not knowing her numbers 1 to 100 and knowing how to write and spell her first and last name. To now learning that she had to go through development and learning steps of progress and why they need to learn something. We were just bypassing all of that [she chuckles]. But I really believe that the push behind it was to show people that I really did not mess up because she is smart. It might not be totally all that, but I'm pretty sure it is most of that. I think probably the main push was just a Band-Aid on what was in the past. (Jeneya T2, Lines 155-161)

As young mothers, the participants embodied ECB and made sense of it as the situations in their lives dictated. Pushing her daughter to excel academically, even if premature, was important to Jeneya given her situation as a young mother who felt the stigma of breaking a social taboo. As time passed, Jeneya recognized that training her daughter was also an effort to ease her own pain in addition to helping her daughter succeed in school. After a few years, Jeneya's view of ECB shifted from shame and stigma (reminders of her lost childhood) to affirming her role as mother and adult (embodying responsibility). These themes, reflected in other women's ECB experiences, demonstrate the ECB's dynamic properties.

Early Childbearing Meanings Discussion

As time passed, the participants encountered varying obstacles and levels of support, situations changed, and the meaning of ECB was often reflected in their concerns. According to Benner and Wrubel (1989), embodiment encompasses the taken-for-granted responses that allow us to recognize situations and react quickly. These women defined what their ECB situations meant. For some, it was a potentially stigmatizing condition, an intimidating conclusion to childhood, or an isolating experience. These women described a larger sense of a lost childhood through their embodied ECB experience. In a relatively short time, their lives were changed, often in a seemingly negative way.

In contrast, other women embodied their ECB experience as a means of filling the emotional voids in their lives. These emotional voids may have originated in their childhood where parenting, love, and affection were lacking. Many young women tried to find the fulfillment they never had through pregnancy and parenting (Jade and

Danika), or through the idealistic view of a lasting relationship with their partner (Mariel). Bearing their child allowed them to enjoy a loving relationship and signified emotional intimacy. Women like Danika and Jade nurtured interdependent relationships with their child, in which reciprocal affection and emotional attachment were expressed. However, in some cases the ideal melted into reality, as in the case of Mariel. After Mariel's parents divorced at age 13, she began to drink and do drugs with an older crowd, when she met the father of her child. Upon becoming pregnant, Mariel idealized her situation and believed they would be "...just this happy little family" (Mariel T1, Line 65), only to find ECB did not correct all problems. For these women, ECB created new opportunities to achieve emotional stability, but also maintained the potential to create additional problematic issues.

For still other women, ECB offered new opportunities to demonstrate their adulthood. Shedding their identity as a "dependent child," these women pursued employment, found baby sitters, and completed their education. Some women had seen their life as "going no where", filled with partying. ECB gave women such as Reyna, Rhonda and Carissa (and sometimes their partners) the impetus to restructure their lives. Their desires for a different life were realized when they became pregnant and ended their risky behaviors. Stephanie's ECB presented an opportunity to demonstrate her maturity and to prove to family and her community that she could responsibly care for her child in addition to work and attend school. For Brooke, becoming a mother was a natural step in her life, following her long history of caring for her siblings. ECB was not viewed negatively, but was embraced and allowed Brooke to demonstrate her skill in caring for her child. Valerie, Reyna, Shanita, and

Aleah recounted how caring for their child provided strong reasons to curtail substance use and partying. Despite the positive ECB effects that some women's stories illustrate, Aleah warned all adolescent women to delay childbearing, given the struggle she endured in raising her children despite how ECB curbed her risky behaviors.

Although the participants continued to struggle with the dual roles of adolescent student and adult mother, they admirably demonstrated adult responsibilities by continuing their education, working after school, nurturing their child, and ending risky behaviors. For many young women, their childhood responsibilities of caring for siblings and extended family members were expanded into adult territory. Accepting their role as caretakers, these women embraced ECB as an extension of their parenting experience.

Conclusion

As the interviews reveal, the participants attributed various meanings to ECB, with a range from positive to negative experiences. Understanding that many of the participants had a chaotic and/or diminished childhood illuminates how and why they embodied different ECB meanings. The three themes illustrate how each woman's childhood contextualized and situated her ECB experience. The first theme, "It was like a whirlwind": Mourning a lost childhood, illustrated that ECB did little to ameliorate the lives of women with a troubled childhood. Instead, it added stress as women dealt with their transition from childhood to adulthood and community social structures that condemned their state. Missed childhood opportunities often resulted in regret. For example, Lily who experienced repeated sexual and psychological

abuse and neglect throughout her childhood, ECB was both isolating and stigmatizing. Having been thrown into life as a Native American woman, on a rural reservation, amidst an unstable and unsafe home life positioned Lily to experience ECB as another factor that enhanced her strangeness.

The second theme, “It just filled a void”: Seeking fulfillment, illustrated how women pursued emotional fulfillment with their child and/or partner. Typically, the emotional wounds from their childhood experiences emerged, and they sought an interconnected relationship to heal their emotional voids. As described by Mariel’s case, some women felt ECB presented a path into a long-term intimate relationship with their partner, a panacea to all concerns and problems, only to find themselves mistaken. Although, ECB has the potential to create positive avenues for emotional fulfillment, not always are women positioned (given their life circumstances, relationships, age, developmental stage, maturity level etc.) to experience solid fulfillment.

The last theme, “I settled down”: Embodying responsibility, demonstrated how ECB affirmed the women’s sense of adulthood. ECB became a significant event that heralded important changes in the women’s lives. Risky behaviors ended, nomadic ways were replaced by settled lives, educations were resumed, and corrective parenting tendencies were developed. The participants believed that becoming a mother protected them from a future filled with increasingly ominous self-destructive tendencies that surrounded them. For these women ECB: created the impetus for healthy lifestyle behaviors, provided the drive to maintain positive changes, and confirmed their adulthood.

This chapter discussed how ECB reshaped the participants' lives. Despite the dominant cultural view condemning ECB, many women found new meaning in their lives because of it. This meaning was often positive and rescued the women from a future marred by contemporary social problems inherited from historical traumatic events, but there were equally charged narratives that described the hardship involved in ECB.

CHAPTER SEVEN

DISCUSSION AND IMPLICATIONS

Using interpretive phenomenology, this study attempted to understand the ECB experiences of reservation-dwelling Native American women. Until now, little has been published on this subject. The study was informed by two theoretical frameworks relevant to Native American women: Historical Trauma (Brave Heart & DeBruyn, 1998), and Weathering (Geronimus, 1992). It sought to understand the social context situating women's ECB experience and the meaning and effect ECB had on their life trajectory.

The following discussion is organized into five sections. First, the context and meaning of ECB, as described by the study's participants, will be reviewed and compared with the literature. Second, the relevance of these findings to Historical Trauma and Weathering theories for Native American women who experienced ECB will be discussed. Third, implications for clinical practice, social practice, and health care policies will be explored. Fourth, the limitations and methodological challenges of conducting CBPR with a tribal community will be discussed. Finally, future directions for research will be recommended.

Context and Meaning of Early Childbearing

This section summarizes the study's findings and compares them with relevant ECB literature. The major findings of this study show that understanding a woman's background is important when evaluating how ECB affects her life. Findings are discussed within the context of the concerns commonly cited for ECB:

(a) poverty, (b) education, (c) risk-taking behavior, (d) violence and substance abuse, and (e) life trajectory.

Poverty

How health care science views the outcomes for ECB women has undergone a paradigmatic shift since the 1990s. ECB women were thought to be doomed to a life of poverty and the consequences of poor parenting (Stevens-Simon & Lowy, 1995), yet recent studies have suggested some positive outcomes (Mims & Biordi, 2003; Smithbattle, 2007). Earlier studies indicated that pregnancy during adolescence was detrimental to future life opportunities and greatly limited economic gain and job opportunities (Furstenberg, Brooks-Gunn, & Morgan, 1987; Grogger & Bronars, 1993; Hoffman, Foster, & Furstenberg, 1993). Although ECB women earn less than women who delay childbearing, the effect is less than what was previously purported, and these outcomes are diverse and complex.

This study found that financial disenfranchisement existed before the participants experienced ECB. ECB does not create poverty; poverty is a risk factor for ECB (Gordon, 1996; Harris, 1998; Stevens-Simon & Lowy, 1995). The participants recounted how poverty pervaded their childhood and continued into adulthood. Demographic data, for example, indicated that 67% ($n = 20$) of the women supported three to six household members on an annual salary of \$30,000 or less. In comparison, the median annual income for all households in the U.S. at the time of this study was \$48,201 and single female heads of households median salary was \$31,818. Latest poverty rates for Native Americans indicate that over a three-year average (2003 to 2005) more Native Americans live in poverty (25.3%) than Whites

(10.6%), Asians (10.9%), Native Hawaiians and Other Pacific Islands (12.2%), Blacks (24.7%), and Hispanics (22%) (DeNavas-Walt, Proctor, & Smith, 2007). Only 7 women in this study (23%) earned more than \$40,000 annually, which may indicate an income disparity between the rural reservation and the larger U.S. population. If this is the case, then arguments about continued disenfranchisement (specifically poverty) of reservation dwelling Native Americans may be made. Poverty may also contribute to intergenerational ECB. Studies have found an association between ECB and a family history of teenage births among mothers and sisters (East, Reyes, & Horn, 2007; J. R. Kahn & Anderson, 1992). Three women in this study self-reported that their daughters became ECB mothers.

Education

Education level is often associated with poverty (Mims & Biordi, 2003; Thornberry, Smith, & Howard, 1997). Previous studies have indicated that ECB mothers acquire less education than women who delay childbearing; however, minority women, ECB African American women in particular, pursue more education than their White counterparts (Ahn, 1994; Williams & Vines, 1999). In comparison with ECB White women, ECB African American women were more likely to return to school for their diploma or GED, receive higher grades, and were less likely to drop out of school (Hogan, Astone, & Kitagawa, 1985; Stevenson et al., 1998). These findings challenge prevailing assumptions and may reflect changing cultural norms related to ECB and educational attainment. In this study, all but one woman received a GED or high school diploma, and more than half ($n = 22$; 73%) pursued a college education to some degree, which suggests that these women highly valued education.

These impressively high numbers, however, represent adult women whose ages ranged from 20 to 65 years old instead of young women who may have postponed or abandoned their educational goals. Despite their educational level most women were still poor.

Risk-Taking Behavior

Baumrind (1991) hypothesized that as adolescents negotiate autonomy and adult attachment risk-taking behavior is a coping mechanism for normal developmental tasks. An early study found that young women who engaged in adolescent delinquency (e.g., substance use and truancy) were likely to become involved in sexual activities more often than young women who did not adopt delinquent behaviors (Elliott & Morse, 1989). Delinquent behavior, however, may also reflect childhood context such as, the presence of abuse, familial dynamics, and poverty (Harvey & Spigner, 1995). Women in this study who experienced a chaotic childhood, marked by abuse, neglect, death, divorce, and significant responsibilities, may have been more disposed to risky behaviors.

Historically, ECB studies have focused on sexual promiscuity without offering explanations for sexual activities (SmithBattle, 1993). Studies have shown that women who initiate sex early in life and remain sexually active for a long time are more likely to become ECB mothers than women who delay sex (Buston, Williamson, & Hart, 2007; Hofferth, Kahn, & Baldwin, 1987; Morgan, Chapar, & Fisher, 1995). One study, however, found no difference in the onset of sexual activity in ECB and non-ECB young women (Holden, Nelson, Velasquez, & Ritchie, 1993).

The participants in this study were not asked at what age they became sexually active, but five women disclosed that they were sexually active before the age of 14.

Health care scientists have identified familial, environmental, and sociocultural contexts that may precondition adolescents to initiate sexual activity (Levitt, Selman, & Richmond, 1991). Increasingly, the link between childhood abuse (i.e., sexual abuse) and ECB is being investigated. Due to self-report and taboos, the precise incidence of childhood sexual abuse may never be known. However, studies have found through self-report instruments that between 20% (Harner, 2005) and 36% (Kenney, Reinholtz, & Angelini, 1997) of ECB women were sexually abused as children. Likewise, one study found that ECB women who revealed a history of sexual abuse had poorer self-concept, self-esteem, body comfort, sexual acceptance, peer security, family rapport, academic confidence, social conformity, scholastic achievement, and school attendance compared with nonabused ECB women (Esperat & Esparza, 1997). Similarly, findings from another study explained that sexually abused ECB women internalized their loss, which was expressed as risky behaviors (e.g., delinquency, substance use, truancy, and sexual activities) and which contributed to their becoming “existentially fatigued” (Erdmans & Black, 2008). Many of the women in this study faced traumatic childhood events, including sexual abuse, and perhaps coped with stress by engaging in risky behaviors. Often, these women did not consider themselves to be children, but indicated that they felt mature at a young age.

Violence and Substance Use

Not all of the women in this study willingly engaged in sex when they became pregnant. At least 3 women suggested that they were raped, and 7 women reported a history of childhood sexual abuse. Adverse child events like sexual and physical abuse have been shown to negatively affect ECB women immediately and to have long-term negative psychological consequences (Hillis et al., 2004). Becoming existentially fatigued may extend beyond abuse and result from broader chaotic childhood experiences that spring from disruptive family patterns inherited over generations.

In general, Native American women experience high levels of physical and sexual abuse (Harwell, Moore, & Spence, 2003). One study found that over 50% of Native American women self-reported a lifetime history of physical and/or sexual abuse (Malcoe, Duran, & Montgomery, 2004). In a sample of 30 Native American women aged 14 to 37, who were recruited from an urban Midwestern Indian clinic during their third trimester of pregnancy, more than one quarter reported either physical (27%) or sexual abuse (40%), and half reported a history of substance abuse (Bohn, 2003). Native American women remain twice as likely to experience violent victimization compared with all U.S. women (Perry, 2004a), and one report found that they experienced more rape or sexual assault (7/1,000 women) than Black women (3/1,000), White women (2/1,000) and Asian women (1/1000; Greenfeld & Smith). Interviews with 112 urban-dwelling Native American women found that 65% experienced some form of interpersonal violence (Walters et al., 2006).

Lifetime substance abuse has been correlated with childhood abuse. An epidemiological study that compared two, reservation-based, Native American populations found that childhood characteristics, such as parental substance abuse, first substance use at a young age, initiating drug use (with or without alcohol), and conduct problems, were related to greater substance use (O'Connell et al., 2007). In the same study (published under the same research team), childhood sexual abuse did not correlate as strongly as childhood physical abuse with lifetime substance abuse (Libby et al., 2004). Another study found that Native American girls aged 12 to 13 had a higher prevalence for lifetime and past-month alcohol, cigarette, and marijuana use compared with Native American boys and White boys and girls of similar ages (S. Spear, Longshore, McCaffrey, & Ellickson, 2005). Native American girls may experience higher rates of child abuse, in particular sexual abuse, which may account for their increased substance use at younger ages.

Although specific demographic questions regarding abuse (e.g., emotional, physical, and sexual) or substance use were not asked in this study, 7 (23%) women disclosed childhood sexual abuse, 6 (20%) physical abuse, and 3 (10%) emotional abuse; 13 (43%) reported initiating substance use before age 18, and 5 (16%) received substance abuse treatment. For nearly half of the participants, complicated life factors were likely to have contributed to substance use before age 18. Although few women self-reported incidences of childhood abuse, their report of high substance abuse may point to unreported abuse or illustrate the grave effect other traumatic experiences had on women (e.g., parental substance abuse, death, divorce, familial responsibilities, and neglect).

Life Trajectory

Increasingly, cultural differences have been identified that create distinct differences in how ECB is viewed and experienced (Clifford & Brykczynski, 1999; De Anda, Becerra, & Fielder, 1990; Ivey, 1999; Mims & Biordi, 2003; Rowley, 2002; SmithBattle, 1995, 2007; H. J. Spear, 2001). To date, most ECB research has studied African American, Hispanic, and White ECB experiences, neglecting the experiences of Asian/Pacific Islander and Native American women.

ECB may be a normative and expected trajectory for some young women. Ivey (1999) concluded that ECB occurs because young women experience social isolation, inappropriate responsibility to care for younger siblings, little recognition or praise at home, and limited plans for the future. Similarly, participants in this study shared chaotic childhoods marked by neglect, traumatic experiences, and intense pressure to care for siblings and family members. Rowley (2002) pointed out that African American ECB women are constantly juxtaposed between two cultures where they negotiate negative and stigmatizing messages about themselves while expressing their maternal identity. Although both investigators found that ECB women typically have a history of caring for younger siblings, the participants in this study viewed ECB as a natural extension of their responsibilities to care for siblings and family members (Ivey, 1999; Rowley, 2002). They described themselves as having already raised their siblings and possessing the skills needed to raise their own children.

Spear (2001) found that ECB African American women felt optimistic and viewed ECB as a benefit rather than a crisis-inducing liability. Other studies have found that ECB helped women to make the transition to adulthood, while providing

opportunities for personal growth (Arenson, 1994; SmithBattle, 1995; SmithBattle & Leonard, 1998; Williams & Vines, 1999). Women whose teen pregnancy embodied responsibility confirmed that ECB nurtured their new identity as mothers. They restructured their lives and settled down to care for their children. However, conflicts may arise as young women vacillate between a chaotic adolescence and adulthood.

Living in two worlds, with one foot in adolescence and the other in adulthood, is what Clifford and Brykczynski (1999) termed woman/child. Living as a woman/child describes the delicate balance women face as they weigh decisions to engage in adult or teenage activities. Some ECB women may have experienced missed opportunities in their adolescence, while others like Cienna may have wished to return to childhood (Lesser, Anderson, & Koniak-Griffin, 1998). As a new mother, married, and supporting her family at the age of 17, Cienna longed for the freedom of childhood. She stated, “I just want to be a little girl again.” Caught between childhood and adulthood, young women felt pressure to learn the adult world quickly (e.g., securing housing and employment), while still living in the adolescent world (e.g., attending school and being dependent on family members). The interface between these worlds may have challenged women not only internally but also externally through societal rules (e.g., school).

Prevailing cultural and societal norms typically condemn unmarried pregnant teenagers as “welfare queens” who are presumed to be poor and uneducated. However, the resiliency and strength women in this study demonstrated otherwise. The themes distilled from this study echo findings from other investigators who have found that ECB was a life event that allowed women to restructure their lives by

foregoing risky behaviors (SmithBattle & Leonard, 1998) and to pursue positive life changes and relationships with families, partners, and children (Rosengard, Pollock, Weitzen, Meers, & Phipps, 2006). Becoming a mother stimulated the desire of many women to continue their education, as was the case in other studies (Paskiewicz, 2001; Sciarra & Ponterotto, 1998; SmithBattle, 1995; SmithBattle & Leonard, 1998; H. J. Spear, 2001).

Pregnancy may be viewed as a rite of passage into adulthood, although society may continue to ostracize and stigmatize ECB women. Although teenage African American women were aware of breaking societal taboos by becoming pregnant, Harris (1998) found that they desired to be productive members of society. Similarly, in this study Kim sought to prove her community wrong by completing her education, attending college, and working to provide for her child; Jeneya laboriously drilled the alphabet into her preschool-aged daughter. Many of the participants developed a strong sense of self and responsibility for their future and their child's future, doing so with determination to overcome adversity. They strove to reach their goals with a resolve fueled by the assumptions of their failure (Carey, Ratliff, & Lyle, 1998). Kim and Jeneya embodied ECB as a means to reorganize their lives and embrace adulthood through their newfound responsibilities.

Women like Jade described ECB as a "hard time" fraught with challenges, which echos findings from investigators who identified ECB as exceeding young women's expectations about physical and psychological endeavors (Lesser et al., 1998; Paskiewicz, 2001; Wayland & Rawlins, 1997), including negative self-esteem, body image (Stenberg & Blinn, 1993), and ambivalence or resentment about

parenting (SmithBattle, 1995). But, Jade and Yadira had also experienced tremendously painful emotional voids in their childhood. ECB filled that void as they sought fulfillment through intimacy with their partner or affection from their child. Likewise, other investigators have suggested that young women initiate sex as a means to fulfill unmet needs (Clifford & Brykczynski, 1999) or to cope with loneliness (Klein, 1998) and parental loss (De Anda et al., 1990).

Embodiment proved to be dynamic as women took up their ECB experience in multiple ways, situated against their chaotic and diminished childhoods. Geronimus (1992) described how racial disparities pressured African American women to adopt unhealthy behaviors that accelerated the deterioration of their health (weathering). The daily hassles from discrimination and marginalization are thought to contribute to this weathering. A similar weathering may be evident in Native American women. This study found that the participants' childhoods revealed significant traumatic events and little to no therapeutic assistance to cope with these traumas. Insight into Native American ECB may be gained by recognizing not only the context of a woman's childhood but also Native American history in her community. Recognizing the role historical trauma (cultural genocide and assimilation) has played in the lives of Native American women situates their context for weathering and further marginalization.

The Theories of Historical Trauma and Weathering: A Recap

As discussed in Chapter Two, Historical Trauma theory provides a framework for understanding the significance of Native American history and how social and psychological symptoms can be transmitted across generations (Brave Heart, 1999;

Brave Heart & DeBruyn, 1998). Derived from both psychiatry and psychology, this theory proposes that a legacy of chronic trauma is transmittable to future generations (B. Duran et al., 1998).

The central concepts of the Historical Trauma theory are these: (a) individual well-being, (b) unresolved grief, and (c) intergenerational transmission of psychological symptoms. The relationships between these key concepts have been observed and tested in multiple populations, including Native Americans (Brave Heart & DeBruyn, 1998), Jewish Holocaust survivors (Kellerman, 2001b), victims of natural catastrophes (Livanou et al., 2002), genocide survivors from Bosnia (Pollack, 2003), and prisoners emancipated from Japanese internment camps in World War II (Nagata & Cheng, 2003). The relevance of these concepts to the health concerns of Native American women has not been described.

Due to the historical atrocities inflicted upon Native American generations (e.g., warfare, loss of land, confinement to reservations, disease, and the forced boarding of school-age children), those who experienced traumatic events were at risk for negative psychological outcomes (e.g., anxiety, depression, and PTSD). Their psychological well-being was further impaired because traditional forms of coping and mourning had been outlawed, which may have contributed to unresolved grief or the inability to mourn. Historical Trauma theory posits that the culmination of historical events, poor well-being, and unresolved grief can be transmitted to subsequent generations, possibly through parenting practices.

As Historical Trauma theory explains how the phenomenon of intergenerational symptomatology of social problems affects individuals, Weathering theory

conceptualizes racial disparities in health as physiological manifestations of social inequalities between groups. Geronimus (1992) posits that socially structured sets of opportunities (e.g., education and employment) and constraints (e.g., poverty and institutionalized discrimination) are direct sources of health disparities. These opportunities and constraints are the basis for understanding key concepts of Weathering theory and include (a) cumulative stress, (b) health, and (c) fertility timing (see Table 4). This theory has been applied to various populations: African American (Geronimus, 1992), Mexican (Collins & David, 2004), Mexican-American, and non-Hispanic White women (Jenny et al., 2001; Wildsmith, 2002). Its previous application to disadvantaged populations suggests its potential for studying Native American women.

Weathering theory assumes that life is stressful and that humans encounter stress on a daily basis. Stress is assumed to originate from social differences, and these can have a grave effect on human health. Finally, the range of optimal fertility timing, or a best time for having a child, is based on biological factors (age and health status of mother) and social factors (e.g., poverty). These factors are linked to resources and societal mores. Cumulative stress can have dire implications, accelerating health deterioration, and increasing pressure to adopt unhealthy behaviors (e.g., smoking and substance abuse). The health effects posited by Historical Trauma theory are compounded by the stresses described in Weathering. The two forces interact synergistically, resulting in poor health among Native American women (e.g., diabetes, substance abuse, obesity, and smoking) and poor maternal/child outcomes in the future.

Applying the Historical Trauma and Weathering Theories

Chapter Five detailed the participants' memories of their chaotic and diminished childhoods, marred by parental substance abuse, child abuse, neglect, death, parental divorce, and responsibilities beyond the normative expectations for children. Girls were born into families *already* situated within the marginalization caused by the Native American Holocaust. The U.S. Government adopted policies that attempted to destroy Native American culture and to subjugate and assimilate its communities by encroaching upon their tribal lands, ignoring Native American treaty rights, forcing their young children to attend boarding schools, and punishing Native Americans for speaking their languages and practicing their religions and cultures (Adams, 1995; Fixico, 1990; Smith, 2005; Stannard, 1992). Combined, these assaults on Native Americans manipulated their environments, social customs, cultures, and behaviors. Trauma from historical atrocities and contemporary marginalization may have increased stress on communities that facilitated poor health and destructive behaviors such as substance abuse, violence, child abuse, and poor parenting practices. In sum, the women's childhoods reflected cultural fragmentation, assimilation, acculturation, and poor health responses and behaviors resulting from historical trauma.

The participants' chaotic and diminished childhoods illustrate how Historical Trauma and Weathering have led to destructive behaviors that may reflect cultural fragmentation. The young women in this study were situated between two cultures; their own and the dominant Western culture. How women maneuvered between cultures, social arenas, and practices required savvy. However, those women who

became ECB mothers and attended public schools experienced firsthand the rift between the cultures. Conflicts arose for some who tried to navigate the dominant culture's academic institutions. Confrontations with school personnel and sparse support for continuing their education frequently led women to withdraw from school.

Some women experienced poor parenting practices in childhood, leaving them to grapple with emotional alienation, physical separation, and neglect. Danika, who was sent to live with a secular based foster family out of state faced not only physical separation and emotional neglect from immediate family, but also faced harassing and demeaning messages about her Native identity from the foster family she lived with. Understanding her situation as an adolescent, Danika felt ECB allowed her to seek emotional fulfillment with her child. Lily, who also lived in multiple foster homes with prolonged sexual abuse, recalled her shame and sense of stigma for becoming an ECB woman. ECB may have continued her sense of shame and isolation that derived from her childhood abuse and neglect, but also added to the ongoing stress she faced daily.

Emotional neglect, sexual, physical and emotional abuse affected the participants and possibly contributed to the early onset of their substance use and risky behaviors. Marisol, who also lived with a religious foster family, shared memories of her tumultuous childhood. After being abandoned by her alcoholic mother at 5 months old, Marisol shuttled back and forth between family homes until she ended at her abusive foster family's home. By age 13, Marisol began using drugs and at 16 had a police record. From birth, Marisol has been positioned with limited

opportunities, and her available environment has done little to offer alternative paths but to augment daily stress. Early substance use and risky behaviors reflect the women's larger communal history (Historical Trauma) and their lifetime history of accumulated stress (Weathering), demonstrated through poverty, discrimination, violence and other sources of ongoing stress, that pressured them to cope by choosing unhealthy behaviors. This is not to say all women coped unhealthily, but the pressure to do so remained within historically and continually marginalized communities.

Even though the synergistic effect of Historical Trauma and Weathering contributed to poor childhood trajectories, ECB offered positive life changes. Lamenting the course of their life, a few participants admitted that their ECB experience clarified their new role, although others continued to engage in risky behaviors. Rhonda, who began partying at 13, described how ECB facilitated a role change for both she and her partner. Both ended their transient migrations from powwow to powwow and opted to settle near her family and obtained jobs. Similarly, Carissa and Reyna found ECB prompted their actions to end their risky behaviors.

Despite the women's seemingly limited opportunities, ECB offered them ways to pursue emotional fulfillment, demonstrate adult maturity, and model corrective parenting with their own children. Not always were women's ECB meanings positive. Jade described how tremendously difficult ECB was as a single mother and explained suicide, at times, seemed like a solution to her challenges. Despite these trials, Jade employed positive parenting that cultivated an emotional connectedness to her children and positive parenting practices in teaching her children about sex.

Troubling childhoods, derived from historical atrocities situated within ongoing marginalization, often affected parenting behaviors. Emotional alienation and inconsistent parenting caused by living in foster care and with other family members created emotional voids. Seeking emotional fulfillment through partnering or motherhood allowed the women to establish interconnected relationships that were absent during their childhood. ECB was embraced as a means not only to heal their own emotional wounds but also to protect their children through positive mother-child interactions. In doing so it held potential to interrupt a generational cycle of poor parenting.

This study's participants embodied responsibility through mature skills and by recognizing their role in ending poor parenting and positively affecting their children. Some women described chaotic pasts filled with substance abuse and how ECB allowed them to redefine their lives as a mother and create a new life trajectory. This life change also prevented some from pursuing risky behaviors.

Weathering theory conceptualizes early fertility timing (the age of childbearing) as the optimal time for the best biological outcomes for historically marginalized women (Geronimus, 1992). Given the projected deterioration of her future health, an ECB woman who has optimized her fertility timing enhances the quality of her adult health. Although this study did not intend to assess the women's health over their lifetime, their fertility timing may have been delayed if ECB had not occurred and given them an opportunity to change their risky behaviors. ECB may have deterred the women from engaging in risky behaviors temporarily, possibly over

their lifetime, illustrating a protective effect from chaotic and diminished childhoods that were rooted in Historical Trauma and perpetuated through Weathering.

Theoretical Implications

This study was an interpretative exploration of the meaning of ECB in the lives of young Native American women. Thus, direct links between their childhood context and ECB experience with Historical Trauma or Weathering theory are not possible at this time, but the evidence is suggestive. Untangling the effects suggested by Historical Trauma theory on contemporary health outcomes has proved challenging for health care scientists. Uncovering parenting practices will help clarify how intergenerational transmission occurs. Studies that explore other possible mediators perpetuating Historical Trauma theory (e.g., acculturation) and the long-term effects on Native Americans' health will be better prepared to design interventions that heal Native American communities holistically.

Although Weathering has been used to understand ECB in African American and Latina women, it has not been applied to Native American women. Perhaps the small size and ability to locate this population has contributed to the difficulties in testing Weathering with Native American women. Weathering, with its theoretical underpinning that encompasses present and future health effects on people, lends itself to epidemiological and descriptive studies. The childbearing outcomes of Native American women can be compared by age to determine if ECB is biologically advantageous. Although Native Americans are a culturally diverse population, a broader study including Native people nationwide may be useful given their shared history and continued marginalization.

Implications for Clinicians, Social Workers, and Health Care Policymakers

Understanding a woman's childhood and life experiences are tantamount to understanding her trajectory into ECB. This study has shown that a woman's childhood background, influenced by historical stress and day-to-day marginalization, provides context for her ECB situation. Engaging in risky behaviors and "acting out" may be coping mechanisms for daily overwhelming stress. Although ECB signified a lost childhood for some women, it allowed others to pursue emotional fulfillment and affirm their adult role as a mother.

Clinicians, educators, and social workers should assess the strengths of ECB women and develop plans with them that build upon those strengths and increase self-confidence. Facilitating supportive relationships may enable women to maintain and increase their self-esteem while helping them strengthen positive parenting techniques.

Identifying young women at risk for ECB is critical and may include assessing their level of poverty, intergenerational ECB, and traumatic childhood experiences. Assessing for signs of abuse (e.g., sexual, physical, and emotional abuse) allows health care providers to devise interventions to end abuse, to initiate therapy, and potentially to delay childbearing.

By self-report, this study's participants may not have initiated sex on their own. A number divulged sexual violence or "it just happened" in some form. A few women were raped by the father of their child. A careful review of the developmental possibilities and constraints resulting from early sexual contact may ease the women's burden of guilt, shame, or feelings of responsibility for incidents that were

likely beyond their control. Science must address this gap in knowledge and understand the distinct differences between consensual and nonconsensual sexual experiences that women have internalized as normal and passively accepted. Such women would benefit from gaining skills in partner and sex negotiation, contraceptives, and activities to boost their self-esteem and confidence.

Besides improving skills in reproductive negotiation, ECB women would benefit from training on appropriate transitions into motherhood from both the Native American and dominant culture. Results from this study show a major departure from previously reported studies in that the participants revealed that ECB protected them from destructive behaviors and may have buffered the stressful assaults of historical trauma and weathering. Such findings may prove challenging for the clinical, social, and health care policy arenas to assimilate because they diverge from previous findings and are contrary to popular beliefs and practices.

Limitations of the Study

This study relied upon snowball recruitment and self-identification for inclusion eligibility. Upon community advisement, documentation proving women's tribal identity was not required. Given historical policies aimed at eliminating Native American people, requiring proof of tribal identity in the light of complicated enrollment issues, was deemed inappropriate. Women were trusted to self-identify their tribe.

Native American women from one rural tribal reservation were included in this study. As the Native American population is quite diverse, the findings from this study are applicable only to the women in this particular rural reservation. Results

from other rural communities or urban settings may yield different data. Further, regional and socioeconomic differences may differentiate Native American tribes. Regardless, the pan-Native American experience of historical atrocities and continued marginalization may contribute to similar themes found across populations.

The women self-selected to participate in this study, which may signify differences between those who participated and those who did not. The participants revealed substance use as a parent, and several admitted treatment for substance use. ECB adult women, who currently use substances or live off the reservation, may have precluded their participation, and they may have different ECB experiences.

Interviewing adult women who were ECB mothers provides one view of this experience. Given the lapse in time, however, some women were unable to report specific ECB memories. This study was composed of women aged 20 to 65 whose ECB experiences ranged over a few decades rather than at one specific time period; therefore, reflecting experiences of women living in varied social and contextual arenas. Results from most ECB studies (excluding SmithBattle's 1998 longitudinal ECB study) reflect current ECB experiences and concerns, which leaves out change over time.

Given this highly mobile population, few follow-up interviews were conducted and minimal member checking took place. Future studies should collect additional contact information from participants. Because contacting women for subsequent interviews proved difficult, follow-up interviews should be conducted within 1 to 2 months to enhance participation. After the initial analysis review with members of my dissertation committee, member checking with participants was

attempted. However, only three women participated in member checking and their feedback was incorporated into the final analysis.

Community Based Participatory Research Challenges

Methodological challenges relevant to CBPR limited this study's findings. First, the study used CBPR principles, as discussed in Chapter Four, but could not apply the methodology to its fullest due to limited resources. Thus, the collaborative study approved by the tribe adopted the philosophy, if not all the tenets, of CBPR. Second, strict CBPR adherence would have proved challenging in a small community where many families are related to one another or know of each other. If the CBPR principle of having community members collect and analyze data been implemented, sensitive information may not have been shared by the women.

Third, investigators have noted problems with CBPR: (a) the considerable time and commitment involved in establishing trusting relationships with communities, (b) the challenges in developing common goals, (c) the difficulties in collaborating with people from diverse backgrounds and experiences, (d) the practical constraints when implementing CBPR, and (e) the balance between resources and benefits (Israel et al., 2001). Fourth, initiating a relationship with a Native American community is difficult. Experienced investigators emphasize that researchers must understand the historical context situating Native American people and the need for a holistic approach conducted with culturally specific methods (Burhansstipanov, Christopher, & Schumacher, 2005; Christopher, 2005; Davis & Reid, 1999; Holkup et al., 2004; Strickland, 2006). Similarly, consistent presence, agreements, goals, and

actions help build trust and facilitate collaboration (LaMarca, Wiese, Pete, & Carbone, 1996).

Fifth, investigators have noted that CBPR conflicts with traditional research methodologies (Israel et al., 2001). The time necessary to establish trust, write a grant, conduct research and publish findings with a community may not be compatible with an academic institution concerned with limited timelines for tenure review. Additionally, academic institutions tend to value publications and grant proposals more than community involvement (Nyden, 2003). Sixth, challenges arise when working with Native American communities. Often, these obstacles can be attributed to cultural conflicts, such as communication patterns and sense of time. Rigid timelines dictated by grant cycles may not coincide with a community's timeline, but creative adjustments by either a community member or an advisory committee may ameliorate this conflict (Holkup et al., 2004; Strickland, 2006). Applying collaborative approaches with Native American communities requires a culturally sensitive orientation, despite the apparent differences in goals between a Native American community and an academic community (LaMarca et al., 1996). CBPR can be facilitated through community involvement in what is called "community partnership" (Chrisman, Strickland, Powell, Squeoch, & Yallup, 1999). Community partnership extends beyond the research activities and encompasses broad involvement in the community through personal relationships. For example, offering the community help in writing a grant unrelated to an investigator's research may foster her or his research and community relationship.

Following CBPR principles, Strickland (2006) found that establishing trust, assuring community participation, and sharing power and communication were culturally relevant practices for Pacific Northwest Coast Native American people. Establishing trust encompasses a personal commitment to community involvement beyond research obligations. Assuring community participation recognizes the “ebb and flow of tribal life”, is sensitive to seasons that herald special ceremonies and is aware that participants may not be available (p. 233). Sharing power with tribal communities also entails understanding the unique position federally recognized tribes hold as sovereign nations. Finally, researchers must understand the informal and formal patterns of communication within a Native American community when working with its members. Despite these challenges, CBPR remains a powerful research methodology. Communities are allowed access to the research world both as participants and as invested, committed, research partners. Native American history and ongoing marginalization create a climate where power-equalizing approaches like CBPR are needed.

Applying the Philosophy of Community-Based Participatory Research

Due to the cultural context of Native communities, Fisher and Ball (2002) have identified three, additional, culturally specific criteria for conducting research with Native Americans: (a) tribal oversight, (b) using a community member or tribal member as a facilitator, and (c) using culturally specific assessments and interventions.

This study was conducted with tribal oversight, as is evident by the tribal council’s explicit directive that only I could interview and transcribe the women’s

interviews. The council reasoned that participant confidentiality would be safeguarded with this stipulation. The tribal council requested that all identifiable characteristics be removed from the study's findings to prevent the community's identity and the identity of the women from being disclosed.

Limited funding made CBPR a logical and pragmatic philosophical choice for this study. Upon securing a few small intramural grants, I traveled to the remote Native American community and stayed on the reservation for a few weeks to meet community members and the tribal council. After a brief presentation on ECB among Native American women, I requested the council's approval to conduct a collaborative research study with the community. A year later, I returned to the community and presented the preliminary findings of a pilot study that was conducted with other ECB Native American women. I then requested the tribal council's approval to conduct a similar study on ECB women in its community. I received approval and was directed to work with two individuals who represented the tribe's nursing and social services.

I drafted most of the preliminary proposal and conducted some research off of the reservation. Every few months, no less than a few times a year, I contacted the advisory committee and informed them of my progress. Copies of my research proposal were sent to the advisory committee, the tribal council, and a lawyer working for the tribe. At least once a year, for four years, I met with the tribal council informing it of my progress on the study.

Although I will keep all data and data analysis confidential, the study's findings belong to the tribal council and the community. Prior approval to share the

findings was granted by the tribal council. This guideline maintains the collaborative relationship I have established with the community and reinforces tribal ownership of the results.

Working with tribal communities requires flexibility and patience. Twice during the course of this study, new members were voted onto the tribal council's governing body. The relationship initially established with this tribal community four years earlier remained intact. As a graduate student, I have been granted abundant time to build and maintain my relationship with the community. Our work has generated collaborative ideas for subsequent investigations and we continue to have a partnership that has potential for future collaborations. Because my resources were limited, I was unable to offer training or monetary contributions, as outlined in basic CBPR principles. However, the potential for future collaboration and resource sharing remains through our continuing partnership.

Limited resources, time constraints, and the demands of conducting original research are inherent limits for a graduate student's use of CBPR methodology. Based on my experience in this study, I have suggested how a graduate student can conduct a study based on the philosophy of CBPR. Those working within this orientation should demonstrate their commitment to equality of power through collaborative approaches. With finite time, a student may not always be able to complete a community needs assessment and formulate a research question based on community interest. However, the student can present her or his expertise and, with a research direction in mind, ask the community if the question is appropriate and if the research would benefit the community. Next, those individuals identified by the community

may guide the graduate researcher. Full involvement in design planning, implementation, and evaluation may tax community members who are not being compensated for their time and knowledge. Thus, their role as guide may be more helpful. A community may identify additional needs, in which case the graduate researcher may help link them to resources such as a local university. Finally, continued engagement and visibility will facilitate the graduate student researcher's relationship with the target community.

Directions for Future Research

The findings of this study suggest that its participants were predisposed to ECB, given the community into which they were born and the childhood obstacles they faced. Future research should investigate childhood contextual events by assessing traumatic risks and providing coping methods that deter women from engaging in risky behaviors.

Further investigation of Native American women's ECB experiences should also include their perceived support structures and obstacles related to being a young mother. The role of culture, both Native and non-Native, should be examined as they pertain to Native American women's ECB experiences. Additional research may identify differences between rural dwelling ECB Native American women and urban dwelling ECB Native American women. Cultural differences may be found between ECB Native American women and non-Native American women that could inform ECB context and trajectory.

This study interviewed currently adult Native American women who were ECB mothers. Voices of current ECB mothers, parents, grandparents, siblings,

aunties and uncles have not been heard. Working with Native American communities requires investigators to work holistically, and community perspectives from extended family members would enhance this subject area. Likewise, interviewing children of ECB mothers may provide additional insight into the process of ECB and inform both theories. Also, examining intergenerational ECB within families may identify processes that facilitate ECB. In contrast, Native American women who were identified as at-risk for ECB, but delayed ECB may provide further insight into factors that protect from ECB.

Investigators have found that symptoms stemming from the Native American Holocaust not only impact physical and psychological health but also affect environmental (Dodgson & Struthers, 2005), economic, social, intellectual, political, and spiritual well-being (Struthers & Lowe, 2003). Future investigation must extend beyond the individual and family and include community members. Whitbeck and colleagues (2004) found that Native American elders attributed a major source of loss to the erosion of traditional family and community ties brought on by colonization. Coping behaviors from both historical and contemporary events may be evident in observed practices (e.g. parenting, substance abuse, sexual risk etc.) and identifying the process of these practices through qualitative methods. Understanding these coping behaviors may reveal the process by which psychological transmission of Historical Trauma occurs.

Researchers must also include holistic approaches in their studies, if they are to effectively work with ECB women. Methods must address not only individual emotional, psychological, and biological health, but also family, community,

environmental, social, historical, and political factors. To effectively care for Native American families and communities, holistic approaches must be adopted that reflect their cultural conceptions of health and illness. By addressing the health of Native American women in a holistic way, health care providers can maximize not only their health but also the health of their children and community.

Finally, future studies must incorporate the needs and desires of the communities being investigated. Collaborative community methods, like CBPR, encourage community involvement and have the potential to effect changes within the community.

Conclusion

ECB women are often portrayed as experiencing more negative social and economic consequences than women who delay childbearing; however, positive ECB experiences continue to surface. Like other research, this study's findings echo the need to examine a woman's early childhood to understand her ECB experience and how she embraced her pregnancy. Differences specific to Native American women are revealed through historical traumatic legacies and ongoing marginalization. How women embody ECB continues to be diverse and complex. Given childhoods filled with traumatic events that pressured these women to engage in risky behaviors as a means of coping, ECB heralded change. Although some women conceptualized ECB as an extension of their chaotic childhood and found ECB challenging, other women sought to heal their emotional voids and realized that ECB confirmed their adulthood. The women found new meanings in their lives as ECB allowed them direct entrée into the adult world. Risky behaviors were stopped, and corrective parenting

techniques redirected their life's trajectory. Although traumatic historical events may have pressured some women to continue their risky behaviors, other women experienced ECB as a protective event that allowed them to escape intergenerational problems. Despite living within a colonized yesterday and marginalized today, women's stories evoke a vibrant legacy that demonstrates their tremendous strength and resiliency.

As a result of this study, previous assumptions about ECB must be reevaluated. Clinicians, social workers, educators, and policy makers must be challenged to understand the role history and ongoing marginalization play in the lives of women and their children. And, research that investigates the role ECB plays in the lives of women, their children, and the community must be conducted.

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APPENDIX A:

Summary of Adjusted Odds Ratios for Adolescent Childbearing Outcomes

By Age and Race Compared to Adult White Women Reference Group

Summary of Adjusted Odds Ratios for Adolescent Childbearing Outcomes By Age and Race Compared to Adult White Women Reference Group

Authors	Phipps, Blume et al., 2002	Phipps, Sowers & De Monner, 2002	Chen et al.,	Markovitz et al., 2005	Hessol & Fuentes-Afflick, 2005
Sample	1996-1997 U.S. Birth Cohort (n=1,830,350)	1995-1996 U.S. Birth Cohort (n=777,762)	1995-2000 U.S. Birth Cohort (n= 4,254,751)	1997-1999 Missouri Birth/Death (n=57,984)	1995-1997 California (n=1,277,393)
Ages	12-29	12-19	10-24, reference 20-24	12-34	≤18 and ≥19, reference 18-26, Black, Hispanic, White
Neonatal Mortality	--	Black: Y= 1.35 (1.15-1.59) O= 1.06 (0.93-1.21) Hispanic: Y= 1.79 (1.31-2.44) O= 1.17 (0.92-1.50)	Y= 1.18 (0.61-2.27) M= 1.74 (1.43-2.11) O= 1.21 (1.07-1.38) All= 1.32 (1.18-1.48)	Y= 1.43 (0.98-2.08) O= 1.15 (0.83-1.60)	Black= 0.91 (0.82-1.02) Hispanic= 0.94 (0.85-1.04)
Post-Neonatal Mortality	Y= 3.0 (2.5-3.6) M= 2.4 (2.1-2.7) O= 2.0 (1.8-2.3) Black: Y=2.1 (1.5-3.0) M= 1.7 (1.3-2.3) O= 1.5 (1.1-2.0) Mexican: Y= 2.0 (1.2-3.3) M= 1.5 (1.0-2.3) O= 0.8 (0.5-1.3)		--	Y= 1.73 (1.14-2.64) O= 1.04 (0.71-1.53)	Black: All= 1.25 (1.10-1.42) Hispanic: All= 0.80 (0.71-0.89)
Low Birth Weight	--	--	Y= 1.61 (1.41-1.84) M= 1.42 (1.35-1.50) O= 1.17 (1.13-1.21) All= 1.24 (1.20-1.27)	--	--
Preterm Delivery	--	--	--	--	--

Note: Y= Younger aged adolescents; M=Middle aged adolescents; O= Older aged adolescents; All= all adolescents

APPENDIX B:

Summary of Adjusted Odds Ratios for Adolescent Childbearing Outcomes

By Age and Race Compared to Same Racial Reference Group

Summary of Adjusted Odds Ratios for Adolescent Childbearing Outcomes By Age and Race Compared to Same Racial Reference Group

Authors	Ekwo & Moawad, 2007	Hessol & Fuentes-Afflick, 2005	Schempf, et. al., 2007	Gould, Mandan, Qin, & Chavez, 2003	Mandan et al., 2006
Sample	1989-1995 Urban network of 17 hospitals Black only (6,072)	1995-1997 California (n=1,277,393)	2000-2002 National Center for Health Statistics Data Set (n=10,740,852)	1995-1997 California linked birth/death certificate (n=1,057,976) Foreign born Asian Indians and Mexican Americans, US born Blacks, Whites	1995-2000 U.S. Perinatal Mortality Data File (n=6.4 million)U.S. and Foreign Born: Asian Indian, Mexicans, Whites
Age	≤15 and ≥16, reference 20-24 Black Women	≤18 and ≥19, reference 18-26, Black, Hispanic, White	≤18-49; 25-29 Reference Black, White, Hispanic	≤19 and ≥20, reference 20-34, Black, Hispanic, White, Foreign Born Asian Indian	≤19 and ≥20, reference 20-34, Black, Hispanic, White and Foreign Born Asian Indian
Neonatal Mortality	--	All ≤18: 1.02, (0.87-1.20) Black: 0.82 (0.53-1.26) Hispanic: 0.98 (0.81-1.20) White: 1.32 (0.95-1.85)	--	--	--
Post-Neonatal Mortality	--	All ≤ 181.13 (0.95-1.35) Black: 1.19 (0.79-1.79) Hispanic: 1.15 (0.91-1.46) White: 1.05 (0.74-1.48)	--	--	--
Low Birth Weight	Black Y= 0.57 (0.17-1.91) M= 1.3 (0.48-2.19) O:=0.86 (0.46-1.62)	--	--	FBAI : 3.38 (2.06-5.51) FBM: 1.43 (1.37-1.50) Black 0.80 (0.75-0.85) White:	White= 1.16 (1.14-1.18) Hispanic= 1.19 (1.17-1.22) Asian Indian=1.20 (0.71-2.05) FBM= 1.45 (1.42-1.49) FBAI= 1.64 (1.28-2.10)
Preterm Delivery	Black Y= 0.93 (0.66-1.32) M= 1.18 (0.9-1.54) O=1.16 (0.93-1.45)	--	Black Y=1.49 (1.45-1.53) O=1.16 (1.13-1.19) Hispanic Y=1.48 (1.44-1.51) O=1.19 (1.16-1.22) White Y=1.43 (1.40-1.46) O=1.16 (1.14-1.18)	--	--

APPENDIX C:

Themes Identified From Early Childbearing

Appendix C

Themes Identified From Early Childbearing

Authors	Negative Life Trajectories	Divergent Life Trajectory	Supported Life Trajectory
Kaplan, 1996	Poor relationships with mothers		
Rowley, 2002	Strained relationships with friends and family and stigmatized public perceptions		
SmithBattle, 1995		Uncertain futures	
Kendall, 2005		Some felt ECB prevented them from following an idealized life trajectory. Others felt ECB allowed them to pursue an alternative life trajectory	
Dalla & Gamble, 2001			Mothering is a normal, supported life trajectory
Domion, 2001			ECB provided cultural affirmation for positive mothering role

APPENDIX D: RECRUITMENT FLYER SAMPLE

Sharing Stories of Young Motherhood
Were you a teen mother? Or know someone who was?

What is it?
In partnership with the [Tribe], Janelle Palacios is learning what it was like for [Tribe] teen mothers. Janelle wants to listen to your stories about these experiences. In sharing your story, Janelle hopes to learn how best to help young mothers with their health and their baby's health.

You can help if you:

- ✘ Are [Tribe] (you do not have to be enrolled)
- ✘ Are currently 18 or older
- ✘ Had a child before age 18
- ✘ Live on [Tribe] Reservation



Photo from the University of Washington Archives

What will happen?

- ✘ Janelle will talk with you about your experience of being a teen mother. She wants to know what was helpful and what was not as a young mother. The conversation will be voice recorded.
- ✘ All names **will be** kept confidential and only Janelle will know who was interviewed.
- ✘ In appreciation for sharing your story you will receive **\$20 cash** and a thank you note.

To share your story contact:
Janelle Palacios
[Local Contact Phone Number]

APPENDIX E: INFORMED CONSENT

CONSENT TO BE A RESEARCH SUBJECT

Sharing Stories: American Indian Women's Experiences of Early Child-Bearing

PURPOSE AND BACKGROUND

Dr. Holly Kennedy and Janelle Palacios, a doctoral student from the University of California-San Francisco School of Nursing, (Department of Family Health Care Nursing) are doing a study, in cooperation with the [name of tribe], to understand American Indian women's experiences of having a child before age 18. You are being asked to participate in this study because you are an American Indian woman who has had at least one child before turning 18 years old.

PROCEDURES

If you agree to participate in this study, the following will occur:

You will meet with Mrs. Palacios 1-3 times over the next 3 weeks to discuss your experiences and insights about what it is like having a child early in life.

The interview will take place at a time and place that is convenient for you (for example: at a park, library, private room at the health center, or your own home).

The interview will be digitally-voice recorded and may take up to 2 hours depending on the length of your story.

Should another interview be needed, Mrs. Palacios will contact you to discuss another meeting place and time.

Mrs. Palacios wants to make sure she understands what you share with her, and she may contact you to check her understanding.

You may be invited to participate in a group discussion with other participants to discuss what it is like to be a young mother and how this affected your life.

RISKS/DISCOMFORTS

Some of the interview's questions may make you feel upset or uncomfortable. You are free to not answer any questions that you choose or to stop the interview at any time.

If you become tired or fatigued you may stop the interview and a second interview will be scheduled at a time and place convenient for you, if you desire.

If you become upset or uncomfortable, you may talk with Janelle Palacios, or you may be referred to a nearby tribal health clinic.

If at any time you tell Janelle that you, or anyone else are currently being physically and/or sexually abused, Janelle will need to report this to both her school and to [a local nurse] at the health clinic.

Confidentiality. Participation in this study will involve a loss of privacy. But, your records will be handled as confidentially as possible. Your real name will not be used with any research data. If you talk about other people in your story, their names will be changed too, so that no one can identify them. Only Janelle Palacios, Dr. Holly Kennedy, and their research team (made of UCSF professors and doctoral students) will have access to the transcription of conversation and any other notes made by Janelle Palacios. Only Janelle Palacios will have access to your digitally-voice recorded interview. After the study is complete, the interview will be erased to protect your privacy. Your name or other information from the study that identifies you will not be used in any reports, presentations or publications that may result from this study.

BENEFITS

There will be no direct benefit to you from participating in this study. It is possible that the findings from this study will help health care professionals to provide better care for young American Indian mothers.

COSTS

There will be no cost to you for sharing your story in this study, except for the loss of your time.

PAYMENT

Upon completion of the first interview, you will be paid \$20.00 in cash. If a second interview is needed, you will be paid **\$20.00** in cash at the completion of that interview. Upon completion of all interviews, a letter of appreciation will be sent.

QUESTIONS

Either Dr. Holly Kennedy or Janelle Palacios has explained this study to you and has answered your questions. If you have more questions about the study, you may call Janelle Palacios at [a local number will be provided] or Dr. Holly Kennedy at (415) 476-0335.

If you have any comments or concerns about participating in this study, you should first talk with the researchers. If for some reason you do not wish to do this, you may contact the University of California San Francisco's Committee on Human Research,

APPENDIX F: INTERVIEW GUIDE

Interview Questions for American Indian Early Childbearing Women

Introduction: I first would like to thank you for agreeing to be a part of this study. Sharing your story and insight about what it is like to be an Indian woman and having a child is very important for others to understand. In this study, I hope to better understand what it is like as a young mother, how it affected your relationships, your parenting, and your life in general. With your participation this study may find ways to help young women who become young mothers, or ways to postpone motherhood. I want you to also know that we can stop at any time and that it is your decision if you want to answer any question. Before we begin, do you have any questions?

Questions to understand the context of early childbearing for these women

In thinking back to the time when you became pregnant, I'd like to know what was going on in your life with school, friends, and your family. Can you share a memory that stands out in your mind about that time?

Probes if needed:

1. Could you tell me about the time you suspected you were pregnant when you were young? Can you tell me a memory of what you did when you suspected you were pregnant? Did you ever feel like you had to hide your pregnancy? Can you give me an example of how you hid your pregnancy?
2. Can you share a memory of what it was like going to the clinic to confirm your pregnancy? Did you feel comfortable or uncomfortable? Why? If you had a bad/positive experience at the clinic/hospital, why do you think that was?
3. Can you tell me about a particular memory of telling someone (like your family, friends, or partner) that you were pregnant? What stands out most in your mind from that time?
4. Once you were pregnant, how did your responsibilities change? At home? At school? At work? Can you give me an example of how your responsibilities changed?

Questions to understand cultural values and beliefs related to early childbearing

Some women Native women talk about preparing for their baby in special ways, can you tell me about an experience where you may have prepared for your baby in a special way?

Probes if needed:

1. Were there any special gifts (e.g. cradle boards or feathers) given to your baby when he/she was born? Can you tell me your memory of that time? How about to you either when you were pregnant or after you had your baby?

2. What did people tell you about how to care for yourself or your baby in a special way (e.g. swaddling, picking up the child when it cries)? In which way? Can you share that experience?
3. Sometimes women talk about their own mothers or aunties helping care for the baby, if that was your experience too, can you share me a memory of this happening?
4. In your own experience, how do you feel the community feels about young women having children early in life? Can you share a memory of ways the community supported/ or didn't support young mothers?

Questions to understand support systems and perceived barriers affecting her experience

Sometimes teenage mothers talk about the support they received or challenges they faced when being a young mother. Can you share a memory of being supported or facing challenges as a young mom?

Probes if needed:

1. Throughout your pregnancy what was important to you? Can you give an example of what was important to you and why? After you had your baby, what was important to you? Can you give an example of what was important?
2. Where there any places you did not feel comfortable, or welcome? Can you tell me an experience you remember where you felt unwelcome? School? Home? Working? Church? Powwows?
3. Do you have memories of places or people who made you feel welcome or comfortable as a young mother? Can you give me an example of such a time?
4. Can you share with me some of your memories of what happened to your relationships with friends, your family, and your partner during this time?

Questions to understand the effect of ECB on the woman's life trajectory
Historical Trauma /Weathering

Some women who were teen mothers have talked about how their life changed when they had a baby. Sometimes these women set aside their own educational or career hopes to care for their children. How would you say that having a child has affected your life? Can you give me some examples to help me understand?

Probes if needed:

1. Do you know at what age your own mother had her first child? If her mother was a teen mother: What do you remember about her having children at that age? Can you tell me about a memorable time of growing up with a young mother?
2. Some women who have children early in life talk about having to grow up fast, does that make sense to you? How? Why do you think you grew up fast? Can you share an example of what it was like for you to

- grow up fast? How do you think growing up fast affected your life?
Can you think of an example that would help me understand?
3. Do you think it is common for children to grow up fast? Why or Why not? Do you remember any of your family members (like your mom or grandmother) talk about having adult responsibilities when they were young? Do you have an example? What do you think about that?
 4. How do you feel your experience of growing up fast with responsibilities at a young age affects you in your relationship with your own children? Can you give an example of how your experience may affect your relationship with your own children? Do you expect them to have similar responsibilities as you did when you were young? Why or Why not? Can you share an example of the kinds of responsibilities they have?
 5. Do any of your children have children? What is that like for you? Do you feel that your relationships or role has changed? Can you share a story that would help me understand?

[At the end of the first interview participants will be asked to complete the short demographic questionnaire either by reading it themselves, or having the co-investigator read the questions out loud]

Thank you for answering these questions. We are nearly finished with our first interview and I have just a few short questions I would like to ask you before we end today. The next set of questions I will ask are for demographic purposes. I will be the only person to see your answers. If you would prefer I can go ahead and read them to you and you can answer me while I write down your answers. Or you can fill out the questionnaire by yourself. Which would you prefer?

APPENDIX G: DEMOGRAPHIC QUESTIONNAIRE

To be completed at the end of the first interview

1. What are your tribal affiliations? _____
2. Do you identify primarily as [tribe]? _____
3. What is your marital status? (single, married, divorced, widowed, partnered)
4. How old are you? _____
5. How old are each of your children? _____
6. If you did not complete high school, did you get a GED? _____
7. Have you taken any college classes? _____
 - a. Was it at a tribal college, community college, or at a 4 year university?


 - b. Did you graduate with a degree from this college/university? _____
8. Please circle the annual income level that best describes your household?
 - a. 5,000-10,000
 - b. 10,000-15,000
 - c. 15,000-20,000
 - d. 20,000-25,000
 - e. 25,000-30,000
 - f. 30,000-35,000
 - g. 35,000-40,000
 - h. Over 40,000
9. At this time, about how many people live in your home? _____
10. Do you have any family members living with you? _____
 - a. How many adults over the age 18? _____
 - b. How many children under the age of 18? _____
11. Do you have any people who are not related to you living with you?
 - a. How many adults over the age 18? _____
 - b. How many children under the age of 18? _____

Thank you for spending time with me today and sharing your stories about your experiences. Are there any questions you would have liked me to ask? Or, was there anything you would like me to know? Again, thank you. If I have any questions is it ok for me to contact you again?

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Author Signature

9/8/2008
Date