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## ABSTRACT

This study examined teenage parenting among Native Americans, focusing on the support received from grandmothers. The sample was comprised of 15 subjects living on a Navajo reservation: 8 adolescent mothers between 16 to 19 years--most with one child and enrolled either in high school or in an alternative education program; and seven women comprising the grandmother generation, ranging in age from 41 to 57 years. Data were collected through semi-structured interviews. Interviews with the young women focused on social support systems, types of support, and interpersonal conflict. Interviews with the grandmothers focused on their perceptions of their role in their daughter's and grandchildren's lives, and characteristics influencing their ability or willingness to support their daughters. Results identified three groups, based on the amount of support provided by grandmothers. Highly supportive grandmothers, the largest group, provided extensive financial and child care support, but did not wish to be primary caregivers; two grandmothers were surrogate parents and assumed primary maternal responsibility. Two nonsupportive grandmothers provided no financial, emotional, or child rearing support and had limited or no contact with their daughters or grandchildren. Three factors were related to variability in the amount of grandmother support: (1) relationship history with their daughters; (2) roles and responsibilities, other than maternity, in which they were involved; and (3) their daughters' maternal competence and involvement. (Contains 15 references.) (KDFB)

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Native American Navajo Teenage Parenting Women.  
Cross-Generational Support & Implications for Policy

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## INTRODUCTION

In the United States, nearly 600,000 women between the ages of 15 and 19 become pregnant each year; 60% carry their pregnancies to term (Zabin & Hayward, 1993). Over the past two decades, there has been an explosion of activity in the exploration of causes and consequences of teen pregnancy (Hechtman, 1989), with researchers attempting to identify factors which contribute to teenagers' optimal adjustment to the parenting role and to positive developmental outcomes in their children.

The social context of parenting, including support systems, plays a significant role in mothers' adjustment to the parenting role, regardless of maternal age (Unger & Wandersman, 1988). Yet, even more than their adult counterparts, adolescent mothers rely on informal assistance for financial, emotional, informational, and child-rearing support (Nath, Borkowski, Whitman, & Schellenbach, 1991; Zuckerman, Winsmore, & Alpert, 1979). Positive outcomes are highly dependent on the quality of assistance a young mother receives from her social network (Klerman, 1993).

Regardless of ethnicity, teenage mothers typically rely on informal sources of support, and most commonly their own mothers and partners (Bergman, 1989). Interestingly, although Parish and colleagues (1994) note that "social support may be especially important to minority adolescent mothers, many of whom live in poverty," the majority of investigations have included Euro-American and African-American women; and to a lesser extent, Mexican-American, non-White, samples.

Rates of teenage parenting on the Navajo Reservation are nearly double rates for similarly aged women across the nation in general (U.S. Department of Health and Human Services, 1991).

Yet, no investigations examining this population could be located. This is particularly disturbing given harsh environmental conditions including persistent poverty, substandard housing, and high rates of unemployment and underemployment which characterize many reservation communities (Indian Health Services, 1992). Such conditions may challenge a young woman's ability to parent, and necessitate reliance on interpersonal assistance. Thus, the purpose of this investigation was to examine teenage parenting among reservation residing women, with a particular focus on the support teenage mothers receive from informal, cross-generational sources, and particularly, from their own mothers.

## METHOD

### Sample:

Fifteen individuals comprised the final sample; eight of whom were Navajo adolescent mothers. When interviewed, they ranged in age from 16 to 19 (mean age=16.8 years); their children were born when they were between the ages of 14 and 16 (mean age=15.6 years). Most ( $n=7$ ) of the women had one child only, although 2 were pregnant with their second child during the interviews, and one young woman was the mother of two children. The majority ( $n=7$ ) indicated that their pregnancies had been unintended. Six of the teens participated in an alternative education program; two were enrolled in the regular high school. One of the teens was employed part-time.

Flexibility is a necessary component in conducting field investigations (Guba & Lincoln, 1989). Although teenagers' mothers were sought for inclusion in this investigation, two compromises were made. One teenager, Lucinda, asked that her mother not be included in the study; her wishes were respected. In the second case, that of Monica, her mother refused to

participate. She thus suggested that her grandmother, Irma (the great-grandmother of her baby) be included instead; Irma proved to be an extremely informative participant.

Thus, seven women comprised the grandmother generation. They ranged in age from 41 to 57 years (mean age=44.9), with the oldest being the great-grandmother. Most ( $n=6$ ) were divorced or separated; one grandmother was a widow. All reported being married for the first time between the ages of 19 and 23; their first children were born between the ages of 20 and 24. Thus, “cycles” of teenage childbearing, often discussed in the teenage parenting literature, were not evident among these Navajo families. Grandmothers had from 1 to 6 children (mean=4.6).

### Procedure

This investigation was conducted in a small, rural community located in the heart of the Navajo Indian Reservation. All data were collected by the principal investigator who was trained in the interview method and experienced in conducting field work on the Navajo Reservation. Inclusion for the study required that the adolescents be Navajo Native American, 19 years of age or younger, and a mother. Teenage participants were located through the assistance of high-school personnel. The mothers of the teenagers were located through their daughters. The purpose and interviewing procedures were explained to each participant; teenagers signed a form of consent prior to being interviewed.

All participants were fluent English speakers and preferred to be interviewed in English. Each interview was conducted in private to ensure confidentiality. Teenagers were interviewed in a private room at the high school library; grandmothers were interviewed in their homes. Interviews were *semi-structured*; questions related to issues of interest were predetermined, although the sequence of questioning varied, as did the amount of time spent discussing each

topic. Participants' responses to each question dictated subsequent questions.

Interviews with the teens focused on, for instance, their social support systems, and particularly their relationships with their own mothers, types of support received, and interpersonal conflict. Interviews with the grandmothers primarily focused on their perceptions of their role in the lives of their teenage parenting daughters and grandchildren, and about characteristics of themselves which facilitated or challenged their ability or willingness to support their daughters.

Interviews ranged in length from 50 to 110 minutes (average length= 75 minutes); all interviews were tape-recorded and then transcribed verbatim. Participants were compensated monetarily for their time. Data were analyzed using a technique known as Phenomenological Descriptive Analysis (Colaizzi, 1978) which allows for the discovery of text-based patterns or themes. The process is quite extensive, however, a modified guideline is presented below:

1) Read all of the participant's descriptions (or *protocols*), to acquire a feeling for them, a "making sense out of them" (p. 59).

2) Return to each protocol and extract phrases or sentences that directly pertain to the investigated phenomenon/themes of interest (referred to as *extracting significant statements*).

3) The third step entails *formulating meanings* of each significant phrase or statement. In this process, the phenomenological researcher engages in creative insight. "He [or she] must leap from what his [participants] say to what they mean [however] the meaning he arrives at should never sever all connection with the original protocols; his formulations must discover and illuminate those meanings hidden in the various contexts and horizons of the investigated phenomenon which are announced in the original protocols" (Colaizzi, 1978, p. 59).

4) Repeat the process of formulating meanings for each protocol and organize the aggregate formulated meanings into *theme clusters*.

5) Integrate results into an *exhaustive description* of the investigated topic, and then simplify each description into a concise statement reflecting an overall view of the particular phenomenon.

6) A final step involves *returning to several participants for validation of findings*. Results and summary conclusions were evaluated by one teenage and two adult participants whose comments and suggestions were integrated into the final analysis.

## RESULTS

Through data analyses, marked differences were evident in grandmothers' responses and adaptation to the unexpected pregnancies of their teenage daughters. As evident in Table 3, three groups emerged based on the amount of support each of the grandmothers provided her adolescent daughter.

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Insert Table 1 About Here

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Four of the grandmothers were perceived as being **highly supportive**. They provided extensive financial and child-care support to their daughters, however, they did not wish to assume primary care of their grandchildren. Rather, they provided their daughters with support so that their daughters could provide competent care to their children and simultaneously attend school and participate in adolescent-type activities (e.g., attend school functions, or participate in

extra-curricular activities). For instance, Merlinda (Group #1) stated,

*"You have to be there for your child in order for them to be good mothers too, you have to be there to support them, otherwise, they're gonna think, 'Well, my mom doesn't care so why should I care?' And they're gonna start leaving their kids behind and that's not good."*

This statement is representative of the other highly supportive grandmothers as well. And, interestingly the daughters of these women concurred that their mothers provided extensive support, however, that they were expected to be the primary caregivers of their own children.

Grandmothers in group two also provided extensive support; however, they were perceived as being **surrogate mothers** to their grandchildren. They had assumed primary maternal responsibility in the rearing of their grandchildren. To illustrate, when Carolyn was asked her reaction upon learning that her 14 year old daughter was pregnant she explained, *"I was happy"* and then stated, *"...because I wanted to take that baby to be mine."* Later, Carolyn was asked her role in the rearing of her grandson, to which she replied, *"I feed him, I take him when I go, I wash him, I change him... I do it all, just like what a mother does."* Clearly, this woman had become, in effect, the mother of her grandson, and her teenage parenting daughter concurred. When I asked her, *"If you, your mother, and your son were in a room together and your son were to become upset, who would go to him and comfort him?"* She stated, *"My mom."* Stephanie, in turn, was asked how her mother had reacted to discovering that she, at age 14, was pregnant to which she replied, *"She didn't say anything... because my mom wanted a baby. And now she thinks it's her baby."* It is important to note that Stephanie was adamant in her agreement in turning over maternal care of her son to her own mother. Several times throughout the interview she indicated her dislike of children and lack of interest in raising her son.



Moreover, recall that one teen, Lucinda, asked that her mother not be included in the research. Thus, descriptions of Lucinda's family system came from Lucinda only. However, she described her mother as providing primary care to her infant daughter and herself as devoting little time to the maternal role. She also reported being satisfied with the arrangement. Thus, had Lucinda's mother participated in this investigation, it was assumed that she too would have been classified in group two, as a surrogate mother. When asked to describe her feelings about being a mother, for instance, Lucinda stated, *"I don't know, I mean, I always thought it would be like me staying with her [her daughter] all the time. But my mom usually keeps her."*

Finally, two grandmothers were perceived as being **non-supportive** of their teenage daughters and grandchildren. They provided no financial, emotional, or child-rearing support, and had limited or no contact with their daughters or grandchildren. About her teenage parenting daughter, one grandmother stated, *"I went through a lot. I had to learn the hard way and I want Monica to find out what it is like, how it is to be pregnant at the same age and to be an unwed mother."* Likewise, when Evelyn was questioned about her limited role in assisting her teenage parenting daughter, she responded, *"...she's old enough that, now she has her own family. I mean that's the way it should be."* Reports from Monica and Maria, the daughters of Katherine and Evelyn, respectively, concurred that their mothers provided little, if any, assistance. Indeed, both teens had been kicked out of their homes when it was discovered that they were pregnant and since that time, had little contact with their mothers.

#### Factors Associated with Perceived Differences

As often happens in the research process, more questions are raised than are initially answered. Such was the case in this investigation. Specific questions including why such extreme

variability existed in the relationships between the teenage women and their mothers and what factors accounted for this, were raised. To answer these questions, further analyses were conducted. However, the focus became exogenous variables impacting the relationships between the teens and their mothers, rather than social support, per se. Through the extraction of significant themes, three variables emerged in relation to the support clusters (i.e., highly supportive, surrogate parenting, and non-supportive).

First, the relationship histories between the grandmothers and their daughters appeared to significantly impact the amount of support each grandmother provided. Grandmothers in categories 1 and 2 (i.e., highly supportive and surrogate parenting) often described feeling close to their daughters, even when they were children. Of her daughter, for instance, Paulette noted, *"I took really good care of her... she was my first child."* Likewise, Merlinda described that when her daughter Kelly was young, *"... we did everything together. I'd never leave her home or with a sitter, we went to town, watched movies, we were always together."* Carolyn also reported feeling a close to her daughter and stated, *"She's still my little girl.. We still sleep together, every night."*

In contrast, grandmothers in category 3 reported histories of antagonism, tension and conflict with their daughters; relationships which deteriorated further when their daughters became pregnant. Evelyn explained, *"I don't think I was a very good mother"* and continued,

*"Maria gave me a lot of grief. I guess those things you try not to remember, but she was wild, she'd sneak off at night and when I was gone, have parties with her friends, you know, she had all these really no-count friends."*

Maria confirmed her mother's accounts, and described being kicked out of her house on several occasions by her mother. Similarly, of the relationship between her daughter (Katherine) and

granddaughter (Monica), Irma stated,

*"They're not really close at all. There's nothing there-- hardly any relationship at all. In fact, they weren't speaking for a long time... It just makes me kinda feel sorry for Monica now, and what she is going through. Her mother's not there trying to help her. It's really sad for her to be like that... I feel really bad for her."*

Clearly, the histories of the grandmothers and their daughters played a significant role in the support grandmothers provided. That is, patterns of support and relational dynamics do not emerge suddenly. Rather, the history between the grandmothers and their daughters appeared crucial for understanding responses by both teens and their mothers, and the subsequent provision of support from grandmothers.

Additionally important were experiences or roles, other than maternity, in which the grandmothers were involved, including: employment, educational aspirations, and/or alcohol/drug abuse. Involvement in each appeared to impact grandmother responses and adaptations to their teenagers' pregnancies.

The highly supportive grandmothers reported having interests, personal aspirations, and roles in addition to that of maternity. Two of those women reported a desire to return to school to earn a degree. All four stressed the importance of education and employment in their lives; all were employed, or seeking employment, and considered themselves to be extremely self-sufficient. However, motherhood was also very important to them, their children and their families were described as their first priority. Joan explained,

*"Motherhood means everything to me... the responsibility as a mother is put there before you and if you want to be a mother you have to follow through. You have to finish your job, being a mother, no matter what happens. No matter what gets in the way."*

In contrast, the grandmothers in category 2, the surrogate parents, described having few

interests other than motherhood. Neither Carolyn nor Lucinda's mother were employed; each received welfare or relied on others for financial support, and neither had completed high school. Motherhood, it appeared, had become their sole source of gratification. To illustrate, Carolyn was asked what she liked to do, and what made her happy, to which she replied, "... *playing with the baby, taking care of him... I call him my little boy.*"

Women in category 3 were different still, in that they had apparently devoted themselves to other roles or pursuits, and in doing so, were less committed to maternity. For instance, Evelyn, a Registered Nurse, was the most educated woman of the entire sample, but reported feeling that she had failed as a mother. She had devoted herself to school and work during her daughter's childhood and explained,

*"... but that means you don't have enough time for your kids. And I don't think I'm a very patient person. I mean, if you work all day, you're tired and you get cranky and irritable... it seemed like I never really had the time to just be a mother."*

The relationship between Monica and her mother was also strained by external forces. Monica's mother was an alcoholic, and when she was not drinking, she spent a great deal of time working. Monica explained, "*I always tried to be close with my mom, but she was always too tired from work, or she never had the time to just sit down and talk. She was always too tired.*"

The third factor which distinguished the grandmothers was their daughters' reactions to maternity, and the role each teen assumed in raising her own child(ren). The highly supportive grandmothers reported having daughters who took responsibility, albeit to varying degrees, for the rearing of their children; all daughters of highly supportive grandmothers reported that they were the primary caregivers of their children. Because their teenage daughters took an active role in parenting, less support or assistance was required from the grandmothers. Two of the highly

supportive grandmothers complemented their daughters' maternal skills. When asked what made her proud of her daughter, Merlinda responded with the following,

*"Well, for the last few months it's her being a mother herself. She knows what she's doing and I never really taught her-- maybe just by seeing me she learned all those things. But she's a real expert at being a mom."*

In contrast, the teenagers of grandmothers in category two (the surrogate parents) had relinquished the primary maternal care of their children to their mothers. Neither Stephanie nor Lucinda reported a desire to assume responsibility for their children's welfare, and both exhibited little interest in maternity. Carolyn's characterization of her daughter, Stephanie, confirmed Stephanie's self-description. Carolyn explained,

*"I don't think she [Stephanie] is a very good mother. She's too lazy. I tell her to do this or that for her little boy and she gets mad. Everything is too big for her to do. If I tell her to wash the baby or feed the baby she says, 'It's too much of a problem, I can't do it.' is what she says."*

Yet, it is not clear from the data how the relationships between Lucinda and Stephanie and their respective mothers evolved as they did, or the process by which the surrogate parenting of the grandmothers emerged. However, it is evident that Stephanie and Lucinda's lack of maternal involvement coincided with the degree of assistance provided by their mothers.

In sharp contrast, the daughters of the grandmothers in category 3 (non-supportive) were devoted maternal figures; indeed, they described themselves as being consumed by maternity. The lives of Monica and Maria revolved around their children and both indicated a desire to be "perfect" parents. Maria, who lived with her partner 19 years her senior, their 14 month old daughter and her two step sons, ages 4 and 6, was asked if she found time for herself, to which she replied,

*"No, everything goes to the house, the boys, and her. And cleaning, I'm constantly cleaning. And like, just the other day we went to Gallup and I wanted to get me a new pair of shoes, but we got there and I said, 'I don't need a new pair of shoes, I'd rather get something for the kids.' Before it was like me, me, me-- now it's not me anymore, it's them."*

Both described themselves as compensating, in a sense, in their maternal behavior for the neglect they felt they had received as children; both explained how their parenting was different, and better, than the care they had received as children. Monica reported, for instance,

*"One of the things that I do with my son is I don't hide things from him. I try to tell him, even though he's only 1 ½, I don't know if he understands me, but I tell him things. There are things about my mom that I don't want to carry on to my children. I want to listen to them. My mom never really listened to me."*

In brief, support provided by grandmothers appeared to be impacted significantly by: (1) relationship history with their daughters; (2) roles and responsibilities, other than maternity, in which they were involved; and (3) their daughters' maternal competence & involvement.

## DISCUSSION AND IMPLICATIONS

Concurrent reports from the teenagers and their mothers resulted in the emergence of three categories representing grandmothers' differing roles in the provision of support. Although most were described as highly supportive, or as providing substantial support with high expectations for their daughters as the primary caregivers of their own children, this role did not characterize the entire sample. Two grandmothers were described as surrogate mothers, or the primary caregivers of their teenagers' children; two were reported as non-supportive, providing minimal assistance to their parenting daughters or grandchildren.

Although an extensive literature base exists documenting the composition and structure of teenage mothers' support systems, rarely have the support agents themselves been included in the

investigations, and rarer still are investigations moving beyond quantitative assessments of the support system. To fully appreciate the ecology of teenage parenting, and an important component of that ecology, namely social relations, it is crucial to assess those relations from multiple points of view. Reports from grandmothers are particularly significant, given that they are often the primary agents of support for their teenage parenting daughters; support from grandmothers may play pivotal roles in the developmental outcomes of their maternal daughters and grandchildren. As Brooks-Gunn and Chase-Lansdale (1995) contend, "The quality of mother-daughter relationships in the context of multigenerational childrearing might be affected by the ways in which caregiving and living arrangements are managed... the quality of these relationships may be the mechanism underlying the effects upon parenting behavior and child outcomes" (p. 135). Yet, these investigators also acknowledge that little is known about those relationships. By examining those relationships, from multiple perspectives and using qualitative techniques, this manuscript provides unique data not readily available in the support literature.

Small samples are not uncommon in qualitative investigations (Marshall & Rossman, 1995; Jacob, 1988), particularly when large quantities of data are collected from each respondent. Yet, caution is urged when generalizing results from this investigation to other populations of teenage parenting families. Nonetheless, future studies may benefit from this investigation; three direct implications have been identified. First, the data reveal extreme *within group* variability; it is erroneous to assume that teenage mothers have highly supportive informal networks. Many do not. Those without *informal assistance* are most in need of *formal support* and intervention, and particularly programs which offer a variety of specialized services. Broad-based, packaged programs are ill-suited to meet the diverse needs of adolescent parenting women and their

families.

Second, differences in grandmothers' provision of support to their adolescent parenting daughters is not unique to this Native American sample. Apfel and Seitz (1991) examined caregiving among low-income, urban, African-American multigeneration families, including teenage mothers, their mothers and the teens' infants. Based on the grandmothers' role in providing child-care assistance, Apfel and Seitz devised a classification scheme much like that which resulted from analysis in the present investigation. Taken together, these data suggest both between group similarity and within-group variability. Such findings have implications for the manner in which intervention is approached across ethnically diverse populations and within particular target groups.

Finally, family systems are dynamic entities; parenting does not occur in a vacuum. Multiple individual, family system, and contextual variables influence parental attitudes, behaviors, and ultimately, developmental outcomes for children of adolescents. This translates into programming capable of addressing need on multiple levels.



**TABLE 1: Identification of Grandmothers Based on Support Provided**

<b><u>Highly Supportive:</u></b>  <b>Group #1</b>	Merlinda Char Joan Paulette	Mother of Kelly Mother of Danielle Mother of Jamie Mother of Janice
<b><u>Surrogate Parents:</u></b>  <b>Group #2</b>	Carolyn ----	Mother of Stephanie Mother of Lucinda
<b><u>Non-Supportive:</u></b>  <b>Group #3</b>	*Katherine Evelyn	Mother of Monica Mother of Maria

\* As reported by Monica's grandmother, Irma.

## REFERENCES

Apfel, N. H., & Seitz, V. (1991). Four models of adolescent mother-grandmother relationships in Black inner-city families. Family Relations, 40, 421-429.

Bergman, A. G. (1989). Informal support systems for pregnant teenagers. Social Casework: the Journal of Contemporary Social Work, 70(9), 525-533.

Brooks-Gunn, J., & Chase-Lansdale, P.L. (1995). Adolescent parenting. In M.H. Bornstein (Ed.) Handbook of parenting: Status and social conditions of parenting (Vol. 3). New Jersey: Lawrence Erlbaum.

Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it (pp.48-71). In R. G. Valle and M. King (Eds.), Existential phenomenology: Altered views of psychology. New York: Norton.

Guba, E. G., & Lincoln, Y. S. (1989). Fourth generation evaluation (pp. 50-78). Newbury Park: Sage.

Hechtman, L. (1989). Teenage mothers and their children: Risks and problems: A review. Canadian Journal of Psychiatry, 34, 569-575.

Indian Health Services (1992). Regional differences in Indian health. U. S. Department of Health and Human Services: Office of Planning, Evaluation, and Legislation.

Klerman, L. V. (1993). The relationship between adolescent parenthood and inadequate parenting. Children and Youth Services Review, 15, 309-320.

Marshall, C. & Rossman, G. B. (1995). Designing qualitative research (2nd Edition). Thousand Oaks, CA: Sage.

- Nath, P. S., Borkowski, J. G., Whitman, T. L., & Schellenbach, C. J. (1991). Understanding adolescent parenting: The dimensions and functions of social support. Family Relations, 40, 411-420.
- Parish, W. L., Hao, L., & Hogan, D. P. (1991). Family support networks, welfare, and work among young mothers. Journal of Marriage and the Family, 53, 203-215.
- U. S. Department of Health and Human Services (1991). Trends in Indian Health, Indian Health Services.
- Unger, D. G., & Wandersman, L. P. (1988). The relation of family and partner support to the adjustment of adolescent mothers. Child Development, 59, 1056-1060.
- Zabin, L. S., & Hayward, S. C. (1993). Adolescent sexual behavior and childbearing (Vol. 26). Newbury Park, London: Sage.
- Zuckerman, B., Winsmore, G., & Alpert, J. J. (1979). A study of attitudes and support systems of inner-city adolescent mothers. Journal of Pediatrics, 95, 122-131.

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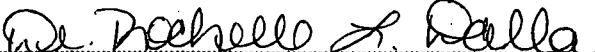
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