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The Lived Experience of American Indian Teen Parents from a Northern Plains Tribe

Ann Marie Douglas
The University of Montana

THE LIVED EXPERIENCE OF AMERICAN INDIAN TEEN PARENTS

FROM A NORTHERN PLAINS TRIBE

By

ANN MARIE DOUGLAS

B.A., The University of Montana, Missoula, MT, 2005
M.A., The University of Montana, Missoula, MT, 2008

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Approved by:

Sandy Ross, Associate Dean of The Graduate School
Graduate School

Gyda Swaney, Ph.D., Chair
Psychology

Christine Fiore, Ph.D.
Psychology

John Sommers-Flanagan, Ph.D.
Counselor Education

Abstract

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Chairperson: Gyda Swaney, Ph.D.

   Although there is extensive research on the outcomes of teen mothers and their children, there is little research to date on how teen parents, especially American Indian teen parents, are functioning in their new role. This is alarming as the rate of births to American Indian teens is far greater than the same-aged Non-Hispanic White population. This study examined the lived experiences of teen parents currently living on a Northern Plains Indian Reservation. Seven participants were interviewed using a phenomenological method. Interviews were analyzed using NVivo and Giorgi's method. The themes that emerged were traditional roles (child role, parent role, and grandmother role) positive life changes (increased educational goals and reduced risky behavior and being bullied (before pregnancy, during pregnancy, and after the birth.) The fourth theme identified was unhealthy partner relationships. Teen parents who had a "grandmother" to guide them successfully assumed the parenting role, realized the importance of education and enrolled in school (high school, tribal college, and university), and decreased their risk-taking behavior (e.g., stopped drinking and fighting). All of the participants had been bullied before, during, and after the pregnancy; this seems to be a risk-factor for teen pregnancy. All of the participants were involved, or had been involved, in an unhealthy (emotionally, verbally, or physically abusive) relationship. The findings from this study will inform schools, tribal agencies, and the community about areas to focus services for teen parents.

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The Lived Experience of American Indian Teen Parents

from a Northern Plains Tribe

Recently in the United States teen pregnancy has become a very popular subject. So popular, in fact, that there are TV reality shows based on the lives of teen parents and told in MTV's *16 and Pregnant* (Freeman, 2012) and *Teen Mom* (Dolgen, 2012). The popularity of the subject is not surprising when examining the United States statistics of teen birth rates.

US Teen Pregnancy Statistics

Currently, the United States has the highest teen pregnancy birth rate among industrialized countries, with 31% of adolescent females becoming pregnant by age 20 (Hoffman, 2006). According to the Guttmacher Institute (2006) 750,000 adolescent girls become pregnant with 400,000 of these pregnancies ending in a live birth with the majority of the births being to single girls. In 2005, the teen pregnancy rate was at its lowest (69.5 in 1,000) in 30 years, dropping over 40% since its peak (116.9 per 1,000) in 1990 (Guttmacher Institute, 2006). However, it rose again by 3% the following year. When comparing teen pregnancy by racial and ethnic groups, the birthrate has declined among all groups; with overall rates falling between 26% to 50%. More specifically by group the birthrates have fallen 50% for Caucasian teens, 66.7% for African American teens, 45.4% for American Indian teens, and 48.9% for Hispanic teens (Guttmacher Institute, 2006; Kost & Henshaw, 2010). Although rates have been declining, American Indian teens still have a high birthrate (54.7 per 1,000) compared to the current national rate (41.9 per 1,000) (Kost & Henshaw, 2012).

Interest in teen pregnancy has led researchers not only to research the rates of teen pregnancy, but also examine the consequences of a teen pregnancy for the mother, child, and society. Research (Barratt, 1991; Chaudhuri, Easterbrooks, & Davis, 2009; Corcoran, Franklin,

& Bennett, 2000; East & Jacobson, 2000; Jackson, 2000; Jaffee, Caspi, Moffitt, Belsky, & Silve, 2001) has shown that effects of teen pregnancy and ultimately teen parenting can have negative consequences for both the teen parent as well as the child. For the teen parent, consequences include lower education attainment, poverty, less prenatal care, lower occupational attainment, and lack of parenting skills (Winquist-Nord, Moore, Ruane-Morrison, Brown, & Myers, 1992). The consequences for children of teen parents include lower cognitive ability, negative health outcomes, and as the children get older, disruptive behavior (Winquist-Nord et al., 1992; Zabin & Hayward, 1993). Barratt (1991) found that children of teen mothers are at risk primarily because of sociodemographic factors and not at risk because of the age of birth of the mother. With teen pregnancy research focusing primarily on negative aspects, teen pregnancy in U.S. culture is not without stigma (Kelly, 1997).

However, research with a Northern Plains tribe found that although there is a stigma of adolescent parenting among the mainstream culture, this isn't always how it is viewed among this tribe. The tribe's great respect for life and children is more important than the age of the mother at the time of birth (Douglas, 2005). In most cultures, adolescence is a relatively new term. In more traditional societies, the period between childhood and adulthood is not as long as in Western societies (Lancy, 2008). Lancy (2008) reported that children in a Chinese fishing village grow up with a clear idea of their place in society such as the expectation of marriage and a family at 16 years of age.   Although there has been considerable research and interest on this topic, it has focused on the negative outcomes and ways to prevent teen pregnancy. There is little research regarding the perspectives and experiences of teen parents.

Montana American Indian Teen Pregnancy Statistics

The National Adolescent Health Information Center (2007) reports that "non-marital births account for over four fifths of all births to adolescents age 15-19" (p. 4). Findings from this report state that 89% of American Indians and Alaska Natives have non-marital births between the ages of 15 and 19. This is the second highest percentage of non-marital births per ethnic background in the United States. Montana Department of Public Health and Human Services (MDPHHS) (2002) reports Americans Indians, Montana's largest minority group, are over-represented among teenage pregnancies. Approximately 10% of the state's 15-19 year olds are American Indian. However, American Indians account for 17.3% of 18-19 year old pregnancies, 21.4% of 15-17 year old pregnancies, and 16.5% of pregnancies under the age of 15 (MDPHHS, 2002). These statistics provide a clear depiction of teen pregnancy among Montana's American Indian population.

The Stigma of Teen Parenting

Years of reports of the impacts teen pregnancy has had on the U.S. economy have left a negative impression in the minds of many U.S. citizens. Teen parenting is often depicted as the cause and consequence of poverty and dependency on government programs such as welfare and Medicaid (Kelly, 1996). For instance, Kost and Henshaw (2008) reported that teen pregnancy costs tax payers $10.9 billion. These tax dollars have been associated with health care, foster care, incarceration, and the subsequent loss of tax revenue. Kost and Henshaw (2008) also report that among Native American/Alaska Natives, 90% of teen mothers are unmarried at the time of their child's birth. Kelly (1996) reported that the mainstream view teen parenting as representing the wrong family model. It strays from what conservatives define as "the heterosexual, 'nuclear' family made up of the sole breadwinner father, a homemaker mother, and children" (p. 431).

Thus research has found that teen parenting is stigmatized for societal reasons. Lancy (2008) noted that "the enduring paradox of adolescence is that when children are biologically ready to claim the rights to adulthood - such as family formation - society is not prepared to grant them." (p.20). Society expects adolescence to deny their hormones and establish "their nest" before childbearing, if that expectation is not fulfilled, the adolescent is considered "deviant."

International Cultural Beliefs and Attitudes

Teen pregnancy is a phenomenon that happens worldwide; however, it is also viewed differently from culture to culture. Lancy (2008) researched the anthropology of childhood and found that in patriarchal societies, girls sexual health is controlled by others and sexuality is viewed negatively. In matrilineal societies, however, Lancy (2008) found that adolescent sexuality is considered healthy and normal. LeVine et al. (1994) investigated parenthood among the Gusii of Kenya. In this culture, he found that childbearing is a high priority, most childbearing females are between the ages of 13 and 16, are pregnant, or are already a parent. Every woman in the Gusii culture is expected to have children throughout their childbearing years—essentially from the onset of puberty to menopause. Most mothers are married, but there are women who bear children without being married (LeVine et al., 1994). Within this culture, childbearing is a priority, because it benefits the parents by the returns they receive from the children's activities, advancement in life course such that reproductive events bring status, prestige, respect as elders, health and safety (LeVine et al., 1994). Among the Ijo of Nigeria, it is common practice for women of childbearing age to have children before marriage (Schlegel, 1995). The act of having a child before marriage is pleasing to male suitors as fertility is a high priority in this culture and having a child shows that a woman is fertile (Schlegel, 1995). Finally, on the Nicobar Island (an island chain in the eastern Indian Ocean), families and communities

support sexual unions among adolescent males and females even though a pregnancy might occur (Lancy, 2008).

American Indian Cultural Implications

"No warrior stands taller than when he bends down to help a child."

— Blackfeet Indian Saying

Although the U.S. American mainstream society stigmatizes teen pregnancy; other cultures and groups may view it differently. Most American Indian communities value children and support the parents regardless of age. For example, in the Blackfeet legend of *Scar Face*, a young woman becomes pregnant by the Sun before marriage. Her parents show concern for the pregnancy because the father is not named and not because of her youthful age. Their concern is that the child will not know her relatives (Kroeber, 1998). According to The Blackfoot Gallery Committee (2001), Blackfeet people cherish children and view birth as a time of joy and celebration. Douglas (2005) found that this belief takes precedence over the age and "marital status[1]" of the mother. Although not promoting early pregnancies, young mothers and their children are accepted and supported in the tribal community.

Dalla and Gamble (1997) studied factors related to parenting competence among Navajo teen mothers. The results of this study indicated that the teen mothers who identified with their cultural heritage were more likely to be highly committed to their maternal role and have an extended support system. Although research and statistics have shown many of the same outcomes for non-Native teen parents and Native teen parents, there are some differences that are worth exploring. For example, the majority of non-Native teen pregnancies are to single, adolescent girls. Dalla, Marchetti, Sechrest, and White (2010) found that 86% of their sample of

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[1] Marital status or marriage in Indian country was often accomplished in a very different way than in the major culture, and in some instances continues today. Marriage often simply meant announcing it and then living together.

Native adolescent mothers from a southwestern tribe, were married or "considered married" during their transition into parenthood, with 76% reporting being in a long-term relationship (10 months to 5 years) before the pregnancy. Also, Dalla and Gamble (1997) found, in a qualitative study, that most girls reported being in a long-term relationship (between 2 and 6 years) and being committed to their partner before the pregnancy. Lancy (2008) reported that within a remote Inuit community, the families of teenage girls were supportive and supplied resources when she had a child. This spilled over into the extended family where it is a custom for relatives to adopt a child if the mother is not fully ready to assume the role and responsibility of being a parent.

Adjustments into parenthood for adolescents

According to Hallman (2007), teen parents experience a wide range of adjustment difficulties. These challenges, when compounded, can lead to negative outcomes in the lives of the teen mothers and their child(ren) (Romo & Nadeem, 2007). Romo and Nadeem (2007) identified three factors that affect a teen mother's adjustment to her new role. These factors are caregiver stress, self-efficacy, and social support.

Caregiver Stress. Caregiver stress is common among all parents; however, both research and common sense suggest that caregiver stress is even higher among adolescent mothers. Caregiver stress is the result of the appraisal of concrete environmental demands associated with the parenting role (Rodgers, 1998). Teen mothers, unlike older mothers, are often automatically
viewed as "less good" mothers which undoubtedly contributes to increased stress (Hallman, 2007). Poor parenting skills have been reported in high rates among teen mothers, there are few studies that address how and why poor parenting skills are associated with this population.

However, Rodgers (1998) noted that parenting stress in general has been associated with inconsistent parental discipline, coercive parent-child interactions, and child maltreatment. It has been argued that parenting skills and caregiver stress associated with teenage childbearing may be more causally related to chronic poverty, rather than mother's age (Barratt, 1991; Romo & Nadeem, 2007). Milan et al. (2004) found that rates of distress were higher among pregnant and parenting teens compared to adolescent norms, but adolescent parents were not more distressed when compared to non-pregnant or parenting teens from similar backgrounds. In addition, Milan et al. (1994) suggested that the risk of emotional distress in teen mothers may be primarily due to low socioeconomic status and other factors associated with being from a disadvantaged background and not the experience of early childbearing.

Palacios and Powell Kennedy (2010) found that adult American Indian women who were teens at the time of their first pregnancy, reported a childhood that was chaotic and stressful, meaning it included death, parental substance use, neglect, abuse, and divorce, before the pregnancy. This often resulted in the adolescent having to take more responsibility for one's self with little to no adult supervision or guidance before becoming a parent. This study shows that the adolescent parents in this study were already independent before the pregnancy and had an increasing amount of distress in their life.

Self-Efficacy. Self-efficacy is a subjective judgment of a person's capabilities to organize and execute courses of action in order to obtain a chosen goal (Zimmerman & Cleary, 2006). According to Bandura (1982) self-efficacy, whether positive or negative, influences how one interacts with their environment. A person will avoid an activity that they perceive exceeds their abilities, but will perform tasks judged to be capable of managing. Self-efficacy is therefore influenced by past successes and failures. These beliefs are typically developed before

engaging in the task or activity (Zimmerman & Cleary, 2006). For example, an adolescent who perceives themselves as capable of taking care of a child may base this assumption on positive past experiences of caring for siblings and/or babysitting other children. However, self-efficacy is also influenced by verbal persuasion and allied types of social influence (Bandura, 1982). A person will use cues from their environment that help them label their perceived ability to undermine the task at hand (Bandura, 1982). Therefore, self-efficacy is related to how parenting teens perceive themselves as mothers, women, and community members. Their identity and self-efficacy has been affected by how they are viewed by society. This is likely to occur in both negative and positive directions. For example, Hallman (2007) found that when a school views teen mothers as both viable students and mothers view school as a place of learning as well as a community, teen mothers reported more positive feelings about themselves and greater self-efficacy as parents. Zimmerman and Cleary (2006) found that self-efficacy plays a major role in the transition from childhood dependency into adulthood. As for parenting, Jones and Prinz (2005) found that parents with higher parenting self-efficacy tend to demonstrate more effective parenting skills. Therefore, self-efficacy should not be overlooked as it may operate as a protective factor against risk factors associated with poverty and elevated stress (such as parenting as an adolescent) (Jones & Prinz, 2005).

Social Support. Hallman (2007) studied the experience of Caucasian teen parents in a school setting. The conclusion of the study indicated that teen mothers who received support from their school (social support) were more likely to report high self-efficacy and education attainment. Palacios and Powell Kennedy (2010) found that American Indian teen mothers from a Southwestern tribe lacked social support because of chaotic childhoods and poor relationships with friends and family. Most of the participants felt "isolated" from their community and as a

way to cope, minimized their experience.   According to the American Academy of Pediatrics (2001), teen mothers who receive social support are more adaptive when it comes to parenting and less punitive in their punishments. Sarason, Levine, Basham, and Sarason (1983) found that social support buffers many harmful effects associated with negative life events and stressors. Sieger and Renk (2007) noted that the protective nature of social support also has benefits for children of teen parents. For example, children of teen parents who have a support system experience less internalizing and externalizing behaviors such as depression, anxiety and behavior problems.

In summary, teen parenting is complicated, multi-faceted, and teens have responded variously to becoming a parent. Therefore, this study will examine the perceptions' of American Indian teen parents, from a Northern Plains tribe, regarding the challenges of being a parent as a teenager and what has helped them to parent their children. Keeping the above information in mind, an open-ended question was created in order to learn about and explore the perspectives of current American Indian teen parents. It is a goal of this study to understand the phenomena of teen parenting among this population. The request was simply:

Please tell me about your experience as a teen parent.

Method

Phenomenological Research

This research project will study the lived experience of American Indian teen parents between the ages of 13-19 years living on a Northern Plains reservation using phenomenological research and open-ended questions. Phenomenological research attempts to understand an individual's lived experience by the direct analysis of the psychological meaning of the data (Giorgi, 1994; Palacios & Powell Kennedy, 2010). Giorgi (1994) wrote that "a qualitative analysis of descriptions can yield psychological insight of a value at least equal to what quantitative approaches yield, although different in character and style" (p. 2). Many quantitative studies have helped to identify problematic outcomes associated with teen parenting; however, the quantitative research lacks a deeper understanding of the "why" behind the numbers of teen parenting. Therefore, a phenomenological approach was chosen because it is an appropriate method to better understand the experience of teen parenting among an American Indian population.

Gregson (2009) argues that qualitative analysis maintains the perceptions of the reality of the group being studied and is relative to the groups and settings being explored. More specifically, this research project will inquire about the lived experience of American Indian teen parents living on a Northern Plains reservation. According to Guba and Lincoln (1989), a qualitative method explores the lived experiences through interaction between the researcher and the respondents. This process then helps the researcher gain understanding of the experience of the respondents by interacting in a supportive manner in order for the participants to feel open to sharing their stories. Therefore it is ideal to use a qualitative method to understand the lives of American Indian teen parents between the ages of 13-19 years as there is little to no research that

examines the experiences of this population.   In this study one question was asked and an open-ended question format was utilized.

In order to achieve scientific rigor in this study, the following was evaluated: credibility, transferability, dependability, and confirmability. According to Guba and Lincoln (1989) credibility is parallel to internal validity "in that the idea of isomorphism between findings and an objective reality is replaced by isomorphism between constructed realities of the respondents and the reconstructions attributed to them" (pp. 236 - 237). In other words, credibility ensures that the research is believable and accurate. Credibility was achieved in the following ways: prolonged engagement with the data, peer debriefing, and member checks. Prolonged engagement was achieved as I read and examined the interviews multiple times, wrote six-levels of analysis, and utilized NVivo. I have also spent a lot of time in the community and have participated in community events. The Indians into Psychology (InPsych) lab members acted as peer debriefers and analytically probed me to uncover any biases. For example, if there were questions regarding the analysis, lab members would ask me and I would refer them to section of the verbatim interviews that was linked to a theme. There were no discrepancies identified during the peer debrief. Member checks were also performed during the interview process by asking clarifying questions and using reflective listening to ensure that their experience was clear.

Transferability is parallel to external validity in that it seeks to find generalizability in the findings. In phenomenological research, generalizability is the responsibility of the person doing the generalizing. However, it is the researcher's job to provide a rich and in-depth description in order for the reader to deem if it is generalizable (Trochim, 2006). To ensure transferability,

demographic information was collected and a description of the location is provided. This information is given in the participants section.

Dependability is parallel to reliability as it is concerned with the stability of the data. The reader should be given enough information to witness the process, judge the decisions that were made, understand how the researcher made the decision, and understand the interpretations (Guba & Lincoln, 1989). To ensure dependability, N-Vivo was used to organize data and apply a transparent and clear analysis allowing identified themes to be traced back to the verbatim source. In addition, journal writing was used as a bracketing technique to "set aside" personal assumptions and biases (Ahern, 1999). Although it is impossible for any researcher to completely extinguish all assumptions, the process of bracketing allows the researcher to view preconceived notions that may be held about the topic at hand. Awareness of these notions is an effective way to minimize bias held by the researcher and holds the research to a high scientific rigor (Dale, 1996). After each interview, I would reflect on how that interview went and any feelings that came up for me. Then I used these journal entries during analysis to keep my personal bias out of the analysis in order to get a "pure" description of the participant's experience. The strategy of journaling throughout data collection is an accepted practice for ensuring scientific rigor (Denzin, 1994; Ortlipp, 2008) and allowed me to examine my own thoughts, feelings, and opinions while analyzing the data.

Confirmability is parallel to objectivity as it is concerned with making sure that the finding is rooted in the data and can be tracked to its source (Guba & Lincoln, 1989). In other words, the researcher has drawn clear connections from the interviews to the conclusions. This was accomplished with an audit of the analysis using Guba and Lincoln's (1989) criteria of rigor for qualitative research. The process was audited by the Indians into Psychology research team

which consisted of two American Indian female graduate students, two American Indian male graduate students, and one White female undergraduate student. All members of the audit team were given three specific pages that were selected because of detail and length of interview from the participant. All interviews were audited with two of the audit team members checking two interviews. All team members were given the list of nodes (units of significance derived from the meaning units or emerging themes) (see Table 1, p.19) that were identified from my analysis to compare to the interviews. The auditors were instructed as to how I broke the interviews into meaning units and how N-Vivo was utilized to organize the nodes. The audit team was instructed to read through the pages given to them once, and then read the pages again with the intention of identifying nodes. Using the list of nodes, the audit team was instructed to identify the nodes given in the interviews. The auditors easily identified all nodes on the list given to them. No discrepancies were found with my analysis of the data. This process provided a check of my analysis to ensure qualitative criteria for rigor, namely, dependability (documented process of analysis) and confirmability (themes and subthemes can be traced to the verbatim interview) (Guba & Lincoln, 1989).

Participants

Guest, Bunce, Johnson, Akumatey and Adeokun (2006) conducted 60 qualitative interviews with participants and found that the numbers of codes were stable and consistent after only 12 interviews. This pattern stayed consistent when they incorporated more interviews from their second location. However, Guest et al. (2006) found that if they only wanted high level, overarching themes, six interviews would have been sufficient. Therefore, I conducted seven interviews to identify and achieve the desired overarching themes.

The tribal or reservation community where the interviews took place is geographically isolated. The median household income is $24,646 and the poverty rate for the people of this tribe is 35%. Some 25% of the tribal members are disabled. The majority of the elderly in this community are bilingual and there are revitalization efforts to save the language. Most of the tribal members are spiritual and many engage in traditional practices (US Census Bureau, 2000). Teens in this area start dropping out of school earlier than their White counterparts with .08% dropping out in 7 and 8th grade. In the school in this area, 26% of high school students reported being bullied compared to the national average of 15%. Approximately 26% of the teens in this community receive a high school diploma or a General Education Equivalent (GED) (US Census Bureau, 2000).

Exactly seven individuals (Guest et al., 2006) were interviewed. Participants in this study were American Indian teen parents between 17 to 19 years old residing on a Northern Plains reservation. The average age of the participants was 18.1 years old. There were six females and one male in the study. The participants in this study were currently parenting at least one child, with one participant parenting two children and pregnant with a third child. Participants in this study lived on a reservation for an average of 16 years (most of their life), five reported being enrolled members and two reported being descendants of the tribe. Of the seven participants, three were high school graduates (with two in college), one earned a G.E.D., two were high school seniors, and one was a high school junior. Most of the participants lived with their biological parents, two lived with their partners, and one resided with a grandmother. The average household size was four and there was at least one minor in the household. The average yearly household income ranged from $15,000 to $24,000. Three of the participants reported

that their mothers were teen parents and two participants reported that their fathers were teen parents.

Recruitment

The main form of recruitment was through flyers placed throughout the community in common areas such as the tribal complex and stores. Professionals in the community were also given flyers (Appendix A) and asked to give the flyers to the teens with whom they're working. The flyers included study information as well as my contact information. Participants were able to contact me by calling the InPsych Research Lab at (406) 243-6298. I provided interested teens and their parents/guardians with additional information about the study, addressed any concerns, and discussed scheduling. I also used the snowballing technique which means that I encouraged interested teen parents to inform other teen parents about the study.

Scheduling

As participants contacted me by telephone, they were given several dates to choose from for an interview. Once a day and time for the interview was determined, I asked where the participant would like the interview to take place. Five of the participants requested that the interviews be conducted at their homes and two requested interviews at the local community college library. Participants 17 years of age and younger were asked to be accompanied by a parent or guardian. Both the parents/guardians and teens were given information about the study. Childcare was offered, however, none of the participants accepted it.

Procedure

The purpose of this study was described to the participants and their parents/guardians and the rights and responsibilities of the participant and researcher were discussed. The participant under 18 years of age was given an assent form (Appendix B) to read and sign. The

parent/guardian of the participant under the age of 18 was given a consent form (Appendix C). The 18 and 19 year old participants were also given a consent form (Appendix D). All participants were given a copy of the assent/consent form that contained my contact information, my supervising advisor's contact information, and the UM-IRB information. I kept the signed copy. Participants were informed that they may end the interview at any time without consequences and they would still receive compensation and a book for their child(ren). Demographic information (Appendix E) was collected from all participants. Parents/guardians were then asked to wait in another room while the interview was being conducted. Information acquired for this study was carried from the interview location to The University of Montana in a locked briefcase and stored in the locked trunk of my vehicle until arrival. All documentation from the participants and parents/guardians are now stored in a locked filling cabinet in the InPsych Research Lab on The University of Montana campus in the Skaggs Building.

Interviews

After the parent/guardian exited the interview room, I turned on the tape-recorder and began by asking, "Please tell me about your experience as a teen parent." No other questions were asked, except questions to understand or clarify a participant's response. The lengths of the interviews ranged from 30 to 90 minutes. At the end of the interview the tape-recorder was turned off and I debriefed the participant and asked how they were feeling; when needed, their feelings were processed. I spent between 5 to 15 minutes with the participants after the interview. Most participants wanted to share pictures and stories of their children with me at the conclusion of the interview. Allowing participants this time helped them to orient themselves back into everyday life. Two participants needed 15 minutes. During the 15 minutes they talked about their children. All participants shared enjoyable experiences they had with their children

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and left the interview on a positive note. All participants also received contact information for local mental health services if the need should arise. Finally, participants were monetarily compensated ($10), given a gift (rock), and a book for each of their children.

After the interviews were transcribed and checked for accuracy; the audio-tapes were destroyed. Identifying information was removed from the transcribed interviews to ensure confidentiality. Each interview was assigned a letter and subsequently identified as Interview A, Interview B, Interview C. Interview D, Interview E, Interview F, and Interview G. Interviews were conducted to saturation. To insure saturation, interviews were conducted until no more additional meaning units emerged. Seven interviews (Interview A - Interview G) were analyzed and saturation was established at the fifth interview (Interview E); no additional meaning units emerged. Nevertheless, Interviews F and G were analyzed as a check and still no additional nodes were identified (see Table 1, p. 19).

Analysis

I analyzed the transcribed, de-identified interviews in the order they were conducted starting with Interview A. In this process, the first step required that each interview was read through multiple times in order for me to get a sense of the whole experience and understand the meaning of being a teen parent from the viewpoint of the participants.

In subsequent readings of the interviews, and the second step of Giorgi's method (Giorgi, 1994), I identified meaning units. For example, I broke the interviews into blocks and the blocks each expressed a self-contained concept.

The third step of the process involved organizing and analyzing the meaning units and identifying nodes and codes using N-Vivo, qualitative data analysis software.

The fourth step involved writing a summary of each interview. The Giorgi Method refers to this fourth level of analysis as the situated structure (Giorgi, 1994).

The fifth step of the process involves grouping the nodes (emerging themes) into themes that are consistent with the experiences of the participants. From this, I wrote a composite of all the interviews which Giorgi defines as the typical structure of the analysis (Appendix E). This step was accomplished by identifying nodes (emerging themes) with N-Vivo software.

The sixth step in the analysis process is to identify major themes that have emerged from the interviews. According to Giorgi (1993)

>the last step of the analysis is for the researcher to synthesize and integrate the insights contained in the transformed meaning units into a consistent description of the psychological structure of the event. (p.19)

As part of the sixth step, I wrote a summary of all the interviews from the themes that had emerged from the analysis (Appendix F). Therefore, I constructed the psychological descriptions of the interviews based on the transformed meaning units and verbatim interviews; resulting in a comprehensive psychological structure of the lived experience of American Indian teen parents from a Northern Plains tribe.

<div align="center">**Results**</div>

Although each participant's experience as a teen parent is unique, there were similarities. The summaries of each interview were combined to create the Typical Structure (Appendix F) and themes were identified. The themes were summarized and the Essential Structure (Appendix G) was written. Analysis of the seven transcribed interviews revealed four common themes among all seven participants' experiences.

Table 1

Analysis of interviews: Essential (themes), Typical (subthemes), and Situated Structure (emerging themes)

Essential Structure	Typical Structure	Situated Structure
Themes	*Subthemes*	*Emerging themes*
Roles	Child Parent Grandmother	High family support Hope for the child Increased responsibility
Positive Life Changes	Increased educational goals Decreased risk-taking behavior	Positively adapting to parenting role Challenging Increase in goals for the future
Bullied	Before the pregnancy During the pregnancy After having the child	Negative judgment No social support Loss of friends Depressed Rejection
Unhealthy partner relationships		Emotional and physical abuse Jealousy

The participants in this study all have the experience of being an American Indian teen parent living on a reservation. They reported mixed feelings and experiences of being a parent. Their feelings and experiences fell into two basic categories: encouraging and challenging.

The themes identified in the Essential Structure (Appendix F) were: roles (child, parent, grandmother), positive life changes, being bullied (before, during, and after pregnancy), and unhealthy partner relationships and are discussed below.

Roles

   Child. The overarching theme of roles was prevalent around the roles of the child (resulting from teen pregnancy), the parent (teen), and the grandmother. The role of the child was identified as a new beginning and a blessing for the family. This is evident as Participant A[2] and G state:

   My child is a blessing.

Similarly, Participant E describes what it is like to a child and what the child means.

   I guess it shows me the reality of life and I kinda got a head start…. That's kind of why I

   think it is so great to have my (child). I used to hate the snow. But this year, now that

   my baby can walk, I'm just like, I can't wait for it to snow because I want to take my

   child sledding.

   Parent. The role of being a parent was evident in the interviews as well. Participant D described the importance of the role of a father as follows:

   I don't know—like I said, I grew up with a dad so, I don't know, everybody deserves a

   dad. I think like if you can—if you can make a baby, you have to be there. There's no

   excuses…to me, it's just instinct, it has to be done. It's your child. It may have

   happened at an unexpected time but that doesn't change what's yours. Just like I said, I

   grew up with a father so I know what it's like having a dad and it's not fair to take that

   away from (child) just because I want to stay young and party and do all of that. It ain't

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[2] The sample consisted of six females and one male; however, feminine pronouns will be used throughout for ease of reporting and to maintain the lone male's confidentiality.

fair to (child). My dad didn't do that to me. So I just take it upon myself to be a parent

to her.

Likewise, the role of mother was also identified as important by participants. Participant

B discussed her new role as a mother as follows:

I have to think of my child before I do anything, spending money and everything. Make

sure she has what she needs. My choices affect her. I don't really go anywhere. I stay

home most of the time.

She described her role as a provider and caretaker for her child and she placed her child's need

above her own.

Participants A and F also reported that their thinking had changed when they became a

parent and both report putting their child's needs before their own.

But now, being a mother, that's all I do. I take care of my child and go to school so I can

provide for him. It's changed pretty dramatically but for the good. It was a lesson.

Participant F also reported "stepping up" to fulfill the role as a parent.

Now I'm my child's parent. Like how I felt about my parents is how she feels about me.

You have to step up.

Grandmother. The role of the grandmother was also prominent in the interviews. In

fact in all of the interviews, grandmothers were identified as an important person in the lives of

the teen parent and their child. For example, Participant G explains that while her parents

processed the fact of the pregnancy, Participant G lived with her grandmother and then sought

support from her grandmother throughout pregnancy and parenthood.

So I stayed at my grandma's. She backed me up the whole way. She was the one that brought me to get a—brought me up to the hospital to see if I was pregnant. I went to her first because I trusted her to not judge me.

Participant F admired her grandmother for raising several children on her own and said that her grandmother is a role model and the main person who taught her how to be a parent.

My grandma was a big part of my life. I guess—she had seven kids of her own. My mom was the oldest. Knowing she took care of seven kids—it was inspirational knowing that she did that so I could take care of at least one. (It was helpful) just knowing that she always had open arms for her grandkids.

Participant D reported she told her parents of the pregnancy two days after she found out, she was disappointed in herself, but didn't know what to expect from her parents.

It wasn't too hard either, with my parents, because when I first told them about it, I was disappointed in myself. I didn't know what to expect. I kinda got my Mom's reaction right because she was a teen mother. I knew she was going to support me and help me with this.

Participant A reported that her grandmother showed unconditional support as well as teaches about life lessons.

My Grandma is my biggest support ever. When anything happens I tell her and she like makes me feel better. If I'm going to do something then she supports me 100%. She tells me when things aren't right for me. She's just like a big support for me and my life.

The participants in this study relayed knowledge of what their role as a parent means. Participants communicated that being a parent is "hard" and each reflected that they would not recommend being a parent to other teenagers. However, although they do not promote teen

parenting, they all are successfully assuming responsibility as a parent with the help and encouragement from grandmothers and extended family.

All participants reported adjusting well to their new role as a parent. All participants reported putting their child's needs above their own and seeking to better their life and the lives of their children.

Positive Life Changes

Increased educational goals. Participant E explained that before becoming a parent she used recreational drugs and alcohol with her friends and now that she is a parent, she would not take the same risks.

> My friends and I kind of started drinking at a young age. That's how I met my baby's (other parent). We used to smoke like a lot of weed and cigarettes and we used to drink a lot. Now that I have my son, I just don't think I would risk any of that. I don't think I would risk drinking because I don't want to do anything that would damage anything to do with my baby – because he deserves a (parent). I wouldn't smoke again because he deserves to have a (parent).

Participant G reported that now as a parent, she has set high goals to achieve because of the desire to provide a good life for her child.

> Having him kind of helped me set high goals because I have someone that I want to build up. I want to give him a better life and in order to do that, I have to go to school.

Participant A reported dropping out of school with no intentions of going back until she became a parent. After dropping out of school before the pregnancy, Participant A reported:

> I should be graduating this year. I'm going to work really hard and then I will go to college.

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Participants reported that they had a risk-taking lifestyle before becoming a teen parent and that since having their child they've changed their lifestyles in a more positive direction. Most of the participants reported little interest in education or had already dropped out of school before becoming pregnant; then, after becoming pregnant, they felt the need to receive an education in order to provide for their child.

Decreased risk-taking behavior. Participant A described her life before her child as a "partying life style." She described the change as dramatic and that her life is better now that she has a child.

> Watching him, like, grow up. He changed me for the better. I am really thankful for him. I used to be like not a good person. And then when I had (child), I changed a lot....I used to—my lifestyle just consisted of partying and stuff. But now, being a (parent), all I do is just take care of my son and go to school so I can provide for him. It's changed pretty dramatically but for the good. It was a lesson.

Now that Participant D is a parent she reported looking at life differently and being able to understand her priorities because she now has a child.

> Like I said, if I had the chance to take it back, I wouldn't take (child) back. I am fine the way I am. It helped me to get a better perspective, too. It's putting me on track and what I should be doing and where I should be. Now that I kinda feel like I have—I'm not living for myself. I have to get this done for (child's) sake.

Participant G reported that without her child, she might still be involved in risky and dangerous behaviors, but has now stopped all substance use completely.

> I don't know where I'd be right now if I didn't have her. I would probably still be trying to live a crazy life, party life. Now I don't even drink or anything.

Risk taking behavior before pregnancy was high among participants in this study. Most participants reported using substances and engaging in other risk-taking behavior such as running away from home and physically fighting. This was in conjunction with peer rejection and bullying before they had their child.

Bullied

Before the pregnancy. Another theme that emerged from the interviews is the theme of dealing with bullying. In the interviews the participants reported bullying in many different forms as well as coming from many different avenues. For example, all the female participants reported being bullied by peers before becoming pregnant. This was not true for the male participant; however, it was true for his girlfriend.

Participant F reflected on her experiences with her peers. She reported having problems associated with the bullying and although treatment from her peers got better while she was pregnant, the bullying did not go away entirely.

I guess I didn't really notice until after I had my daughter is how I should put it, because, like—I was like bullied…It is just hard being friends with immature people. I think that's what it was—(my peers) were really mean to me. I don't know what it is now that I think about it. I think that's another reason why I dropped out of school. No one really liked me. It was a little better when I was pregnant but still… I just don't know why.

Several participants reported that they had been negatively affected by bullying. Participant F reported having depression and anxiety as a result of the bullying. She reported choosing to be friends with people 10 to 15 years older than herself because she is not bullied or picked on by them. Participant A also described a similar bullying and mental health situation.

She reported being bullied extensively. She reported getting very anxious when around people her own age whom she fears will bully her.

> I was bullied really bad. I got PTSD from being beat up by some girls. So I can't go to a (high school) unless it is not here because I still have that fear. It's hard being a parent and being scared all the time, too.

Participant A also conveyed that she does not want the negative effects of the bullying she faces to affect her child.

> I don't want to show (child) that he has to be scared.

During the pregnancy. Participants also felt the same negative judgment or bullying behavior while they were pregnant or in the case of the male participant, when his female partner was pregnant. Participant B reported being afraid to attend high school while pregnant because of what other people were saying about her and to her. To get away from the bullying, she transferred to another school, but that experience was more difficult for her.

> People talking, rumors, drama. I just didn't—I was just really scared to go into high school so I went to (a town off the reservation). It was harder.

Participant F reported being singled out in school. She described a situation in class where she couldn't fit in a desk because her stomach was too big. Instead of waiting until after class or talking to her privately, the teacher embarrassed her in front of the class

> Oh yeah, because I couldn't fit in the desks. I remember when I was—we were assigned seats on the first day and we sat down. I had to move way in the back and (the teacher) was like, "Move up here." I was like, "I can't." (The teacher) was like, "Why?" I was like, "Because I can't fit in that desk." So there was a table I had to sit at in each classroom. It sucked. I'm already pregnant and you have to single me out more.

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Participant F also talks about her peers continuing to pick on her in school while she was pregnant.

> I remember this one girl she didn't like me ever since I was like in 7th grade. She still said stuff to me when I was pregnant and I freaked out on her. It was the hormones or something. She just pissed me off.

> Participant C reported that her mother made negative comments about her pregnancy. Her mother put her down and said that she would not graduate from school. Participant C reported not getting support from her nuclear family, but getting support from her extended family such as her cousins and grandmother.

> I wanted to graduate because my mom was always like, "Oh, you're just going to get pregnant and drop out of school." That was the thing. I ended up getting pregnant when I was in high school and I really wanted to graduate to prove her wrong. I did. I graduated with honors and with two kids instead of just one. I proved them wrong. They didn't really have anything to say to me.

All female participants reported being judged and labeled with stereotypes while being pregnant. Participants reported being labeled a slut because they were pregnant. Participant E explains:

> I think just like the stereotyping everybody puts on you just because you're pregnant, like "Oh she's a slut, she got pregnant."

After having the child. The theme of being bullied or receiving negative judgment continued to be consistent throughout the interviews as participants would report instances of experiencing passive aggressive behavior such as rumors, negative comments, and gossip within the community. Participant A explains how other people view teen parents and that it is hard to deal with the negative judgment.

I just don't like the view people have of being a teen (parent). It's really hard. Like

people meet you and find out how old you are and that you have a baby, then they have a

different opinion of you. They don't really know your circumstances.

Participant E reported feeling uncomfortable in mainstream high school after having a

child. Participant E reported that the transition was very hard and she ultimately decided not to

continue with school at a mainstream high school.

That transition from not being a parent to being a parent and then going to school was

really hard. After I got back into school, it was like those teachers didn't really look at

me the same. They didn't really talk to me the same. It was just really hard. I didn't

want to go to the high school anymore.

Participant D reported that after the child was born, she ended the relationship with the child's

other parent and felt judged by people in the community.

When I first chose not to be with (the other parent), then everybody just looked at me like

I was the bad person, that I was leaving (the other parent) and I was leaving (child).

Everybody just looked down upon me. It was hard, too.

In summary, all the female participants reported being bullied before, during, and after

their pregnancies. The type of bullying ranged in intensity and type, with the most intense

bullying situations being committed by their peers before the birth of their child. Bullying

behaviors continued into their pregnancy and after the birth of the child and included adults. The

male participant also reported bullying situations from others before his child was born and after

the child's birth. Participants reported feeling isolated and judged by others, yet still felt that

their child was a blessing and understood their role as a parent. Two of the participants reported

having suffered severe mental health issues because of the bullying.

Unhealthy partner relationships

The last theme is of participants being in an unhealthy partner relationship. All participants reported a relationship with their child's other parent that was or is emotionally, verbal, and/or physically abusive. Participant C reported being in a relationship with her child's father; however, the child's father is not active in their lives and is addicted to substances.

I would say mostly me and my girls. I did it mostly with just me and my girls without him. Especially with my oldest one. It was mostly just me and her. Even after I got out of that group home when I came back and I was pregnant with her, her dad was still taking off and going and getting drunk and acting like (immature). I had her and she must have been about two weeks old and I went back to school, I caught him messing around with somebody.

Participant E also mentions that she has noticed that many fathers in teen parent relationships end up leaving the mother when the child is born.

Like, you see these girls that get pregnant, they're with the baby's dad, and as soon as that baby comes, then the dad leaves. The girl is doing it all by herself. It's hard. It is. There's a lot of girls around here that—that girl has to deal with the dad not helping her out in any way and just going out and acting like there's no responsibility.

Participant E reported she and her child's father were in a relationship for four years before she got pregnant. They stayed in the relationship for several months after their child was born, but Participant E chose to end the relationship because her child's father became abusive and she did not want her child to witness or experience abuse.

At first, because me and my baby's dad were together up until my baby was six months; because, I don't know, maybe the reality of being a dad hit him or something because he

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just started going out a lot and cheating. He just kinda went crazy on me for a while there. So I had to break up with him. We tried to get back together again but we had a really bad relationship after a while. It turned into kinda an abusive relationship so then I had to get away from him for the sake of my baby.

Participant D reported being in an emotionally and verbally abusive relationship. She reported that the child's other parent controlled what she did and with whom she could or could not be friends.

I have a lot of friends, males and females, so I would get in trouble for hanging out with my friends. I would get in trouble with that. Or, when I would be with my (close friends), I would get in trouble for being with them. I don't know, I was always on a leash. I couldn't enjoy myself. I couldn't go out and hang with my friends. It was hard. It was difficult. My (ex-partner) was constantly texting me, always riding my ass for something.

Participant A also reported being in an abusive relationship and ended the relationship with the child's other parent. She placed a restraining order on the other parent.

It's really hard because (child's other parent) is on drugs and is abusive. I just got a restraining order and left because he's not a good person.

All participants reported unhealthy experiences with their child's other parent. The experiences ranged from their partner being unsupportive and not involved to being emotionally, verbally, and physically abusive. Half of the participants have ended the relationship with their child's other parent. However, Participant G reported that although there were hard times during their relationship, she and the child's other parent are still together and their life is better.

We had our ups and downs and there were times when I thought I would have to do it all

by myself but it actually didn't come down to that. I can pretty much say that my baby

did change (the other parent's) life in a good way.

In summary, participants reported a positive transition into an appropriate parenting role.

The support and encouragement of the teen parents' (e.g., grandmothers) aided the teen in

positively identifying and accepting their new life role. Participants also made a change in their

behavior after having their child. Most of the participants admitted to a risk-taking lifestyle and

not thinking or planning for their future; however, their choices changed when their children

were born. All participants reported a desire and a commitment to continue on to higher

education or to continue to work and support their children, with some participants already

taking college classes. Participants also reported discontinuing the use of recreational drugs and

alcohol.

Having an unhealthy partner relationship was prominent among all participants. The teen

parents reported situations of physical and emotional abuse from their partners. Most of the

participants were in committed relationships (six months or longer) before the pregnancy.

Participants identified controlling and jealous behavior exhibited from their partners as well as

substance use. Most participants reported patterns of irresponsible behavior from their partners

and unwillingness to settle down and discontinue substance use. Some participants also reported

that although they were still in a relationship with their partner, they provided most of the

physical and financial care for their child.

Discussion

This study investigated the lived experience of American Indian teen parents from a Northern Plains tribe. Compared to the majority population of the US, participants in this sample have made a positive transition into the role of parenting by maintaining the worldview of their culture. This transition was influenced by the traditional roles of children, parents and grandmothers. In the community, these role are intertwined with the sense that one family role (e.g. a child) has an effect on the other roles (e.g. a teen parent or the teen's parent). More specifically, teen parents were able to make a smoother transition into parenting when they viewed their child as a blessing and had the knowledge and support of a grandmother. Although not explicitly stated, it was evident by me (a American Indian researcher) and the research team that checked my data (also comprised predominantly of American Indians) that the participants were discussing and identifying traditional roles; namely, the role of the child resulting from the teen pregnancy, the role of the new teen parent, and the role of grandmother.

The role of the child was identified as a new beginning and a blessing for the family. Although tribes throughout the United States vary in customs and beliefs most Native American cultures also share some similar values. One of these similarities is the belief that children are sacred. This is evident in the many rituals and ceremonies for children and stories explaining the importance of children. For instance, it is taboo in the Blackfeet tribe for children's clothing to be on the floor as someone may step on them and bring harm to the child. In the Lakota culture, children are believed to have chosen their parents before coming to Earth, so the arrival or birth of a child is a very special and blessed time for parents (Morrison & Locke-Flying Earth, 2003). This theme of cherishing children, even a child born to a teen mother was evident in the interviews.

The traditional role of being a parent was evident in the interviews as well. As found in the story of Scarface, it was very important that a child know their father. A father is a provider and protector of children. The role of a mother in most cultures is to be the caretaker of the children. An elder[3] (personal communication, April 2013) in the community communicated that a mother provides a safe environment for their children.

Participants seemed to have high self-efficacy when it came to parenting. This was apparent when they talked about providing for their children's emotional, spiritual, physical, and financial needs. The participants' experience has been supported by grandmothers in the community. Their cultural beliefs about children also seem to contribute to their positive experience of being a teen parent. The teens reported enjoying being a parent and readily identified having a grandmother figure to help them into this stage in their life.

The role of the grandmother was also very prominent in all interviews. Here I define grandmother as either the biological grandmother of the teen parent or the grandmother of the new child (i.e., the teen's mother). The term grandmother may also refer to other older female figures. The term grandmother in many Native communities is used to identify older women in the community who have emotional investment in the lives of the people. For example, a grandmother can be a grandmother in the conventional biological sense or can be an older aunt or older woman who acts as a grandmother. Jacobs (1995) stated that, "The term (Grandmother) is also used respectfully when addressing unrelated older women in the community" (p. 69). In all of the interviews, grandmothers were an important person in the lives of the teen parent and their child.

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[3] The name of the Native Elder is being withheld in order to maintain community confidentiality.

This observation supports the Indigenist Stress Coping Model (Walters & Simoni, 2002), which suggests that culture is used as a coping strategy and leads to a more positive health outcome. Walters and Simoni (2002) reported

> our modified stress-coping model posits that the effect of life stressors (e.g. historical trauma) on health is moderated by cultural factors such as identity attitudes that function as buffers, strengthening psychological and emotional health and mitigating the effects of stressors. (p. 521)

This idea is illustrated in my sample. The life stressor is teen parenting and the cultural moderator is the assumption of the culturally traditional role of being a parent along with the encouragement and support by grandmothers in the community.

Other studies (Hallman, 2007; Rodgers, 1998) have found that teen parents usually exhibit low self-efficacy and high caregiver stress. Among this sample, taking on a culturally traditional parenting role appeared to increase self-efficacy and lower caregiver stress. In this sample, teen parents reported knowing what their responsibilities as a parent are and feeling capable of carrying out those responsibilities (increased self-efficacy). Although the participants in this study reported caregiver stress such as worrying about the well-being of their child, they reported having support to help during stressful times. Grandmothers played a major role in helping to alleviate caregiver stress in order for the teen parent to be successful.

All participants in this study participated in risk-taking behavior before the birth of their child(ren). Behaviors that were reported were alcohol and drug use, running away from home, and physically fighting. However, once the participants learned of the pregnancy, these behaviors decreased and in most cases, stopped all together. For example, one participant reported that because she was blessed with a child, she needed to honor both the child and

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herself. This leads into participants' increase of educational goals. Before the knowledge of the pregnancy, most participants did not care for school and had dropped out of school. Once learning of the pregnancy, the participants reported wanting to get an education to better the lives of their child(ren) and identified education as a way to achieve that goal. This belief increased their educational goals and achievement and many of the participants started to think of higher education for the first time and took steps to graduate from high school or earn a G.E.D.

The teen parents in this study reported that having a child was a positive influence in their lives because after becoming a parent, their educational goals increased and their risk-taking behavior decreased. Participants reported seeing educational achievement as a means to provide for their child whereas before the birth of their child, they were unsure about their future and most had dropped out of school before the pregnancy. Contrary to other findings (Shuger, 2012; Winquist-Nord et al., 1992), almost all the participants in this study had received a high school diploma or GED or were within one to two semesters of receiving a high school diploma.

Research (Hoffman, 2006; Jaffee, et al., 2001; Kelly, 1996) has shown that teen pregnancy is a risk factor for most teens; however, with this sample it has been both a protective factor as well as a risk factor. All the participants returned to school or got a GED and made goals to obtain a college degree (with two of the participants already taking college classes). While, all the participants in this study said they would not recommend parenting to other teens, they also said they would not change the fact that they are parents. All participants reported risky behavior before the pregnancy, such as using substances use and/or running away from home. This behavior stopped or decreased dramatically for the teens who participated in this study.

All the teen parents reported difficult relationships with their peers and indicated they had been bullied at some time during their life. For most of the female participants, bullying

happened before the pregnancy and was a major factor in why they had dropped out of school. During the pregnancy, they reported being stigmatized and the bullying was displayed in more covert forms such as facial gestures and/or gossip. In all instances, the bullying has continued since the birth of the child. The teens also reported being judged or labeled negatively because they are teen parents. This judgment is coming from their peers as well as adults.

An interesting finding in this study was that the female participants reported being bullied or picked on prior to their pregnancy with most having reported that the bullying happened even before meeting their child's father. Several of the participants self-reported having post-traumatic stress disorder, depression, and anxiety which they attribute to having been bullied. The participants' experiences of being bullied continued during and after the pregnancy, however, the bullying had become less overt (e.g., rumors, whispering, and exclusion). Participants also reported that during and after the pregnancies, adults contributed to their stigmatization. Participants also conveyed that their friends' parents would not let the teen parents socialize with their children and teachers and other adults openly expressed disapproval of them.

All participants also reported an aspect of an unhealthy relationship with their child's other parent. For one participant, this component of being a teen parent was the most challenging. Participants reported a range of unhealthy behavior on the part of their partners. This behavior included their partner binging on alcohol and/or drugs to being addicted and being jealous and controlling to being emotionally and physically abusive. Half of the participants were still in a relationship with their child's other parent and the other half were not in a relationship and reported receiving little to no help with the child.

Unhealthy partner relationships were a major factor identified in this study. Participants reported substance use, jealously, and/or emotional and physical abuse from their child's other parent. Participants reported that they bore all the parental financial responsibility and the child's other parent would not help care for the child. Other participants reported being isolated from their child when the other parent was angry with them. In many cases the other parent was also using drugs and/or alcohol and would neglect the emotional needs of their partner (teen parent) and the child. Although, all situations were slightly different, all participants reported aspects of an unhealthy relationship between them and their child's other parent.

Limitations and future recommendations

Rich descriptive data was collected for this study. However, limitations to generalize the findings still exist and must be mentioned. The participants self-selected and /or were referred by professionals in the community. As a consequence, only those teens who are "doing well" may have volunteered to participate. Further studies should perhaps sample more broadly and post flyers at substance abuse treatment programs, the courts, law offices, the Office of Public Assistance, high schools, and tribal colleges in an effort to reach a wider and perhaps more representative sample of teen parents.

However, the study will provide the tribe, Elders Council, and schools with information to help them support existing teen parents on the reservation. A longitudinal study would provide further information in this area. Further information regarding male teen parents would also be informative. Another important aspect to further investigate is the pattern of unhealthy partner relationships. Further investigation into this theme would benefit American Indian teen parents and their children as well as American Indian teens and the community.

Conclusion

Teen parenthood appears to have several positive consequences for teens in my sample group, which contrasts with findings from other studies. Furthermore, the interview results suggests a relationship between bullying and risk of teen pregnancy, and that the negative way many adults, including authority figures such as teachers, react to teen parents could be harmful. The results also suggest that the development of an unhealthy partner relationship is also a risk factor for teen parenthood. The experience of teen parenting for American Indian teen parents from a Northwest tribe encompasses a dynamic process that includes adapting to and balancing the tribal role of a parent with the perceived judgment from American society. As a teen parent, these teens are striving to improve their lives and the lives of their children by decreasing their risk-taking and increasing their educational goals. In a sense, claiming their cultural role in the community. This effort is met with support and encouragement from close relatives especially grandmothers. However, it is also met with negative judgment and resistances, by the larger community to accept the teen's new role.

Teen parents reported having negative experiences with their peers before, during, and after the pregnancy. During and after the pregnancy the teens reported continued negative experiences with their peers as well as adults. The teens reported feeling judged and labeled because of being a teen parent. This judgment has made it harder for the teen to be successful with their educational goals.

The teen parents are also faced with the hardship of dealing with an unhealthy partner relationship with their child's other parent. The teen parent's reported being in a relationship for at least 6 months before the pregnancy and all reported some type of unhealthy behavior in their relationships. The unhealthy behavior includes name calling, jealousy, cheating, and physical

abuse. Although all the teen reported aspects of unhealthy relationships, they all reported

wanting the child's other parent to be in the child's life. Half of the teen parents reported

continuing the relationship with the child's other parent and the other half left the situation

because of abuse.

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Appendix A

Research Study

The Lived Experience of American Indian Teen Parents

Teen parents are needed for interviews for a study:

- 30 to 90 minute interview
- Compensated with $10.00, a small gift, and a children's book for each of their children

Requirements for participation:

- American Indian teen parent
- 13 to 19 years old

If you are interested in participating, please contact Ann Douglas at:

406-243-6298

Appendix B

Minor's Assent for Being in a Research Study
University of Montana

Title: The Lived Experience of American Indian Teen Parents from a Northern Plains
Tribe

Why am I here?

We are asking you to take part in a research study because we are trying to learn

more about the experiences of American Indian teen parents. We are inviting you to be

in the study because you are an American Indian teen parent.

Why are they doing this study?

The purpose of this study is to understand the lives of current American Indian

teen parents in order to inform professionals who are in helping role.

What will happen to me?

You will be involved in a 30 to 90 minute interview. The interview will consist

of one open-ended question. This interview will be about you and your experience with

being a teen parent.

Will the study hurt?

This study will not hurt. However, talking about your experience may cause you

to think about feelings that make you sad or upset. You will have the opportunity to talk

about your feelings at the end of your interview.

Will the study help me?

This study will help you to share your experience as a teen parent. It will also help

by informing others how life is for you and how professionals can better serve the needs

of you and your child(ren).

Approval Expires On 9-3-/3
Date Approved By UM-IRB 9-4-/2
IRB-Chair

What if I have any questions?

You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can call me, Ann Douglas at 406-243-6298 or ask me next time.

Do my parents [guardians] know about this?

This study was explained to your parents [guardians] and they said that you could be in it. You can talk this over with them before you decide.

Do I have to be in the study?

You do not have to be in the study. No one will be upset if you don't want to do this. If you don't want to be in this study, you just have to tell me. You can say yes now and change your mind later. It's up to you.

Writing your name on this page means that that you agree to be in the study, and know what will happen to you. If you decide to quit the study all you have to do is tell the person in charge.

_____   _____
Name of Minor (printed)   Date

_____   _____
Signature of Minor   Date

_____   _____
Signature of Researcher   Date

Approval Expires On _9-3-13_
Date Approved By UM-IRB _9-4-12_
_____ IRB-Chair

Appendix C

_____ PARENTAL PERMISSION _____

Title: The Lived Experience of American Indian Teen Parents from a Northern Plains Tribe

Project Director(s):

Ann Douglas, Clinical Psychology Graduate Student
Department of Psychology
The University of Montana
Missoula, MT 59812
(406) 243-6298
ann.douglas@umontana.edu

Gyda Swaney, PhD., Associate Professor
Department of Psychology
The University of Montana
Missoula, MT 59812
(406) 243-5630
gyda.swaney@umontana.edu

Purpose: The purpose of this research study is to understand your child's experience being a teen parent.

Procedures: Your child will be interviewed about his/her experience being a teen parent. The study will take place at your home or a place where you and your child are comfortable. The session will last between 30 to 90 minutes.

Payment for Participation: Your child will receive $10.00, a small gift, and a book for each of their children.

Risks/Discomforts: There is minimal risk involved in this study. However, answering the questions may cause your child to think about feelings that make him/her sad or upset.

Benefits: Your child's help with this study will provide a rich description of the lives of American Indian teen parents and will help interested parties to understand how it is to be an American Indian teen parent living on a reservation. This in return will help professionals to better serve American Indian teen parents and their children.

Confidentiality: Your child's identity will be kept private. The audiotape will be transcribed without any information that could identify your child. Your child's interview will be de-identified and replaced with letters such as Interview A, Interview B, etc... The tape will then be erased. Your signed consent form will be stored in a locked cabinet separate from the interview.

Compensation for Injury: Although we do not foresee any risk in taking part in this study, the following liability statement is required in all University of Montana consent forms.

1

Approval Expires On 9-3-13
Date Approved By UM-IRB 9-4-12
_____ IRB-Chair

In the event that your child is injured as a result of this research you should individually seek appropriate medical treatment. If the injury is caused by the negligence of the University or any of its employees, your child may be entitled to reimbursement or compensation pursuant to the Comprehensive State Insurance Plan established by the Department of Administration under the authority of M.C.A., Title 2, Chapter 9. In the event of a claim for such injury, further information may be obtained from the University's Claims representative or University Legal Counsel.
(Reviewed by University Legal Counsel, July 6, 1993)

Voluntary Participation/Withdrawal: Your decision to allow your child to take part in this research study is entirely voluntary. There will be no repercussions if your child withdraws from the study at any time.

Questions: If you have any questions about the research now or during the study contact: Ann Douglas at 406-243-6298. If you have any questions regarding your child's rights as a research subject, you may contact the Chair of the IRB through The University of Montana Research Office at 243-6670.

Parent's Statement of Permission:

I have read the above description of this research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will also be answered by a member of the research team. I voluntarily agree to have my child take part in this study. I understand I will receive a copy of this permission form.

_____

Printed Name of Subject

_____   _____

Signature of Parent or Legally Authorized Representative   Date

Statement of Permission to be Audiotaped:

I give permission to having my child's to be audiotaped during the interview of this study.

I understand that audio recordings will be destroyed following transcription, and that no identifying information will be included in the transcription.

_____   _____

Signature of Parent or Legally Authorized Representative   Date

2

SUBJECT INFORMATION AND INFORMED CONSENT

Study Title: The Lived Experience of American Indian Teen Parents from a Northern Plains Tribe

Investigator(s):   Ann Douglas, MEd., Clinical Psychology Graduate Student
Department of Psychology
The University of Montana
Missoula, MT 59812
(406) 243-6298
ann.douglas@umontana.edu

Gyda Swaney, PhD., Associate Professor
Department of Psychology
The University of Montana
Missoula, MT 59812
(406) 243-5630
gyda.swaney@umontana.edu

Purpose: The purpose of this research study is to learn about the experiences and lives of American Indian teen parents.

Procedures: You will be asked to ask to participate in a one on one interview with the primary investigator. The study will take place at a comfortable location for you such as your home. The session will last for 30 to 90 minutes.
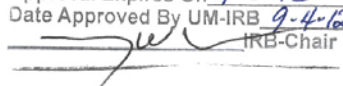
Your initials _____ indicate your permission to audio record the interview.

Payment for Participation: You will receive $10.00, a traditional gift, and a book for each of your children for participating in this research study.

Risks/Discomforts: There is minimal risk or discomfort for participating in this study. Talking about your experience may cause you to think about feelings that make you sad or upset. You will have the opportunity to process your feelings before your leave the interview. You will also be given a list of local mental health providers who might be of assistance.

Benefits: Your help with this study will provide a rich description of the lives of American Indian teen parents and will help interested parties to understand how it is to be an American Indian teen parent living on a reservation. This in return will help professionals to better serve American Indian teen parents and their children.

Confidentiality: Your identity will be kept private. The audiotape will be transcribed without any information that could identify you. Your interview will be de-identified and replaced with letters such as Interview A, Interview B, etc… The tape will then be erased. Your signed Consent/Assent form will be stored in a locked cabinet separate from the interview.

Approval Expires On _9-3-13_
Date Approved By UM-IRB _9-4-12_
IRB-Chair

Voluntary Participation/Withdrawal: Your decision to take part in this research study is entirely voluntary. There will be no repercussions if you want to withdraw from the study at any time.

Questions: If you have any questions about the research now or during the study contact: Ann Douglas, M.Ed, at 406-243-6298 or Gyda Swaney, PhD, at 406-243-5630. If you have any questions regarding your rights as a research subject, you may contact the Chair of the IRB through The University of Montana Research Office at 406-243-6670.

Statement of Consent: I have read the above description of this research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will also be answered by a member of the research team. I voluntarily agree to take part in this study. I understand I will receive a copy of this consent form.

_____
Printed Name of Subject

_____   _____
Subject's Signature   Date

Statement of Permission to be Audiotaped:

       I agree to be audiotaped during the interview of this study.

       I understand that audio recordings will be destroyed following transcription, and that no identifying information will be included in the transcription.

_____   _____
Subject's Signature   Date

Demographic Information

Please do <u>not</u> write your name on this form. The information you provide will allow me to accurately describe as a group everyone who participated in the study. This form will be stored separately from your Consent/Assent Form and will not be linked to your Interview in any way.
For the following items, please select the response that is most descriptive of you or fill in the blank as appropriate.

1. What is your gender?   _____Female   _____Male

2. Are you tribally enrolled?
          _____Yes   If yes, of which Tribe are you a member? _____
          _____No

3. Are you a tribal descendent?

          _____Yes   If yes, of which Tribe are you a descendent?_____
          _____No

4. What is your marital status?

          _____Single
          _____Never married but in a long-term relationship
                    How long have you been in the relationship?   _____Years_____Months
          _____Never married but separated from a long-term relationship
                    How long was the relationship?   _____Years_____Months
                    How long have you been separated?   _____Years_____Months
          _____Married
                    How long have you been married?   _____Years_____Months
          _____Married but separated
                    How long were you married?   _____Years_____Months
                    How long have you been separated?   _____Years_____Months
          _____Divorced
                    How long have you been divorced?   _____Years_____Months
                    How long were you married?   _____Years_____Months
          _____Widowed
                    How long have you been widowed?   _____Years_____Months
                    How long was your relationship?   _____Years_____Months

5. How many years have you lived on a reservation or reservations?   _____

6. How many children do you have?   _____

          How old is your oldest child?   _____Years_____Months
          How old is your second child?   _____Years_____Months
          How old is your third child?   _____Years_____Months

7. **What is your education level? Please check the <u>highest</u> level that you attained.**

_____Grade School (grades 1-5)
_____Middle School (grades 6-8)
_____High School (grades 9-12)
_____High School Graduate
_____GED (General Equivalency Degree)
_____Vocational Education
_____Some College
_____College Degree
       _____Associate of Arts (AA Degree)
       _____Bachelor of Arts (BA Degree)
       _____Bachelor of Science (BS Degree)

8. **I live**

_____alone.
_____with friend(s).
_____with a parent or parents.
_____with a grandparent or grandparents.
_____with my partner/spouse.
_____other. Please specify_____.

9. **How many people live in the same household that you do?** _____

10. **Of the people who live with you in the same household, how many are minors (e.g. younger than 18 years old)?** _____

11. **What is the Annual Household Income?**

_____Less than $7,500 a year
_____$7,500 - $14,999 a year
_____$15,000 - $24,999 a year
_____$25,000 - $40,000 a year
_____Over $40,000 a year

12. **Was your Mother a teen parent?** _____Yes _____No

13. **Was your Father a teen parent?** _____Yes _____No

THANK YOU!

Interview #_____

Date_____

Appendix F

Level 5: Typical Structure

The participants in this study all have the experience of being an American Indian teen parent living on a reservation. They reported mixed feelings and experiences of being a parent. Their feelings and experiences fall into two basic categories; encouraging and challenging.

The teens reported enjoying being a parent and readily identified having a grandmother figure to help them through this stage in their life. Participants seemed to have high self-efficacy when it came to parenting. This was apparent when they talked about providing for their children's emotional, spiritual, physical, and financial needs. The participants' experience has been supported by grandmothers in the community. Their cultural beliefs about children also seem to contribute to their positive experience of being a teen parent.

All participants in this study explained experiences with risk-taking behavior before the birth of their child(ren). Behaviors that were reported were alcohol and drug use, running away from home, and physically fighting. However, once the participants learned of the pregnancy, these behaviors decreased and in most cases, stopped all together. For example, one participant reported that because he/she was blessed with a child, he/she needed to honor their self and their child. This leads into participants' increase of educational goals. Before the knowledge of the pregnancy, most participants did not care for school and had dropped out of school. Once learning of the pregnancy, the participants reported wanting to get an education to better the lives of their child(ren) and identified education as a way to achieve that goal. This belief increased their educational goals and achievement as many of the participants started to think of higher education for the first time and took steps to graduate from high school or earn a G.E.D.

All the teen parents reported being bullied at some time during their life. For most of the female participants, bullying happened before the pregnancy and was a major factor in why they had dropped out of school. During the pregnancy, they reported being stigmatized and the bullying being displayed in more covert forms such as facial gestures and/or gossip. The bullying has continued since the birth of the child. The teens reported being judged or labeled negatively because they are teen parents. This judgment is coming from their peers as well as adults.

All participants also reported an aspect of an unhealthy relationship with their child's other parent. For one participant, this experience of being a teen parent was the most challenging. Participants reported a range of unhealthy behavior from their partners. This behavior included using alcohol and drugs to being emotionally and physically abusive. Half of the participants were still in a relationship with their child's other parent and the other half were not in a relationship and reported receiving little to no help with the child.

Appendix G

Level 6: Essential Structure

The experience of teen parenting for American Indian teen parents from a Northwest tribe encompasses a dynamic process that includes adapting to and balancing the tribal role of a parent with the perceived judgment from American society. As a teen parent, these teens are striving to improve their lives and the lives of their children by decreasing their risk-taking and increasing their educational goals. In a sense, claiming their cultural role in the community. This effort is met with support and encouragement from close relatives especially grandmothers. However, it is also met with negative judgment and resistances, by the larger community to accept the teen's new role.

Teen parents reported having negative experiences with their peers before, during, and after the pregnancy. During and after the pregnancy the teens reported continued negative experiences with their peers as well as adults. The teens reported feeling judged and labeled because of being a teen parent. This judgment has made it harder for the teen to be successful with their educational goals.

The teen parents are also faced with the hardship of dealing with an unhealthy partner relationship with their child's other parent. The teen parent's reported being in a relationship for at least 6 months before the pregnancy and all reported some type of unhealthy behavior in their relationships. The unhealthy behavior includes name calling, jealousy, cheating, and physical abuse. Although all the teen reported aspects of unhealthy relationships, they all reported wanting the child's other parent to be in the child's life. Half of the teen parents reported continuing the relationship with the child's other parent and the other half left the situation because of abuse.