

ORIGINAL RESEARCH

Weaving dreamcatchers: mothering among American Indian women who were teen mothers

Janelle F. Palacios, Carolyn J. Strickland, Catherine A. Chesla, Holly P. Kennedy & Carmen J. Portillo

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Correspondence to J.F. Palacios:
e-mail: janellepalacios@gmail.com

Janelle F. Palacios CNM PhD RN
Postdoctoral Fellow
Center for Vulnerable Populations/Health
Disparities, University of California-Los
Angeles School of Nursing, California, USA

Carolyn J. Strickland PhD RN
Associate Professor
Psychosocial & Community Health,
University of Washington School of
Nursing, District of Columbia, USA

Catherine A. Chesla DNSc RN FAAN
Thelma Shobe Professor
Department of Family Health Care Nursing,
University of California-San Francisco
School of Nursing, California, USA

Holly P. Kennedy CNM PhD FAAN
Helen Varney Professor of Midwifery
Yale School of Nursing, New Haven,
Connecticut, USA

Carmen J. Portillo PhD RN FAAN
Professor and Chair
Department of Community Health Systems,
University of California-San Francisco
School of Nursing, California, USA

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Abstract

Aims. The aim of this study was to explore the mothering experience and practice among reservation-based adult American Indian women who had been adolescent mothers.

Background. Adolescent American Indian women are at an elevated risk for teen pregnancy and poor maternal/child outcomes. Identifying mothering practices among this population may help guide intervention development that will improve health outcomes.

Design. A collaborative orientation to community-based participatory research approach.

Methods. Employing interpretive phenomenology, 30 adult American Indian women who resided on a Northwestern reservation were recruited. In-depth, face-to-face and telephone interviews were conducted between 2007–2008.

Findings. Women shared their mothering experience and practice, which encompassed a lifespan perspective grounded in their American Indian cultural tradition. Four themes were identified as follows: mother hen, interrupted mothering and second chances, breaking cycles and mothering a community. Mothering originated in childhood, extended across their lifespan and moved beyond mothering their biological offspring.

Conclusion. These findings challenge the Western construct of mothering and charge nurses to seek culturally sensitive interventions that reinforce positive mothering practices and identify when additional mothering support is needed across a woman's lifespan.

Keywords: American Indian, culture, early childbearing, interpretive phenomenology, maternal role, mothering, native American, nurses, parenting, qualitative, teen pregnancy

Introduction

Although the birth rate for US adolescents reached a historic low in 2009 at 39.1 per 1000 live births (Hamilton *et al.* 2010), birth rates among marginalized populations, such as Hispanic (70.1 per 1000 live births), African American (59.0) and American Indian (55.5) adolescents are typically two to three times the birth rate among non-Hispanic White (25.6) teens (Martin *et al.* 2011). Regional differences in American Indian (AI) teen birth rates exist, ranging from as high as 123.2 in the Indian Health Aberdeen service area, to 24.3 in the California service area (Wingo *et al.* 2012). These women are more likely to smoke (Amparo *et al.* 2011), drink and use drugs (Tenkku *et al.* 2009, Barlow *et al.* 2010) experience interpersonal violence while pregnant (Mylant & Mann 2008), access little to no prenatal care (Hanson 2011), entertain suicidal ideation (Yoder *et al.* 2006) and report elevated depressive symptoms (Ginsburg *et al.* 2008), placing them at risk for preterm birth, low birth weight and infant mortality (Alexander *et al.* 2008). Few studies have taken a life course perspective to interview adult women about their teen pregnancy experience (Smithbattle 2005, Palacios & Kennedy 2010). It is equally rare to find studies on AI women's early childbearing experiences. This may reflect the challenges recruiting this population into research due to historical mistrust, cultural beliefs that conflict with research premises (Christopher 2005) and locating the population related both to contradictions among federal, state and tribal criteria for membership (Palacios *et al.* 2012) and miscoded or under-reported AI racial categories (Rhoades 2005). The purpose of this study was to understand the mothering experiences and practices of adolescent AI women so that interventions aimed at delaying childbearing and supporting maternal/child outcomes are identified.

Background

Mothering among adults and adolescents

Nurse researcher, Reva Rubin (Rubin 1967a,b), conceptualized the term 'maternal role attainment' to encompass the transformative social and cognitive interactive care-giving process that is learned and shared between mother and baby beginning postpartum as the mother's level of connectedness and feedback from her baby influences her role performance. Later, Rubin amended her term to reflect the evolving mothering process that began in pregnancy, rather than postpartum and was affected by maternal and child factors (Rubin 1984). Expanding on Rubin's original work, Mercer (2004) re-conceptualized 'maternal role attainment'

with 'becoming a mother' to indicate the dynamic changes this role encompasses over a woman's lifetime. To date, studies have found that mothering begins antenatally (Carolan 2005, Miller 2007, Darvill *et al.* 2009, Ngai *et al.* 2010) and while studies have shown that adult women find that the transition to mothering can be difficult (Carolan 2005, George 2005), the breadth of attention given to adolescents demonstrates that teen mothers are heavily scrutinized.

Adolescent mothers are not homogeneous in their experience of motherhood, parenting practices, risky behaviours and future health outcomes. It has been recognized that the intersection of youth, early motherhood and adverse childhood experiences situates young mothers on a difficult path as they struggle to care for themselves and their children (Hanna 2001). Compounding stress can adversely affect young mothers, placing them at risk for harsh parenting practices (Oxford *et al.* 2006, Lee 2009).

However, early childbearing may be a positive force in women's lives allowing them to: develop goals, feel optimistic, engage in responsible activities (Smithbattle 1995, Clemmens 2003, Seamark & Lings 2004, Kaye 2008, Aujoulat *et al.* 2010, Smid *et al.* 2010, Crawford *et al.* 2011, Larkins *et al.* 2011), mend broken relationships (Williams & Vines 1999) and curb risky behaviours (Larkins *et al.* 2011). Likewise, early childbearing has been shown to affirm a young woman's maternal role (Arenson 1994, Smithbattle & Leonard 1998, Kaye 2008, Palacios *et al.* 2012). While a young mother's life trajectory may follow an inherited path, which is more reflective of her position in life than inherent incapability to improve her circumstance (Smithbattle 2007), through supportive models, corrective experiences, positive childhood memories, determination and conscious reflection of changing poor parenting practices, women are able to create sound and responsive mothering practices (Smithbattle 2000, Smithbattle & Leonard 2006).

Cultural distinctions

To understand mothering, one must understand a mother's position in history, culture (Fouquier 2011), societal norms, oppression, social class and cultural meanings of womanhood (Mims 1998). While early childbearing is eschewed by the dominant Western culture, young motherhood may be normative among some populations wherein multigenerational extensive kinship relationships are available (Dalla & Gamble 2001).

Gichia (2000) found that African American youth practised mothering by caring for younger family members, that becoming a mother marked womanhood and that

mothering transmitted family values. In addition, mothering in this population has been found to be family and community oriented, with role models who evaluate and guide new mothers into their mothering practice (Gichia 2000, Fouquier 2011), while providing a source of power that creates meaning, satisfaction and respect in both the family and larger community (Fouquier 2011).

Bearing a child also marks womanhood among AI women (Horn 1983), relies on the interpersonal support and relationships with family and community members (Eni & Rowe 2011) and is conceptualized as a normative part of life, regardless of which age it may occur (Dalla & Gamble 2001). Furthermore, the collective abusive residential school history has been recognized as a source for disrupting healthy parenting practices (Eni & Rowe 2011).

Mothering is dynamic. It starts antenatally and continues throughout a woman's life. All mothers face challenges regardless of age and race and while mothering at younger ages may be viewed as limiting one's life possibilities, it can herald positive life transformations. Distinct mothering variations exist and are best understood within cultural parameters filtered through history and surrounding context. American Indians are particularly situated in a tumultuous history filled with land loss, assimilation policies aimed at destroying cultural beliefs and practices and forced boarding school attendance that isolated youth from family and culture. Native women are especially affected with poor maternal/child outcomes and findings are expected to contribute to the nursing body of knowledge for this marginalized population.

The study

Aim

The aim of this study was to understand mothering experiences and practices among adult AI women who had been adolescent mothers.

Design

Consistent exploitation and marginalization have taught AI communities to be wary of research, making it difficult to engage this population (Norton & Manson 1996, Christopher 2005). To equalize power, aspects of community-based participatory research were used (Minkler & Wallerstein 2003) and a Tribally appointed community board supervised the study.

Philosophical and cultural AI views value one's lived experience, or personal story. Interpretive phenomenology

allows for women to be understood in their situated life context constructed of personal concerns, cultural meanings, time (history, present & future) and space (Heidegger 1962, Benner 1994). Culturally and philosophically, this method is suited to understand AI women's motherhood experiences because it contextualizes them in their histories, traditions, living space, concerns and transitions, while engaging in a culturally appropriate practice of oral storytelling (Palacios *et al.* 2012).

Participants

Adult AI women who had a child at age 18 or younger and lived on a Northwestern reservation were recruited by public announcements in local newspapers, public flyers and word-of-mouth strategies. Women who did not bear a live child were excluded. Women contacted the principle investigator to be screened and provided written consent once they were read a copy of the study procedure and consent form.

Data collection

Forty-one interviews were conducted with 30 women from July 2007–April 2008. After written consent was obtained, women completed a brief demographic survey either by mail or in person, which was followed by an interview (with JFP). Each semi-structured interview began with 'Tell me what was going on when you became pregnant,' followed by probes such as, 'Please share a memory of how you reacted to your pregnancy.' Up to three interviews were planned for each participant to prolong contact and gain trust. The second and third interviews were used for further questions and to clarify understanding (member checking). Interviews ranged from 30–180 minutes in duration. Despite subsequent interviews conducted within 4 months, few women completed the second ($n = 8$) and third ($n = 3$) interview. Poor retention may have resulted from changes in contact information and disconnected phone service. Women were compensated \$20 cash after each interview. Field notes were documented, while interviews were digitally voice recorded, transcribed verbatim and checked for accuracy (JFP).

Ethical consideration

Joint approval from both the University of California San Francisco's Committee on Human Research and the partnering Tribe was received. Pseudonyms are used to protect confidentiality for both the Tribe and participating women.

Data analysis

Interpretive phenomenology aims to discover commonalities and differences (Benner 1994) through a dynamic and repetitive process wherein the investigator draws on previous understandings (Van Manen 1990). Interviews, field notes, observations and interpretive memos were entered into ATLAS.ti Version 5.1, a software program that facilitates data organization and coding. Analysis followed the triadic process described by Benner (1994). Paradigm cases were based on the repeated readings and summary of each interview, whereon similarities and comparisons were drawn across paradigm cases by means of thematic analysis (JFP, HPK & CAC). Finally, exemplars were selected to exhibit a particularly poignant situation or meaning (JFP).

Rigour

To address rigour, or how well each participant's experience was portrayed, all transcripts were transcribed verbatim to capture women's stories (Poland 1995). Throughout the interview process, credibility was sought by member checking, while an audit trail helped to achieve confirmability and dependability (Lincoln 2002). Finally, reflexive journaling by the primary investigator (JFP) along with periodic collaborative review with nursing colleagues (HPK, CAC CJS, & CJP) helped to identify assumptions (Lincoln & Denzin 1994).

The PI's (JFP) forestructure, or pre-understandings, derive from her experiences and identity as an AI woman, who was raised on a rural reservation, as the eldest child of an AI teen mother. Reflexive journaling of her memories, experiences, observations, understandings and assumptions helped to shape the analysis to identify cultural understandings that may have been otherwise missed.

Findings

Generally, women were 15 years old when they became pregnant (age range 14–18 years old) and delivered on turning 16. During the first interview, women on average were middle-aged at 37 years old (age range of 20–65 years old). Detailed findings related to women's childhood experiences (Palacios & Kennedy 2010) and the meaning of early childbearing (Palacios *et al.* 2012) have been reported earlier. Results shared in this article derive from a lifespan perspective on mothering experiences and practices and include mother hen; interrupted mothering and second chances; breaking cycles; and mothering a community.

Mother hen

Mother hen denotes the mothering experience during childhood. Family circumstances (e.g. raised by a single parent or neglectful parenting) created conditions that pressed women into early motherhood. Born out of necessity, they cooked, cleaned, cared for siblings and worried about their family's safety. This was a time women gained practical caretaking experience as the weight of responsibility for the household was shared on their shoulders and they stepped into motherhood. Kim, who at age 16 had her first child, stated, 'I was their mother during the day,' in reference to caring for her two younger siblings.

Women were not always told to take on this challenging role. By understanding their situation, albeit their young age, women innately recognized the course of action to take to meet needs. Cooking since age 7 and young mother by age 17, Rochelle shared her insight:

I always felt I was a mother before I was a mother. I learned to cook at age 7 and I was bathing, dressing, caring, disciplining and loving my four younger brothers and sisters. The only difference when I had my son was that he was mine. I gave birth to him, the rest was the same

Leslie, who at age 10 and oldest of 5 children, became the household matron while her alcoholic parents worked and partied. She had a son at age 16 and moved next door to care for her son. Recalling immense guilt for diverting her attention from her siblings, Leslie stated:

I felt guilty. I was their caretaker. But I had to focus on my baby. My brothers and sisters blamed me for years, for leaving them. They were so upset, because they looked at it as if I had abandoned them. It was crazy, the whole role change. One thing I know now is that I barely knew how to parent. At first I was a parent to my siblings. I was not a sister. And that is the screwed up part. I was never a sister; I was more of a caretaker- a mother. So, when I got into the role of being a parent to my son and then trying to be a sister to my siblings, it was hard. It was not an easy transition, I don't know if it even happened

Further in her story, Leslie revealed how her angry younger brother broke down her door and kicked her stomach. He accused Leslie of being a 'bad parent' and held a grudge well into adulthood. Leslie's memory illustrates how a double role affected not only women, but likewise affected siblings.

Interrupted mothering and second chances

This theme demonstrates the periodic interruptions in active mothering along with the motivation to recalibrate one's

mothering practice in a 'second chance'. Mothering was not a successive trajectory of increasing competency. Rather, competing concerns heralded intermittent disruptions from mothering. Taking a second chance often indicated a renewed commitment to mothering as women attempted to modify their care-giving practices that would result in healthier futures. Included in this process was the ability to heal. Accepting one's mistakes and seeking forgiveness from others (usually their own children) facilitated their healing and allowed them to identify areas of mothering to improve.

Most women ($n = 27$) described an interval in mothering wherein they were not primarily responsible for, or in daily contact with, their child (ren). In all of these cases, with regret, women shared how their break in mothering resulted from a need to be 'wild.' By placing their children with family members or friends, women were allowed to emotionally and physically disengage. Then, faced with a particular event or series of events (sometimes traumatic), women re-evaluated their priorities and made reconciliatory actions to regain their tentative hold on mothering. Sometimes this period lasted until the second chance was carried out on the woman's grandchild (as in the case of Lily who cared for her grandson), or across family ties onto nieces and nephews as experienced by Jasmine. Consistently women considered this a dark period, born of guilt from indulgent behaviours while overlooking their children.

Cienna became pregnant at age 16 and married her boyfriend. She believes that they were not mature enough to make important decisions. During the first ten years of their married life, both abused drugs and created unsafe living situations for their children. After Cienna narrowly escaped a methamphetamine overdose and resolved to change her life, her daughter went to treatment:

My little daughter who was scared to death of needles was shooting oxycontin. She was in a lot of pain and we didn't know it. It was her first time to tell us how she felt and the first time she got to tell us how angry she was with us for doing what we did. I was so thankful she was able to get that out. It's been hard to accept our past actions and how they affect our kids, but is part of the journey to healing. I am a better mother because of what has happened

Valerie became pregnant during eighth grade when she was 14 years old and again when she was 16. Despite pessimistic family members, Valerie graduated high school and started community college, all the while continuing an abusive relationship with the father of her children. Placing her children in her mother's care, at age 19, a physically and

emotionally exhausted Valerie left her abusive relationship. To relieve stress, she began using drugs with friends, which culminated into surviving a disfiguring car accident. Swollen and horribly bruised, she recalled the first time she saw her children after the accident:

Getting into a rut I think woke me up. I was really messed up...I went with my mom to pick them up from daycare and my little girl was 2 years old. She kept trying to look back at me from the front of the car. I was in the backseat and she was in the front. She kept looking back, she would smile at me and wave, then turn around. I wanted to cry. I felt like, 'Oh God, I left her all this time and she is happy to see me.' I could not even bring myself to hold her. I realized there were more important things. My kids were more important because I almost lost my life. It really woke me up. My kids made me quit [meth]. Sometimes you wish you could start all over, but you can't

With support from family members, Cienna and Valerie changed their lives. Cienna went on to complete two treatment programmes and find a steady job, while pursuing counselling for herself and her children. After her traumatic accident, Valerie pursued treatment, completed courses that led to a secure job and spent quality time with her children.

Women understood that they needed to change and often they took the opportunity to try new mothering techniques in hopes of improving their children's lives. Within their families and wider community, some recognized consistent patterns of poor care-giving and voiced their concern to improve them.

Breaking cycles

Intergenerational patterns of poor parenting led to poor child outcomes, such as early substance abuse in offspring. This took a level of self-understanding, to recognize one's own past transgressions, along with insight into their parent's parenting and their ability to conclude how their children may parent the next generation. Women endeavoured to 'break the cycle,' and once cognizant of such a cycle, women sought ways to change their behaviours and practices.

This was not easily done, as Shanita summed, 'no matter what we do, we all end up like our moms.' Despite earnest and conscious efforts, breaking the cycle was challenging for women; it took patience, time, mistakes and much frustration to change. Jasmine, pregnant at 15, vowed she would not mother her children in the same destructive style she experienced, but acknowledged that she made similar mistakes, such as neglecting her children to use drugs (interrupted mothering) and leashing out destructively. In a

comparison story, she recalled how at the age of 6, her frequently absent mother returned home to take her out. Excited, Jasmine tripped over her shoe laces, fell on the gravel road, angering her mother, who then left a devastated Jasmine behind. As an adult, caring for her niece and nephew, Jasmine remembered her 12-year-old nephew returning home from his football game, muddy, wet and despondent. On tracking grime into the house, Jasmine quickly lashed out, eventually catching herself before calling him an abusive name and shared insight into presence of her mother's shadowy influence:

That cycle is just there...It is hard. Sometimes I will catch myself getting mad at some dumb little thing, like my mom. Almost to the point where I am just like her and I need to step back and tell myself to stop that. I want us to be able to communicate rather than getting mad. I've tried to break that cycle and not teach them so that they do not do what I have grown up with all my life

The recognition of intergenerational problems led some women to extend their mothering practice onto future generations and across community members

Mothering a community

This theme was marked by women's concerns for the health and safety of their family, community and future generations. The underlying desire to break cycles prevailed as women focused their mothering role across generations onto extended family members and community children. While financial resources were limited, women felt they had the emotional stamina and skill to mother nieces, nephews, grandchildren and children outside their family circle. Frustrated, women continued to bear the weight as others could not by taking in children. They became the mothers of all.

Mariel, also a mother at 16, who later left her children in her mother's care during her drinking binges, but who was now in recovery, spoke of her household as a safe haven for the youth her children brought home:

A lot of kids that run amuck in this town stay here a lot. I usually have a house full of kids. That's a good thing and I like that the kids feel safe here. They want to be here and my kids want to be here. I always tell them, 'it's a wicked world out there sometimes kids. Always know that this is your safe spot, that you'll never be harmed here.' I learned in parenting class that how you parent your child is how your child will parent your grandkids. I've put a lot of thought into that, because it is true. I sometimes catch myself doing some things my mom use to do, not always negative, some positive too

Having endured a shattered childhood from the alcohol-tainted accidental shooting and death of her father, Reyna (mother at age 16), shared a memory of the death surrounding her neighbour's young daughter:

I yelled at her dad because he was always drinking and having parties at his house. So, I took his girl out of the house and [she] lived with me for 3 months. [She] helped me with house cleaning. We'd stay home and watch movies. If I had any money, I'd rent movies. She'd always be here, not necessarily to get away from life, but I took her away from where she was. But then she ended up back at her dad's house and maybe 3 months ago she got into a car accident and died. I took it out on her dad, I didn't mean to. I know that's their business. I said, 'Why weren't you there? You could have stopped this. You could have changed stuff, but instead you were out drinking while she was out drinking with her friends

Recognizing a need for guidance and mothering, despite her limited resources, Reyna opened her household and heart to her neighbour's child hoping to intervene. On the tragic and preventable death, Reyna angrily confronted the girl's father seeking answers. She acknowledged that the issue was not her 'business,' but it was. Broadening her mothering borders to include her neighbour's daughter made the child's welfare her concern; she was her mother and as such had a right to adjudicate the event.

Figure 1 demonstrates a visual framework for understanding the results of this study. The dreamcatcher has become a commonly recognized AI symbol. Origin stories vary across Tribes, but all agree that the web functions to collect bad dreams, while only good dreams may pass and slip down the feather onto the sleeping person. All four levels of findings are represented from the inner point of

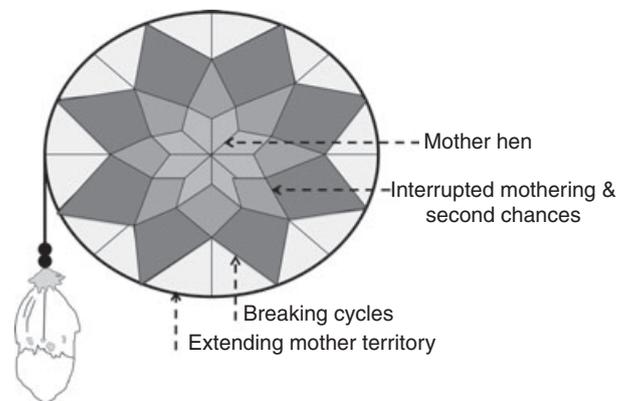


Figure 1 Dreamcatcher visual representation for understanding mothering among American Indian women.

'mother hen' to the outer, all-encompassing spine of 'mothering a community'. The dreamcatcher eloquently demonstrates the intricacies of mothering. Each twining strand relies on the strength of its neighbours and forbearers. From the small and limited view of mothering held by mother hens, to interrupted and second chances reflected by the woven strands that change direction, building on the strength (or experience) from the previous strand, to the breaking cycles demonstrated by a continued oscillating pattern of inherited and new mothering practices, to the all-encompassing, integrated existence of community mothers, that includes all experiences, lessons and concerns for immediate, extended and community family members, these strands are sometimes interdependent, never mutually exclusive, but are dynamic. For example, Mariel's mothering experience and practice touch on interrupted mothering, breaking cycles and mothering a community, while Jasmine experienced interrupted mothering and breaking cycles.

Discussion

The purpose of this study was to understand the mothering practices and experiences of adult AI women who were teen mothers. Findings demonstrate that mothering began in childhood as women were challenged and met real mothering consequences, including starvation, neglect, abuse and confusing identities. Likewise, mothering was not a seamless process of successive mothering feats, but included disruptions. Resuming their mothering role was not always easy, but often was initiated by a significant event that re-centred women, binding them to their children. During this time, women took up mothering with a concerted effort to promote healthy changes in themselves and among their children. Finally, women in this study took on a protector stance in their role as a community mother. Women cared for their children and grandchildren, but also worried about the community's future and sought avenues to break the cycle of poor parenting, extending their mothering expertise onto *all* children.

Childhood does shape one's mothering practice (Gichia 2000, Smithbattle 2000, 2006, Eni & Rowe 2011). In general, the shift to motherhood begins during pregnancy as women employ self-care measures on themselves and their growing foetus (Carolan 2005, Miller 2007, Darvill *et al.* 2009, Ngai *et al.* 2010) and continues across their lifespan (Mercer 2004). However, data from this study support the claim that, for some women, mothering begins in childhood, stretches across their lifespan and ripples over the

boundaries of their immediate offspring onto extended kin and community members.

Similar to Smithbattle's (2006) work, women in this study (situated within layers of race, class, socioeconomics and history) appear to perpetuate some of the same mothering practices they themselves experienced as children, but were also able to develop positive mothering practices (2000). Rather than lashing out, Jasmine caught herself and identified where her response originated, then acted constructively. In addition, mothering may enable some women to develop a stronger sense of agency in their life and their child's life (Smithbattle 2005), facilitating the ability to enact positive changes. Love for their children reminded both Cienna and Valerie of their mothering role and each found strength to change. One difference is how women in this study encountered suspended mothering before taking it up again with determination to improve their care-giving style. This may reflect differences in: population (American Indian vs. African American) and location (rural vs. urban) or orientation to the data (author pre-understandings). In addition, this theme demonstrates how the intersection of women's past and present situations resulted in a forward momentum to achieve a positive expected future by changing their parenting practices. Despite these differences, early childbearing and subsequent experiences were shaped from each woman's background (marked by poverty and marginalization) and available resources, much like the longitudinal data found by Smithbattle (2007).

Mothering held considerable meaning for these women in this study and was supported by family members, similar to what has been found among African American (Gichia 2000, Fouquier 2011) and First Nation Canadian (Eni & Rowe 2011) women. For Jasmine and Shanita their mothers served as background models of how not to be, while Cienna and Valerie were able to rebuild their lives with much family support. Unlike the findings by Gichia (2000), women did not cite mothering as a mode to transmit family values; however, this was an outcome when women strove to exhibit positive mothering skills that would affect subsequent generations. Although these women did not share their perspective on ties to the land regarding mothering as has been found previously (Eni & Rowe 2011), women did speak of breaking poor parenting cycles, perhaps alluding to the effects of past historical traumas. Lastly, concern for future generations and their surrounding community prompted women to mother extended kin and non-related children. To date this finding has not been revealed in other studies. It is unclear if this cultural aspect is derived from traditional American Indian customs, a reaction to historical trauma or both.

What is already known about this topic

- Mothering has been defined primarily by a woman's ability to bear a child and the dynamic reflexive process women undergo to become a mother.
- Mothering practices are rooted in women's cultural traditions and therefore may be different.
- For some communities, young motherhood may be normative depending on the situated socio-economic-political and cultural origins.

What this paper adds

- Mothering is a process that begins in childhood, extends across a woman's lifespan and is enacted beyond mothering her biological offspring.
- Mothering is not always a linear trajectory, but includes pauses and recalibration to find effective mothering practices.
- The results for this study illustrate that American Indian mothers are concerned with establishing positive mothering practices that have intergenerational effects.

Implications for practice and/or policy

- Nurses can provide support and resources, facilitating positive mothering practices along the various transition points demonstrated by American Indian women.
- Nurses are charged with the task of assessing school-aged girls for mothering behaviours enacted at home and connect these youth to role models and services.
- To be culturally compatible, interventions, policies and future research should include aspects that are community oriented.

Limitations

It was never our intention to generalize findings across all AI women. This population is heterogeneous, composed of over 550 federally recognized tribes, many with their own distinct language, beliefs and practices. However, given a shared history of colonization, some findings may resonate with AI women across the nation. Another limitation is that women self-selected to participate, meaning that voices from women who were incarcerated, in a substance abuse treatment center, lived off reservation, used substances heavily or chose not to participate, are not represented. Follow-up interviews were difficult to obtain and may have

shaped the findings differently. In addition, interview modes (telephone vs. in person) may also have affected the findings as some women may have limited their openness.

Conclusion

Nurses and allied health professionals must endeavour to understand the cultural meaning and significance of mothering from the woman's perspective. That motherhood may begin in childhood contradicts the wide-held belief that motherhood starts in pregnancy. Cultural misunderstandings of motherhood may impede care and lessen the effect of services. If mothering is unlikely to end for youth, then it may be worthwhile to consider care-giving classes for children, so that healthy practices are encouraged. Nurses and providers must assess AI girls for mothering responsibilities and connect youth to resources to help hone their skills, or talk with a therapist, for their responsibilities are unlikely to diminish. As women resume mothering or are invested in breaking cycles, they may benefit from nursing support, referrals and encouragement to continue making positive mothering changes. Efforts to help improve mothering that target individual, family and community levels are in line with AI cultural perspectives and may be more successful. Further investigation into the role of community mothering may lead to culturally appropriate interventions for youth at risk of motherhood. As a dream-catcher seizes bad dreams and allows only good dreams to pass, actions to strengthen the strands of mothering are encouraged so that positive caregiving practices are passed onward.

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Conflict of interest

No conflict of interest has been declared by the authors.

Author contributions

All authors have agreed on the final version and meet at least one of the following criteria [recommended by the ICMJE (http://www.icmje.org/ethical_1author.html)]:

- substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- drafting the article or revising it critically for important intellectual content.

JFP, HPK and CAC were responsible for the study conception and design. JFP performed the data collection and was responsible for drafting the manuscript. JFP, CAC, HPK, CJP and CJS performed data analysis. JFP, HPK, CJP and CJS made critical revisions to the article. All authors except JFP supervised the study. JFP and HPK obtained funding.

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