

THE WORKING MOTHER AND CHILD NEGLECT ON THE NAVAJO RESERVATION

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ABSTRACT. In this small retrospective study, child neglect was not found to be closely related to the mother's age, education, nor employment, but the significant factors appeared to be marital status and size of family. The clinical impression of phy-

sicians that child neglect was related to the phenomenon of working mothers was not substantiated by our findings. *Pediatrics*, 51:849, 1973, NAVAJO, NEGLECT, WORKING MOTHERS, INDIAN, CROSS-CULTURAL.

FOR many developing nations, industrialization holds the key to the 20th century. In many ways, Indian reservations within the United States resemble developing countries abroad. On the Navajo reservation, growing industrialization has dictated social changes. In this paper, we deal with one aspect of change—the emergence of the working mother and its possible relationship to child neglect.

The study was prompted by the suggestion that the incidence of child neglect was increasing in one Service Unit on the Navajo reservation where industry had recently been introduced. The clinicians hypothesized that the industry was imposing a new pattern of surrogate mothers and thus indirectly producing an epidemic of child neglect. The clinical impression of the pediatricians was even cited in a *Business Week* article:¹ "Industrialization has also brought some sociological changes on the reservation. The Public Health Service in Shiprock reports some increase in child neglect."

In order to test the validity of this observation, the authors initiated a retrospective case history study.

MATERIALS AND METHODS

A. Setting

The Shiprock Service Unit of the Indian Health Service encompasses about 5,000

square miles in the Four Corners area of New Mexico, Arizona, and Utah. The health needs of the approximately 25,000 Navajos within its boundaries are met primarily by the Public Health Service Indian Hospital at Shiprock. This facility provides both inpatient and outpatient care as well as dental, optometric, pharmacy, school health, public health, and environmental health services. For patients who require treatment not available at IHS hospitals, limited funds are available to pay for care at other hospitals.

At the time of this study the inpatient services included pediatric, medical-surgical, and obstetrical-nursery care. The hospital had 91 beds, including 16 nursery beds and 32 pediatric beds. The average daily inpatient load was 66. There were 12 physicians, including two pediatricians. Nursing coverage was provided by a staff of eight RNs, ten LPNs, and seven nursing aides. The outpatient clinics received approximately 5,000 visits each month. Field clinics were held in five outlying areas in the Service Unit at weekly or bimonthly intervals. The hospital field health program was carried out by four public health nurses and a public health nurse supervisor. These nurses provided tuberculosis case-finding and follow-up, home visits, well-baby care, and immunization conferences. Three

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TABLE I
MOTHER'S EMPLOYMENT AMONG NEGLECTED
AND NON-NEGLECTED CHILDREN

	<i>Neglect</i>		<i>Control</i>	
	<i>Cases</i>	<i>%</i>	<i>Cases</i>	<i>%</i>
Mother's Employment				
Mother working	10	30	14	29
Mother not working	23	70	35	71
	33	100	49	100

$p > .5$
 $\chi^2 = .03$

school nurses were assigned to five neighboring boarding schools.²

Shiprock is a community of about 5,000. It is not incorporated as a town and does not provide the usual municipal services of a community of that size, such as street lighting and paving, fire protection, police protection, or organized recreation. The three largest organizations in the town, namely the Bureau of Indian Affairs, the

Public Health Service, and the Navajo Tribe, each provide some services in these categories but there has been no central planning for the community. The town has no governing body and no authority to raise funds.

A unique feature of the Shiprock area is the presence of the Fairchild Corporation, an electronics company which employs about 1,000 Navajos, most of them women. This plant began operations in 1965 and is one of the first examples of industrialization on the reservation. Fairchild Corporation has introduced a new pattern of life in the region. Previously, most Navajos lived in isolated rural settings with only a few homes in each encampment. Sheep herding had been the major method of earning a living; women contributed to this effort, often weaving rugs at home in their spare time. The average annual family income on the reservation was about \$1,200.

Fairchild employees are employed under the usual industrial hourly wage pattern—an eight-hour shift, five days a week, cash salary. Many find it convenient to move into town rather than remain in remote hogans. Some stay in town during the week and return home on weekends. Because Fairchild Corporation finds that women perform better than men at the painstaking assembly work, most of the jobs are filled by women. Since other job opportunities are scarce in the Shiprock region, the husbands of the Fairchild employees are not always able to find work.

TABLE II
SIGNIFICANT FACTORS

	<i>Neglect</i>		<i>Control</i>	
	<i>Cases</i>	<i>%</i>	<i>Cases</i>	<i>%</i>
A. MARITAL STATUS				
Married	16	49	38	78
Not Married	17	51	11	22
Single	(12)	(36)	(7)	(14)
Widowed	(3)	(9)	(1)	(2)
Divorced	(2)	(6)	(3)	(6)
	33	100	49	100

$p < .01$ (married versus not married)
 $\chi^2 = 7.4$

B. NUMBER OF SIBLINGS

0	2	6	6	14
1-4	20	65	15	35
5 or more	9	29	22	51
	31	100	43	100

$p < .05$
 $\chi^2 = 6.37$

B. Methods

Cases of child neglect were selected by a review of the hospital records from the pediatric inpatient service of the Shiprock Indian Hospital for the period June 1968 to June 1970. For the purposes of this study, the working definition of neglect was established as a disturbance in the parent-child relationship which prevented the child from receiving adequate physician and/or emotional care, thereby harming his physical, intellectual, or emotional development. The physicians' diagnoses of abuse, poor

home situation, family problems, maternal deprivation, desertion, failure to thrive, malnutrition, and kwashiorkor were used in compiling a preliminary list of neglected children treated at the facility. The medical records of each child on the list were reviewed and several cases eliminated because an underlying cause had been found for stunted growth or malnutrition. The Public Health Service social service records and the records of the field health nurses were used to confirm or, in a few cases, overrule the physician's diagnosis.

A control group was selected by taking the name of the child (of comparable age) admitted to the hospital immediately after each of the children in the neglected group. Those children who did not fall into the age range of the neglected group (2 months to 3 years) were eliminated, as well as those with a previous history of neglect in the family. In these cases, the second child admitted after the neglected case was selected as a control.

If sufficient information was not available or if neglect could not be proved with certainty, the case was discarded. The preliminary sample of neglect cases was reduced from 49 to 33. The control group consisted of 49 subjects.

The medical records of the mothers of the children in the sample were also analyzed. The demographic data collected included mother's age and marital status at the time of the child's birth, occupation, educational level, and the extent of prenatal care. The size of the family and ages of all the children were recorded. The Fairchild Corporation employment records and the Shiprock tribal census records were used to supplement this information.

The chi-square test was used to determine the statistical significance of the data obtained.

RESULTS

The neglect among the 33 cases could be classified into seven major categories. Several children suffered from more than one form of neglect.

TABLE III
NONSIGNIFICANT FACTORS

	Neglect		Control	
	Cases	%	Cases	%
A. PRENATAL CARE VISITS				
No visits	10	40	8	26
Less than 5 visits	8	32	13	42
5 or more visits	7	28	10	32
	—	—	—	—
$p > .5$	25	100	31	100
$\chi^2 = 1.31$				
B. AGE OF MOTHER (at time of child's birth)				
18	2	7	3	7
19-30	18	62	22	50
31 and older	9	31	19	43
	—	—	—	—
$p > .5$	29	100	44	100
$\chi^2 = 1.13$				
C. EDUCATION OF MOTHER				
None or elementary	6	36	7	30
High school or higher	11	64	16	70
	—	—	—	—
$p > .5$	17	100	23	100
$\chi^2 = 0.105$				

Poor home situation	14
Malnutrition	9
Failure to thrive	8
Unwanted child or desertion	7
Maternal deprivation	7
Kwashiorkor	2
Battered child	2
	—
	49

Under the category of "poor home situation" are cases in which either a court decision was reached that the home was an inadequate place for care of the child, or a field health or social service nurse visited the home and identified specific problems which were considered detrimental to the child's development.

In addition to the principal hypothesis, several other factors were studied in an effort to explain the neglect found. Unfortunately all the information sought was not

available in some cases; therefore, the size of each group is indicated on each of the tables shown.

If employment of mothers does increase child neglect among the population studied, then the percentage of working mothers among the neglected children should be greater than among the control group. As is shown in Table I, there is no difference in the percent of working mothers in the neglected and control groups. Most of the working mothers in this study were employees of the Fairchild Corporation.

There were two significant differences between the neglected and control children in the conditions of family life (Table II). A significantly larger percentage of the mothers of the neglected children were not married (single, widowed, or divorced) as compared to the percentage in the control group, as is shown in Table IIA. The neglected children also came from smaller families (Table IIB). Perhaps related to this, more of the neglected children had birth weights of less than 5.2 lb (chi-square = 5.92; $p < .025$). Seven of the neglected children were small for dates as compared with two of the control group. Table III presents other factors which were examined and found not to be significantly different between the neglect and control groups.

DISCUSSION

The results of this study would suggest that there was no relationship between neglected children and working mothers. To explore further this potential repercussion of industrialization on child-rearing practices, one of the authors (L. O.) interviewed a random sample of women working on the day shift at the Fairchild plant who had children of school age or younger. Of the 139 women asked about the care for their children while they worked, 90% left their children in the care of relatives. In only 10% of the cases were children left in the care of a sitter or the local nursery. This suggests that the close and extended family ties remained intact even when mothers became employed in industrial jobs. In a com-

parison of a primarily rural community and a more industrialized community near Tuba City, Arizona, Levy³ also concluded that industrialization was not resulting in the breakdown of clan ties among the Navajo.

In this study marital instability did appear to play a significant role in distinguishing between the child neglect group and the control group. This factor has been confirmed by other studies as correlating with inadequate nurturing of the child.⁴⁻⁹

However, for the other significant factor in this study, number of siblings, conflicting evidence exists. Simons *et al.*⁸ found a higher percentage of abuse in larger families, whereas the present research found that the neglected child came from a smaller family than did the child in the control group.

A possible explanation for these differences may lie in the type of neglect isolated. The Simons study dealt with physically abused children. In this study, the major neglect problems found were poor home situations and maternal deprivation. These types of neglect have their most critical effects during the first two or three years of life. After that, a child may be described as small for his age, of low intelligence, or socially maladapted, but not as neglected. Similarly, in larger families this type of inadequate nurturing of the very young child may be less of a problem. Older siblings may be able to assist in the mothering role. Also, when ignorance and inexperience are factors in poor nurturing, the effects are most likely to be felt in families with a young mother without an extended family.

Admittedly the definition of neglect used in this study is a broad one. Our sample contains only two battered children—the rest of the children did not receive adequate nurturing for one or another of the reasons previously mentioned. Neglect has been defined as “the outcome of what ranged from a lack of protection or inability to nurture the child to a physical assault upon the young, helpless child.”¹⁰ In this study, we considered neglect to be some disturbance in the parent-child relationship

which prevented the child from receiving adequate physical and/or emotional care, thereby harming his physical, intellectual, or emotional development.

Cultural unfamiliarity can also enter the picture at the point of the determination of neglect by the examining physician. The preliminary identification of potentially neglected children depended on the impressions of physicians who come to the reservation from university medical centers. These physicians have for the most part contact with the Navajo in the hospital environment, far-removed from the main pulse of this people's way of life. For this reason, confirmatory evidence from social service and field health records was considered essential in selecting the group of neglected children. These records generally reflected the judgment of people (two of whom were Navajo) who had worked on the reservation for many years, who visited the families in their homes, and who talked directly with relatives and neighbors.

Several limitations of the present study must be acknowledged. The sample represents only that segment of the Navajo population which uses the hospital facilities and only that group of children who have been brought to the hospital. This tends to exclude those who live far from Shiprock, who have no means of transportation, and who do not accept the white man's medicine. Moreover, follow-up by social workers and field health nurses to establish evidence of neglect is more difficult for those families in remote parts of the Service Unit area.

A peripheral, but important, idea illustrated by this study was that clinical impressions can be relatively easily checked. The project came about because of the strong, admittedly often subjective, feeling among physicians, nurses, and social workers at the hospital that the problem of neglect was correlated with the changes that Fairchild Corporation had brought into the community. The decision to use a retrospec-

tive design represented a deliberate choice to sacrifice the more definitive results of a prospective approach in favor of the simpler use of available data. Had the results suggested a relationship between working mothers and child neglect, a definitive prospective study would have been carried out. As it developed, the results of the retrospective study were sufficient to cause the hospital staff to re-examine their initial assumption.

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