

Maternal Navigational Strategies: Examining Mother-Daughter Dyads in Adolescent Families of Color

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Abstract:

Mother—daughter relationships are critical to the health and well-being of adolescent girls. Understanding mothers' and daughters' perspectives on the relationship can inform health promotion strategies that may benefit both. In-depth semistructured interviews were conducted with mothers ($N = 12$) and their adolescent daughters ($N = 16$). Narrative profiles were constructed to identify participants' perceptions of each other and the relationship. Profiles were condensed into analytic poems that were compared and contrasted across roles and within and across dyads. Maternal navigational strategies of protection and preparation, and subthemes of maternal self-protection and daughter reverse protection emerged. The fabric of maternal strategies changed by girls' developmental stage, with mothers of older daughters describing an interweaving of protection and preparation. Suggestions for future family nursing and health promotion research and campaigns are provided.

Keywords: adolescent | adolescence | mother - daughter relationships | transition | maternal strategies | families of color

Article:

There is evidence to suggest that mothers play a key role in the adoption of health promoting or health hindering behaviors in their children, specifically their daughters (Aronowitz, Rennells, & Todd, 2005; Hutchinson, Jemmott, Jemmott, Braverman, & Fong, 2003; Teitelman, Ratcliffe, & Cederbaum, 2008). These health behaviors manifest through a complex array of mechanisms and are not merely a function of daughters mirroring their mother's actions (Nichols, Graber, Brooks-Gunn, & Botvin, 2004). Adolescence is a prime transformational period in a girl's life as physical changes often associated with womanhood (i.e., breast development and menarche) are coupled with social and emotional adaptation in preparation for ensuing independence. Ensuring positive health and health promoting behaviors at this pivotal time is paramount for adolescent

girl's physical development as well as establishing or maintaining a healthy trajectory in multiple health-related domains. This article discusses some specific strategies mothers employ to assist their early- and mid-adolescent daughters in navigating adolescence and examines how reciprocity in the relationship may affect the health of both daughters and mothers.

Importance of Mother–Daughter Relationship for Health

The importance of the mother–daughter relationship for girls' health and development is well established. In the realm of behavioral and emotional health a positive mother–daughter relationship, as perceived by the daughter has been associated with increased self-esteem and higher academic competence (Gross & McCallum, 2000) and has shown to be protective against unhealthy weight control behaviors, suicide attempts, low self-esteem, and depression (Ackard, Neumark-Sztainer, Story, & Perry, 2006). Evidence specific to African American adolescents confirms the importance of the mother–daughter relationship in the context of African American culture and socialization techniques for positive emotional and behavioral health. For instance, Turnage (2004) found that attachment to their mothers and feelings of commitment to African American identity was associated with high global self-esteem among African American adolescent girls. Thomas and King (2007) reported positive mother–daughter relationships coupled with gendered racial socialization messages from mothers to daughters were associated with positive self-esteem in African American adolescent girls. In addition, Aronowitz and Morrison-Beedy (2004) established that inclusion of a future time perspective was a key mediator between maternal connectedness and resilience to risk taking behaviors in African American adolescent girls.

Given the rise in peer influence and its association with increased risky behaviors (Gardner & Steinberg, 2005), development of healthy social networks inclusive of both same and opposite sex peers is also critical to the promotion of adolescent health. Positive maternal–adolescent relationships have proven helpful for adolescents in establishing and maintaining healthy peer relationships while balancing those relationships with other competing priorities including time for studies and family (Marshall, Young, & Tilton-Weaver, 2008). In addition, parental relatedness and adolescent autonomy may influence the development, quality, and duration of adolescent romantic relationships (Smetana & Gettman, 2006).

As sexual maturation occurs during adolescence, sexual health is a primary health concern of adolescent girls and their mothers. Daughters who reported close and connected relationships with their mothers were less likely to be sexually active (Usher-Seriki, Bynum, & Callands, 2008), less likely to engage in risky sexual behavior (Aronowitz et al., 2005) and were more likely to practice sexually protective behaviors (i.e., abstinence or consistent condom use; Teitelman et al., 2008). This association may be the result, in part, of better communication processes as the quality of the mother–daughter relationship has been found to influence the quality of sexual communication during adolescence (Afifi, Joseph, & Aldeis, 2008). Research specific to low- and middle-income African American mother–adolescent daughter dyads

suggests that the process of sex communication (i.e., affective, stylistic) is as important as the sex communication content with close, connected mother–daughter relationships demonstrative of open and interactive communication techniques (Pluhar & Kuriloff, 2004). Hutchinson and colleagues (2003) demonstrated that sexual risk communication independent of dyadic relationship dynamics may also decrease sexual risk behaviors.

Changes in Mother–Daughter Relationships Across Adolescence

Adolescence, typically conceived of as the transitional period between childhood and adulthood, is marked by numerous “transition-linked turning points” (p. 769) contingent on both social and biological processes (Graber & Brooks-Gunn, 1996). Maternal strategies intended to aid adolescent girls as they traverse these turning points must consider the turning point and corresponding developmental stage at hand. Thus, in the context of the mother–daughter dyadic relationship, primary maternal tasks change during adolescence depending on the developmental stage of the daughter. For instance, O’Sullivan, Meyer-Bahlburg, Nat, and Watkins (2000) found that puberty in early adolescence initiated a change in mother–daughter relationships as mothers began to exercise more social and relational control when they began to conceptualize their daughters as sexual beings. Orrell-Valente, Hill, Alegre, and Halpern-Felsher (2007) found by mid-adolescence (in this case, 11th-grade girls) both mothers and daughters reported increased adolescent autonomy in several corresponding social domains. The present study examines changes among maternal navigation strategies that concur with adolescent girl’s developmental stage.

Mother–daughter Relationships and Women’s Development

While adolescence is a period of transition with corresponding changes in maternal navigation tasks and strategies, mothers may well be in a period of individual transition themselves. Steinberg (1994) suggested that adolescence may, in fact, be more difficult for the parent(s) than for the adolescent citing emotional responses of jealousy, abandonment, loss, powerlessness, and regret. The mother of an adolescent daughter often encounters complex realities as she attempts to redefine herself at midlife (La Sorsa & Fodor, 1990). In addition to the changes seen in their daughters, biological changes that accompany midlife (e.g., menopause, aging), and the locus of time (i.e., time since birth vs. time till death) challenge middle-aged women’s self-concept and complicate this process of renegotiating the self as well (La Sorsa & Fodor, 1990). If midlife mothers are unable to navigate their own developmental transitions, they may not be willing or able to assist their daughters with the turning points encountered in adolescence. In the worst-case scenario, mothers may intentionally sabotage their daughter’s adolescence transitions. Understanding women’s experiences of parenting their daughters may aid in informing health promotion interventions that target mothers of adolescent daughters.

Family-Based Health Promotion

There is a vast body of literature that supports family-based health promotion interventions yet the majority maintains primacy of the parent as the transmitter of knowledge or primary change agent. Several studies demonstrate school-age or adolescent children as potential influencers of family health knowledge and behavior. One study (Chaturvedi & Kartikeyan, 1992) demonstrated that school children could successfully transfer health promotion messages regarding hygiene, sanitation, and immunization information to their adult family members. Another study (Bhore et al., 1992) found that children could influence the knowledge but not the attitudes of their adult family members in regard to leprosy, a stigmatized disease. In addition, Flora and Rimal (1998) discovered children could influence dietary behavior in their homes. Research specific to mother–daughter adolescent dyads in South Africa revealed mothers ask their daughters health-related questions and are open to listening to their daughter’s advice (Mosavel, Simon, & Van Stade, 2006). Also, Mosavel (2009) reported that African American and Latina mothers in the United States are open to receiving health-related messages from their daughters provided such messages consider their respective cultural contexts. Thus, adolescent girls are valued family members and may be in the position to promote health behavior change in their families.

It is important to understand both mothers’ and daughters’ perspectives on the mother–daughter relationship throughout adolescence to inform health promotion strategies that may benefit both. It is especially important to examine positive normative development among families of color during this often tumultuous time as normative developmental processes of families of color are underrepresented in the literature (Murry & Brody, 2004). Through a qualitative dyadic analysis, this study explores the dynamic relationship of mothers and their early- to mid-adolescent daughters specifically as it relates to the tactics that mothers of adolescent girls use to ensure the health and safety of their daughters and how adolescent girls respond to their mother’s navigational cues. This article addresses three related and relevant research questions: (a) How do mothers help their daughters navigate adolescence? (b) How do girls respond to maternal navigational tactics? (c) Do mothers’ navigational tactics differ by developmental stage of daughter?

Method

Sampling Strategy

The study commenced in New York but concluded in North Carolina due to relocation of the second author who is the primary investigator. In New York, four dyads were recruited through a church and two via word of mouth. All North Carolina participants were recruited through community agencies (one dyad was recruited through an afterschool program and the remaining through a women’s center). All participants were working class women of color and their 11-17-year-old daughters. Table 1 shows background characteristics of the participants. The majority of dyads were African American, and the rest were either of Caribbean or Hispanic descent. Four

families consisted of triads (mother and two daughters) and the household composition varied considerably across the sample. No regional differences were noted in study participants.

Semistructured Interviews

In-depth, semistructured interviews were conducted with mothers ($N = 12$) and their adolescent daughters ($N = 16$) in New York and North Carolina. Interviews lasted approximately 1 hr for mothers and 45 min for daughters. Interviews were conducted in local community agencies, in participants' homes, or at university offices, depending on the preference of the dyad. This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. Mothers and daughters were interviewed at the same time but in different rooms. In cases where more than one daughter was interviewed, they were interviewed in separate rooms. There was one exception, due to a scheduling problem with an interviewer, where two sisters were interviewed together.

The majority of the interviews were conducted by the second and third authors with the remaining interviews conducted by trained graduate students in New York and North Carolina. All interviews were audio-taped and transcribed verbatim. Equipment failure occurred on two occasions and the audiotape for a mother and a daughter interview were lost. In both of these cases, copious notes were taken and reviewed in place of the interview transcript. One participant (the mother) also took part in a separate study conducted by the second author, where she discussed her relationship with her daughters. Sections of that transcript were used to create the profile used in the current study.

Data Analysis

Analysis of transcribed data was conducted in distinct phases. The first phase involved identifying sections of the complete transcript that pertained to mother–daughter interactions and participants' perceptions of their relationship. Narrative profiles of the identified sections were constructed and then examined to identify issues that pertained to (a) how mothers perceived their daughters, (b) how daughters perceived their mothers, and (c) how all participants perceived the mother–daughter relationship.

Table 1. Participant Characteristics by Dyad

Mother^a	Daughter^a/age	Mother's race/ethnicity	Household composition	State of residence
Felicia	Chandra, 11	African American	Single, 1 child at home (older son)	NY
Celia	Kadia, 11 ^b	African American	Married, 12 children (at least 8 live at home)	NY
Moesha	Rhapsody, 12	African American	Single, 1 child	NC
Amelia	Joy, 12	African American	Single, 1 child at home and older daughter	NC

Beatriz	Pilar, 12 ^b	Panamanian	Married, 2 children (older brother)	NY
Mercedes	Yvonne, 15 ^b ; Sharon, 14	Dominican	Married, 3 children at home (1 is foster child), son in college	NY
Cynthia	Janelle, 15	Jamaican	Single, 2 children at home and 1 in college	NY
Lena	Lisette, 16	Caribbean	Married, 2 children (older brother)	NY
Valerie	Keandra, 15; Sierra, 11 ^b	African American Single, 3 children (younger brother)	NC	
Babette	Rebecca, 16; Renata, 14	African American	Single, 2 children at home and older daughter	NC
Zahira	Tonya, 17; Adanya, 14	African American	Single, 2 children	NC

a. All names have been changed. b. Analytic poem not generated.

During this process, profiles were further condensed into poems that crystallized these issues. The use of poetry in the transcription, analysis, and presentation of qualitative research is growing (Glesne, 1997; Koelsch & Knudson, 2009; Madill & Hopper, 2007). For the current study poetic form was used in the analysis phase, similar to the use of “I” poems in *The Listening Guide* technique (Gilligan, Spencer, Weinberg, & Bertsch, 2006) as it allowed the voices of the participants to emerge from the narrative. Poems were created by using only the exact words of the participant and words and phrases were kept in the order in which they appeared in the original transcripts within each poem. However, as is common to narrative analysis (Riessman, 1993), poems were created that expressed a specific story of the mother–daughter relationship for each participant. For some participants, this resulted in multiple poems. There were several instances ($n = 4$) where we were not able to generate a poem for a participant either because of equipment failure (see above) or the interview was too sparse to yield a meaningful poem (see Table 1). Instances of sparse data occurred among early adolescent daughters only. When poems were not available, field notes and original transcripts were reviewed. For all dyads, poems were exclusively used as an analytic technique; original transcripts (and field notes in the absence of transcripts) were used to identify significant quotes to illustrate themes.

The next level of analysis included multiple comparisons both within and across poems. Poems were compared and contrasted independently by two coders. Comparisons were made on both the individual (within individual participants; across all mothers; and across all daughters) and on the dyadic (within dyads and across dyads) level. Dyadic analyses were not conducted for pairs where poems could not be generated for daughters. Two key themes emerged from this process: protection and preparation. Protection included two subthemes, maternal self-protection and reverse protection that are elaborated on in the results section. These themes were then

examined within the original narrative profiles, to check for context that may have been missing from the poems as well as to expand on our understanding of themes and to check for negative examples. Extensive memos were written throughout the analysis process and the two coders met on a regular basis to review notes on the contrast and comparison analysis. Discrepancies were discussed and resolved within these meetings. Themes were then analyzed by daughters' age, with each dyad assigned to either early- (11 to 13 years old) or mid-adolescent (14 to 17 years old) stage. Dyads were compared and contrasted within stage by theme. Relationships between themes were also examined by developmental stage of the dyads.

Results

Thematic Analysis

Protection. Protection is a maternal task that emerged as an important theme to explain how mothers help their daughters navigate adolescence. It is defined as behaviors, opinions, and perceptions that keep girls safe and away from harm. It includes the realms of physical, emotional, and sexual health, with sexual health having both physical and emotional components. Instances of maternal protection of girls' physical health were mostly focused on nutrition and hygiene:

My only problem with Pilar that I would like to change is her hygiene. Nothing else. The washing, even her, she doesn't want to take a shower if you don't tell her. (Beatriz; daughter Pilar, 11)

. . . my daughter . . . she's like on the overweight side and I'm constantly watching what she eat and how much she eat and I'm constantly telling her, "Let's go for a walk." Because I don't want her to be like me . . . I'm trying to look out for her future. (Celia; daughter Kadia, 12)

I have one that I think is underweight and one that is slightly overweight. . . and so I have one that I worry about is she eating at all and then I have one that I can't, I'm trying to stop her from eating and that drives me nuts . . . (Zahira; daughters Tonya, 17 and Adanya, 14)

Instances of maternal protection of girls' emotional health focused primarily on girls' social interactions with peers:

She doesn't pick her friends wisely . . . one girl stole her cell phone twice . . . I told Maisha don't be the little girl's friend . . . (Jewel; daughter Maisha, 11)

. . . I'm concerned about her not letting other people, I guess, get over on her . . . she doesn't feel like anyone will get over on her and I said, "Well people are very clever, and I just want you to understand that if they can find a way to get over on you they're gonna do it." And I just want her to know that . . . (Moesha; daughter Rhapsody, 12)

. . . my oldest daughter talks about a lot of problems that people at her school is having . . . I-I just have to listen, it's like all of this is on her mind. I'm like, "Okay, what did you learn in school today?" . . . I just don't think she needs to do that . . . (Zahira; daughter Tonya, 17)

Instances of maternal protection of sexual health focused on both the physical aspects of sexuality, in terms of pregnancy and STD prevention, as well as emotional aspects of intimate relationships with men:

. . . don't date until you are finished with your college education then date physically but until then don't do it because, I'm sorry, but men will try to destroy you [laughs] . . . they'll try to trick you and and tell you all kinds of stuff that they think you wanna hear and then you'll be pregnant and then you'll have to take care of the baby . . . (Jewel; daughter Maisha, 11)

. . . I said you have to really be careful in trusting a man because they can make you think that they are the best thing on Earth and they can be the . . . I just told her they can be the scum of the Earth . . . (Moesha; daughter Rhapsody, 12)

[She] can be very loose and expressive and that can be a problem you know . . . teaching her how to express love and how to express care and how you don't throw around the word love, you know, because it's unhealthy to tell every boy you meet you love them . . . I challenge her in that . . . (Mercedes; referring to oldest daughter, 16—refused interview)

The theme of protection was discussed more by mothers than by daughters. A few daughters mentioned behaviors mothers' engaged in that can be considered protective, but primarily mentioned mothers' protective behaviors around physical health:

. . . well if it's hot outside I want, I don't wanna stay out too long . . . mom tells me to come in and if it's a hot day or something like that she tells me to come in and drink up something, be re-hydrated . . . (Maisha, age 11)

My mom talks about hygiene all the time . . . you gotta brush your teeth . . . take at least two showers a day . . . make sure you wash your face with soap . . . make sure you put the toilet seat down so your toothbrush won't get germy . . . (Rhapsody, age 12)

One daughter recognized and discussed her mothers' protective behaviors in terms of her emotional health:

. . . my mom says I'm very like, I'm always worried about my friends . . . I be like, "But people just feel comfortable talking to me" . . . my mom say I don't have no boundaries . . . she gonna make me read this book called "boundaries" . . . saying no is very hard for me . . . (Tonya, age 17)

One daughter discussed her family's protective stance on sexual health in a manner that conveyed her total endorsement of this strategy:

. . . our house is a very promote abstinence, please don't do it before marriage kind of house. But if you do it, know what you're doing . . . don't be the person who's sloppy in a mess that ends up with a situation that they don't really want to be in . . . in this house they sit you down and talk about it . . . like empowering your body . . . (Sharon, age 14)

In several instances where daughters discussed their mothers' protective behaviors, mothers were seen as being overprotective:

. . . mmmm I don't like to hold her hand and stuff. Well she tells me that like walking across the street and stuff. Mmm [long pause] just seems kind of childish. (Joy, age 12)

. . . I'm the baby of the family . . . they kinda put more attention on me . . . it gets annoying . . . they [mother and grandmother] don't trust me . . . they think I'm senseless. Like I can't do anything right . . . I want more . . . I don't know if respect is the right word . . . (Lisette, age 16)

. . . I think she need a separate, a separate . . . [long sigh][chuckles] . . . a class or something on how to learn how to be more unpessable . . . maybe if she would give us a lil freedom we might wanna spend some time wit her . . . (Rebecca, age 14)

Although the theme of protection primarily revolved around the maternal task of keeping girls safe from harm, several mothers also discussed their protective behaviors with their daughters serving as self-protection. These mothers articulated an awareness of behaviors they employ with their daughters to protect themselves from loneliness or as a purposeful effort to delay their daughters' maturing and leaving home: protect themselves from loneliness or as a purposeful effort to delay their daughters' maturing and leaving home:

Her needing to me, for me to let go of the noose a little bit . . . and me just being so afraid that I won't let her go. I'll said age-appropriate you know, no you don't need to do that right now and it's just justifying me, you know, um keeping her here a little longer . . . (Mercedes)

I would make them go with me certain places because I didn't wanna go by myself . . . I gotta get used to, to making it on my own that they're not gonna be with me everywhere I go . . . (Zahira)

. . . her dad is remarried . . . his wife is pregnant . . . she was really excited . . . she's gonna wanna go down there and be with the baby . . . like every weekend, like weekends are our time together . . . selfish me I'm gone have to suck it up and be an adult and, huhh but then I'll put that little um guilt trip on her [whispers], "Are you gonna spend some time with your mom? You don't love me anymore?" . . . (Jewel)

Preparation. Preparation is another maternal task that emerged as an important theme for understanding mothers' navigational strategies. Preparation is defined as actions, behaviors, and ideas that mothers employ to get girls ready for the next stage in their development. From the girls' narratives, it also includes what they desire their mothers to do or think in terms of preparing them for the next phase. Preparation focused primarily on pubertal changes (e.g., menarche, breast development), academics, sexuality, practical life skills, and social relationships and networks.

Preparing girls for menarche was an important task for several of the mothers. For these mothers, a large part of the task concerned making sure the girls understood the timing around menses and were prepared with the appropriate hygiene product:

. . . before she got her period she was aware of it . . . she knew what was gonna happen um she didn't know when . . . she was at school she called me on the phone and fortunately I already prepared her, she had the napkins in her bag . . . (Celia; daughter Kadia, 11)

. . . she just recently started her cycle . . . she already knew about that but we just discussed how important it is for her to keep something with her at all times because in the beginning you never know when it's gonna come or go . . . (Moesha; daughter Rhapsody, 12)

. . . I taught her how to keep a calendar with her menstrual cycle . . . I told her about um the tampon usage because she wanted to know. (Mercedes; referring to oldest daughter, 16—refused interview)

One mother was pushing for her daughter to carry a purse, which she felt was a symbol of maturity—of being a lady—but also had the practical application of housing sanitary and hygiene products:

. . . she needs to be more responsible and carry a purse . . . girls have so many things personal . . . you can't pull pads out your pocket, you can't pull out your back pocket, you got to carry a purse. (Moesha; daughter Rhapsody, 12)

One mother, whose daughter had not yet reached menarche, prepared her daughter by taking her to a health care provider but also discussed with her the family tendency for "late blooming":

My daughter is starting to question about breasts and stuff like that because all her friends have breasts but she has none so she wants to know why . . . I told her I was there too. It's in your family . . . we don't have big breasts so it doesn't come out that quick . . . Yeah, I had my period at 14 . . . so I explain that to her and then the doctor also did. (Beatriz; daughter Pilar, 12)

The importance of preparing for the future was evident by the attention given to academic achievement. Mothers uniformly endorsed a focus on education and academics as essential for their daughters. All but four of the mothers cited the importance of getting a college education and conveyed the importance of college to their daughters:

. . . graduating high school is not an option . . . a lot of kids get that as an option or you can go to college, I-I tell her that's not an option . . . the option is, you know, will you go to graduate school? That's an option . . . (Felicia; daughter Chandra, 11)

I'm so bad about college that's what we do on the weekends, we visit campuses. (Valerie; daughters Keandra, 15 and Sierra, 11)

I just say Maisha, a "B" is not bad but if you bring home a "C" I don't know, your college you know, you have to get a full scholarship to go to, you know, med school. (Jewel; daughter Maisha, 11)

For several of the mothers, academics and a college education were discussed in contrast to pregnancy and early motherhood:

. . . she needs to get her [college] degree and be self-sufficient . . . it's good to have a choice . . . I don't enable you coming home and saying, "Oops, I'm pregnant." You don't stay here. (Mercedes; referring to oldest daughter, 16—refused interview)

. . . you'll have to take care of the baby and I'm not, so if you can go to college and take care of a baby way to go but if you can't what are you gonna do? (Jewel; daughter Maisha, 11)

. . . I say, "No mother is going to tell her son to stay home and take care of the baby, he's going to school, he's gonna finish school, and you're going to have to deal with it." (Cynthia; daughter Janelle, 15)

While several mothers had concerns about sending their daughters off to college, only one mother suggested that her daughters might not go:

I'm trying to provide a home where it's large enough that if you want to uhm if you want to go to your first year of college or something and still be at home you know and I hope that they will go to college. (Babette; daughters Rebecca, 14 and Renata, 16)

Two mothers focused specifically on the importance of reading and encouraged reading outside of school assignments:

She's an "A" student but I have never seen her read anything . . . yesterday me and my husband said we gonna start letting them read a newspaper article to us. You know out loud . . . because I don't see them reading so I don't know if they really, if their reading is the way it should be. (Beatriz; daughter Pilar, 12)

I just think that she needs to read more and I told her reading is really gonna help build vocabulary . . . I told her . . . you don't read just to do it for class and stuff, you read to to really free you mind and open you mind up to other things and um, just kinda develop a vocabulary where you can carry on a a a conversation with anyone . . . (Moesha; daughter Rhapsody, 12)

Five of the mothers made specific references to ways that they assist their daughters in either making, maintaining, or prioritizing social networks and relationships:

. . . she doesn't have any friends that she wants to play with . . . she talk to the little girls at school and she gives out her phone number but when they call she say she don't wanna talk to 'em . . . one time I tried to push her to talk to a little girl 'cause I just I felt like maybe she felt lonely . . . I ask her all the time, "Are you lonely?" . . . she's like, "No." . . . (Jewel; daughter Maisha, 11)

. . . trying to get her a little bit . . . away in the sense of having her own circle of friends is something that we have to work on . . . (Felicia; daughter Chandra, 11)

. . . I've told them, "Develop secrets with your sister." You know, that's—your sister can be really your best best best best friend . . . after the party she's still there . . . they've always shared a room and I did that 'cause my sist—I have two sisters and we don't, we don't, we have that label, we don't really have the relationship. So I uhm put them together for that reason. (Valerie; daughters Keandra, 15 and Sierra, 11)

I teach her the importance of—of making good connections and she loves doing that. (Mercedes; referring to oldest daughter, 16—refused interview)

. . . she put what she wanted to the side for a friend because her friend had spent the night and we had a talk about it because, you know, I was trying to explain to her when you have your friends over they need to know that this [church] is what you do and if they don't wanna do it then at this time they shouldn't be there because what you want comes first, not what they want. (Celia; daughter Kadia, 11)

Several mothers expressed the need to prepare their daughters for the everyday practical skills they will need in life:

. . . I'm just thinking maybe this summer I'll let them but they both want to work. Maybe they can do a few hours a week, save their money and stuff . . . Reasonable things to do that. (Babette; daughters Rebecca, age 16 and Renata, age 14)

. . . I keep telling her "You can't be a professional woman and not know how to cook. [laughter]. You have to know how to cook [laughter]." Oh, she's doing it. (Cynthia; daughter Janelle, 15)

I want to make sure that Rhapsody, when she's out somewhere riding with her friends or riding with me, that she pays attention to her surroundings and knows where she is. Like when we came here today I want her to be able to say well I can lead to such and such place and come here, and I know how to get here I know that this is the east side of town you know that type of stuff, just common sense issues. (Moesha; daughter Rhapsody, 12)

Most of the mothers prepared their daughters for sexuality and reproduction by talking to them about sex and about how to protect themselves from pregnancy and STDs. A few mothers tried to prepare their daughters for safe sex by using visual aids and information they received from external sources:

. . . yesterday we watched like *On the Down Low* by BET, the AIDS program, and we did that together because we needed to talk about that and we did talk about it. (Mercedes; daughters Yvonne, 15 and Sharon, 14)

. . . we're open [inaudible] condom I thought maybe this weekend . . . and just blow it up as big as I can and just go crazy [some laughter] because a lot of her girlfriends, she just, peer pressure things, got the HPV—that new shot. But she wants it . . . So I said well let's see what—how she's going to respond to this condom. Because if she can't handle the condom she—she can't handle that other thing [HPV shot]. (Valeria; daughter Keandra, 15)

I try to, but we really don't seem to have uhm I really haven't uhm took the time lately to go over that. I mean I be keepin' flyers at home that say "Women and HIV," "Women and AIDS." (Babette; daughters Rebecca, 14 and Renata, 16)

Only one mother focused on more positive aspects as she tried to prepare her daughters for a healthy reproductive life:

. . . I keep telling her like uhm, you know you've got to be thinking about doing things like that [annual exams] now . . . I said you know you and your sister got to make sure you get folic acid . . . because you're a child bearer . . . (Cynthia; daughter Janelle, 15)

As with protection, preparation was more clearly articulated by mothers. Several girls conveyed preparation in terms of their mother's expectations of their academic skills:

. . . she just tells me ah to just like keep keep paying attention in school and keep making good grades and just to make sure I get to college. (Maisha, age 11)

She expects me to write . . . write more about my day and stuff like that . . . she expects of me to read [laughs] I don't like to read . . . (Rhapsody, age 12)

. . . she'll help me . . . I'm very lazy, I don't like doing homework . . . I hate reading . . . she'll remind me that you have to read because that's important . . . (Chandra, age 11)

. . . she was trying to pressure her [Rebecca] to doing a activity cause thats looks good on your uh . . . to the, for the colleges. (Renata, age 14)

One daughter mentioned their mothers' help in managing social relationships and networks:

. . . oh how I always need to call people cause when you call them to asks them for something they might think that you just call them when you asks them for something . . . (Rhapsody, age 12)

One girl described her mother teaching her practical life skills and another discussed engaging in civic opportunities with her mother:

. . . she's really open with me because she doesn't want me to be like, oblivious to everything . . . so she teaches me things . . . going to pay her car insurance like she'll stay in the car and be like "Okay you go do it, this is what you gotta do" . . . Small things that help you out later in life. (Keandra, age 15)

. . . sometimes we help plan health fairs . . . me and my mom done every year that we gotten ready for the health fair that was going on at our church . . . (Tonya, age 17)

Two daughters described how their mothers helped them to gain the confidence they need to succeed:

Mom just tells me to always be like confident in myself . . . not to uh worry about what other people say . . . (Maisha, age 11)

. . . she just wants me to try my best . . . sometimes I may fall but . . . she believes I'm a strong person and that I'll be able to pick myself back up and continue . . . (Janelle, age 15)

Neither did adolescent girls talk about the degree to which their mothers' prepared them for sexual relationships nor did they explicitly mention discussions around pubertal changes. Instead, most girls conveyed discomfort with discussing sexual issues, specifically their sexuality, with their mothers.

Interestingly, the daughters who described their mothers as overprotective voiced little in the way of preparation instead articulating the need for more freedom coupled with the option of making mistakes:

. . . just because I make mistakes doesn't mean that I'm the only one that makes mistakes and that you have to keep going back to the mistakes. Every—everybody makes mistakes but like when I do it it's a different story . . . (Lisette, age 16)

It's good to make a mistake cause you'll learn from it and you'll know how to correct it next time . . . if you try to edit everything that we do we ain't gone be able to make no

mistakes or learn anything . . . but when we get grown or summtin like that . . . you done uh shielded us . . . shielded us from everything, how we supposed to know how to live? (Rebecca, age 14, and Renata, age 16)

Developmental Analysis

Girls' developmental age played a role in their mother's navigational strategies. For the mothers of early adolescent girls, protection and preparation were often distinct themes with protection more prevalent across early adolescent dyads while mothers of mid-adolescent girls tended to blend protective messages with elements of preparation. This occurred, in part, because of the increase in issues of sexuality for the mid-adolescent girls. For mothers of mid-adolescent girls, discussions of sexuality were critical to protect their daughters from unwanted pregnancies and STDs, especially HIV. At the same time, their daughters were approaching a transition to more independent living and college attendance. Discussions of sexuality and romantic relationships—particularly discussions on the importance of avoidance—were seen as critical to prepare them for a successful and productive life. Most mothers of mid-adolescent daughters discussed the consequences of sexual activity in factual terms and offered preparatory messages while still maintaining a protective stance in their desire for abstinence:

. . . I would tell my daughter you know what sex is a great thing but not now . . . I would say yes its good but you know what, you gotta wait because there are so many things that could happen to you, you could get an STD, you could get HIV [voice lowers] uhm, you could get PREGNANT . . . (Cynthia; daughter Janelle, 15)

Sex is really the biggest thing . . . taking care of their bodies um superficially is downpat . . . what they need to understand is the sexuality part of it, the STDs and the diseases that they can get and I think thatthat's what we've been hitting the hardest and it's been our, if we have a conversation that's what it's about at this point. (Mercedes; daughters Yvonne, 15 and Sharon, 14)

I'm thinking when you graduate that uhm uhm that you still kinda immature and you go out here and the little boy says "well let's have" you know "sex" and you do it and there's so much out here other then the fact that you're going to get used you know. Other than that fact, there's uhm a lot of diseases out here uh those are concerns, some concerns. You know there's a lot of diseases out here and we know there's one there's a killer and so I have those concerns so you can't protect your children so much from the world but uh I guess I can maybe spend some of the time now helping them understand that. (Babette; daughters Rebecca, 14 and Renata, 16)

Mothers of early adolescent girls tended to skirt the discussion or take a more direct protective stance by discussing sex in a strict abstinence-only manner:

. . . we talk about . . . sex . . . not that much, but I always let her know that she can talk to me and I like, like try to interject something every now and then to see how far she'll take the conversation . . . she'll always say, "Mom, we don't do that before we get married." So that's in her . . . (Amelia; daughter Joy, 12)

. . . kids are having sex in school . . . I made it an issue where I actually sat them down and I had to let them know because of the way the kids is doing it they feel like it's okay, but it's not okay because it's another form of sex . . . I'm really um pressing for abstinence . . . (Celia; daughter Kadia, 11)

Daughters in both early- and mid-adolescence did not discuss sexual health as much as their mothers; however, when they did, it seemed they internalized their mother's protective messages, whether they agreed with them or not:

. . . my mom usually tells me to stay away from boys 'cause if they have the cooties . . . (Maisha, age 11)

And she don't want us doing a whole lot of stuff cause being that she got, she had my sister when she was 18 . . . she seen us growing up some doing some of the same things that she did and she don't want to us . . . making the same mistakes which we always tell her every single day, "We are not you. (Rebecca, age 14)

. . . she like, "You don't be needing to have sex until you're engaged." I'm like, "Well momma, you've done it." And she like, "Well, I don't wanna . . ." (Adanya, age 14)

In the thematic analysis, we noticed a tendency for girls to report protective behaviors toward their mothers. During the developmental analysis, it became apparent that this subtheme, *Reverse Protection*, occurred almost exclusively among the mid-adolescent dyads. Reverse protection is defined as behaviors, opinions, and perceptions of nurturing or caretaking that girls do for their mothers that normally fall under the domain of mothers, not girls. This theme is girl specific meaning that it pertains to mothers and daughters perception of girls' behaviors, opinions, and expectations. Mothers voiced varying responses to these reverse protection interactions. One mother of an early adolescent girl expressed slight frustration:

If I say I'm gonna eat a Big Mac, she'll order a side salad, I mean she's gonna stick to it regardless of what I do [laughs] and then she'll look at me and say "Mooom" and I'll be like, "Oh, it's just one." She's like, "Mooom." And I'm like, "Ugh!" . . . (Jewel; daughter Maisha, 11)

Two mothers of mid-adolescent daughters conveyed feelings of appreciation and pride:

. . . then like even with the cake she will tell me, "You can't have anymore." She will tell me tell me! Who is the mother here? She says, "I don't care. You can't HAVE anymore."

She'll say, "I don't want to see you in the refrigerator." . . . she really, she's really concerned . . . she knows that I'm getting older . . . (Cynthia; daughter Janelle, 15)

So I think that when she honors and she asks how I am doing, she takes a moment to stop and acknowledge that I'm not just a giver, but I also need . . . She just makes sure that I am okay, and that is important to me. It just, it just, it's the fruit of what I put put in. So it's a blessing to see it come back. (Mercedes; daughter Sharon, 14)

None of the early adolescent daughters articulated reverse protection. Of the three mid-adolescent daughters who spoke of reverse protection incidents, two described it in positive tones:

Uhm . . . like when I'm talking to my mother about health I'd say like, like she, when like I said with the cake, we're having cake, she'd go for like 2 pieces again . . . like I'm like, "Mom not necessary . . . you know, you don't want it because you want it, you want it because it's there" . . . I try to get her to exercise and eat healthier . . . (Janelle, age 15)

. . . I'm helping her do homework, on-online . . . I help her grocery shop and as soon as I get my license I be helping her drive . . . like some of the stuff with her having a disability . . . we help her out a lot. (Tonya, age 17)

One daughter expressed distress over her mother's need for nurturing:

I keep telling her to go to the doctor if she's not feeling good . . . when she puts herself in that situation in front of me she stresses me out. Just cause you know I can't—I can't tell, I can't pick her up take her by the hand and just go take to the doctor because she's my mother. She's the one who has control but I don't know how to tell her to take care of herself. How to like prioritize her life . . . (Sharon, age 14)

Discussion

This study examined the strategies that working-class mothers of color use to help their daughters navigate adolescence as well as how adolescent girls perceive and respond to their mother's navigational cues. The study sought to answer three questions: (a) How do mothers help their daughters navigate adolescence? (b) How do girls respond to maternal navigational tactics? And (c) Do mothers' navigational tactics differ by developmental age of daughter?

Study findings suggest that mothers employ elements of protection and preparation as their daughters' transition through adolescence. Protection was evident through mothers' behaviors, opinions, and perceptions to keep their daughters safe and away from harm. Many daughters were aware of and verbalized their mother's protective strategies with several daughters describing their mothers as overprotective. Preparation was manifest as mothers' actions, behaviors, and ideas for guiding their daughters to the next stage of development. Again, daughters were aware of the mothers' preparation strategies and some verbalized their gratitude.

As girls migrated through adolescence, mothers' navigational strategies also migrated from nearly exclusive protection of early adolescent girls to a mix of protection and preparation for mid-adolescent girls; this was especially true in the area of sexual health. Although all the mothers voiced a desire for their adolescent daughters to remain abstinent, mothers of mid-adolescent daughters began preparing their daughters for sexual debut through communicating messages of potential consequences of unprotected sex with some mothers having explicit, factual talks with their adolescent daughters about and/or demonstrating facets of condom use. Preadolescent and adolescent girls receive messages about sex through various avenues including entertainment media, other family members, and peers. Parental discussions regarding sex have shown to reduce the influence of peer pressure and are associated with less risky sexual behavior in adolescents (Whitaker & Miller, 2000). Mother-daughter communication about sex during early, mid, and late adolescence is associated with sexual risk prevention behaviors in late adolescence and early adulthood (Roberts, M.E., Gerrard, M., Reimer, R., & Gibbons, F.X., 2010). Thus, early adolescent girls may benefit from factual sexual communication from their mothers including messages about condom use to create an atmosphere conducive to communication regarding sex and to aid in preparation for sexual debut.

In examining the data, the subtheme of "reverse protection" emerged. This was marked by girls mothering their mothers and examples of nurturing the nurturer were evident. Interestingly, this subtheme was primarily exclusive to mid-adolescent girls. This finding may suggest that such nurturing is a normative process that becomes apparent in mid-adolescence and is preparatory for the girls' later roles as primary nurturer of significant others, children, or other close personal contacts. The majority of mothers and daughters that spoke of this phenomenon endorsed it as a positive experience. Mid-adolescent daughters are in a unique position to deliver health-promotion messages and potentially promote positive health behaviors in their families. Future family health-promotion programs could build on this finding by targeting mid-adolescent girls as avenues of health education, promotion, and communication for their mothers and other family members.

Adolescence is a time of transition not only for daughters but also for mothers as they begin to realize their daughters are growing up and will soon leave home. As several mothers in this study suggested the impending empty, or at least emptier, nest may invoke feelings of anticipatory loss leading some mothers to impede their daughter's maturation. As impending separation nears, mothers need to have predefined strategies to deal with the loss that does not impinge on their daughter's maturation process. Future research could illuminate the specific needs of mothers during this time of transition with the goal of family health promotion interventions to mitigate separation-related issues and emotions and help the mother to redefine herself as her daughter leaves adolescence behind for early adulthood.

Mothers of both early- and mid-adolescent daughters who were perceived as "overprotective" by their daughters often employed primarily protective strategies instead of transitioning to a protection and preparation approach. It seems that when the transition from protection to

preparation did not occur, the mother-daughter relationship was troubled; however, it is impossible to tell which came first—the failure to transition or the troubled relationship. This may be due to there being no preset age or developmental milestone to signal readiness for the change from protection to preparation. At least one mother in the study decided to wait until her daughter's menarche to discuss sex but openly admitted her daughter already knew some things about sex through other avenues; thus, her daughter may well already be misinformed. All of the early adolescent daughters mentioned they had assumed much more responsibility for household duties as they transitioned from late childhood to early adolescence, perhaps early adolescence is the period for mothers to begin the transformation from a primary protective to preparative stance in areas of health promotion as well.

Limitations

There are several limitations in the current study. First, our sample was primarily African American. Both the literature (Mosavel, 2009; O'Sullivan, Meyer-Bahlburg, & Watkins, 2001) and our data suggest there may be important differences in communication processes and relationship dynamics between African American and Latina mother-daughter dyads. Also, African American and Latina women have very different perspectives with regard to sexuality, relationships, and sexual health (O'Sullivan et al., 2001); however, our sample size did not allow for a comparative analysis. Second, we were unable to construct poems for several early adolescent daughters due to scarcity of information gathered during three of the interviews and because one daughter began crying when asked about her relationship with her mother which necessitated early termination of the interview. This may represent developmental issues around the ability of early adolescent daughters to verbalize mother-daughter relationships which complicates conducting such interviews with early adolescent girls. Future research may need to employ different tactics (e.g., focus groups). Third, there is a self-selection bias in our sample; our participants may have different mother-daughter experiences than other mother-daughter dyads who did not participate. Also, the social desirability for topics about nutrition, sexual health, and education may have influenced participant responses. In addition, the recruitment strategy changed by site as the majority of New York participants were recruited through churches and North Carolina participants exclusively through community agencies. However, it is noted that religion and spirituality are highly influential in African American communities, particularly in the South, regardless of church affiliation (Brodsky, 2000; Sherkat & Ellison, 1999). Last, our study was cross-sectional. A longitudinal approach may reveal alternate or complimentary maternal strategies or suggest a clearer evolution of protection and preparation.

In spite of these limitations, the current study demonstrates it is important to understand the perspective of both mothers and daughters as they navigate adolescence because it is a time of transition for each. Family nursing and health promotion practitioners and researchers need to hear and understand the perspectives of both mother and daughter to inform programs and interventions to the benefit of both.

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