

# UCLA

## American Indian Culture and Research Journal

### Title

Navajo Tribal Demography, 1983-1986: A Comparative and Historical Perspective. By Cheryl Howard.

### Permalink

<https://escholarship.org/uc/item/9ds1f3kp>

### Journal

American Indian Culture and Research Journal , 18(2)

### ISSN

0161-6463

### Author

Campbell, Gregory R.

### Publication Date

1994-03-01

### DOI

10.17953

### Copyright Information

This work is made available under the terms of a Creative Commons Attribution-NonCommercial License, available at <https://creativecommons.org/licenses/by-nc/4.0/>

fashionable literary deconstructionism that oozes through his presentation, a verbal game of some sort?

*Gerard Reed*

Point Loma Nazarene College

**Navajo Tribal Demography, 1983–1986: A Comparative and Historical Perspective.** By Cheryl Howard. Washington, DC: Garland Publishing, Inc., 1993. 272 pages. \$41.00 cloth.

As America enters the final decade of the twentieth century, our society has begun to debate the health crisis. Health issues such as cost containment, access to necessary medical services, and the decline of our national health status have captured the public's attention. Lost amidst the political rhetoric is the recognition that for many segments of American society, these medical problems have been prevalent for centuries. As a result, their health problems were often magnified and exceeded the national statistical standard. Native American health levels are one example. Despite some improvement since 1955, Native American health problems continue to resemble those of many developing countries.

*Navajo Tribal Demography, 1983–1986: A Comparative and Historical Perspective*, a recent contribution to Garland Publishing's "Contemporary Issues in Health" series, is a descriptive study of demographic factors between 1983 and 1986 affecting Navajo mortality. The expressed purpose of the work is to assess the disease mortality and to project future health challenges among the Navajo.

In an attempt to position her work, the author opens the book with a general cultural and demographic overview of the Navajo. This chapter highlights early changes in population size, select Navajo cultural practices, some significant historic events, and the Navajo's current socioeconomic status. Howard concludes by noting that not only are these background factors essential to interpreting the data presented; they contribute to the current socioeconomic deprivation faced by many Navajo people.

Having described the Navajo culturally and historically, Howard, in the next two chapters, discusses theory and methodology. In systematic fashion, she outlines critically the major theoretical constructs currently applied to explaining Native American demographic and epidemiological change. The chapter

examines the relative strengths, weaknesses, and linkages between the various theories but leans heavily toward adopting a biosocial perspective in interpreting Navajo demography.

The bulk of the work is devoted to a descriptive analysis of Navajo demographic change, especially mortality. Chapter 4, however, describes Navajo fertility. The data reveal that Navajo effective fertility remains high and birth outcomes remain favorable, despite underutilization of prenatal care, low education attainment, poverty, and a high incidence of births to single women. Howard interprets these somewhat contradictory findings by retreating to a biosocial perspective. According to her theoretical position, Navajo women, under impoverished conditions, maximize their reproductive success by excluding men from their households and forming maternal kin networks or multiple, but temporary, liaisons with many men to broaden their resource base. It is not surprising, therefore, that single-parent, female-headed households are becoming the dominant family pattern among the Navajo (p. 82).

Howard next turns her attention to Navajo mortality patterns. Generally, Navajo people, particularly men, are at a greater risk of dying than the United States general population. Within this superficial observation, some interesting mortality patterns emerge. With respect to leading causes of death, accidents comprise approximately 24 percent of all Navajo deaths for both sexes. In addition, there is an age-specific disparity in mortality between men and women, especially in the twenty to forty age cohorts. These results parallel the life expectancy data that indicate Navajo men do not live as long as Navajo women; however, if Navajo men survive to age fifty, their life expectancy lags only three years behind the United States general population. In sum, nearly half of all Navajo deaths occur to persons under age forty-five. This statistic points to a young, growing population that is experiencing a considerable proportion of potential life lost to preventable circumstances.

Having provided a summary of Navajo mortality, the author discusses infant mortality extensively. Since 1955, the year the Indian Health Service transferred from the Bureau of Indian Affairs to the U.S. Public Health Service, the current Native American infant mortality rate approximates that of the United States. The Navajo infant mortality followed a similar trajectory. Despite the dramatic improvement, however, Navajo infant mortality remains a health concern. Over one-third of Navajo infant

deaths among males and one-fourth among females, occur beyond the third month of life. This statistic reflects the poor environmental conditions postneonatal infants face at home. There is also, Howard discovered, considerable variation in neonatal and postneonatal rates by reservation Health Service Units. Regrettably, Howard offers no explanation for the apparent statistical contrasts. Finally, infant mortality rates are contrasted by cause against U.S. total, U.S. white, U.S. Black, and all-Indian rates. The data indicate that meningitis, accidents, infectious and parasitic diseases, homicide, and ill-defined causes remain significant health risks. Despite the data to the contrary, Howard rejects underdevelopment and poverty as major contributors to Navajo infant mortality. Once again, she retreats to a biosocial interpretation.

Chapter 7 examines cause-specific mortality among the Navajo in greater detail. Howard discusses several leading causes of death in rank order, including accidents, suicide, homicide, alcoholism, diabetes, pneumonia, and influenza, as well as ill-defined causes, to gain a better understanding of these causes of death and their policy implications. Within each cause, the author raises interesting questions and significant issues surrounding causation and internal inconsistencies apparent in some data. The strength of the discussion is in the comparisons to other, non-Navajo populations. Unfortunately, Howard does not explore why these particular factors manifest themselves more frequently among the Navajo than in the comparison populations.

The concluding chapter attempts to place the similarities and differences in Navajo fertility and mortality patterns in cultural and theoretical perspective. Furthermore, the author identifies areas of future research. Under the current demographic regime, in combination with prevailing socioeconomic and health care conditions, the Navajo population will continue to grow. These demographic patterns are enhanced by selective migration and Navajo cultural practices. On the basis of her findings, Howard rejects all the major demographic theories, except the biosocial perspective, that explain the Navajo situation. According to her,

One of the key findings of this research has been the importance of culture in shaping demographic patterns. When poor environmental conditions were the overarching cause of mortality, cultural contributions were obscured. It was easy . . . to attribute high mortality to poverty and to environmental conditions. High fertility under these conditions was

easily explained as a result of high mortality . . . . We may need to rethink our well-established, but perhaps erroneous, beliefs about the connection between socioeconomic status and demographic patterns (pp. 213–14).

For Howard, Navajo fertility and mortality follow a biosocial, cultural strategy. Demographic outcomes are inherent in the biological and cultural pathways present in Navajo society.

With regard to future research, Howard discusses four areas that deserve further attention. The author believes, migration, gender roles, the role of the Indian Health Service in reducing mortality, and methodological issues must be explored fully to analyze the Navajo demographic experience.

*Navajo Tribal Demography* is a valuable contribution to a growing body of literature about Native American health and demography. The work's strength lies not in its integration of demographic rates with theory or cultural patterns but in the clarity of descriptive presentation. Howard engages the reader with a straightforward style that specialists and nonspecialists will appreciate. Moreover, her findings raise many intriguing questions, providing others with the opportunity to gain a greater understanding of Native American health issues. On a broader level, case studies similar to the one presented for the Navajo may lead to further improvement in native health status.

*Gregory R. Campbell*  
University of Montana

**On the Translation of Native American Literatures.** Edited by Brian Swann. Washington, D.C. and London: Smithsonian Institution Press, 1992. 498 pages. \$45.00 cloth; \$19.95 paper.

In the volume under review, Brian Swann more than lives up to the standards he set in this field with two earlier collections under his editorship, *Smoothing the Ground* and *Recovering the Word* (the latter coedited with Arnold Krupat). It must be noted immediately that no Native American scholars or writers are represented in this collection, in spite of efforts by Swann to recruit contributions from them (p. xix). However, it is still a rich feast of work from a diverse and distinguished group of scholars, including several splendid essays from "big names"