Restoring First Nation Birth Knowledge and Practices and the Impact on Mental Wellness: Reclaiming Space

by

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Abstract

The research focuses on the impact of practicing and promoting Indigenous knowledge on mental wellness. Mental wellness as defined by First Nations includes feeling hope, belonging, meaning, and purpose. For this study, First Nations birth helpers were trained to provide services in two northern Manitoba First Nation communities and in Winnipeg. Of the thirty-six birth helpers who were trained, ten were interviewed for the analysis of this thesis The project was developed using Indigenous research methodology, where the interview process was developed in partnership with the community advisory circles. The interview included questions about their experiences and how being a birth helper relates to their own mental wellness. The interviews were conducted over the phone or in-person, and then transcribed, validated by participants, and analyzed using reflective thematic analysis. The results indicate that reclaiming and restoring birth knowledge impacts hope, belonging, meaning and purpose for the birth helpers, and by extension their families and community. Birth helpers are revitalizing Indigenous knowledge which has historically been held by women to support mothers and families with culturally-based care. Prior to the medicalization of birth, the delivery of a baby was a community event that provided community members and families the ability to celebrate, welcome, and support the babies being born into their nations with culture, language, and connection to place. Reclaiming and practicing birth traditions is the first step to returning birth knowledge and eventually birth to communities. This work echoes the Truth and Reconciliation Commission of Canada's 94 Calls to Action 12 and 22, which call for culturally appropriate early childhood education programs for families and the recognition and use of Indigenous health knowledge within the health care systems. To support the expansion of birth helpers, further training is required to meet the needs

of all First Nations. Mentorship, and partnerships are required to integrate the birth helper role into existing systems of support.

Land Acknowledgement

I would like to acknowledge the land on which I have lived and worked all my life in Treaty One territory, the waters, the plants, animals, and traditional medicines that have sustained my ancestors. I would like to acknowledge my ancestors who also lived and worked on this land and the lands where this work has impacted on. There were offerings made to the land to support this work and the returning of birth to communities. Manitoba is located on original lands of Anishinaabeg, Cree, Anisininew, Dakota, and Dene peoples, and on the homeland of the Métis Nation.

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Dedication

I dedicate this dissertation to the ancestors who prayed for this knowledge to again be enacted and living. And to my reasons for living, my children Night Eagle Woman and Yellow Thunderbird!

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Chapter 1- Introduction

First Nation women are reclaiming their rightful place as leaders among the First Nation people. One of the ways First Nation women are reclaiming their place is by working on returning birth knowledge to the communities. Prior to the medicalization of birth, the delivery of a baby was a community event that provided community members and families the ability to celebrate, welcome and support the babies being born into their nations with culture, language, and connection to place. *Wiijii'idiwag Ikwewag* (formerly Manitoba Indigenous Doula Initiative), a community-based organization established in 2015, has worked with several First Nation communities, Knowledge Keepers, western health care providers, and families to develop a curriculum to train Indigenous birth helpers. Birth helpers are revitalizing Indigenous knowledge which was traditionally held by women to support mothers and families with culturally based care. Birth helpers differ from Indigenous midwives who have specialized training to deliver the child (Manitoba Indigenous Doula Initiative [MIDI], 2018).

> The role of the birth helper is described by one Indigenous Birth Helper as:
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> "It's just being a sister. It's being kind. It's caring for someone else. Especially in that very vulnerable intimate moment. So, I think when we look at doulas, we see very mainstream stuff. But what we're actually doing is just being a good relative; and I wish that our people would change the word 'doula' out for 'being a good relative'" (Cidro et al., 2018, p. 7).

The Indigenous birth helper provides support, information, and cultural knowledge to families throughout the pregnancy and birth. They are also involved in sharing knowledge about newborn care, breastfeeding and rites of passage. Knowledge Keepers have stated that reclaiming this role and knowledge is required to restore wellness within our nations. Very few Indigenous women have access to services to support a mother to give birth in their home

community. Reclaiming and practicing these birth traditions is a first step to returning birth knowledge and eventually creating spaces for birth to occur within First Nation communities (Phillips-Beck, 2010).

Birth is the first rite of passage, marking the transition from the spiritual world to the physical world (Manitoba Indigenous Doula Initiative, 2018). Pregnancy and birth for Indigenous communities is a special ceremonial time, where one is supported by loved ones. First Nations women in Canada always birthed in their communities supported by family, friends, Knowledge Keepers and traditional midwives (Anderson, 2011). This way of welcoming a new life into the community resulted in the child having a strong identity with connections to family, friends, culture, and language from birth (Cidro, Doenmez, Phanlouvong, & Fontaine, 2018). Those who were present at the birth of a child have a responsibility to support the well-being of the child as they grow, thus, nurturing lifelong connections.

Background

My dissertation project is one component of a larger five-year program of research, in which Dr. Jaime Cidro is the Principal Investigator. The five-year project entitled, *Indigenous Doulas as a Culturally Based Health Intervention to Improve Health and Birth Outcomes for First Nations Women in Remote Communities Who Travel for Birth* is funded by the Canadian Institutes for Health Research (CIHR). The project worked with three northern communities in Manitoba where women must travel to give birth. The three communities were the Nisichawayasihk Cree Nation, Pimicikamak Cree Nation and Misipawistik Cree Nation. All three communities are located in northern Manitoba and the mothers receive prenatal and postnatal care at a nursing station. This research project collected data during the COVID-19 pandemic. Two of the three northern communities did not run the birth helpers' program during

this time. The impact of the pandemic in northern Manitoba First Nations required shift in limited resources to focus on keeping the community members safe.

Lawford and colleagues (2018) describe the current evacuation policy: First Nations women who live on rural and remote reserves across Canada are required to leave their communities at 36 to 38 weeks gestational age (earlier if they are considered at "high risk") to access labor and birthing services. Phillips-Beck (2020) describes this as the "Out for Confinement" (OFC) policy - the practice of sending women out of their communities for birth. The mothers from the three communities traveled to Thompson, The Pas or Winnipeg to give birth.

The purpose of the overall five-year research project was to examine the impacts of having a culturally trained birth helper on the health of the mother and child. The birth helper coordinator for the project shared about the availability of birth helpers to expectant mothers, health care providers and the community at large through presentations. The mothers in the three communities who were interested in receiving the support of a birth helper went through an intake process and then were matched with a local culturally trained birth helper at 26 weeks gestation by the birth helper coordinator. The mother provided informed consent to participate in the research project and was interviewed three times during the project by a local data collector who was trained and mentored by the research team.

The Indigenous birth helper training is a five-day intensive training developed by Wiijii'idiwag Ikwewag and it covers the following information: history of birthing practice for First Nation women in Manitoba including the impact of colonization, medicalization of birth and current context. The training also includes building the birth lodge, and provides such teachings as nurturing our bundles, nurturing new life, and protecting the sacred circle. The

participants are selected to take the birth helper training by the community advisory circles (Manitoba Indigenous Doula Initiative, 2018).

In addition to this didactic training, the participants go through healing ceremonies and learn about ceremonies, traditional medicines, songs, and practices to support other women in pregnancy, birth, and post-partum as well as newborn care. The overall program is unique because it teaches both traditional and western knowledges about birth. The training becomes an experience through which some women reconnect to traditional epistemologies and modes of care, which had been destroyed or suppressed throughout colonization" (Cidro, et al., 2018, p. 6). The training curriculum used in Winnipeg was reviewed by the community advisory circle and infused with local Indigenous knowledge by asking local Knowledge Keepers to teach parts of the curriculum based on their nation-specific knowledge. The participants are provided with mentorship and additional training (in person and online). There were 12 birth helpers trained in each of the three First Nations and about 6 to9 were active in each community.

The birth helper training was provided in a pilot project in Winnipeg in 2015. These birth helpers were interviewed about their experiences and stated that engaging with cultural knowledge around birth was empowering. It was identified that "The doulas [birth helpers] are able to serve as teachers and facilitators, helping women and their families to discover and restore these teachings" (Cidro, et al., 2018, p.6). This dissertation project will further explore the impact of the birth helpers training and practice on the birth helpers' mental wellness.

Objectives

This dissertation project utilized qualitative methods to examine the relationship between the renewal of the traditional role and the holistic mental health of the birth helpers. The project examined wellness and mental health (Chapter 4) as defined by First Nations. The research

focused on the support birth attendants require to be well themselves as they work as Indigenous birth helpers. Many resources discuss the negative outcomes and harms of current policies and practices on Indigenous women. This dissertation used a strength-based approach to identify what is needed to support the mental wellness of birth helpers.

The role of the birth helper is to be a support for the mother and her family and to provide information and teachings that support healthy child development and Indigenous identity. In doing so, I expected that the birth helpers themselves would benefit from realigning their identity with one of sharing traditional knowledge and practices and contributing to their community by supporting families. It was anticipated that the birth helpers might provide hope to the future generations, born into their cultural ceremony as their ancestors were. This work then is intended to provide meaning and purpose to the birth helpers as they grow in their birth knowledge and continue to build their knowledge bundles. This is the focus of my study.

Researcher Location

> "Location in Indigenous research is ethical, responsible, and accountable. Location is an act of restoration of one's belonging in Creation. Location grounds your research, Location is an anchor. Like the trunk of a tree and its roots, restoring who you are and what you are made from anchors your place in Creation and grounds your search. Location also reveals who you are not." (Absolon, 2022, p. 7)

This work is important to me as an Anishinaabe woman as I have a strong interest in reclaiming health and wellness through culture. As the daughter of a Residential School survivor, restoring the power and place of Indigenous knowledge is the way to heal and truly move forward to create healthy families. As a single mother, having a supportive circle of friends, family, and community has helped me to be a parent and to teach my children about their culture,

traditions, and language. My goal for this work is to create similar opportunities for other First Nation women and families.

Through the last 20 years working in First Nation Health, I have realized that the root cause of illnesses and social issues needs to be addressed. I have had to go through a process of decolonization; learn my culture, and language, and incorporate core teachings imbedded within my language and culture to improve my wellness. I have come to understand the impact of colonization on the systems, policies and practices that are supposed to improve quality of life for Canadians. I have a strong interest in mental health and a master's degree in clinical psychology. I switched to Indigenous Studies for my doctorate to increase my opportunity to better understand and use our own knowledge to promote wellbeing: I believe that this approach is more in line with who I am as an Anishinaabekwe.

This project is about creating supportive circles for women as they become mothers; it is also about promoting cultural and traditional knowledge and having children born into their culture. It is my honor to contribute to this work and the literature on culture as the foundation of well-being for First Nations people. Building the literature and contributing to the evidence base for culture as an intervention will provide decision-makers and funders with what they need to adequately resource and support culture as the intervention.

For many generations, First Nation people have been self-determining Nations and have held the solutions to address issues in our communities. Unfortunately, since we are often not the ones writing grants or leading research, our voices are not heard. Research that shows the strengths of our community is lacking. A substantial amount of research conducted on or with First Nations often focuses on a deficit approach and measuring our assimilation i.e., looking at illness and social issues and comparing our outcomes to that of non-Indigenous. It is an

important responsibility of Indigenous scholars to ensure that Indigenous knowledge is elevated and recognized over that of information that is heavily biased by colonialism. Western-based research often provides information that communities already know while beneficial in advocating for policy and structural changes, research documenting inequities does not provide information on solutions. This project examines First Nations' strengths and defines wellness from our ways of knowing. We need research that shows what is working and what our people are doing to promote wellbeing and healing. Our own knowledge, skills and ideas are the solutions the communities need.

The author of *Dancing on Our Turtle's Back: Stories of Nishnaabeg Re-Creation, Resurgence, and New Emergence* provides some good advice on how we need to reclaim our traditional practices, cultures and ways of living and start implementing them. Simpson (2011) states that self-determination begins at home with how we live within our families, communities, and nations. She provides further suggestions on how we can accomplish learning and restoring our cultural ways:

> "All of the knowledge the Creator possessed from making every aspect of creation was transferred to us. We can access this vast body of knowledge through our cultures by singing, dancing, fasting, dreaming, visioning, participating in ceremony, apprenticing with Elders, practicing our lifeways and living our knowledge, by watching, listening, and reflecting in a good way. Ultimately, we access this knowledge through the quality of our relationships, and the personalized contexts we collectively create" (Simpson, 2011, p. 42).

Essentially, the restoration or reclaiming of what was lost through colonization in Indigenous birth is an important foundational piece to restoring wellness in the nation.

Self-determination is central to Indigenous women's reproductive justice, meaning that self-determination is activated in intergenerational and relational ways. Reproductive justice is women being able to decide and control whether they have children, whether they continue or end their pregnancies, women being able to decide how and where they give birth, and women being able to raise their children in safe and healthy environments free from violence (Ross, 2006). This work requires moving beyond survival to exercise anti-colonial resistance and sovereignty (Vizenor, 1994, 1999)

As an introduction to this thesis, I introduce myself and the review of the topic. In Chapter 2, I review the impact of colonization on Indigenous populations, specifically women and linkages to current day health and wellness, mental health, and birthing. Chapter 3 will review what a birth helper is and the research in Manitoba connected to birth helpers. Chapter 4 discusses the definition of well-being as defined by First Nations and why it is important to use our own measures of wellness. In Chapter 5, through a First Nation lens will provide an overview of the state of mental health in our communities. Chapter 6 details the methodology and methods used. Chapter 7 provides the results of the interviews with the birth helpers. Chapter 8 will link the results to the literature on birthing and the revitalization of Indigenous knowledge. Chapter 9 will discuss the limitations of the research and recommendations for additional research.

This research study was designed to uplift and honor the ground breaking work of Indigenous women as birth helpers, contribute to the ongoing work of revitalizing Indigenous knowledge about pregnancy and birth and mobilize this knowledge gathered to understand how to support the birth helpers' mental wellness as they do this work.

Chapter 2 - First Nation Women's Roles Prior to Colonization – Restoring the Balance

Historically, Indigenous women were leaders, treated as equals, acknowledged for their important role as life givers and treated with respect (St.Pierre et al., 1995). Colonization has disrupted the way of life for Indigenous people in Canada, particularly the role of Indigenous women. The following review of the literature examines the ongoing impact of colonization on Indigenous women, their health, and birthing practices. I reviewed different birth helper programs that have been established in Canada, New Zealand, Australia, and the United States of America in response to the needs of Indigenous women. I concluded with the revitalization of Indigenous doulas or birth helpers.

Interruption of a Way of Life

Colonial disruptions targeted First Nations' way of life including governance, family clan systems, and Indigenous knowledge. With colonization, patriarchal laws, policies, legislation, and regulations instituted attacks on Indigenous women in their roles as family anchors. Colonial heteropatriarchy is defined by McKenzie (2020) as a system of gender/sex and sexuality colonial forces imposed upon Indigenous communities. This system normalizes and naturalizes heterosexuality and patriarchy, framing egalitarian, matriarchal and queer relations as abnormal and aberrant (Arvin et al., 2013). Within Canada, colonial heteropatriarchy sought to eliminate Indigenous people as a distinct, collective group and replace Indigenous people with a settler collective to appropriate Indigenous lands (Wolfe, 2001).

The social fabric of the family unit was attacked through the imposition of tools of assimilation. The loss of identity through colonizing actions such as the Indian Act, residential school policies, mental health laws, forced removal of children, forced sterilization of women,

and the Sixties Scoop are some of the determinants that have contributed to the erosion of women's roles in Indigenous cultures. Eroding the position of Indigenous women as caregivers, nurturers and equal members of the community inflamed the false colonial perception that Indigenous women were somehow worthless and free to be exploited. "The colonization of Indigenous populations in Canada brought with it the emergence of European patriarchal laws, policies, legislation, and regulations that served as institutional attacks on Indigenous women in their roles as respected members of the community, as a family anchors and life-givers (Native Women's Association of Canada, 2007, p. 21). As outlined by the Missing Murdered Indigenous Women and Girls (MMIWG) inquiry (2019), male created and dominated values have shaped institutions, laws, legislation, and policies that have implemented a long-lasting negative effect on the physical, mental, and social health of Indigenous women" (Boyer & Bartlett, 2017, p. 6).

Many current health issues First Nation peoples face in Canada are the result of intergenerational trauma from the ongoing legacy of colonization (Czyzewski, 2011; Menzies, 2010). "The current state of Indigenous health in Canada is the direct result of previous Canadian government policies including residential schools" (Katz, et al., 2019). The Truth and Reconciliation Commission Calls to Action (18-24, specifically) also recognize that the present state of Indigenous health in Canada is directly related to the historical policies and practices of the Canadian government (Truth and Reconciliation Commission of Canada, 2015). The National Inquiry on Missing and Murdered Indigenous Women and Girls Final Report (2019) revealed that,

> "Colonial violence, as well as racism, sexism, homophobia, and transphobia against Indigenous women, girls, and Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex (2SLGBTQQIA) people, has become embedded in everyday life – whether this

> is through interpersonal forms of violence, through institutions like the health care system and the justice system, or in the laws, policies, and structures of Canadian society. The result has been that many Indigenous people have grown up normalized to violence, while Canadian society shows an appalling apathy to addressing the issue. The National Inquiry into Missing and Murdered Indigenous Women and Girls finds that this amounts to genocide." (p.4)

The ongoing acts of genocide and colonization have impacted the mental wellness of First Nation women including hope, belonging, meaning and purpose by removing identity, Indigenous knowledge, children, safety, and their roles as leaders in First Nation communities.

Although colonial policies and practices aimed to undermine traditional knowledge related to gender, sexuality and reproduction, Indigenous people across Canada have continued to exercise and share them. The overall emphasis is a harmonious way of achieving communal well-being and the responsibilities people have to each other and their relations (Anderson, 2011; Simpson, 2011, 2017). Archival research documented that men, women, and two-spirit people's roles and responsibilities were fluid during early colonial relations (LaRocque, 2007). In addition, Indigenous languages further support this as there are no gender pronouns or words for two spirit people (Wilson, 2008).

Governance and Women's Leadership

One of the interruptions was the creation of the *Indian Act* of 1886 which still operates today to govern "Indians and land reserved for Indians", albeit with some amendments. The *Indian Act* is built on racist assumptions and was aimed to eliminating status First Nations people (Phillips-Beck, 2020). This act defines who is an Indian, taking away First Nation control over their identity and governance. Previous versions of the *Indian Act* also prohibited the practice of

culture, language, and traditions. Currently, many communities are still governed by the *Indian Act* governance model which has replaced original systems of governance such as the clan system. The impact of the *Indian Act* also removed First Nation women from leadership positions and in some instances removed their identity. Although many First Nation communities were matrilineal, whereby inheritance and power were passed down through the mother, the *Indian Act* defined as "status Indian" based on paternal lineage. If a First Nation woman married a non-First Nation man, she would lose her Indian status and would have to leave the community. First Nation women lost not only their Indian "status", but also their treaty and health benefits, the right to live on the reserve, the right to inherit their family land, and even the right to be buried on the reserve with their ancestors (Jamieson, 1978, p. 1). This practice began to be corrected in 1985 with Bill C-31, an amendment to the Indian Act, which served to bring the *Indian Act* into line with gender equality under the Canadian Charter of Rights and Freedoms. Although this practice began to be corrected, it has rippling effects of disconnecting women and families from each other for generations. In addition, the *Indian Act* also denied women the right to possess land and marital property (Harry, 2009).

There are additional impacts on women and children with the application of paternalistic policies. For example, the Proof of Paternity, which assumes a children's father is non-status if he is not listed in the birth certificate is also a practice that impacts First Nation women and the identity of their children. A First Nation woman may not want to list her child's father on the birth certificate to ensure the safety of her child from a violent ex-partner, however, this results in her child being denied land rights and community membership (Gehl, 2006; Mann, 2009). Therefore, these policies also place women and children in very difficult situations where a

mother must choose between safety and her child's identity. This is not a choice any other mother living in Canada must make.

Indigenous women had leadership roles prior to colonization, politically, economically, spiritually, and in the family. Indigenous women had considerable power, status, and influence in their communities (Anderson, 2000; 2011 Barman, 2000). This was a distinct difference from the lack of power that women in Western societies experienced: "European women could not own property because they were actually considered property – belonging first to their fathers and eventually to their husbands" (MMIWG Inquiry, 2019, p. 238, as cited in Akbari, 2021, p. 6).

Colonization attacked women's roles in leadership, economy, spirituality and as the center of the family, first by seeking to diminish the roles and then by seeking to control the roles of women. Indigenous complex government and social systems were tactically dismantled, and male-female social roles were disrupted through the imposition of patriarchal ideals and male dominance in a concerted effort to destabilize the role of Indigenous women in Canada (Boyer; 2009; Cull; 2006; Simpson, 2006; Wesley-Esquimaux 2009). Two-spirit individuals are those who carried the gift of balance in First Nation communities, and their roles were also diminished and destroyed through colonization, legislation, and government-created systems where two-spirit people have not been recognized.

The role of Indigenous women was also attacked through stereotypes and labels which suggested that Indigenous women were primitive and promiscuous (Larocque, 1996). These stereotypes have persisted in the current context with assumptions being made about Indigenous women being prostitutes and addicts. This is well documented in the way media continues to portray Indigenous women and girls who are missing and or murdered. These stereotypes also

play a role in the interactions with state run systems like child and family services, health care and justice systems, which cause further harm to wellness.

Family Roles and Responsibilities

The Indian Residential Schools, the 60's scoop and current day child apprehension continue to break families and community connections which limits transmission of Indigenous knowledge, language, and culture (McKenzie et al., 2016). Colonial laws of Canada continue to interrupt and forcibly remove First Nation families from our traditional roles and responsibilities as parents, aunts, uncles, grandmothers, and grandfathers as the original peoples of Turtle Island. In Manitoba, there are over 11,000 children in care with approximately 86% of the children being First Nations (First Nation Family Advocate Cora Morgan, personal communication, 2019).

Many of the children who are removed from their home communities are placed in non-First Nation homes which serves to further disrupt the transmission of Indigenous knowledge. Removing children from their community cuts ties with extended family members, culture and connection to ancestral land and waters. The outcomes for children being raised outside of their family and community have long term impacts on health, mental health, education, income, homelessness, and justice involvement (Brownell, et al., 2015). The removal of children from family and community results in the loss of their connection to place and their natural support systems. Loss of culture, language, and connection to the land is also impacted when children are removed, all of which are related to identity.

The colonization of Turtle Island (North America) was and continues to be about accessing the land, water, and resources. Colonialism refers to the policy or practice of "acquiring full or partial political control" over another nation, "occupying it with settlers, and

exploiting it economically." First Nations peoples in Canada have lost most of their land and were forced to live in isolated reserves. The connection of Indigenous health to land includes removing Indigenous peoples from their lands, restricting access to land that their ancestors used as well as contamination of the land and waters that impacts Indigenous food and medicine sources. Dr. Carol Hopkins stated:

> "In a First Nations' worldview, land is a living being. You'll hear Indigenous people talk about the Earth as our mother. That's an expression of a worldview that says everything that we need to sustain our life comes from the Earth. The water comes from the Earth. The elements of fire and air are connected to the Earth. They're absolutely necessary for life. We depend upon them the same way we depend on our biological and extended family" (Kitts, 2018).

The Canadian government continues to limit access and connection to the land and waters, often in the name of "development" or "advancement". The "development" of land projects destroy land and prohibit First Nations from accessing land, medicines, and knowledge that is connected to landscapes. The pollution of the land also impacts the physical health of those that live close to resource extraction sites. First Nation people's health and wellness are deeply tied to the land and water. For example, Indigenous people around the world introduce themselves by identifying the land and waters that they come from.

The connection and knowledge that First Nation people have to the land has been disrupted through colonization. The practice of Indigenous knowledge systems has declined through limiting access to land and waters, which impacts the knowledge being passed down. Indigenous people have experienced, and continue to experience, collective trauma from colonization, the effects of which are passed on from one generation to the next; this is referred

to as intergenerational trauma (Bombay, et al., 2014). There is now considerable evidence that the impacts of trauma can be transmitted across generations, affecting the children and grandchildren of those who were originally victimized (Baider et al., 2000, Bombay, et al, 2011, Yehuda & Bierer, 2008). Research with holocaust survivors has also found evidence of the intergenerational transmission of trauma. Furthermore, these studies have also shown increased general psychological distress (Kellerman, 2001), posttraumatic stress disorder (Yehuda, Halligan & Grossman, 2001), and difficulties in coping with stressful experiences (Baider et al., 2000).

Impact of Colonization on Present-Day First Nation Women's Realities

One cannot deliberate on Indigenous health without examining the current and historical context that shapes the everyday lives of Indigenous people. For example, poverty, poor access to health care, overcrowded housing, unsafe drinking water, lack of access to affordable healthy food, racism, discrimination, and violence. These determinants, in addition to the ongoing intergenerational impact of loss experienced at Indian Residential schools, loss of land and resources through relocation and deliberately misinterpreting treaties, and the imposition of colonial legislation and institutions, shape health for Indigenous people (Linklater, 2020). Adelson (2000) declares that "for the Cree of Whapmagoostui, a sense of 'health' or of 'being Cree' for that matter cannot be understood outside the context of colonial and neo-colonial relations in Canada. Indigenous Canadians – Indian, Inuit, and Métis – continue to live with the effects of displacement, discriminatory legislation, failed attempts to assimilate, forced religions conversion, and pervasive racism" (p. 9).

The impact of continual colonization has also resulted in lower life expectancies, such as in Manitoba where female longevity is 72.42 years for First Nations compared to 83.78 for non-

First Nations, and 68.06 years for First Nation men compared to 79.42 for non-First Nations (Katz, et al., 2019). In addition, First Nations people have higher rates of medical conditions and mental health conditions, and are more likely to experience violence, homelessness, and addictions in response to colonial systems' impact on their lives (Katz, et al., 2019).

Social determinants of health, colonialism, jurisdictional issues, geography, and access to health care interact to contribute to poor health outcomes for Indigenous people in Canada. Loppie-Reading and Wiens (2009) described the social determinants of health for Indigenous people to include proximal (health behaviors and physical and social environments), intermediate (community infrastructure, resources, systems, and capacities), distal (historical, political, social, and economic contexts). Wenman and company (1982) state that distal determinants of health have the most influence on the health outcomes since they encompass the context surrounding proximal and intermediate determinants.

Jurisdiction

In Manitoba, health care for First Nations is provided by both the federal and provincial governments resulting in delays and gaps in the provision of health care. As noted, "The shared responsibility for health and social services has not been collaborative effort but, rather has resulted in a jurisdictional ambiguity leading frequently to barriers to services." (Postl, Cook & Moffatt, 2010, p. 43). The division is that health and social services are delivered by provincial governments in many instances, while the services for First Nations living on reserve are the responsibility of the federal government, including the delivery of health and social services.

Further to this, "Subsequent legislation – such as the Canada Health Act, supporting universal healthcare – has resulted in fragmented approaches to the delivery of health and social services, with discrepancies in the funding levels for the First Nations as compared with funding

to provincial systems" (Postl, Cook & Moffatt, 2010, p. 43). The funding discrepancies have resulted in legal action against the federal government to ensure that children have the same opportunities no matter where they live known as Jordan's Principle, since supports for First Nation children in foster care, such as educational support are funded at a lower level than those supports provided by the provincial governments for non-First Nation children (Sinha, et al., 2021).

In 1876, Treaty Six was signed between the federal government and the Cree Nation of Alberta and Saskatchewan. It included a "medicine chest" clause that states that "the Queen… will grant to the Indians assistance … sufficient to relieve them from the calamity that shall have befallen them. Medicine chest shall be kept at the house of each Indian Agent for the use and benefit of the Indian at the direction of such agent" (Morris, 1991, p. 355). While the federal government has stated that the provision of health benefits to First Nations and Inuit peoples is a policy directive, the First Nations maintain that health and healthcare is a treaty right, as indicated in the language of Treaty Six" (Postl, Cook & Moffatt, 2010, p. 44).

Jurisdictional gaps continue to affect the seamless delivery of healthcare services to First Nations and although the provinces and territories deliver a complement of services spanning primary healthcare to hospital care through a publicly funded universal system, various social and geographical factors exclude accessibility to First Nations. The decentralized nature of the Canadian systems, which is managed by each of the ten provinces and three territories, results in considerable variations in the configuration of services provided. The federal government professes that it supports First Nations to reach a reasonable level of access to care that is comparable with the rest of Canada, through Indigenous Services Canada's First Nations and Inuit Health Branch (ISC-FNIHB). ISC-FNIHB funds Indigenous-centric programs (the Non-

Insured Health Benefits Program, Healthy Child, Mental Health and Addictions, and Environmental Programs), providing a limited range of supplementary services and resources not available elsewhere. FNIHB has repeatedly asserted their intention to assume the role of "payer of last resort" (Lavoie et al., 2005).

Maternal Health

First Nation women have experienced intergenerational trauma related to current and past policies of dispossession, removal of children, forced sterilization (Leason, 2021) dislocation from lands, targets of violence and murder, incarceration, and homelessness, which increase risks of poor maternal health. For example, socioeconomic level impacts First Nations women's pregnancy including reduced access to basic prenatal care, inaccurate approximation of gestational age, and later complications of post-term pregnancies. Other life circumstances that influence maternal health include pre-existing medical conditions, young maternal age, marital status, malnutrition, and low educational attainment (Cidro et al., 2021). Consequently, "Indigenous mothers have among the highest rates of maternal mortality and morbidity in the world (Gracey & King, 2009; Lennox & Stephen, 2013).

There has been considerable harm and mistreatment in many maternal healthcare system settings. For instance, obstetric racism, "a form of structural racism and structural violence, involves systematic processes of racialization, dehumanization and devaluation of Indigenous motherhood and parenthood, and frequently manifests as mistreatment, exploitation, and abuse in maternal health care systems" (Rapp 2019, Farmer 1996, Lawford et al., 2018). In addition, Indigenous communities also have a historical mistrust of the health care providers to overcome when dealing with medical professionals.

The underserved communities of colour in other countries have also described mistreatment in maternal health care systems. For example, greater incidences of delayed care, gaps in communication, brief encounters with providers, and extended wait times for appointments when compared with White populations (Altman, et al., 2019; Wang et al., 2021). Underserved communities also experience incidences of racism outside of the health care system.

Nevertheless, even though there is general awareness of the social inequities facing First Nation women and how they may impact maternal health, the field of maternal health research does not often include the context of colonization and racism in the study of First Nation maternal health. For example, Patterson and colleagues (2022) reported that fewer than twenty percent of articles examining maternal health in Indigenous populations mention colonization. It is important to note that an emerging body of literature links stress resulting from daily exposure to racism with higher preterm births and low birth weight, depression and post-traumatic stress disorder, and lower rates of breastfeeding among underserved populations (Chae, et al., 2018; Beck et al., 2020; Grobman, et al., 2018).

The overall wellness of First Nations women including hope for the future, a sense of belonging, and the ability to live a life of purpose and meaning, isat risk when they are constantly in survival mode. Manitoba First Nations have poorer mental health than all other Manitobans. For instance, the rates of substance use disorders are three times higher among First Nations compared to all other Manitobans, and the rates of suicide and suicide attempts are five to six times higher among First Nations (Katz, et al., 2019). In Canada, Indigenous women are more likely to experience post-partum Depression, and rates are as high as 15% to 30% (Nelson et al., 2018).

Colonization of Birth

One of the gifts women are revered for is the ability to bring new life into the physical world.

> "Women are viewed as a conduit for the Creator by populating the communities. With the sacredness of children and the birthing process and the ability to connect to the Creator to bring new life, a woman's reproductive capability is important in both a demographic sense to populate the community, as well as a cultural and spiritual sense." (Akbari, 2021, p. 6)

The women's importance of women as life-givers is due to the sacredness of children in Indigenous societies. Babies are viewed as being closest to the Creator as they have transitioned from the spiritual world and are born into the physical world (Sinha & Kozlowski, 2013).

First Nations are often born in special spaces with the support of Indigenous midwives, family, and Knowledge Keepers. All women in the community had some knowledge about how to support birth. The birth of a child was a celebrated occasion by the community and the child was named after the birth and introduced to those in attendance, all people knew how they were connected to the child and the child was welcomed into the community. The family was supported throughout the pregnancy, birth, and post-partum by the community. Caring for the child started before the child was in the physical realm with the community providing food, protection, and teachings to the family (Anderson, 2011). The community caring process promoted health and wellness from birth.

A Métis scholar Kim Anderson writes: "The teachings tell us that new life was cherished, and at one time pregnant women, infants and toddlers were nurtured and cared for in that spirit. All community members had roles to play in preparing for new life and ensuring that the proper

care was given to the pregnant women and then the newborn" (2011, p.38). Furthermore, with the birth of children comes new roles and changing roles for members of the community as explained in Ulrich (2019). "With the birth of a child, you have the birth of a mother, a father, a grandparent, and multiple relationships. These roles and relationships are important because they influence the identity and development of a collective" (Ullrich, 2019, p. 22).

In addition, children also bring healing to the community by creating connections. "When children are able to engage in environmental, community, family, intergenerational and spiritual connectedness, this contributes to a synergistic outcome of collective well-being" (Ullrich, 2019, p.24). This is why many communities want to have births occur in their community instead of outside the community in urban settings.

Indigenous midwifery was practiced in every community, and all Indigenous women carried teachings about birthing. The movement to bring birthing back to communities thus includes the re-establishment of practicing Indigenous midwives in First Nation communities. Only a few First Nation communities have midwifery supported birth. According to Ellen Blais, former co-chair of the National Aboriginal Council of Midwives, "When birth leaves a community, you take away something that brings joy and happiness" (Lawford et al., 2018). Even fewer communities have birth centers or physical spaces dedicated to Indigenous birthing practices.

There is evidence that preterm birth is more common among Indigenous than non-Indigenous populations (Auger et al., 2012). It is thought that the perinatal health disparities are due to the ongoing impact of colonization that systematically disadvantaged Indigenous women (Allan & Smylie, 2015; Bourassa, McKay-McNabb, & Hampton, 2004; Browne & Fiske, 2001).

Often the mothers are blamed for perinatal health outcomes that reflect systemic and historical inequities.

The medicalization of birth occurred across the world. The introduction of hospital birthing for First Nation women was deemed safer. While there may be some merit to this thinking, the medicalization of birth nevertheless was used to eliminate Indigenous knowledge, midwifery, medicines, and ceremonies which are not a part of birth that occurs in hospital settings (Chamberlain & Barclay, 2000; Lawford, et al., 2018). Although the argument was made to remove birth from Indigenous midwives, an examination of historical documents concludes that mortality and morbidity for mother and baby were, in all probability, lower in the pre-colonial era (Skye, 2010, p. 32).

The traditional role of First Nation women supporting other women during birth continues to be disrupted by the evacuation policy, also known as the Out for Confinement (OFC) policy, where First Nation women are relocated at 36 to 38 weeks to urban centres to give birth (Health Canada Evacuation Policy). “The policy of birthing evacuation contributed to the medicalization of childbirth that was already underway in Canada since the early 20th century (Jasen, 1997) and spread to the Canadian arctic region since the 1950s (Kaufert & O’Neil, 1990). Mothers are away from their homes often without the support of other First Nation women, and families and may be leaving behind other children. Childbirth evacuation was met with opposition where “Some Indigenous women even went as far as hiding their pregnancies from medical authority because they feared having to leave their community for childbirth” (Douglas, 2006, as cited in Vang et al., 2018).

First Nation-driven research has demonstrated that when women give birth away from their community, they experience social and cultural isolation, which decreases women’s

psychological well-being (Kornelsen, et al., 2011; Lawford et al., 2018; Olson, 2017). Further research with Inuit populations demonstrated that maternal evacuation is linked to substance use and poor diet for evacuated women (Van Wagner et al., 2007). Van Wagner and colleagues stated that families also suffered as children and adults left behind must cope without the mother's presence. When the mother is absent, additional social and financial strain can be put on the family. The neglect of children left behind may be one of the unintended results of removing the mother from the First Nations as it is not always reasonable to arrange for reliable childcare (Van Wagner et al., 2007). Some women are forced to place their children in Child and Family Services care when they leave the community to give birth (Cora Morgan, personal communications, 2019; Phillips-Beck, 2010).

The federal nursing station model was created in the 1960s which further pushed the medicalization of birth, and by the 1980's removed birth from communities with the practice of maternal evacuations (Olson & Couchie, 2013). Since implementing the maternal evacuation policy, it has been opposed by academics, policy-makers, and communities (Kaufert & O'Neil, 1990; Hiebert, 2003; Eni, 2005; Silver et al., 2022). The underlying rationale for implementing the maternal evacuation policy was to reduce infant mortality (Lawford, et al., 2018). However, evacuating First Nation women has not resulted in First Nations infant health "catching up" to non-First Nation infant's health outcomes (Phillips-Beck, 2020). For example, the First Nation infant mortality rate is still twice as high as the Canadian average (McShane et al., 2009; Smylie et al., 2010). In addition, preterm rates for First Nations living in the province of British Columbia are 40-70% higher than non-First Nations (McShane et al., 2009). "Healthy pregnancy and infancy indicators (teen pregnancy, preterm birth, low and high birth weight, infant and neonatal mortality) are well documented to be two to five times worse for [Indigenous] people in

Canada" (Varcoe et al., 2013 as cited in Cidro et al., 2018, p. 2). First Nation women also receive inadequate prenatal care when compared in non-First Nation women in Manitoba (Heaman et al., 2015). Prenatal care is important to promote healthy and safe pregnancy, and generally those who receive prenatal care have better outcomes than those that do not (Heaman, at al., 2015).

Birth has been removed from communities and medicalized by Western practices, legislation, and colonial policies. "The Western medicalized birth replaced our ceremony. By understanding our most sacred and powerful ceremony and our most sacred responsibilities as mothers, our colonizers thought they could achieve the destruction of our Nations" (Simpson, 2006, p. 28). Western medicine has been the predominant authority across the world and has claimed that their practices are the safest and best options of care. To prove this claim, Western medicine often negates and destroys belief in any non-Western health practices. The key message given to women is it is safer for them to deliver baby with modern technology in a hospital. As Amber Skye observes, the devaluing of Indigenous medical practices is one form of ongoing colonization" (Skye, 2010 as cited by Hayward & Cidro, 2021, p. 214).

Indigenous midwives were also leaders in the community and provided cultural knowledge to the younger generations. The history of the erasure of Indigenous midwifery was purposeful and served the advancement of the colonial agenda. The medicalization of birth coincided with the increased presence of federal obstetricians and nurses in First Nations. The medicalization of birth made it illegal for Indigenous midwives to practice and dismissed the knowledge they enacted, the medicines and ceremonies they practiced as invalid and unsafe (Lawford et al 2018, p.480).

Mainstream midwifery did regain support in Canada in recent years, however; this is incompatible with the traditional Indigenous midwifery (Burnett, 2010; Burnett et al., 2020).

Indigenous midwifery includes the understanding of the western health care system as well as understanding and acknowledging the history and negative impacts of colonization and merging that knowledge into culturally safe and respectful care. It also encompasses reclaiming traditions and advocating for their inclusion in the predominant Western model of care. Indigenous midwives provide cultural and spiritual practices such as welcoming babies through ceremony and providing access to traditional medicines.

There are different ways in which Indigenous midwives are trained, there are those trained in Western academic institutions and those whom another Indigenous midwife mentors. In Ontario, Quebec and Manitoba, current legislation allows Indigenous midwives trained in a traditional manner to be recognized and practice on reserve (Lavoie et al., 2013). Indigenous midwives are reclaiming traditional birth practices to support women and families.

Indigenous midwives are at the forefront of bringing birth back to communities, there are examples of birthing centres being operated in communities across Canada. There are significant challenges to returning birth to communities including government funding, provincial legislation that is inconsistent across Canada, federal government policy that continues to promote the evacuation of mothers and the jurisdictional issues regarding health care for First Nations people (Tomkins, 2014). Therefore, there is a need for Indigenous birth helpers to support the transition, by providing families with ongoing support andreintroducing Indigenous knowledge and practices into the experiences of pregnancy, birth and aftercare of the mother and baby. Often these supports are adapted to fit within the existing medical model. Indigenous families have the right to decide when, where and how to have children. Indigenous mothers have the right to decide who will provide care. To return birth to communities, Indigenous midwives are required within communities. When birthing is returned to the community, the

impacts extend into various aspects of community health and well-being (Van Wagner et al 2007, p. 390).

Disruption of Indigenous Ceremonies

Practices like the maternal evacuation policy prevent birth parents from participating in traditional ceremonies and fostering the parent-child-land connection, like the umbilical cord and placenta ceremonies. These ceremonies are conducted in different ways depending upon the Nation's teachings. One example of an umbilical cord stump ceremony, is when the dried umbilical cord is collected, wrapped and placed in either a tree stump or with a bow and arrow or fishing rod. This ceremony is a way to establish a connection between the newborn and the land. The relationship between the child and the land is also strengthened with a ceremony where the placenta is buried. In this ceremony, the placenta is collected and buried in the land with an offering of tobacco (Olson, 2012, pp. 348-9). Forced birth travel makes ceremonies like these difficult to complete. This practice has been undermined, and this has interrupted the transfer of Indigenous knowledge and practices around birth from one generation to another. For many Indigenous families, well-being, identity, and purpose in life are deeply connected to ceremonies and rites of passage (Phillips-Beck, 2010).

Ceremonies are an important part of life's journey as they acknowledge the spirit and mark important milestones in the individual's life (Anderson, 2011). Many ceremonies support individuals to progress through the stages of life. Dumont and Hopkins provide the following overview: "There are, for instance, the "walking out ceremony" for babies taking their first steps on Mother Earth, fasting ceremonies for adolescents struggling to find their roles, connections, and gifts: ceremonies and memorial (or ghost) feasts; and ceremonies like the full moon or fire

and water rites cerebrating gender roles and responsibility" (p. 207). Ceremony increases one's knowledge and understanding of self, and one's place and belonging in the world. (Ross, 2014).

> "The spiritual connection to the land, practices through ceremony, is the foundational strength upon which the Anishinaabe build and sustain the power of their social relationships, which are critical for health and well-being. Participation in these ceremonies enables a sense of belonging, in both the natural and spiritual worlds, and a renewed sense of purpose and identity in these spaces. Elders talked about participating in and being part of ceremony as crucial for maintaining a collective sense of wellness in the community, strengthening families and relationships, and reinforcing social and moral responsibilities to the land" (Richmond, 2015, p. 174).

Thus, to be a healthy individual one needs to be supported through ceremony to go through transitions of life. Each phase of life contains ceremonies to support the individual to have hope, belonging, meaning and purpose in life. Johnson (1976) talked about ceremonies which commemorate life including naming ceremony, first kill, transition of girl to a woman, blanket presentations, marriage, feasts for the dead and ceremonies to give thanks. There are specific ceremonies that mark important transitions across the lifespan. For example, Anishinaabe teachings around womanhood and the responsibilities that go along with becoming a woman. Menstruation rituals and ceremonies remind women about the importance of motherhood and mothering. (Ross, 2014, p. 70). Through ceremonies like the Berry Fast (a yearlong fast from any berries), Anishinaabe girls or young women are told about the importance of understanding and living the values of respect, responsibility, reverence, and reciprocity (Ross, 2014). Women also receive teachings about self-discipline and the importance of self-respect. Respecting women's ability to bring forth life with her body are entrusted in those four

principal values in which they learn during the berry fast. For boys, there was a celebration to mark the first hunt or kill, which is shared with the community (Anderson, 2011). These ceremonies that have been passed down, and in some places revitalized or re-established by Knowledge Keepers, have continued to shape future generations. The Turtle Lodge in Sagkeeng First Nation is one example of a community that hosts rites of passage ceremonies for young men and women. The purpose of having these transitional ceremonies is to celebrate change, to teach certain skills or milestones one requires and to acknowledge the responsibilities that one is accepting as they move through life. These ceremonies also connect the individual and family to the wider community. Birthing away from home disrupts the ability for mothers, babies, and families to have the ceremonies that surround birth as they were originally intended.

Racism

There are current day examples of Indigenous people losing their life due to racism within the health care system, including Joyce Echaquan (2020) and Brian Sinclair (2008). “Systemic racism, also known as institutional racism, refers to established laws, customs, or practices that are systematically reflected in and that produce racial inequities in society. Whether it is overt or unintended or stems from oppressive or negative race-based policy, systemic racism contributes to health and socio-economic disparities, a greater exposure to risk, hazards, toxic environments, unfair perceptions, treatments, and injustices all of which ultimately influence health” (Clark, 2004).

Racism is hard to measure in the subtle forms that make people feel unwelcomed or unsafe and as such, it is hard to discipline health care providers as most professional licensing bodies have no mechanisms to address racism within the health care system or their profession. In British Columbia, research has reported that Indigenous people encounter widespread

systemic discrimination (Turpel-Lafond & Johnson, 2021). In Alberta, Emergency department health care providers reported that First Nations patients are exposed to disrespect through tone and body language, experience overt racism, and may be neglected or not taken seriously when seeking care (McLane et al., 2022). Racism and discrimination results in a range of negative impacts, harm and even death for Indigenous people. Research has shown that Indigenous patients are not listened to, believed, and in some instances are ignored (Hole et al., 2015).

Birthing away from home, family and community also places an additional risk for Indigenous women to experience racism, in the urban centre and the medical setting. Obstetric violence is defined as "the appropriation of women's bodies and reproductive processes by health personnel that is expressed through dehumanizing treatment, the abuse of medicalization, and the pathologizing of natural processes, resulting in a loss of women's autonomy and ability to decide freely about their bodies and sexuality, negatively affecting their quality of life" (Castro, 2019 as cited by Hayward and Cidro, 2021, p. 214). Research has documented many cases of violence and intergenerational trauma that impact Indigenous women in Canada during the pregnancy and birth process (Roy, 2019).

The medicalization of birth has resulted in increased obstetric violence to all women around the world. Bowser and Hill (2010) gathered stories from women in 18 countries, including Canada. The results revealed that many women felt disrespected and abused during hospital childbirth. Furthermore, women experienced "subtle humiliation…, discrimination against certain subgroups of women, overt humiliation, abandonment of care and physical and verbal abuse" (Bowser & Hill, 2010, p.3).

Overall, medical interventions have made childbirth a negative and potentially harmful experience. For example, in Canada, "there has been an increase in the use of induction, vacuum

extraction, and caesarean section, in addition to the risk of injury from operative vaginal deliveries where vacuums or forceps are used. Injuries range from minor cuts to more serious injuries that might affect the woman's long-term quality of life, including bladder and bowel control, sexual dysfunction, and perineal pain" (Hayward & Cidro, 2021, p. 216).

Additionally, specific research documenting Indigenous women's experiences during birth also reveal further threats to wellness. Many of the doulas also reported that mothers' experiences in western based health care settings induced fear-based decisions while giving birth (Doenmez et al., 2022). This includes making uninformed decisions, not knowing what the health care team is doing, and having no voice during the process of labour, delivery, and post-birth interventions (personal communications; Jolene Mercer). According to the report *Tubal Ligation in the Saskatoon Health Region: The Lived Experience of Aboriginal Women*, several Indigenous women have reported they were pressured by health care workers to undergo the procedure while in labor or after giving birth (Boyer & Bartlett, 2017). Some did not fully understand the consequences, thinking the procedure would be reversible. The women interviewed for the report said they were made to feel "invisible, profiled and powerless" (Boyer & Bartlett, 2017). Furthermore, many women have shared with Cora Morgan, a First Nation family advocate for the Assembly of Manitoba Chiefs, their experiences with social workers who made them believe they would get their existing children back if they aborted the babies they were carrying or received tubal ligations (Kirkup, 2018, November 22).

These instances have brought about work in body sovereignty for Indigenous women. Body Sovereignty is defined as the "pleasure of the full determination of control and authority over one's body without ambiguity. There is freedom from interference, the absence of body submission and subjugation of external threats or coercion" (Ace, 2021, p. 11).

Child Apprehension

The province of Manitoba has one of the highest rates of apprehending Indigenous children across Canada. The over-representation of Indigenous children in care is due to racism and the stereotypes that have been perpetuated through colonization. The literature highlights that one of the top ten stereotypes that health and social service providers is that Indigenous people are "bad or unfit parents" (Cowan & Harding, 2017). Racism within the health and social systems often leads to differential treatment including inappropriate judgments and inhumane actions towards Indigenous people seeking help (Allan & Smylie, 2015). In Manitoba, it was demonstrated that birth alerts were enacted by health and social service providers providing services to Indigenous mothers who had been involved in Child and Family Services. Therefore, it is no surprise, that research has shown that mothers who have had a child apprehended are less likely to receive adequate prenatal care in later pregnancies (Wall-Wieler et al., 2019).

Sterilization

Reproductive coercion is one mode of controlling Indigenous communities' reproduction, especially through the bodies of women, two spirit and trans people. Reproductive coercion has been enacted throughout history through policy and health care practices like forced birth control, abortion, and sterilization in populations of trans people (Lowik, 2018), those with intellectual disabilities (Rowlands & Amy, 2019), black, Indigenous and women of colour (BIPOC) women (Novak et al., 2018), women living in poverty (Park & Radford, 1998) and women who are in prison (Roth & Ainsworth, 2015).

Coerced sterilization is defined as the practice of sterilizing Indigenous women without free and informed consent. Documents show that in the 1970s, there were about 1,200 cases of coerced sterilization in Canada, which were performed to reduce the sizes of Indigenous

communities (Leason, 2021), because the state believed that they "would not be fit parents or would have defective children" (Robitscher, 1973, p.7). Almost half of the sterilization procedures were completed at "Indian" hospitals operated by the federal government, with 580 documented sterilizations across Canada performed in Indian Hospitals from 1966 to 1976 (Stote, 2015).

The sterilization of First Nation women began in the 1900s (Stote, 2012). There were acts developed to enforce the sterilization of First Nation women, for example, the *Sexual Sterilization Acts* in Alberta (1928–1972) and British Columbia (1933–1973). In Alberta, sterilization was performed on approximately 3,000 individuals deemed unfit, with an overrepresentation of Indigenous women (Stote, 2012). Unfortunately, this practice continues, with Indigenous women from Alberta, British Columbia, Ontario, Northwest Territories, and Saskatchewan. The most recent report was in 2018 of Indigenous women being coerced into having tubal ligation procedures by their healthcare providers (Soloducha, 2019). The sterilization practices meet the requirements of the definition of *genocide* according to the United Nations (UN General Assembly, 1948), and a form of *torture* as defined by the Criminal Code of Canada (Wildcat, 2015).

In one study, the women who had been sterilized stated that they had long lasting psychological impacts from the experience, including depression, anxiety, and post-traumatic stress disorder (Moran et al., 2018). Most women interviewed felt they had lost their sense of womanhood as represented in the following quotes, "It's, like, nobody's ever going to want me anymore. I didn't feel like a woman" (Boyer & Bartlett, 2017, p. 21). Women related that a core part of their being had been removed along with the tubal ligation. One woman said,

"Something's been taken away from me, and this is a gift. The doctor took away my gift" (Boyer & Bartlett, 2017, p. 21).

In addition, many of the women who had been coerced into sterilization avoided the healthcare system. "One woman felt that she was up against a huge and racist system; something she felt powerless to affect" (Boyer & Bartlett, 2017, p. 23). This resulted in higher risks for health problems and more complications due to not seeking health care in a timely manner.

Currently, many Indigenous women are birthing in a state of fear which is not conducive of wellness for mother and child. For example, medical racism; threat of infant apprehension by Child and Family Services; and birthing away from home communities, family, and friends (Doenmez et al., 2022). Across the globe, the well-being of newborns is significantly influenced by the knowledge and practices of family members, yet global health policies and interventions primarily focus on strengthening health services to save newborn lives" (Aubel, 2021, p. 1). The strengthening of western health care systems control over women's bodies comes at the expense of isolation, removing culture and connection to land.

The evacuation experience has been linked to experiences of racism within the health care system, disconnection from family and community, and the burden of navigating disjointed health care system, all of which can contribute to poor mental health (Lawford, 2018). Birthing away from community in hospitals where one has no control over the experience is disempowering for Indigenous women. The helpless feelings Indigenous people experienced during historical institutions like Indian Residential School can be triggered during a birth experience where one has no control (Brown et al., 2011). Therefore, when health care providers do not take the time to explain medical procedures to Indigenous patients, and get informed consent prior to enacting a procedure, it can create mistrust, fear and be disempowering (Vang et

al., 2018). The impacts of the evacuation practice include emotional and psychological distress, postpartum depression, and attachment difficulties (Cidro et al, 2017). Furthermore, the disruption of traditional knowledge and practices, the collective caring of the family, the sharing of reproductive and sexuality teachings for younger generations and the ceremonies also impacts wellness (Lawford, et al, 2018).

Babies being born into stressful environments, where the mother is not supported and may experience violence and racism during the birth impacts the long-term health and wellness of the baby (Davis, 2019; Davis & Sandman, 2010; Demers, et al, 2021). For example, children subjected to psychological distress (e.g., anxiety, depression, and stress) during pregnancy have reduced cognitive function and higher negative emotions during infancy, childhood, and adolescence (Blair, et al, 2011; Glynn et al., 2018; Korja, et al, , 2017; Davis & Sandman, 2010).

These policies and practices demonstrate how First Nations women's bodies and reproductive capabilities have historically and continue to be key targets of colonial regulation and power. Indigenous mothers are faced with additional challenges when accessing health care including, health care providers' perceptions of Indigenous women (Anne Van Herk et al., 2011), racism and discrimination (Browne & Fiske, 2001) and fear of child apprehension (Denison et al., 2014; Leason, 2017). Removing First Nation women from their family and community support, land, and traditional birth knowledge continues to advance the colonial agenda (Doenmez et al., 2022). Birthing in unsafe and violent health care settings is one of the reasons Indigenous communities across the world have developed birth helper programs to provide support for mothers while they are transitioning a baby from the spiritual realm to the physical realm. Birth helpers and Indigenous women are also working in reproductive justice to ensure that women have access to the reproductive supports and services they require.

Chapter 3 - Resurgence of Roles

This chapter begins with a discussion of the movement to revitalize Indigenous knowledge and practice, the aim to return birth to communities and describe the role of the birth helper. It then summarizes some of the similar efforts that are occurring across the world with the development of birth helpers training and programs and outlines the current research projects that are examining the role of birth helpers to facilitate culturally based safe care for First Nation families in Manitoba. This information will provide insight into the context in which the birth helpers work.

Despite this continued colonial interference, we have families and communities today who are reclaiming and living their roles through ceremony and teachings, to give their children a good life, "Mino Pimatiziwin (Cree)", or our spiritual life. Many communities have established cultural teaching lodges, ceremonial spaces, and land-based and language programs. Interventions developed to address maternal health disparities need to extend beyond Western scientific paradigms of physical, mental, and emotional health. Interventions need to incorporate Indigenous knowledge into maternal health, education, birthing, and nutrition, and facilitate connections to culture, land, water, and language.

Many Indigenous communities in Canada are working to bring birthing home. Bringing birthing home is important for First Nations people to have balance within the community who do experience the loss of life in the community but not the birth of a new life. Creating connections with the child from birth, supporting the mother and family and being able to practice Indigenous birth knowledge and ceremonies are some of the key reasons to return birthing home.

> "Traditionally, pregnant Indigenous women had an important role in 'carrying the spirit' and the community came together to honor the spirit by invest(ing) in the well-being of the mother. The pregnant mother is viewed as a conduit between the spiritual world and the physical world, thereby making prenatal care a community endeavor. Therefore, a woman's pregnancy and birth were the responsibility of the entire community rather than an individual family event. The community was expected to support the mother not only in antenatal care but also in emotional and spiritual support. Furthermore, cultural practices around birth, including ceremonies for welcoming and celebrating the new life and the sharing of traditional knowledge and teachings, helped establish strong community roots or the mother and newborn, encouraging healthy lifestyles and sense of belonging for the family. The child would have a clear sense of their identity and place within the community, which according to the society of obstetricians and gynecologists of Canada, "helps them to become resilient and responsible members of that community" (Hayward & Cidro, 2021, p. 217).

On the path to revitalize Indigenous birth knowledge, many communities in Canada, the United States, Australia, and New Zealand have developed birth helper training programs and interventions. These programs have been designed to provide additional support to women as they enter Western medical systems that do not meet their needs, render their voices silent and often project harm and violence during the delivery of the child. "For Indigenous birth workers, birth is an act of resurgence…birth is a process binding us to one another in relationship and accountability. Birth is what connects us to our ancestors before us and to our generations to come" (Doenmez et al., 2022). Scholar Gladys Rowe, in her dissertation, highlights the importance of birth helpers to foster modes of care and relationships, which seek to "support

sovereignty over Indigenous bodies and land" (Rowe, 2020). This speaks to Indigenous feminist understandings of decolonization and Nation building, as emerging from an ethics of promoting life and relationality (Doenmez, et al., 2022, p. 8).

The revitalization of Indigenous knowledge practice connects to a larger resurgence of revitalizing the practice of Indigenous knowledge as an intervention for many social and health issues such as mental health, addictions, and diabetes. In addition, Indigenous knowledge is also being used to mark significant transitions in life, such as becoming parents, transitioning from a child to an adolescent and becoming a grandparent. The recognition of Indigenous knowledge by Indigenous people and systems as the foundation of wellness is being expressed in many forms.

Many Indigenous scholars are writing about the revitalization of practicing Indigenous knowledge to improve health. For example, participating in ceremonies and rites of passage can give individuals a sense of hope, belonging, meaning and purpose in their lives. For example, Hart (2020) describes how families can become healthy:

> "Aboriginal families must relearn how to be together in relationships. Couples must find balance in their relationships and learn how to support one another in their attempts to reach mino-pimatisiwin. This requires getting rid of such negative influences as resentments, jealousy, negative attitudes, and feelings of inferiority. Instead, couples can be respectful, supportive, encouraging, patient and listen and communicate effectively. Parents need to relearn how to parent in ways which reflect and/or respect the cultural values and beliefs they chose to internalize. They must model these values and beliefs to their children in all their actions so that their children can incorporate them in their interactions with one another. Children must once again be placed in the center of the family, community, and nation. The once supported role of extended family must be

> recognized and incorporated as part of each family's and community's attempt to overcome internalized colonization and to reach mino-pimatisiwin." (p. 37).

Having a birth helper starts the child off in a good way and supports the family to reintroduce traditional knowledge and cultural practices into their family's life. The birth helpers revitalizing the use of Indigenous knowledge in families helps to restore some of the connections and values that were lost through colonization. This research is important to further evidence the connection between practicing Indigenous knowledge and wellness.

What is a Birth Helper?

First Nations women have decided to identify themselves as a birth helper rather than using the Greek term doula (meaning female slave): a helper speaks to women's roles as aunties that have always existed within First Nations societies. One Indigenous birth helper in Winnipeg defined her role in familial terms, "*It's just being a sister. It's being kind. It's caring for someone else. Especially in the very vulnerable intimate moment … what we're actually doing is just being a good relative*" (Doenmez, et al., 2022).

Indigenous birth helpers' knowledge is rooted in cultural teachings and spiritual connections, and therefore, play an essential role in the re-establishing of self-determined Indigenous birthing practices. A birth helper or doula provides mental, emotional, physical, and spiritual care to the mother and her family prior to birth, and during the birth and assists with newborn care and post partum care for the mother. The birth helper, like Indigenous midwives, is a well-established role that has been utilized around the world prior to the medicalization of birth. Birth helpers often provide care to family members of local women who are recognized for having birth knowledge (Campbell-Voytal et al., 2011). Indigenous birth helpers can also introduce ceremony, language, and traditional medicines, and utilize Indigenous knowledge to

support the mother, child, and family. The birth helpers do not perform any medical procedures that separates them from the role of a midwife.

The Indigenous birth helpers differ in their care as it is grounded in traditional knowledge, cultural practice, and connection to land and water. Often the Indigenous birth helpers are the only source of culturally safe care for expectant mothers during their birth experience. The birth helpers can facilitate ceremonies the family requests during the pregnancy and birth. These ceremonies would welcome children into the world in a good way by reinforcing their cultural identity and empowering the community to take care of the child, all of which would positively affect the life course of the Indigenous people and help remedy overall health disparities (Hayward & Cidro, 2021, p. 221). This could include welcoming the baby with songs in the language, and performing traditional ceremonies such as placental and belly button ceremonies.

> "Ceremonies in birth can also be in the form of stories that show a connection to the land. Rachel Olson details "the water ceremony" and the connection to birthplace and landscape". Pregnancy is understood as carrying "sacred water", metaphorically referring to the amniotic fluid surrounding and protecting the baby but also connecting to the importance of the water breaking in labour. An Anishinaabekwe (Anishinaabe women) are considered the caretakers of the water, which is one the most important roles in society. Anishinaabekwe traditionally were encouraged to maintain a "good frame of mind", since emotions would influence the baby. In First Nations communities in northwestern Ontario, women began learning obstetrical care and cultural practices, such as "careful attention to the sacred handling of the placenta and umbilical cord' (Hayward & Cidro, 2021, p. 217).

The birth helpers play an important role in facilitating the revitalization of Indigenous birth knowledge in current context of mainly hospitalized births. As quoted from one of the five doula organizations interviewed from across Canada "Our model of care that we're creating together is really a family and community-centered model of care, which is very different from a western patient centered model. So, when we are providing care, we must take things into account that are not just impacting individuals but also the larger social context and their health" (Doenmez et al., 2022, p. 7). This quote demonstrates that birth helpers know that the impact they are having is larger than just at the time of birth.

Research also shows that the birth helpers provide numerous physical benefits to the health and wellness of the mother and baby during the birth. For example, anthropologist Robbie Davis-Floyd summarizes: "Doulas help reduce the amount of pain women experience, help women cope with that pain, alleviate their anxieties, and deal with the emotional issues that often emerge during labor, thereby shortening the length of labor and reducing the number of interventions performed" (Kozhimannil et al., 2016, Campbell, et al., 2006). One intervention that has decreased with the presence of a birth helper is caesarean sections (Kozhimannil et al., 2013). In addition, the overall satisfaction with the birthing experience is also improved with the presence of a birth helper (Thomas et al., 2017; Bohren et al., 2017). Constant emotional and social supports to women during childbirth has positive impacts on breastfeeding rates and attachment (Kozhimannil et al., 2013; Campbell-Voytal, et al., 2011; McLeish and Redshaw, 2018).

Furthermore, Indigenous birth helpers provide supports to address specific challenges faced by Indigenous mothers while interacting with western systems of health care, child welfare, justice, and education. Indigenous birth helpers provide more supports than a general

doula as they seek to help the families heal from the impact of colonization and intergenerational trauma. The birth helpers support families as they face racism, discrimination, and violence. The birth helpers also support families with challenges to address social determinants of health such as poverty, housing, and access to specialized care. Moreover, other challenges identified by birth helpers during interviews include “medical racism, the threat of infant apprehension by social workers, and the biomedical model of maternal healthcare, which often denigrates Indigenous birthing autonomy and knowledge” (Doenmez, et al., p.2).

One of the main fears Indigenous women face when leaving their community to give birth in western medical settings is the apprehension of their child. This is particularly the case in Manitoba, where we have one of the highest rates of child apprehension in the western world. The First Nation Family Advocates office in Winnipeg revealed that one baby was being apprehended each day in Manitoba from hospitals. Many of the doula organizations interviewed by Doenmez and colleagues (2022) stated that the support of an Indigenous doula was a determining factor in parents keeping their children rather than being apprehended. For example, one doula described part of her role as being a support person and a witness, who can significantly improve communication with healthcare staff and social workers to deter apprehensions. In addition, the Restoring the Sacred Bond project tested birth helpers as an intervention to prevent the apprehension of newborns and was successful at showing the effectiveness of the birth helper in supporting families to keep their newborn, and in many cases, reunite with other children that were apprehended (Mercer, 2023). These results show the need for advocacy support that is being provided by Indigenous birth helpers.

For marginalized women, birth helpers can also help to overcome maternal health inequities and barriers, while supporting a woman in having a safe and positive birth (Gruber et

al., 2013). Specifically, birth helper support has been described as disrupting harmful social determinants of health, such as racism or classism, by increasing client feelings of agency, security, and respect (Kozhimannil et al., 2016). Birth helpers working with Indigenous families often deal with addictions, domestic violence, and mental health issues as they support the family to heal from intergenerational trauma. This support can include linking the family to other community resources, land-based healing and Indigenous knowledge.

The role of Indigenous birth helpers is more than what is described by Doulas of North America International (DONA), which is the world's first and largest training organization. The role of doulas is described by DONA (2020) as a "trained and experienced professional who provides continuous physical, emotional, and informational support to the mother before, during and after birth". In Canada many provinces require doulas to be DONA certified to receive payment or work in hospitals if they are funded by government agencies, which is a barrier for community-based doula programs that are striving to reintroduce Indigenous ways of knowing and practice into the birth experiences of mothers.

In addition, there are also mainstream *full spectrum* doulas, which means that their care also covers all reproductive health choices, including abortion and adoption. The concept of full spectrum doulas emerged to address reproductive justice. "The reproductive justice framework is rooted in the recognition of histories of reproductive oppression and abuse in communities of color. This framework uses a model grounded in organizing women, girls, and gender non-conforming (GNC) people to change structural power inequalities. The central theme of the reproductive justice framework is a focus on naming and eliminating the control and exploitation of women's bodies, sexuality, and reproductive as an effective strategy of controlling people,

particularly women of color, trans and GNC people of color and their communities (Sister Strong Women of Color Reproductive Health Collective, 2005).

Doula Research Projects in Manitoba in Recent years

Five research projects in Manitoba are examining the impact of birth helpers on mother, families, and their babies. The return of birth work and research collaboration started in Winnipeg. The Winnipeg Boldness Project is a research and evaluation centre that uses social innovation ideas to improve the wellness of people residing in Point Douglas, an inner-city area of Winnipeg. The Winnipeg Boldness Project funded the first Indigenous doula pilot project in Winnipeg in 2015 (Cidro et al., 2018). The project included 12 Indigenous women who were trained as birth helpers to support Indigenous women and families over one-year from 2015 to 2016. The focus of the research project was to understand the gaps in support for urban-based pregnant Indigenous women.

The Indigenous birth helper training is a five-day training program developed by Wiijii'idiwag Ikwewag that includes ongoing mentorship and continuing education opportunities. The training includes the following information: history of birth for First Nation women in Manitoba including the impact of colonization, medicalization of birth and current context. The training covers all the information included in Western based doula trainings in addition to traditional knowledge about birth and parenting. The training is structured into the following themes: building the lodge, nurturing our bundles, nurturing new life, and protecting the sacred circle. The participants also learn about ceremonies, traditional medicines, songs, and practices to heal themselves and support other women in pregnancy, birth, post-partum and newborn care.

The training becomes an experience through which some women reconnect to traditional knowledge that was removed or silenced during colonization (Cidro, et al., 2018, p. 6).

> "The doulas from Winnipeg pilot project described their experience of personal transformation that "nourishes them through this training and practice" Empowerment is a process by which those who have historically been disempowered are able to "increase their self-efficiency, make life-enhancing decisions, and obtain control over resources. In traditional societies, matriarchs played an important role, but through colonization, women's place within society changed" (Hayward & Cidro, 2021, p. 219).

The second Manitoba-based research project is entitled, Indigenous Doulas as a Culturally Based Health Intervention to improve health and birth outcomes for First Nation women in remote communities who travel for birth. This project is a partnership between Wiijii'idiwag Ikwewag, the First Nations Health and Social Secretariat of Manitoba, the University of Winnipeg and three northern First Nation communities. It paired expectant First Nations women with local and urban Indigenous doulas to support them during their pregnancy, birth and postpartum. The research project examined the impact on mothers and child of Indigenous doulas support First Nations women who are forced to travel for birth in Manitoba. The findings have shown that having the support of the birth helper is beneficial (McKay, 2023).

The research project shared many lessons learned including the need of a stable and comprehensive service delivery model, ongoing professional development, and focused self-care plans for the birth helpers to provide services to families (Wodke et al. 2022). Another important finding is that birth helpers are beneficial in creating boundaries and protection of the mother within the western health care system. This includes ensuring that medical staff are respectful

and aware of the women's space to observe cultural practices that they would like to incorporate into the birth of their child.

The third is a program funded by the Province of Manitoba through a social impact bond a financial arrangement in which private investors provide the capital to fund the Intervention and the government of Manitoba repays the investors, with interest, based on the achievement of agreed upon outcomes. The Restoring the Sacred Bond Initiative wanted to improve maternal and child health, and strengthen cultural identity in Manitoba's First Nations communities, through access to culturally grounded birth helpers. The three-year pilot project, led by the Southern First Nations Network of Care (SFNNC) and Wiijii'idiwag Ikwewag, matched Indigenous Birth Helpers with Indigenous mothers at risk of having their infant apprehended into the child welfare system. The birth helpers were matched with families and supported them for up to 13 months including wrap around services. The preliminary results show that doula's support reduces the days in care for the child as compared to mothers who did not have support. Children in the program spent an average of 29 fewer days in care than children in a matched control group. Wellbeing assessments, and participant and Birth Helper feedback also demonstrate strengthened parent-child bonds, improved health and wellbeing, and other positive outcomes (Mercer, 2023). These results were achieved during the chaotic time of the COVID-19 pandemic when most of the services were provided by phone, online or through brief social distanced door visits.

The fourth research project entitled Supporting the Trajectory of Our Spirit in which I was the Principle Investigator, examines the long-term impact of birth helpers on the child and family using nation-based indicators of health developed by each nation. This research project is a partnership between First Nations Health and Social Secretariat of Manitoba, the Blackfoot

Confederacy, Wiijii'idiwag Ikwewag, the University of Winnipeg, the University of Toronto, and five First Nation Communities. The birth helpers were trained by Wiijii'idiwag Ikwewag and they provided ongoing mentorship by a local coordinator who paired the mothers with a birth helper. The long-term impacts will be measured using specific measures designed to examine the impact on physical, mental, spiritual, and emotional health as the child grows across the lifespan. These measures include connection to land, culture, and language (McKay, 2023).

The fifth is a five-year research project, She Walks with Me: Supporting Urban Indigenous Expectant Mothers Through Culturally Based Doulas. The goal of the urban Indigenous Doula project is to develop a sustainable Indigenous doula service delivery model for Winnipeg's healthcare system, housed in Aboriginal Health and Wellness Centre's (AHWC) Primary Care Clinic. The research objectives include: (1) to develop a set of quantitative and qualitative research tools that provide an opportunity for participants to share their experiences; (2) to establish a model for urban Indigenous doula service delivery that provides administrative, technical, cultural, and emotional support for Indigenous birth workers; (3) to develop an urban-focused Indigenous doula program that supports women currently residing in the city, as well as those temporarily relocating for birth; and (4) to develop and pilot a smartphone app for the delivery of ongoing education, inter-doula networking, and access to information to support the work of the doulas. Partners on the project include AWHC, Mount Carmel Clinic, and the Women's Health Clinic Birth Centre.

The above projects are all connected and (except for the pilot project) were occurring simultaneously. These projects will provide a good knowledge base for the developing birth helper programs in Manitoba. The results of the projects are broad and include; the impact on the health of the mother and baby, recommendations for implementation in both First Nation and

urban settings, and evidence for the use of birth helpers as an intervention. The above projects do not have peer reviewed published results, but some findings have been shared at conferences and meetings.

Birth Helper Compensation

There is a need to produce sustainable and equitable ways to compensate community birth helpers who are providing support to families with the greatest barriers during childbirth. In Canada, with the exception of British Columbia, birth helpers providing care to First Nations or other Canadians are not covered by the provincial and federal health systems. Private practice birth helpers are hired by people with the financial resources to afford the out-of-pocket expense. The private practice birth helper typically provides one or two home visits before and after the birth and attends the birth. However, First Nation birth helpers trained through the Manitoba pilot project provide more comprehensive services and referrals to other supportive services. The care they provide is done at low or no cost to the families.

Birth helpers are often undervalued and underpaid, due to the ongoing devaluation placed on Indigenous knowledge and women's work. A major challenge to providing Indigenous community-based birth helper services is sustainable funding. Current models of funding for this work often do not provide livable wages and are bound by limited durations and regulations that are unsustainable and can be culturally inappropriate (Wodtke, et al.,2022). The standard pay rate for birth helpers in Canada is approximately one thousand dollars per family. This rate makes it very difficult to make a livable wage. Often this amount does not coincide with the amount of work the birth helpers are doing and does not account for the travel, additional support required by some families and the ongoing training (Gomez, et al., 2021). Due to this lack of sustainable funding, Indigenous birth helper services in Canada face challenges that include high staff

turnover and burnout, and lack of time and resources to provide culturally safe care (Wodtke, et al., 2022). In addition, many birth helpers must work other jobs to make enough money (Gomez, et al, 2021). Therefore, the unsuitable compensation models may also have an impact on the mental wellness of the birth helper, and on their availability to attend to mothers' and families' needs in a timely manner.

Despite these challenges, many birth helpers in Black, Indigenous and People of Color (BIPOC) communities report being happy to receive payment for doing this work for their community. For example, Gomez and colleagues shared a quote from a birth helper (2021) that stated: "I love this work so much that I would do it for free, but just like… knowing that [working with Sister Web] can help me a little bit, like, take off the burden of that insecurity, like, that is honestly like a dream come true for me" (p. 10).

Mainstream doulas are widely available to those who can afford to pay, as they are not covered by health care, and it is expensive and out of reach for most Indigenous families. Mainstream doulas tend to be "predominantly white, well-educated, married with children, living in urban areas, in upper-middle-income households," which speaks to a paucity of diversity in doula service provision (Hardeman & Kozhimannil, 2016 p. 744 as cited by Cidro et al., 2021, p. 2). Many Indigenous birth helpers have competing challenges to work and pursue professional development and additional training, and to make a livable wage and keep their services affordable for the families who need them all while supporting their own families.

Birth helpers practicing around the world were excluded from entering hospitals to support mothers during the COVID-19 pandemic, as they were not defined as an essential service. Many moved to providing online services, which created further barriers to those who did not have access to internet; did not have space in homes that allowed for privacy to discuss

their health and mental health issues; and had trouble forming relationships with others virtually. Survey results collected from birth helpers on six continents revealed three areas of concern with the practice of excluding birth helpers from spaces where women gave birth; 1) the efficacy, or lack thereof, of virtual care; 2) the impacts of pandemic restrictions on birth helpers as a profession coalescing around the politics of "essential"; and 3) the concerns about increasing obstetric violence without a birth partner to bear witness (Searcy & Castaneda, 2021).

Interviews were conducted with five Indigenous doula collectives in Canada located in British Columbia, Manitoba, Ontario, Quebec, and Nova Scotia (Doenmez et al, 2022). The doulas described what they do, their main challenges, their dreams for the future of doula work and what is needed for them to provide the care needed by Indigenous families. This research identified sustainable funding models to pay Indigenous birth helpers a fair compensation as one of the main challenges identified by the doula collectives.

Gomez and colleagues (2021) interviewed birth helpers about the contractor approach or lump sum payment per family versus the hourly wage payment methods. The birth helpers reported that "hourly, benefited employees, birth helpers experienced a greater sense of financial security and wellbeing from receiving consistent pay, compensation for all time worked and benefits such as health insurance and sick leave" (Gomez et al., 2021, p.1). This research identifies the need for balanced, dignified approaches to compensate birth helpers for the work they do that promotes equity.

This raises the question of why Indigenous women continue to provide this service while not being compensated fairly. Much of the research has focused the impact of the services on those receiving the services i.e., the mother, family, and child. What are some the reasons why Indigenous women remaining committed to reclaim this role and knowledge? What is the impact

on their own well-being, cultural identity, and the impact on their families? What do they like about this role? What are some limitations for this work? These are some the questions that require further research to understand the re-emergence of this role to create a supportive environment for this work to continue and expand.

Chapter 4 – Mental Wellness as Defined by First Nations

This chapter will critically examine the concept of mental health and wellness. Western health care systems definitions of health are based on the absence of disease and illness, whereas many other cultures strive for a holistic definition of wellness which includes the concept of living a good life (Dell et al., 2011; King et al., 2019). The chapter will also discuss why it is important to use a strength-based definition which is based in culture, rather than western definitions of wellness, which are individualistic and do not consider the mental, emotional, spiritual, and physical aspects of person and the relationship to community wellness. The First Nation definition of mental wellness will be discussed, as outlined in the First Nation Mental Wellness Continuum Framework. Specifically, the discussion will highlight the literature that shows how culture, hope, belonging, meaning and purpose are connected to wellness.

The words health and wellness are often used interchangeably, but the terms do have different meanings. The principal difference between health and wellness is that health is the goal and wellness is the active process of achieving it (Miller, 2005). Health Canada (2008) website and the World Health Organization (2023) both define health as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity”. Indigenous worldviews on wellness also recognize the mental, physical emotional, and spiritual components of wellness. In addition, the concept of wellness usually includes balance and connection to land, water, and all living things (Kyoon-Achan et al., 2021).

The concept of Indigenous health and wellness at the individual, family and nation level has been extensively discussed in the literature and by Indigenous communities. Although there are some commonalities, the definitions of health and healthy individuals differ based on the language, land, and culture of the Indigenous people. There are over 634 First Nation

communities, numerous Métis settlements and Inuit communities, and thousands of Indigenous peoples living in cities and towns across Canada. Indigenous concepts originate in Indigenous languages, with over 50 Indigenous languages in Canada, there are many differing conceptions of health. Adelson (2000) further enriches the definition of health and states that health is not a universal fact, but is constituted based on social reality, constructed through the instrument of the body.

The First Nation Mental Wellness Continuum, developed with input from First Nations across Canada states:

> "Mental wellness is a balance of the mental, physical, spiritual, and emotional. This balance is enriched as individuals have: purpose in their daily lives whether it is through education, employment, care giving activities, or cultural ways of being and doing; hope for their future and those of their families that is grounded in a sense of identity, unique indigenous values, and having a belief in spirit; a sense of belonging and connectedness within their families, to community, and to culture; and finally a sense of meaning and an understanding of how their lives and those of their families and communities are part of creation and a rich history" (Health Canada, 2015, p.4)This definition is endorsed by First Nations across Canada and is currently being used in development of mental health services.

Health is culturally mediated and interpreted in various ways. The following paragraph examines how the concept of health is explained in various Indigenous languages. "Indigenous people have known how to maintain the well-being and balance of their communities since before the arrival of settlers" (Richmond & Cook, 2016, p.3). For many Indigenous communities, there is no translation for the word "health" or "mental health". Adelson (2000) writes "The most

apt phrase is “miyupimaatisiiun” which means “being alive well” in Cree. She further elaborates that being alive well is about the “practices of daily living and the balance of human relationships intrinsic to Cree lifestyles” (Adelson, 2000, p. 15). The Anishinaabe Elders speak of “mino-bimaadiziwin”, meaning the “living the good life” and “walking in balance” as a human being (Elder Tobasonakwut Kinew, cited in Hart, 2002). Health is defined in the local language as “the Dene way of life” (Parlee, et al., , 2007).

Culture is the foundation of health, and the framework upon which the way of life is interpreted. For many Indigenous nations culture is the basis for one’s beliefs, ways of living and family and community structures. For example, Adelson (2000) wrote “A sense of health is ultimately rooted in what it means to be Cree, and being Cree has everything to do with connections to the land and to a rich and complex past” (p. 25). Living the Cree way of life through connection to ancestral land, water, and ceremony, is the true definition of health. The Anishinaabe speak about Bimaadiziwin life which is centered around collective and individual minowa’nogitowin (holistic wellness). Bimaadiziwin creation stories contain the original instructions on how to live a good life, and the stories provide identity, language and connection to all things living in our territories. The creation stories are the sources of laws and principles, and provide purpose in life, belonging and a sense of hope. The original stories connect us to all of Creation and build our understanding of our interconnected relationships (Sherry Copenace personal communications, 2023).

Land

The land provides everything needed to live a good and healthy life, including access to medicines, food, water, clean air, and spiritual connections (Colomeda & Wenzel, 2000; Tobias & Richmond, 2014). The importance of access to land was reaffirmed when the United Nations

declared it a fundamental human right of Indigenous Peoples "to maintain and strengthen their distinctive spiritual relationships with their traditionally owned or otherwise occupied and used lands, territories, waters and coastal seas" (United Nations, 2007, p. 37, as cited in Stelkia et al, 2020).

As Radu et al. (2014) state: "The constant interaction with the land, by knowing it with all five senses, guides individuals and provides what is needed to live in harmony with the environment, with each other, and with oneself. The reciprocal and dialogic relationship with nature provides not only the material needs but also the ethic, moral and spiritual underpinnings of living a good life" (p. 93).The land contains ancestral knowledge and the history of the nation (Ullrich, 2019).

As illuminated by Walters, Beltran, Huh, and Evans-Campbell (2011).

> The earth (or land) is both literally and figuratively the first and final teacher in our understanding of our world, communities, families, selves, and bodies. With such understanding it can be argued that as the land or relationship to the land is impacted physically or metaphorically – so are bodies, minds, spirits" (p. 167, as cited in Ullrich, 2019, p. 5).

Battiste and Henderson (2000) further explained how Indigenous knowledge is inherently tied to land, "not to land in general, but to landscapes, landforms, and biomes where ceremonies are properly gathered, and transfers of knowledge properly authenticated" (p. 6). Knowing one's culture is to know the ancestral land. Therefore, land is connected to the ceremonies, sacred spaces and teachings of each community and is an important foundation for lifelong well-being.

The results from a study examining the connection of land, waters and territory to First Nation wellness reported that spiritual land practices, ceremonies, and specific resources from the land were all seen as contributing to health and wellness (Stelkia et al, 2020). The participants shared that land is intertwined with their lives that it intersects with the cultural identity, spirituality, and ancestral knowledge. They reported that the relationship with the land is multidimensional, and participants described the land as being part of who they are and in turn, they are a part of the land. Furthermore, a lack of connection to land is considered a factor in poor mental wellness (Stelkia et al, 2020).

When research participants involved in the Stelkia et al study were asked "How does connection to the land, water, and territory influence health and wellness (mental, physical, spiritual, and emotional), they reported the word *letsemot* was used to describe a common belief for the First Nations people that they are interconnected. For Knowledge Keeper Virginia Peters, "being letsemot" is "working together in a really good way to be stronger" because the more people can "get moving together with a good heart, a good mind, (and) a good spirit", the more they are able to make things "smoother and (then) we can really accomplish a whole lot more" (p. 363). Togetherness, or letsemot, also played a role in the way participants considered their relationships with others as positive influences on health and wellness (Stelkia et al., 2020). For participants, the experience of being out on the land together with family and community members facilitated a stronger connection to the territory (Stelkia et al, 2020). Indigenous people regardless of where they live recognize the importance of land to health and wellness. For example, Landry et al. (2019) research demonstrated that Indigenous people living in urban centers defined their relationship with land in a broader sense (including urban land areas,

culturally safe spaces as well as land connected to their ancestors' traditional territories) as important to mino-pimatisiwin or the good life.

In summary, Indigenous culture, identity, knowledge, and wellness practices are closely linked to the land. Relatedness to the land has even been said to be a determinant of Indigenous health and well-being (Thunderbird Partnership Foundation, 2015). Health of lands is thus directly related to health of people (Landry, et al.,2019). Many of the teachings are contained in the language of the nation.

Language

Indigenous languages are a core foundation to understanding the culture on which living the good life is based (Battiste, 1998). Indigenous languages are the key to understanding how to live a good life, how to use medicines and foods for health, how to relate to all living things and provide instructions on our responsibilities in relationships with family and community. Many Indigenous communities state that the language and culture are the foundation of identity and key to "keeping them alive in the face of more than 150 years of colonial rule" (McIvor, 2009, p. 123). Kawagley (2011) stated, "by maintaining our languages, we are sustaining the ultimate standard of health and endurance of the human species" (p. 276). Similar statements have also been made by Pingayak (2003) and Twitchell (2013).

Waziyatawin (2005) said: "In the beginning, the Great mystery gave us our languages. Through our languages we were given a way to name, categorize, conceptualize, and relate to the world around us. Through our language we were given a way of life…. In saving our languages, we will be saving our ways of life and our ways of relating with the universe. We will save ourselves" (p. 109, as cited in Ullrich, 2019, p. 6).

Indigenous concepts of being healthy include the importance of knowing and using both language and Indigenous knowledge. The way one expresses oneself and relates to the world around them is through language. Being alive well means that one can hunt, pursue traditional activities, eat the right foods, and keep warm: "Indeed, from a Cree perspective, health has as much to do with social relations, land, and cultural identity as it does with individual physiology" (Adelson, 2000, p. 3). The concept and teachings about wellness are embedded within Indigenous languages. Language describes how to use foods and medicines for wellness for example, the strawberry is known as the heart berry because of its beneficial relationship to heart health.

Leroy Little Bear declares "Our elders repeatedly tell us that our language is a spiritual language. For example, "miskisik" means an eye. In this world "mis" refers to a body part, and the root word, "kisik" means the heavens; it reminds us that our ability to see is a spiritual gift, that we are related to the Creator, and every relationship carries responsibility … Our languages guide us in our relationships… English words simply cannot convey words contextualized in relationships with the sacred" (as cited in Ross, 2014, p. 37). Fiddler and Sanderson (1991) agree: the context, including the setting, mood, and purpose of the teaching are conveyed in the language and cannot be accurately depicted and often get lost in translation. The teachings on how to live a good life are often contained within the language.

Indigenous languages also contain knowledge about relationships. As one Knowledge Keeper states that the word Anishinaabe encompasses a lot. "When you think of that word "Anishinaabe it means we are always from the land. Anishinaabe that's what 'nabe' means, where we are from. Therefore, when you're speaking and you are saying, 'I am from this land'" (Louise Barchewana as cited in Richmond, et al., 2005, p. 172). Leona Makokis asserts that "The

ability to speak an Indigenous language is an indispensable part of our Indigenous identity, as these languages convey a sense of identity, a sense of responsibility, and a sense of spiritual relationships to the universe, plants animals, Mother Earth, rocks, and people" (as cited in Ross, 2014, p. 38).

Colonization, particularly residential schools, diminished the use of Indigenous languages across Canada. Recent efforts to revitalize and retain Indigenous languages are however under way. Studies have shown a link between use of Indigenous languages and positive mental health outcomes. For example, Gonzalez and colleagues (2021) reported language use in the home was associated with positive mental health through spiritual connection. In summary, language is one of the core ways in which one understands and practice culture and consequently is important for wellness.

Hope, Belonging, Meaning and Purpose

Hope is essential for life: hope is defined as the desire for something to happen, a wish for things to change for the better or a particular dream or aspiration (Schrank, Stranghellini, & Slade, 2008). The importance of hope for Indigenous populations is what was required to survive during difficult times. Despite living through multiple attempts to assimilate and eliminate Indigenous peoples in Canada, the hope for future is what preserved the culture, language, and Indigenous knowledge. For example, hope for the future is captured in the teachings around thinking seven generations in the future when making decisions in present time. First Nations often consider their actions in terms of the impacts of the "seven generations." This means that one's actions are informed by the experience of the past seven generations and by considering the consequences for the seven generations to follow. Hope is the ability to provide energy for life and living. The leading paradigm used in hope research in psychology is Hope Theory

(Snyder,et al., 2002), and the studies have highlighted the value of integrating hope into one's life for personal growth and positive individual outcomes.

Snyder (1991) defined hope as a parallel system of both agency (the will to achieve one's goals), and pathways (the means of achieving those goals). According to Hope Theory, hopeful thinking requires the successful integration of both agentic and pathway thinking, and more successful hope usually involves multiple pathways to account for future challenges (Snyder, et al., 2002). Hope comes into existence through action. Generating multiple pathways suggests an action-oriented approach where there is an overarching goal with multiple smaller goals along the way. Having pathways to achieve these smaller goals allows people to experience positive emotions that propel them towards continuing their pursuit of the larger overarching goals. Murphy and colleagues (2023) identified three main themes when examining the relationship between hope and recovery of mental illness: Hope is intrinsic to life, having a sense of possibility and contributes to moving forward.

A recent review of Hope Theory revealed the emphasis psychology has put on the individual benefits of hope, such as greater well-being, physical health, and greater academic and work performance (Rand & Touza, 2021). Studies have also reported that hope is an important predictor of life satisfaction (Park et al., 2004; Peterson & Seligman, 2004). In addition, research demonstrates how hope acts as both a buffer and a coping mechanism that gives purpose and meaning to individuals during adverse experiences (Scioli, 2020).

Hope is related to academic achievement (Davidson et al., 2012; Feldman and Kubota, 2015; Feldman et al., 2015; Griggs and Crawford, 2017; Snyder et al., 2002), including a selection of characteristics related to academic success, for example, perceived control and exam performance (Crane, 2014), coping strategies for studying (Onwuegbuzie and Snyder, 2000),

persistence (Muwonge et al., 2017), self-efficacy (Davidson et al., 2012; Macaskill and Denovan, 2013), higher engagement and motivation (Dixson, 2019), autonomous learning, social self-efficacy and self-esteem (Macaskill and Denovan, 2013).

Hope has also been linked to mental health and wellness. Leamy and colleagues (2011) conducted a systematic review and narrative synthesis of recovery literature that supported hope and optimism about the future, as one of five mental health recovery micro-processes (the others being connectedness, identity, meaning in life and empowerment). Specifically, the buffering effects hope provides are applicable for developing the ability to thrive and handle significant challenges. For example, hope mediates psychological adjustment, even in the face of trauma and adversity (Liu et al., 2017), and acts as a protective factor for suicide risk (Davidson and Wingate, 2011; Lucas et al., 2020). The research finding reinforced the suggestion that hope is critical for wellness and without hope one suffers poor health and mental health outcomes.

The research presented thus far also speaks from a Western perspective of hope and does not regard the incredible amount of hope needed for the survival of a culture and way of life that Indigenous people across the globe. Indigenous people had to have hope to survive attempted genocide. In this respect, hope can be particularly beneficial for those who were born with unequal access to opportunities. For instance, increased hope can assist those in lower socioeconomic situations, increasing perspectives on the opportunities available and providing motivation to support goal achievement (Dixson et al., 2019).

Belonging

The First Nation Mental Wellness Continuum Framework (Health Canada, 2015) declares that a sense of belonging is integral to mental wellness. A sense of belonging includes belonging with other people (family, friends), physical places (land, environments) and collective

experiences (school, work, community) (Hagerty et al., 1992). Belonging refers to the fundamental need to be accepted, belong, and seek social interactions and connections (Leary & Kelly, 2009). Indigenous people have always known the need to be in connection with other people and living things to live. Indigenous people also seek to know their roles and responsibilities to their family, community, and nation which in turn provides a sense of belonging. The need to feel belonging is also tied to social and physical needs for safety.

Research has shown the benefits of feeling like one belongs, including positive social relationships, academic achievements, occupational success, and better physical and mental health (Allen et al., 2018; Goodenow & Grady, 1993; Hagerty et al., 1992).

> "A sense of belonging [as] the subjective feeling of deep connection with social groups, physical places, and individual and collective experiences, is a fundamental human need that predicts numerous mental, physical, social, economic, and behavioral outcomes" (Allen et al., 2021, p. 87).

There is a general agreement that "belonging is a fundamental human need that almost all people seek to satisfy" (Allen et al., 2021, p. 88; see also Baumeister & Leary, 1995; Leary & Kelly, 2009; Maslow, 1943).

Maslow's hierarchy of needs (Maslow, 1943) also includes the need to feel love and belonging on the journey to self-actualization. Maslow states that people are social in nature and require interaction with others. This includes the need for friendship, intimacy, family, and love and to feel like they belong to a group. Maslow describes self-actualization as the "desire to become more and more what one is, to become everything that one is capable of becoming" (Maslow, 1943).

Maslow Theory of Self Actualization was based on the time he spent with the Siksika people. The word self actualization does not exist in the Siksika language, but the closest word is *niita'pitapi*, which means someone who is completely developed (Blood & Heavy Head, 2007). Like many western based theories that borrow Indigenous knowledge without fully understanding the context, Indigenous people do not believe it is something you achieve while on the planet but something you have since birth and strive to maintain while living on earth. As Blackfoot scholar William Wadsworth (of the Blood, or Kanai Tribe) states that Maslow did not "fully situate the individual within the context of community" when developing the theory (Blackstock, 2011). He goes on to state that if he had understood and integrated the Blackfoot perspective the focus would be on multi-generational community actualization rather than on individual actualization (Ravilonshan, 2021 p. 3).

Slavich and Cole state "A need to belong – to connect deeply with other people and secure places, to align with one's cultural and subcultural identities, and to feel like one is part of the systems around them – appears to be buried deep inside our biology, all the way down to the human genome" (2013, p.12). There are many reasons our bodies are genetically wired for belonging. For example, belonging is a means to physical safety. For Indigenous people this also includes belonging not only to a group of people or community but also to the land that has sustained generations (Allen et al., 2021).

Furthermore, lack of belonging is linked to mental and physical health issues (Cacioppo et al., 2015; Hari, 2019). The struggle to belong is particularly evident in minorities and other groups that have been historically marginalized and isolated by mainstream culture. Despite the need to belong, many individuals do not feel a sense of belonging. For instance, a large portion of people experience social isolation, loneliness, and a lack of connection to others (Anderson &

Thayer, 2018). This may be due to social mobility, technology, broken families and community structures and the demands of life's pace (Baumeister & Robson, 2021).

Although many Indigenous people experience a sense of well-being when they connect with and participate in their traditional culture (e.g. Colquhoun & Dockery, 2012; Dockery, 2010), many Indigenous people also experience ongoing grief from dispossession from their ancestral land and water (Allen et al., 2021, p. 89). "Having a sense of belonging is important to mental wellness, and feelings as though one does not belong is associated with a lack of meaning and purpose, increased risk of experiencing mental and physical health problems, and reduced longevity" (Allen et al, 2021, p.96). In summary a sense of belonging is a key component in what makes us human (Baumeister & Leary, 1995; Deci & Ryan, 2000; Slavich, 2020).

Meaning

Meaning is described by Indigenous people as contributing to their nation, community, and family in some way (Kyoon-Achan, et al., 2021). Indigenous people derive a sense of meaning by helping others as a collective based society. The search for meaning is not at the individual level but a connection and collective experience. Meaning provides individuals with a sense that their lives matter (Heintzelman & King, 2014). Meaning in life is described in the literature as containing two components, the extent to which a person comprehends that one's life is significant (i.e., cognitive component) and the degree to which a person experiences purpose in life (i.e., motivational component; Steger, 2013).

Seligman (2002, 2011) pioneered Positive Psychology which is a branch of psychology that focuses on "the good life" rather than on mental illness. The good life is explained as living a happy, engaged, and meaningful life. As stated in earlier chapters this corresponds to Indigenous people goal to live a "good life" as described in various Indigenous languages. The

field of positive psychology focuses on personal growth. It is also concerned with the pleasant life, the engaged life, and the meaningful life, all of which are associated with well-being, happiness, and life satisfaction. A full life includes feeling positive emotions (the pleasant life), using strengths (the engaged life), and maintaining meaningful relationships with others (the meaningful life) (Carr, 2011).

Wissing's (2014) writing provides an overview of meaning and relational well-being highlighting current research. Wissing (2014) has established that being in relationships is the core in providing meaning in life, this includes valuing something that is larger that oneself (Creator), relationships with others and taking actions towards fulfilling purpose and goals in life. He further states that all these actions provide meaning to life.

The literature investigating meaning in life demonstrated that the most important source of meaning in life is relationships. Furthermore, studies found that relationships with family rated significantly higher than friendships. The other sources contributing to meaning in life included: work, learning, health, personal well-being, animals/pets, nature, personal goals, future aspirations, human rights and values, hobbies/leisure activities, being of service, culture and tradition, social causes, technology, and material possessions. The least important sources of meaning were found to be: hedonistic activities like gambling and partying, being acknowledged for personal achievements, leaving a legacy for the next generation, and participating in religious activities (Baum & Stewart, 1990; Delle Fave et al., 2013; Lambert et al., 2010; Scheffold et al., 2014; Takkinen & Ruoppila, 2001; Volkert et al., 2014; Wissing et al., 2014).

Meaning in life has been shown to be a marker of psychological and spiritual well-being, psychological strength, and positive development (Ryff, 1989; Steger, et al., 2009, Steger et al., 2012). Research has shown that individuals who perceive their lives to be more meaningful have

better outcomes across various psychological and physical measures of health and well-being (Allan, et al., 2015; Czekierda, et al., 2017; Steger, et al., 2009). For example, meaning in life has been associated with happiness, a more positive affect, life satisfaction, psychosocial health, and it helps with coping and better adjustment after stress (Delle Fave, et al., 2013; Ryff, 2012a; Ryff & Keyes, 1995; Seligman, 2011; Steger,2013). Meaning in life is also positively associated with physical health and longevity (e.g., Czekierda et al., 2017).

Meaning in life also protects individuals from negative outcomes (Pearson & Sheffield, 1989), and makes them less susceptible to developing psychopathology (Debats, 1999). Moreover, meaning reduces the risk for depression (e.g., Hedayati & Khazaei, 2014; Disabato et al., 2017), addiction (e.g., Kinnier et al., 1994), and suicide (e.g., Edwards and Holden, 2001). Failure to address meaninglessness in life can lead to illness such as depression, anxiety, addiction, aggression, hopelessness, apathy, lower levels of well-being, physical illness, and suicide.

There is no consensus in the research to answer to what is the meaning of life question. However, the literature clearly indicates there is a link between health, mental health, and meaning fulfilment.

Purpose in Life

Purpose can be seen as one's potential in life – and it is often tied to a calling that an individual believes has been assigned – what one came to life to do and how it is going to be carried out. Indigenous people believe that one is born with a purpose in life and often is tied to the spiritual name given at birth and clan that one comes from based on the family one is born into. It is believed that one's purpose in life is given before one is born and that the goal in this life is to use the gifts one is given to fulfill your purpose in life. The First Nation mental wellness

definition includes having a purpose as one of the key objectives contributing to wellness (Health Canada, 2015).

Western literature defines purpose in life as the "notion that a coherent and enduring sense of what one values and hopes to achieve enables the setting of meaningful goals, and the efficient organization of resources (e.g., time, effort, money; see Hobfoll, 2002) to maximize opportunities for goal attainment (McKnight & Kashdan, 2009). Furthermore, Ryff (1989), describes a sense of purpose, characterized by "goals, intentions, and a sense of direction, all of which contribute to the feeling that life is meaningful" (p. 1071). The centrality of meaningful goals to a purposeful life is widely recognized (e.g., McKnight & Kashdan, 2009; Scheier et al., 2006), and it is a focus on goal-directedness as providing a foundation for purpose in life.

The following is a summary of the literature linking purpose in life to health and wellness. Research has reported that having a sense of purpose is an important resource for maintaining health and well-being over the lifespan (Windsor et al, 2015). The impact on mental wellness and mental health is positively associated with having a purpose in life. A sense of purpose in life is thought to contribute to positive psychological states for example positive emotions. In addition, purpose in life is also linked to adaptive personality attributes such as competence. Positive emotions and personality attributes are usually associated with health and well-being (e.g., Boehm & Kubzansky, 2012). Research has revealed that having a higher sense of purpose is associated with greater life satisfaction (Bronk, et al., 2009), greater positive affect, fewer symptoms of depression (Steger, et al., 2009), and greater perceived psychological and physical well-being (Reker, et al., 1987) across adolescence and adulthood.

Several studies have revealed positive associations of purpose in life with positive affect, life satisfaction, self-esteem and mastery, and negative associations of purpose with negative

affect, perceived stress, and depressive symptoms (Ardelt, 2003; Etezadi & Pushkar, 2013; Ryff & Keyes, 1995; Scheier et al., 2006).

There is a growing body of literature that has also found a relationship between purpose and better physical health in both general and clinical populations. For instance, Holahan et al., (2011) found that higher purpose was related to more activity engagement and greater health investment among midlife women. In addition, Krause and Shaw (2003) reported associations of purpose with better self-rated health in an older community sample. Holahan, Holahan, and Suzuki (2008) found that a higher purpose was associated with better self-rated health and more activity engagement among cardiac patients and similar results were found in an older sample of people with rheumatoid arthritis (Verduin et al., 2008).

Purpose in life has also been associated with biological markers of health and wellbeing. For example, in a study that used ambulatory monitoring of blood pressure to demonstrate that those with a low sense of purpose showed a reduced rate of decline in blood pressure overnight which is a risk factor for cardiovascular-related disease and mortality (Mezick et al., 2010). Research from the Midlife in the U.S. (MIDUS) study indicates that purpose could buffer against risk factors for poor health outcomes. Having purpose in life has also been found to influence associations of Alzheimer's disease related brain pathologies with global cognitive test performance (Boyle et al., 2012).

Conclusion

The definition of mental wellness used for this research is based on First Nations world view. The definition includes culture as the foundation of wellbeing and the goal is to have hope, belonging, meaning and purpose. The chapter also discussed the linkage of culture to language and the relationship with the land. The wholistic, interconnected, spiritual connection to land has

been identified as a central determinant of the health and well-being for Indigenous peoples in Canada (Greenwood & de Leeuw, 2007; Labun & Emblen, 2007). This chapter reviewed the literature which supports all these key factors (culture, land, language, hope, belonging, meaning and purpose) as important aspects of the health and mental wellness.

Chapter 5 - Current Context of Indigenous Mental Wellness

This chapter reviews the literature on the current day context of mental health and wellness for First Nations people, which remains greatly influenced by the on-going project of colonization. The focus of this study is to examine the impact of being a birth helper on their mental wellness. The impact on mental health is described in the literature using various terms including intergenerational trauma, the Indigenous social determinants of health and survivance, a concept created by Ojibwe scholar Gerald Vizenor that integrates survival and resistance (Vizenor, 2008).

Many Indigenous communities are designing interventions based on culture. This chapter will also review interventions and initiatives designed using land based and Indigenous knowledge as the basis for treatment of mental illness and maintenance of wellness. This chapter will also highlight the importance of Indigenous values and the medicine wheel teachings as the basis for community intervention and will conclude with a discussion on the need for research which utilizes measures based on Indigenous knowledge. These measures are necessary to provide evidence of the effectiveness of interventions and programs based in Indigenous knowledge as well as to document this point of time for future generations of Indigenous people.

The First Nation Mental Wellness Continuum envisions culture and such factors as identity, values, practices, language, and knowledge is the foundation of wellness (Health Canada, 2015). Hope, meaning and purpose, having a sense of belonging and connectedness to family, community, and culture are consistent with other frameworks for understanding well-being among Indigenous populations (e.g., Walters, et al., 2002) were discussed extensively in Chapter 4. The main difference between First Nations and Western conceptualization of wellness is that Indigenous construct includes the practice of culture, values, language, and connectedness.

The literature emphasizes core Indigenous values as essential to being healthy: (1) vision/wholeness; spirit-centered, (2) respect/ harmony, (3) kindness, (4) honesty/ integrity, (5) sharing, (6) strength, (7) bravery/courage, (8) wisdom, and (9) respect/ humility" (Hart, 2002, p. 45), which are consistent with the seven sacred teachings of the Anishinaabe people (wisdom, love, respect, bravery, honesty, humility, and truth) Hart (2002) also identified similar Cree values such as respect, caring, faith, honesty, kindness, and sharing. Respect, central to all these conceptualizations is the responsibility to all our relations, and to all relationships, including spiritual relationships. These core values are taught by modeling, storytelling, and shared through teachings in ceremonies.

There is considerable literature on the medicine wheel concept as an operational approach to health and wellness (Hart: 2002; Isaak & Marchessault, 2008; Gone, 2011; Graham & Martin, 2016; Graham & Stamler, 2010; Ross, 2014). The medicine wheel is a representation of the universe used to help people understand that which cannot be seen physically (Hart, 2002). Medicine wheels are adapted modern teaching tools that are used to explain concepts, philosophies, and traditional teachings. By nature, they emphasize wholeness, balance, connection, and the importance of relationships (Linklater, 2020, p. 224). Many Indigenous Elders, cultural teachers, health care practitioners, scholars and educators draw on teachings from the Medicine Wheel (Hart, 2002; Johnson, 2006; Lavallee, 2008; Wenger-Nabigon, 2010). "Historically the concept of Medicine Wheels arose from sacred sites located throughout central North America" (Linklater, 2020, p. 85).

There is a variety of methods for presenting the medicine wheel, generally it is shown as a circle with four equal pie-shaped sectors. "As a central symbol used for understanding various issues and perspectives, the medicine wheel reflects several key and interrelated concepts that are

common to many Indigenous methods of helping and healing" (Hart, 2002, p. 39). The medicine wheel influences most Indigenous conceptual models of Indigenous health which are often represented in a circular form. Although the medicine wheel has different meanings and expressions for different First Nations, there are some common concepts represented including holistic health, balance, and the importance of how we connect and relate to others (Sevenson & Lafontaine, 2003).

Indigenous scholars point out the concept of holistic health, includes integrating all aspects of one's being (i.e. Hart, 2020; Gone, 2013; McGabe, 2008). The medicine wheel has been used to symbolize how many relating ideas can be expressed as a set of four as represented by four directions (east, south, west, north), four aspects of humanness (emotional, physical, mental, spiritual), four key periods of the life cycle (birth/infancy, youth, adulthood, elder), four races of people represented by four colors (red, black, yellow, white), four elements of nature (water, fire, earth, wind) and finally the four seasons (spring, summer, fall, winter). The medicine wheel has been used as both a representation of a healthy being as well as a tool to promote wellness. For example, Graham and Stamler (2010) used the medicine wheel to categorize the themes from interviews with Plains Cree people in Canada. The study found that descriptions of how participants maintained their health were closely linked to the physical, mental, spiritual, and emotional domains described in the medicine wheel. "Participants talked about practices related to physical (exercise, nutrition, hygiene, and having adequate sleep), mental (abstinence from drugs and alcohol, positive attitude), emotional (limit stress), and spiritual wellness (spiritual connection, attending and participating in ceremonies, sweats, learning traditional language)" (Graham & Stamler, 2010, p. 11).

Balance is often related to the medicine wheel by the four equal quadrants. Hart (2002) states that balance between the physical, mental, emotional, and spiritual components of a person contributes to wellness. The balance also includes being at peace with family and all other living things. The author goes on to state that balance is a goal that is periodically achieved but often not indefinitely, as we must constantly adjust to life's ups and downs. The medicine wheel is a good measure of wellness and a regular reminder to care for all aspects of ourselves and how we may become imbalanced by focusing only on one area of life (Malloch, 1989).

The interconnectedness and the importance of relationships are the basis of wellness and health represented by the medicine wheel, as all the parts must connect and relate to each other. Relationships with others are also necessary for healthy individuals, families, and communities (Linklater, 2014). The healthy family provides the basis for a child's cultural identity as well as a tool for passing on values, beliefs and family traditions and practices (Martin & Yurkovich, 2014). The relationship within and between families is a means to socialize the child into their roles and responsibilities. Family for Indigenous communities can include biological, chosen, and spiritual relationships. Naming ceremonies are another mechanism of family connectedness because they help children maintain connections to their ancestors, relatives, and link families together whether they are blood related or not (Craig, 1996; Kawagley, 2006). "The Indigenous concept of family connectedness indicated that children need to build strong relationships with family outside the parent-child dyad" (Ullrich, 2019, p. 4). The knowledge of family and community history can help one to understand where they fit in this cultural disruption and the revitalization of Indigenous knowledge and healing.

Expanding the connections further into the community is another source of security necessary for mental wellness. A community can be described as a social group that is based on

location and/or social relationships and provide a sense of belonging to a collective (Cajete, 2000; Goodman, et al.,2014; McGregor, et al., 2003; Schultz, et al., 2016). Community connection provides many important foundations for wellness including defining responsibility and accountability to other people (Roffey, 2013). One also learns rules and acceptable social norms by being within a community (McGregor et al., 2003; Schultz, et al., 2016). In addition, being part of a community provides security by providing a supportive network (LaFromboise, et al., 2006). The fact that we are all connected, and that we have a responsibility not only to other people but to all beings, is to strive to have good relationships with them. "The Indigenous understanding is that we carry an ethical responsibility towards rocks, trees, water, and all life" (Ross, 2014, p. 30). Wellness is directly related to how one is in relationships with all of creation.

In summary, connectedness is defined as the interrelated health of the individual, one's family, one's community and the environment (Mohatt, et al., 2011, p. 444). Mental health workers and Knowledge Keepers interviewed by Linklater spoke about how restoring the connections and support among Indigenous women was one of the aspects of the work that they saw as having the biggest impact on wellness. The understanding of interconnectedness "begins with a person's spirit and encompasses everything that culminates in a person, such as their emotional, mental, and physical parts of the self, and furthermore, how they are situated among their family, community, nations, and all Creation" (Linklater, 2020, p. 85).

Leroy Little Bear declared "Knowledge is about relationships … knowing is represented in the Aboriginal context as multiple and diverse processes and includes other ways of knowing, i.e. dreams, visions, insights and teachings that validate one's sensory experience …. Spirituality, relationships, language, songs, stories, ceremonies, and teachings learned through dreams form

the axiology of Aboriginal knowledge" (Ross, 2014, p. 65). Thus, interconnection includes drawing on Indigenous knowledge through various forms to maintain wellness.

Indigenous Knowledge as Foundation of Wellness

For thousands of years, Indigenous people adapted and innovated in response to the environment in which they lived. The natural environment provided spiritual, theoretical, and ethical foundations that gave rise to codes for living that would ensure the well-being for future generations (Mazzocchi, 2020).

Indigenous societies were organized in a way to provide the key components for living that promoted wellness through relationships, supports, ceremonies and family structures prior to colonization. First Nations have experienced rapid changes to their way of life through population and cultural genocides, and continuation of policies and practices that uphold attempts to assimilate First Nations people. Indigenous people around the world have creation stories, which details the Creator's laws on how we should live a good life, acknowledging Pimatisiwin /Bimaadiziwin (our spiritual way of life). The premise of birth helpers training and knowledge is to support the trajectory of our spirits by ensuring children have access to their cultural way of life from birth. This includes access to the language, land, water, and ceremonies which support life and create lifelong connections, as detailed by Indigenous creation stories and star teachings.

Connecting with and utilizing Indigenous knowledge has been shown to be linked to the health and wellness of individuals. "Indigenous knowledge contains vast resources for healing" (Linklater, 2020, p. 30). Linklater (2020) states that Indigenous knowledge and cultural practices provide the most useful and successful methods for community, family, and individual wellness.

Culture as the foundation of wellness has been identified by many Indigenous scholars and communities (Hart, 2020; Gone, 2013; McGabe, 2008).

Indigenous people have emphasized the importance of culture to overall wellness, however research on the topic is limited. Researchers have attempted to develop qualitative and quantitative measures to capture the impact of culture on wellness. Kading and colleagues (2019) used concept mapping to develop an Anishinaabe framework of wellbeing. Their study revealed that Anishinaabe culture was regarded as the foundation of wellness and permeated themes they identified. For instance, honoring ancestors and the earth, purposeful engagement in Anishinabe culture, acquiring and sharing traditional knowledge, responsibilities to one's community, and having pride in being Anishinabe even among pressures of assimilation, discrimination and microaggressions were important for wellbeing.

The way in which culture has been dissected and attempted to be measured to support wellness, although limited include: cultural identity, participation in cultural activities, and belonging to a cultural group (Taras, et al.,2009). Phinney's (1992) original Multigroup Ethnic Identity Measure (MEIM) was the first and most widely used scale to assess different dimensions of ethnic, cultural and/or racial identity based on a model that draws from social (Tajfel & Turner 1986) and developmental psychology (Marcia, 1980). Phinney's (1992) original MEIM has been critiqued and revised. Since then, there are numerous measures that assess and operationalize dimensions of cultural identity in various ways (Markstrom, et al., 2011). Currently, the interdisciplinary body of research has shown that our collective identities related to cultural, ethnic, and racial group memberships are particularly relevant and important for well-being, and that identity is multifaceted with multiple dimensions that are not all accounted for in any one measure (Phinney & Ong, 2007).

Regardless of the theoretical framework, studies across populations that assessed participation and/or embeddedness in various aspects of culture have demonstrated a relationship between culture and well-being (Yip, 2018). For instance, participation in traditional cultural activities among Indigenous people was linked to reduced depressive symptoms (Whitbeck et al., 2002) and decreased problematic alcohol use (Whitbeck et al., 2004), as well as positive mental health (Kading et al., 2015). Among Indigenous adults living on reserve, the frequency of participation in cultural events was linked to lower use of cannabis one year prior to the survey (First Nations Information Governance Centre, 2012). Among post-secondary students, both Native American and Indigenous students in Canada, greater engagement with one's traditional culture was associated with reduced substance use (Greenfield et al. 2018) and substance use problems (Currie et al. 2011; Currie et al. 2013).

Although cultural engagement is often associated with protective qualities, studies have also reported variable results linking cultural engagement with negative health and social outcomes in various populations (Yip 2018). The analysis of the 2012 Aboriginal Peoples Survey (APS) demonstrated that First Nations adults living off reserve who participated in traditional activities were more likely to report a diagnosed anxiety disorder (Nasreen et al., 2018). Another study using the same data found that First Nations and Métis adults who participated in hunting, fishing or trapping were more likely to report heavy drinking, although those who had made traditional arts and crafts were less likely (Ryan et al., 2016). However, these findings may reflect challenges in methodology and/or cultural or contextual basis. In summary, current measures based in western theory and thought do not adequately capture the impact of culture as the foundation of wellness for Indigenous populations and further research is required.

Spiritual Connection

Despite the known importance of spirituality and health, it is often left out of the discourse and research about health (Cross, 2002; Hodge, 2011). Establishing and maintaining spiritual connection is important to wellness in the Indigenous worldview and is often done through participation in ceremonies for Indigenous people. “Culture includes natural laws, knowledge set roles and day to day activities. Culture and spirit can be observed and experienced through art, names, beauty, dance, songs, music, history, food, clothing, home structures, games, transportation, science, education, hairstyles, tattoos, subsistence lifestyle and language” (Ullrich, 2019, p. 5).

Stelkia and colleagues (2020) identified three themes linking land to wellness in Sto:lo communities. The themes identified were: (1) the spirits of the land, water, and territory are within us: the intersection of cultural identity, spirituality, ancestral knowledge, and health and wellbeing (2) letsemot, “togetherness”; relationality and (3) disruptions and new ways of living. The spiritual connection is often linked to the participation in ceremonies (Cross et al., 2011; Red Horse, 1997). Ceremonies and spirituality often involve connecting with the land, medicines, and foods (Coates et al., 2006; Kawagley, 2006; McGregor et al., 2003). Another important aspect of spirituality is knowing and understanding the teachings of the nation which are shared orally (Cajete, 2000; Cross et al, 2011; Roundtree & Smith, 2016). As with culture, the literature on spirituality seeks to dissect the contributing components rather than seeking a wholistic understanding of spirituality and the connection to mental wellness.

Current Context – Impact of Colonization on Mental Health

Often interventions to address mental health are focused on addressing the symptoms of illness at the individual level. However, the focus on individual health behaviors is detrimental to

Indigenous peoples and does not address one the largest contributors to poor health, which is past and present-day colonialization. The Indigenous social determinants of health outline the proximal, intermediate, and distal determinants of health, demonstrating that the distal determinants of health which include colonization and racism are the underlying cause of poor health (Loppie- Reading & Wein, 2009). These are significant influencers in the lives of Indigenous people and their wellness.

The impact of colonization has shaped the current day realities of Indigenous people in Canada by placing them at a disadvantage from birth. The opportunities for Indigenous people to achieve optimal health and wellness is hindered by policies and practices that support the continued oppression and discrimination against Indigenous people. For example, poverty, poor access to health care, racism, and discrimination, overcrowded housing, unsafe drinking water, lack of access to affordable healthy food impact Indigenous people's wellbeing. Lack of access to Indigenous knowledge and practice in education, health, justice, governance, land, and resource management are other factors linked to the wellbeing of Indigenous people. It has been reported that First Nation communities are living as second class citizens in a first world country, and individuals and families have had to make the hard decisions to move to urban centers to access education, employment, or healthcare that is not available in community. Moving away from community has had serious consequences; however, one loses access to family, supportive extended family, and community connection all of which support cultural identity. It is no wonder that Indigenous groups in North American have higher rates of substance dependence, post-traumatic stress disorder, and suicide than the general population (Gone & Trimble, 2012; Towle, et al., 2006).

Adelson (2000) contends that "for the Cree of Whaomagoostui, a sense of 'health' or of 'being Cree' cannot be understood outside the context of colonial and neo-colonial relations in Canada. Indigenous Canadians – Indian, Inuit, and Metis – continue to live with the effects of displacement, discriminatory legislation, failed attempts to assimilate, forced religions conversion, and pervasive racism" (p. 9). There are many examples of racism against Indigenous people in Canada (i.e. Brian Sinclair and Joyce Echaquan) which has resulted in death because of racism. assumptions, inaction and differential care provided by health care professionals (McCallum, Big Canoe, Lavoie, & Browne, 2021).

The Indigenous social determinants of health framework also emphasize the impact of ongoing intergenerational trauma from the loss experienced at Indian Residential schools (IRS), loss of land and resources through relocation and treaties, and the imposition of colonial legislation, policies, and practices (Linklater, 2020). During the IRS era, Indigenous children were punished for speaking their languages, performing their spiritual practices, while also being isolated from their traditional culture and prevented from accessing support by way of family and community (Ross et al., 2014). The IRS had a detrimental impact on the use and practice of traditional healing methods. Survivors experienced various types of chronic neglect and abuse, poor nutrition, inadequate clothing for the environmental conditions, diseases and even death, as evidenced by the recent and ongoing discovery of unmarked mass graves on IRS sites across Canada, and a significant number of children still unaccounted for (National Centre for Truth and Reconciliation, 2015).

Historical trauma, intergenerational trauma, and the legacy of Indian Residential School are terms used in the literature to describe the symptoms of the trauma experienced by those who attended IRS and their descendants. Symptoms of trauma include difficulties with sleep, eating,

mental and physical health, as well as unhealthy coping strategies, ineffective stress management and difficulty in relationships and parenting (Fast & Collin-Vézina, 2010). The IRS has not only impacted those who attended but continues to affect subsequent generations, which can be seen in increased risk for negative health and social outcomes among children and grandchildren of IRS survivors (National Centre for Truth and Reconciliation, 2015; Wilk, et al., 2017).

There are various processes by which the experience of trauma in one generation can influence subsequent generations (Evans-Campbell, 2008; Gone, 2009; Whitbeck, et al.,2004). The foundational research assessing intergenerational trauma has been conducted with Holocaust survivors and their families (Dashorst et al., 2019). Follow up research demonstrates that comparable effects have also occurred in other groups exposed to discrete or chronic collective trauma experiences, for example refugee population (Sangalang & Vang, 2017), and the Latin people (Cerdeña, Rivera, & Spak, 2021). To a considerable extent this research has focused on diagnosable disorders and/or individual physiological, psychological, and emotional effects among the offspring of trauma survivors (Evans-Campbell, 2008), but many of the impacts are often difficult to measure.

Research on the intergenerational impacts of IRS focused on the psychological impacts for children and grandchildren of those who attended IRS. The First Nation Regional Health Survey (FNRHS) is a Canada wide survey developed by First Nations to examine health in First Nation communities. The FNRHS included questions about the intergenerational impacts of IRS and this survey reported a connection between IRS attendance and poorer reported mental health outcomes (Bombay et al., 2014). The FNRHS 2002-2003 data also revealed that 37.2% of adults who had at least one parent who attended IRS, thought about committing suicide in their lifetime, compared to 25.7% of those whose parents did not attend (First Nations Centre, 2005, p.

37). Similar results were found for those that had one grandparent who attended IRS, with 20.4% of adults who had at least one grandparent who attended IRS had attempted suicide, compared to 13.1% attempting suicide among those who did not have grandparents who attended (AFN/FNIGC, 2005, p. 37). When stratified by province, the analysis of the Manitoba 2002–2003 adult RHS data revealed that having a parent or grandparent who attended IRS was significantly associated with a history of suicidal thoughts and attempts (Elias et al., 2012). Further research found that First Nations adults in Canada also reported higher levels of depressive symptoms among those who had a parent or grandparent who attended IRS compared to those that did not (Bombay, et al., 2011).

The analysis using the data from the Aboriginal Peoples Survey (APS) showed the complexity of research seeking to understand the intergenerational link to mental illness and IRS. Analysis of the 2017 APS showed that the odds of having a mood disorder were higher for those who had only a grandparent who attended IRS. For diagnoses of anxiety disorder, the odds were statistically higher for those with one generation of residential school attendance, but not for those with two generations who attended. These results are inconsistent with studies among on reserve First Nations which showed the highest level of distress were reported among those with two previous generations affected compared to those without or with one generation of exposure (parent or grandparent attended) (Bombay et al., 2014; McQuaid et al., 2017). This research does not speak to whether or not the higher odds of mood and anxiety disorders for specific familial IRS exposure groups reflect actual differences in distress or symptomology or other factors that may be linked to receiving a diagnosis, including help-seeking or health care access (Vanderminden & Esala, 2019) or self-reporting biases such as an unwillingness to disclose

mental health information. Further research is needed to understand the link between intergenerational impacts of IRS and mental health.

The statistics examining the intergenerational impact of IRS on substance abuse was also complex. Analyses showed that First Nations adults with a parent (only) who attended IRS had significantly greater odds of past-year heavy drinking relative to those not affected, consistent with findings among First Nations living on reserve (First Nations Information Governance Centre, 2018). Additional analysis found the predicted prevalence of past-year heavy drinking was significantly higher among those with one generation (parent or grandparent only) compared to those with two generations who attended IRS.

In contrast to heavy drinking, odds of past-year frequent marijuana use were significantly higher in all of the IRS affected groups relative to those not affected. Similar findings were observed among First Nations adults living on reserve, in which those with a parent and those with a grandparent who attended were more likely to report past-year cannabis use (First Nations Information Governance Centre, 2018). Among First Nation adults living on reserve, those that has a parent or grandparent attend IRS were at more likely to report opioid use, the use of non-prescription drugs (First Nation Information Governance Centre, 2018) and injection drug use (Moniruzzaman et al., 2009).

The research also encompassed the youth population: the 2002–2003 RHS data revealed that the greater risk for distress associated with parental IRS attendance may begin to display itself during teenage years, here where 26.3% of First Nation youth with a parent who attended IRS had thought about suicide, compared to 18.0% of non-IRS youth reported such suicidal ideation (First Nations Centre, 2005, p. 217). Parental IRS attendance was also linked with attempted suicide in a sample of youth who use substances in Vancouver and Prince George,

British Columbia (Moniruzzaman et al., 2009). Consistent with these findings, the 2008–2010 RHS analysis showed that 31.4% of First Nations youth living on-reserve who had a parent who attended IRS reported symptoms of depression, compared to 20.4% of youth with neither parent who attended (Bombay, et al., 2012, p. 347).

Although these studies suggest ongoing intergenerational effects of the IRS system in relation to mental health and substance use, further research is required that differentiates between attendance by parent(s) versus grandparent(s) that are specific to First Nations adults living off reserve are needed to better understand the nature of these intergenerational effects in this population.

Culture as an Intervention

Indigenous ways of healing have been long-established as effective. At points in history Indigenous people were prohibited from practicing ceremonies. “Ceremonies, plants, and prayers, as well as various forms of doctoring, have long provided the survival and wellness of Indigenous peoples. Strong identities, sustainable living, and healthy patterns of relating created resilient peoples that thrived in some of the most challenging lands and environments in the world” (Linklater, 2020, p. 36). Ceremonies differ across Canada and are related to the land and language of the people. Longclaws explains (1994, p. 26) that “ceremonies assist individuals in centering themselves and give them strength to participate in a lifelong learning process”. Ceremonies include smudging and prayer, naming ceremonies, pipe, and water ceremonies, sweat lodges, feast, vision quests, sun dances, and shake tent. Ceremonies bring the community together in preparation, participation, and celebration. For example, in a feast, it takes many people to be engaged in the activity, which increases connections and sense of belonging for those who take part.

Indigenous medicines are used to heal and maintain health. Tobacco offerings have been used by Indigenous people as part of an exchange between two or more people, animals, spirits and/or Creator (Hart, 2002). People also use sage, sweetgrass and cedar on a regular basis. There are many people who are gifted and have apprenticed with others to learn about medicines which assist with maintaining and healing. For example, there are many medicines used before, during and after birth, to treat diabetes, and cancer.

Cultural teachings that address the roles of men and women are essential to the development of positive identity and is connected to understanding and living one's purpose in life. For example, it is the job of women to care for the water and learn about water teachings, whereas the men, the role is to take care of the fire. Another important ceremony is the Vision Quest where one seeks direction for their purpose in life. Johnson (1976) states: "that no man begins to be, until he has seen his vision, before this event, life is without purpose" (p. 114). "It suggests that a vision is initiated for two reasons: first when people are approaching a significant moment or undertaking in their lives, and second, when they feel a need for help beyond human power to cope with what is to come. It is believed by the Cree people that pursuing inner visions can lead to enhancing oneself physically, mentally, and spiritually" (Ferrara, 1999). It has also been suggested that "one of the principal motives for a person to undertake a vision quest was to discover direction and meaning for his life." (Hart, 2002, p. 51).

The focus on identity development and cultural teachings is important for healthy individuals (Linklater, 2020). "Many people feel that learning their spirit name helps them understand their purpose in life, enhances their life experiences in general and provides protection and healing" (p. 88). Since many people are growing up in urban areas, impacted by

IRS, or child welfare, a focus on developing a strong cultural identity is important to becoming a healthy person.

Indigenous communities across turtle island are revitalizing cultural practices to reclaim health and wellness for their own people (Kagawa-Singer et al., 2014; Kral et al., 2011; Schulz, et al., 2016). There are many examples of programs and services integrating Indigenous knowledge as a complement to Western interventions as well as programs and services based solely on Indigenous knowledge and a whole range in between.

The research conducted thus far shows that Indigenous cultural practices offer health promoting benefits (Kaholokua et al., 2018; McKinley at al., 2021). Culture as an intervention implies Indigenous people listening to this wisdom to respond to their current situation. In recent years, scholarship has demonstrated the effectiveness of Indigenous Ways of Knowing as effective treatment for addictions (Rowan et al., 2014). A study examining drug misuse among urban Indigenous adults living in Edmonton, reported that enculturation defined as the "degree to which Indigenous peoples identify with, feel a sense of pride for, and integrate the values and norms of their Indigenous heritage culture" was associated with reduced illicit and prescription drug problems (Currie et al., 2013). Furthermore, scholars have established the importance of recognizing the impact of historical trauma (Braveheart & DeBruyn, 1995; Gone, 2013; Kirmayer et al., 2003) specifically, IRS (Bombay et al., 2014) on wellness.

As outlined in the previous sections, it is difficult to isolate and measure the impact of cultural practices within the complexities of historical trauma and current contexts (Walls et al., 2016). There are complex relationships between systemic oppression, racism and discrimination, historical and intergenerational trauma and mental health and wellness (Braveheart & DeBruyn, 1998; Kirmayer et al., 2014). These factors in turn also complicate the relationship between

culture and wellness, as throughout history, Indigenous people were taught to devalue Indigenous knowledge (Gone, 2014).

Due to the complex history of IRS where Indigenous people were taught to devalue their culture, knowledge, practices, and way of life it becomes a complex area of research to show the benefit of culture as treatment for health and mental health issues. Indigenous people are also divided in terms of the practice of ceremonies as treatment due to the ongoing influence of colonization. In addition to the fact that research tools used to measure effectiveness of services and interventions are often based on western science, tools and thought. The ability to measure culture and how it is related to wellness as defined by Indigenous people is lacking.

The research on the culture and the links to mental health are mixed, for example studies have demonstrated that Indigenous cultures are protective against historical and contemporary traumas (Spence et al., 2016; Wexler, 2014) as well as mental health problems (Running Bear et al., 2018; Wolsko et al., 2007). However, other studies have reported a more complex association where historical trauma, historical losses, and discrimination limit the impact of protection provided by Indigenous cultures (Soto et al., 2015; Walls et al., 2016).

> "The more we can provide consistent opportunities for cultural activity engagement, the more we can build confidence, a sense of belonging, and identity surrounding traditional ways and values of Indigenous peoples" (Gonzalez, Sittner, & Walls, 2022, p. 196).

The positive role of cultural practices in healthy behaviors and activities has been verified by prior studies in terms of positive relationships with physical activity (Olander et al., 2013), substance use treatment (Kadden & Litt, 2011), and smoking cessation (Hendricks et al., 2014; Thomas et al., 2019). There is also existing confirmation that the use of traditional foods,

medicines, spiritual activities, and community connectedness improve wellbeing (Kading et al., 2015; Ullrich, 2019; Walls et al., 2016).

The use of the medicine wheel has been tested in various settings as the foundation of programs and services. The research has demonstrated that treatment settings (Gone, 2008), mental health interventions (McCabe, 2008) have been linked with positive results. The medicine wheel has also shown positive results when working with children and youth for example, within the field of adolescent counseling (Garner et al., 2011) and childhood resilience (Gilgun, 2002). Further research has concluded that it is useful in teacher education (Klein, 2008) and educational settings (Cherubini, et al., 2010). The medicine wheel method has also been used as the foundation for major concerns for example, sexual offender rehabilitation (Dewhurst & Nielsen, 1999), and end-of-life care (Clarke & Holtslander, 2010).

One of the limitations in this field is the use of pan-Indigenous application of Indigenous knowledge, while although is a great starting point, can also interrupt the passing down of specific nations' teachings and practices.

> "Some of the most common spiritual practices used today in Indigenous treatment settings are pan-Indigenous; while they may draw from particular traditions, the sweat lodge, medicine wheel and many other practices associate with traditional healing have been distributed broadly to Indigenous contexts far outside their original sources, and have generally been embraced by all Indigenous North Americans as acceptable for pan-Indigenous contexts" (Pomerville & Gone, 2019, p. 238).

This emerging field of using culture as an intervention for various health and mental health issues is complex and will require further research. The development of adequate

measures to document outcomes is required. These measures must also consider the interaction of the complexity of the context both current and historical with the restoration of Indigenous knowledge and practice as an intervention. There is a responsibility when working with Indigenous people to situate the research in the larger historical, political, and cultural context to influence change in colonial policies and practices that continue to impact the well-being of First Nations people.

Need for Measures based on Indigenous Knowledge

The body of research on Indigenous health in Canada mainly focuses on describing the prevalence of illness and disease in the Indigenous population in comparison to non-Indigenous people. These types of studies while useful for documenting the gap, do not provide a representation of what constitutes a healthy individual, family or nation as described by Indigenous people. Health and wellness include supporting one another, helping one another and to show love for one another, which is what the birth helpers do.

Although there is a general agreement that Indigenous knowledge and healing practices are beneficial, there is limited research efforts to provide the evidence typically associated with establishing "empirically supported" treatments, specifically randomized control trials. This may be because this is not a method that sits well ethically with Indigenous researchers and partners. Thus far, research has shown there is "potential for such treatments to produce beneficial outcomes"; however, not supplied concrete evidence as to the outcomes of widely used Indigenous healing practices based on western standards (Pomerville & Gone, 2019, p. 239).

Conclusion

There is a growing recognition that we need to concentrate our efforts as much on improving and sustaining good health and positive wellbeing as we do on identifying risk,

preventing illness, and reducing premature death. Western health interventions tend to focus on promoting health behaviors at the individual level. Crawford (1980) reports that the idea of a healthy individual is inseparable from the societal norms and values of individualism and control. The definition of health that permeates Canadian society is the concept of a healthy body, which values self-discipline, self-denial, control, and will power (Adelson, 2000, p. 7). This way of promoting and addressing health is harmful because it blames individuals who do not start with the same resources as other Canadians, in terms of the social determinants of health.

In terms of mental health, western services are provided by psychologists and psychiatrists who were trained in western institutions to use western based assessments and treatment methods. This not only diminishes Indigenous ways of knowing but can also cause harm to Indigenous people seeking support. For example, the assessments, diagnosis, and treatment tools used do not evaluate the trauma caused by colonization, which can lead to misdiagnosis and result in ineffective treatment. Furthermore, the diminishing of Indigenous knowledge or the lack of awareness of western trained health and mental health practitioners about Indigenous knowledge results in Indigenous people not disclosing the use of traditional medicines and practices to their health care providers.

In closing, the science of measurement has not developed sophisticated enough tools to show the health promoting effects of culture as prevention and intervention for physical and mental health issues. “Innovations in the conceptualization and measurement of Indigenous cultural concepts are critical to advancing scientific understandings of these processes” (Gonzalez, et al., 2022, p. 192). The limits of the biomedical model of health care and measurement of wellness does not reflect Indigenous conceptualizations, wholistic ways of

knowing and cultural practices (Rowe et al., 2020), It is important that Indigenous focus on wellness by Indigenous people for Indigenous people.

Chapter 6 - Methodology and Methods

Indigenous Research Methods (IRM) were utilized in this project. The focus of IRM is relational accountability which is a shift away from limiting liability contained in western standards of practice of "good research". Indigenous standards require ongoing acts of reciprocal responsibility in the relationships, as part of doing good research. These relationships are maintained beyond the timeline of the research project. The research methods included the coming together in ceremony which is a way to share in the responsibility of the work and how we will collaborate (Cidro et al., 2020).

The First Nation communities in Manitoba have defined the ethical protocols or standards required to work with First Nation populations which have been endorsed by First Nation leadership, represented by the 63 First Nation Chiefs in Manitoba (First Nations Health and Social Secretariat of Manitoba, 2020). The research standards include free prior and informed consent at the individual and community level, abiding by First Nation ethical principles, adherence to the principles of Ownership, Control, Access, and Possession (OCAP®) and ensuring the research is of benefit to First Nations. These four standards are focused on developing and maintaining good relationships with the community and creating accountability within the relationship.

Indigenous research methodologies originate with Indigenous ways of knowing by incorporating an Indigenous theoretical perspective (Kovach, 2021). "Indigenous ways of knowing arise from interrelationships with the human world, the spirit, and the inanimate entities of the ecosystem" (Battiste & Henderson, 2000, p. 42). The project has acknowledged and invited spiritual helpers to guide the work, through the incorporation of ceremony and Knowledge Keepers.

"Indigenous methodologies are complex, wholistic approaches that consider both inward and outward knowing, the importance of relationship, language, place and Indigenous / white settler relations" (McKenzie, 2020, p. 56). In addition, many Indigenous researchers discuss the importance of context when reflecting and analyzing information such as storied (Kovach, 2021; Wilson, 2008).

The Indigenous Doula Five-year Research project, which my dissertation project is a part of, was developed with an Indigenous methodology based on a spiritual foundation. The research idea originated to address a problem within First Nation communities, where mothers were giving birth alone in urban areas without the support of family, community, and culture. An additional issue was the high number of First Nation newborn babies being apprehended in Winnipeg hospitals each year. A partnership was formed between the First Nations Health and Social Secretariat of Manitoba, the University of Winnipeg, Manitoba Indigenous Doula Initiative and Pimicikamak Cree Nation to develop a research project to examine the impact of providing culturally based support. The research began with a ceremony with all partners. At this ceremony, instructions were given to feast the project in the spring and fall of every year and to host a giveaway ceremony.

> "If we know who we are, that all life is connected through spirit, and if we learn how to live good lives, then by extension we will act responsibly toward the creation of harmonious and sustainable (healthy) relationships in this world" (Marsden, 2006 as cited in Absolon, 2010, p. 78).

The acknowledgement of spirit in the research is an important part of the accountability to the relationship and the overall purpose of the research. To date, the overall research project has hosted a feast and giveaway in the First Nations at the University of Winnipeg, and at the

First Nations Health and Social Secretariat of Manitoba. I have also attended ceremonies in the First Nations and attended community events when invited which is about maintaining relationships.

Indigenous research methods also ensure that the culture and context of each First Nation involved was recognized and affirmed as the basis for the intervention. Indigenous research methods examine the context of the research, in this case with an understanding of the pregnancy, birth and postpartum services, the community supports, and the historical and cultural knowledge from each community. Further understanding of current context was provided by the community advisory circles.

This dissertation research is connected to the larger program of research. For my dissertation project, I invited First Nation leadership to participate, and secured a letter of support from each community. Three northern First Nation communities had already signed Band Council Resolutions to be a partner on the larger research project looking at the impact of Indigenous birth helpers who travel for birth. The health directors and Knowledge Keepers in two of the communities had already selected a community advisory circle which I utilized to develop questions to measure the health and wellness of the birth helpers. The advisory circle was an excellent resource as they are the people who selected the community-based birth helpers and oversaw the implementation of the birth helper program in each of their communities. The advisory circle led the development of the questions for the interview. I have also met with the larger research team which includes Dr. Josée Lavoie, Dr. Jaime Cidro, Kathleen Bluesky, Knowledge Keeper Sherry Copenace, Jolene Mercer, Angie Cote, and Dr. Wanda Phillips-Beck to discuss possible research questions and ideas.

The Indigenous Research Framework used in this dissertation is adapted from Kovach's Plains Cree Methodology (Kovach, 2009) with respectful relationships in the centre, as all the research stems from respect and building of relationships. "Indigenous research flowing from tribal paradigms shows general agreement on the following broad ethical considerations; (a) that research methodology be in line with Indigenous values, (b) that there is some form of community accountability, (c) that the research gives back to and benefits the community, and (d) the researcher is an ally and will not do harm" (Kovach, 2021, p 48). The research project was guided by the local community advisory circle and followed the protocols of the community. The overall research project included the development and signing of research agreements which outlined the accountability to the community and how the research will give back to the community. The overall research project provided funding to the community to hire and train birth helpers. The researchers supported the community with summary data that highlights the benefit on Mother and child health. As this is a new role being reestablished in the current context, it was important to document the impacts on the birth helpers as well as those they are serving. The dissertation research project provides information on the impact on the birth helpers mental health and any additional supports required to assist the birth helpers as they do this important work.

Respectful Relationships

One must start with building a relationship with the community: the importance of respectful relationships is a key ingredient for working with First Nations people. Respectful relationships require one to share power, decision making and resources with communities. The community has established community advisory circles which guided the implementation of the new birth helper program in each First Nation. The advisory circles also participated in

developing the questions, consent process, and reviewing the analysis and key themes prior to writing of the dissertation. I have worked with the communities prior to the pandemic in my role as a research coordinator at the First Nations Health and Social Secretariat of Manitoba. The pandemic forced us to work online to maintain the relationship. Building and maintaining of the relationship included online meetings and calls, community visits, attending ceremonies, sharing meals and presenting together at conferences over the course of the overall project and dissertation project.

Preparation

Preparation of the researcher and the community included understanding community cultural protocols, what each wants to gain from the study, understanding how and why birth practices and policies are happening in the community, and most importantly knowing the history of how the community used to give birth and share this knowledge among women in the community. Kovach (2009) describes researcher preparation and a process where the researcher must go to the centre of oneself and find a sense of belonging (Cardinal & Hildebrant, 2000, p. 21). This can include locating oneself within the research project. I also offered tobacco to the land in each of the First Nations the project partners with. The research team had a ceremony to begin the journey together and we were instructed by the Knowledge Keeper to have a feast and giveaway every spring and fall throughout the project to keep the focus on the spiritual aspects of the project. In addition, my job with the First Nations Health and Social Secretariat of Manitoba provided background in the policy and practices of healthcare in Manitoba First Nation communities. All of these steps prepared me to undertake this research project.

First Nation Self Determination

As distinct and independent Nations, First Nations possess the inherent rights to self-determination. These inherent rights were not endowed by any state or Nation, but are passed on through birthright, are collective, and flow from the connection to the Creator and the lands. They cannot be taken away. Self-determination means that First Nations freely and independently determine and exercise their own political, legal, economic, social, and cultural systems without external interference. In other words, First Nations have jurisdiction over all aspects of their lives. Therefore, jurisdiction over data rests with the community, and each autonomous First Nation has the right to determine how jurisdiction is interpreted and enforced. First Nations have always recognized and respected protocols pertaining to the collection, use and sharing of community information. Therefore, this research is a partnership: all information about the community is shared and validated prior to sharing outside of the community. Further, as a researcher, I consider helping the community in using the data for their benefit (writing proposals and grants) as a part of my obligations to ensure reciprocity.

Due to the history, politics and ongoing colonial practice, a focus on First Nation self-determination is required in the research methodology. Kovach (2009) quotes Maurice Squires "All problems must be solved within the context of the culture – otherwise you are just creating another form of assimilation" (p.75). By examining from the perspective of First Nation what is the aim of this study and why is it important to bring birth back to the community. I honored self-determination by looking at how colonization has impacted the ceremony of birth and what can be done in the current context to lead this aspect of health and well-being for women in First Nation communities.

Creating Ethical Space

"Ethics are a part of everyday life and practices which keep one accountable to respectful, responsible, relevant, and reciprocal research" (Absolon, 2022, p. 108).

This project used First Nations ethics, based on community protocols and practices. The project worked with the community to ensure the data is compliant with OCAP®, had a direct benefit to the First Nations, and ensured that the community and individuals had free prior informed consent. The protocol of gifting tobacco is a common cultural practice to demonstrate the "understanding of the sacredness of the spirit of knowledge that is being transferred" (Absolon, 2022, p. 108). The significance of tobacco offering indicate a high level of relational accountability that supersedes research ethics boards contained at academic institutions and extend the sacred accountability. Tobacco offerings were made throughout the research journey to participants, advisory circle members, Knowledge Keepers, and the land. In terms of maintaining ethical space, the project team built and maintained trust by following through on decisions made by the advisory circle, use clear communication, transparency on overall project and communicate in writing the foundation of the relationship in a research agreement document. The project was approved by the ethical bodies of the University of Manitoba (HS24042 (J2020:039) and the Community Research Ethics Body of the First Nations involved.

Location of oneself within the research journey and topic is part of the ethical code of conduct to create safe space. Absolon states:

> "Location addresses issues of accountability, validity, and reliability, meaning that when we say who we are, the readers can form their own judgements about credibility and authority to search and write" (2022, p. 168).

In the initial presentations of the overall project and the dissertation project, I explained my location including where my family was from, my experiences, and the importance of this work in my journey. By locating my connection to the topic, the community can make decisions on my biases and view on the world and to fill those perspectives and context with the local knowledge and Cree worldview. "Describing location, in Indigenous contexts, is part of ethical research. Because of the biased and obscure history of research on and about Indigenous people, visibly locating allows readers to make their own judgements about the research, knowing that there is no such thing as neutrality" (Absolon, 2022, p. 167).

Many Indigenous authors have written about the importance of location, of sharing why this research topic is important to you and how it relates to your experience, knowledge, family, community, connection to the land and waters (i.e., Kovach, 2009; Peltier et. al., 2019.). This is a necessary step in both creating ethical space and forming relationships based on mutual understanding and trust.

Indigenous scholars have also written about being a researcher in their own communities. Raven Sinclair (2003, p. 119) writes about being involved in the community, ensuring usefulness to the community and cultural relevance of the researcher and the research. For Indigenous researchers it is all about being about being able to contribute to the larger community overall wellness and collective good. This research project created safe spaces for mothers as they gave birth and the initial birth helpers trained in the community to share about how this has been for them, their family and their community. This research will focus on providing a pathway to return birth to communities by supporting the use of Indigenous knowledge and practices about pregnancy, birth, and parenting.

In addition, Indigenous scholars also reconnect to their ancestors, land, culture, traditions, language, history, and knowledge through their research (Absolon, 2022). The goal of doing the research is not for publication and academic rewards but to document, preserve and voice our history and present day for future generations. As this is about renewing the role of birth helpers using Indigenous knowledge it is about ensuring future generations have access to this knowledge. It is also about supporting those that are doing this work to understand and reflect on the impact of this work on their own mental wellness, their families, and the overall community. This research also gives space for the birth helpers to reflect on their needs and any further training needed.

Finally, it is about connecting to Indigenous knowledge for my own growth as an Indigenous mother, scholar, intergenerational IRS survivor, community helper to carry this knowledge bundle into future work. Absolon further states:

> "As a researcher, you are accountable to those you are gathering knowledge from: Spirit, ancestors, land, non-human relatives, humans, communities and so on. Indigenous ethics, for example are grounded in ethic of relevance, reciprocity, responsibility, and relationship" (2022, p. 108).

Therefore, ethics is about protecting the spirit of the relationships in the research to do it in a good way to promote Mino-bimaadiziwin – the good life.

Protection the information shared with me was done through the enactment of the principles of OCAP®, Ownership, Control, Access, and Possession of the data.[1] First Nations

Data Governance is the First Nations inherent right to use data and information to improve the lives of First Nation people. Data governance includes First Nations ownership, collection, control, analysis, and use of data. Wende (2007) states that data governance is "a framework for decision rights and accountabilities to encourage desirable behavior in the use of data" (p.419). Data governance is an important tool for self-determining nations to advance First Nation aspirations for collective and individual wellbeing. There are many successful examples of researchers partnering with communities to form a relationship based on respect to develop a mutually beneficial project as Caldwell and Maloney (2008) state "Communities have the solutions" (p.4). In this research project the community advisory circles governed the data for this project, from the collaboration on the development of the interview questions and consent

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[1] Ownership: The notion of ownership refers to the relationship of a First Nations community to its cultural knowledge/ data/ information. The principle states that a community or group owns information collectively in the same way that an individual owns their personal information. Ownership is distinct from stewardship. The stewardship or custodianship of data or information by an institution that is accountable to the group is a mechanism through which ownership may be maintained.

Control: The aspirations and inherent rights of First Nations to maintain and regain control of all aspects of their lives and institutions extend to information and data. The principle of 'control' asserts that First Nations people, their communities and representative bodies must control how information about them is collected, used, and disclosed. The element of control extends to all aspects of information management, from collection of data to the use, dissemination, and ultimate destruction of data.

Access: First Nations must have access to information and data about themselves and their communities, regardless of where the data is held. The principle also refers to the right of First Nations communities and organizations to manage and make decisions regarding who can access their collective information.

Possession: While 'ownership' identifies the relationship between a people and their data, possession reflects the state of stewardship of data. Possession is the mechanism by which ownership can be asserted and protected. This may be achieved in practice, through standardized, formal protocols (Hudson, Farrar, & McLean, 2016).

process, to reviewing summary results and analysis, to the decision on how the information will be disseminated.

OCAP® is rooted in a commitment to First Nation self-determination and the community's right to make "decisions regarding why, how and by whom information is collected, used and shared" (FNIGC, 2007; Schnarch, 2004). In addition, research that has used OCAP® as the basis for establishing a relationship and developing the research questions is high quality research that is useful to First Nations.

OCAP® asserts that First Nations have control over data collection processes in their communities and that First Nations own and control how this information will be used. First Nations require control over their data, as it is their inherent right to self-determination as stated in the United Nations Declaration on the Rights of Indigenous People (UNDRIP) which Canada fully endorsed in 2016 (United Nations, 2007). The development of OCAP® as a tool came about due to the history of questionable research with First Nations. There are historical examples where research has been conducted without informed consent (Mosby, 2013). Other cases where results were interpreted without explaining the historical or contextual information which can result in perpetuating negative stereotypes of First Nation communities.

Thus, OCAP® is a tool of First Nations Data Governance and is a set of principles that lay out basic rules for how First Nations data can and should be used. OCAP® provides guidance to communities about why, how, and by whom their information is collected, used, or shared. OCAP® provides the tools and a framework for those communities and those researchers who have not worked in partnership before.

Recruitment

The participants were recruited via email and on the Facebook birth helper groups in each First Nation with the attached recruitment information being shared (Appendix 1). All participants provided written consent (Appendix 2) to participate in the project and were provided with an honorarium for participating. The interviews (see Appendix 3 for interview guide) were audio recorded and took place over zoom or telephone. The interviews lasted approximately 45 minutes to 1.5 hours. Interviews were transcribed verbatim and sent to participants for approval. The transcripts were shared with participants and discussed in person, via email or on phone to provide an opportunity to clarify, add or delete content, prior to analysis. “Verifying with people how their voices, stories, knowledge, and information are represented in your meaning making is essential. Verification and endorsement of the people you gather from holds up relational accountability and integrity of search” (Absolon, 2022, 121). The participants were given several weeks to provide feedback and approval to the research team with any edits they wanted to make to their transcript. This is a critical step to ensure that Indigenous women’s voices are represented and acknowledged.

The following information was collected in the interviews with birth helpers:

1. Demographic Information (age, gender, marital status, family details, income, education, community, language)
2. Overview of experiences in providing care to families (how many, general experience, did you feel prepared, what else would you like to learn to help families)
3. How has being a birth helper impacted your life? Mentally, physically, emotionally, and spiritually?

4. How has being a birth helper impacted your cultural practice, traditional knowledge, beliefs?
5. How do you describe someone who is well?
6. How has reclaiming your role as a birth helper impacted your (holistic mental health) hope, belonging, meaning and purpose?
7. How has this impacted your family?
8. How has this impacted your community?
9. What additional supports do you need to provide this service in your First Nation?

Making Meaning

Potts and Brown (2005) state that making meaning also includes "clarity as to whom the research is going to benefit, recognizes the implications and accepts the responsibilities of the knowledge that one is constructing." (as cited in Kovach, 2009, p. 130). Cultural protocols were followed when developing the research questions and implementation plan for the research project. The focus of the research questions was determined in partnership with the community advisory circles. Once the data was collected the community advisory circle was involved in making meaning of the data collected and determined how the data will be used and disseminated within the community and any publications. The community advisory circle reviewed and provided feedback on the key themes from the research as well as the chapter written on the results. The process of making meaning also included understanding the local context of birth knowledge, current practices, impacts of the pandemic on families, and the community. The process of meaning making with the community advisory circle was valuable to ensure that interpretations of the data are relevant, useful, and respectful.

I also examined the literature to understand the current issues confronting Indigenous birth helpers in Manitoba. The Indigenous Doulas were interviewed in the pilot project which took place in Winnipeg. The interview questions focused on understanding their work, purpose and impacts on the women and families they supported. From these interviews four themes emerged: prior negative birth experiences, clashes with mainstream health and social services, the understanding of doulas as advocates and empowerment and disempowerment (Cidro, et al., 2018). The previous urban project which interviewed the doulas suggested that the birth workers themselves can be "transformed and nourished through this training and practice." For example, one of the doulas interviewed stated:

> "I think it's been empowering for the women that we've been working with, but I think it's been empowering for us as the doula also… We're all on our own healing journeys too… I think learning about our bodies and learning about taking back birthing and making it more of a sacred spiritual journey. I think it has been really kind of healing and empowering for us who have been in the program. I think for me personally, because of some of the stuff that I had happen during my pregnancies and births too, it sort of made me re-open some of that but then help me deal with some of that" (p.5).

Open-ended questions were developed with the communities to focus on how taking part in restoring Indigenous knowledge around birth practices impacts their own mental wellness. This focus was chosen to fill a gap in the literature and to meet the needs of the communities as they strive to make this service more than a pilot.

To date the research that examines the link between culture practice by providers and wellness is minimal. Once the transcripts had been approved by the birth helpers, I used thematic analysis to process the data. I first identified patterns in the data and developed these into initial

codes. Then I went through each transcript again to see if any other codes emerged. I then systematically coded the data and organized the data into the themes and reviewed once more to ensure that each theme was distinct and had an adequate amount of data. Codes that were similar to each other were combined, codes that were not related to research question or did not have enough data were removed. Thematic analysis as outlined by Braun & Clarke (2022) was used to identify themes in relation to Indigenous knowledge and world view of mental wellness. The data was coded based on themes and four themes will be discussed in this analysis (Bryne, 2022).These themes were validated with the community advisory circles on zoom and shared with the participants via email. Further analysis step was to work with the birth helper coordinators to review themes on zoom, as the final validation process to see if they made sense with what the birth helper coordinators have seen.

Giving Back

The research project is intended to be helpful to the community and assist them in bringing birth back to the community by training people interested in supporting women through the birth process and in creating the dialogue and support around the project from community partners and programs, Knowledge Keepers and families. The methods used were respectful to the community protocols by working with the advisory circle which is appointed from the community to develop the implementation plan, the advisory circle is invaluable in working through how to do things in the best way possible to ensure that the community is actively involved.

The use of the language is important “Language is a central system of how culture, code, create and transmit meaning, values and honor the relationships” (Kovach, 2009). Since people speak Cree in the communities, I worked with the language and ensured it was incorporated into

the birth helper curriculum and the continuing education trainings. In addition, the words birth helper is preferred to doula to describe themselves as it can be translated into the Cree language.

Giving back to the community was also done through the larger overall project including training, hiring and paying for the Indigenous birth helpers to work in the First Nation for 5 years, hiring a local data collector for 3 years to interview the mothers and birth helpers for the overall project, hiring a birth helper coordinator in each community during the pandemic years to work with the families of the mothers to share knowledge, creating opportunities for further learning of the birth helper, networking opportunities. The information from this dissertation project on what supports is required for the birth helper's wellness had been and continue to be shared with each community.

There was also a birth helper conference that was coordinated to bring together birth helpers from across Canada to share and network. A community report was developed and shared with the participants and will be available on the First Nations Health and Social Secretariat of Manitoba website.

Chapter 7- Findings: general themes

This chapter presents the findings of this study, based on the interviews conducted. The section first discusses the characteristics of participants. This is followed by a review of the main themes that emerged from the study and the subthemes. I then relate the themes to the existing literature and the current context of birth helpers in Canada.

Demographic information

There were 10 people interviewed with ages ranging from 25 to 68, with many of the participants in their 40s. There were 36 birth helpers trained in the three First Nation communities, however two First Nations did not run the birth helpers' program during or after the COVID-19 pandemic and were not included in the dissertation research. There were six birth helpers trained in Winnipeg Restoring the Sacred Bond project that were invited to participate. Therefore, the sample size of 10 is reasonable from the pool of 16 birth helpers that were providing services at the time of the interviews.

The birth helpers had various experiences in providing services from two years to over 10 years, some supporting family members only, while others have been coordinating doula organizations and community-based programs. There were some participants that had been working in maternal child health or informally in their community to learn and practice this knowledge prior to the development of the program.

The 10 birth helpers interviewed identified as female and First Nation. There was a mix of those interviewed from the First Nation and the urban birth helpers. Most of the birth helpers were married with children. The education levels ranged from grade 10 to master's degree. The income levels ranged from under 10,000 to over 100,000 for their households. The birth helpers shared that they wanted to become a birth helper to meet the needs of the community in

supporting mothers as they give birth, others were drawn to the work as something that they always were called to do, and others were drawn to an opportunity of the training.

Themes

The themes were generated by analyzing the transcripts of the interviews with birth helpers. The themes are all interconnected and provide insight into the unique experience and time in history of being the first in their community to revitalize this knowledge and run this program. The birth helpers shared about their experiences with providing services as well as their reflection on how this relates to their own mental wellness. The results of the study are presented in this chapter, organized by themes and subthemes with quotes directly from participants.

Several themes emerged from the interview data. The first and most prominent theme was the impact of colonization on the health and wellness of Indigenous people, and on the social determinants of health like housing, safety, access to food and water, education, and health care. For Indigenous based research, the context is important to frame and understand the intersection of reality with research.

The second theme included the impact of being a birth helper on their own growth and development, cultural identity, and stress. The third theme that emerged was the impact on family and community as described by the birth helpers. Birth is a social event that attracts others to become engaged. The birth helpers shared how being a service provider to other families had an impact on their mental wellness, their family, and their communities. The final theme is a summary of the recommendations provided by the birth helpers on what is needed to support their role moving forward.

Theme 1: Living and Working in the Colonial Context

Wellness is greatly influenced by the environment in which one lives.

> *A person who is well, I believe that the environment a person lives in takes a toll on them in all aspects, whether that be spiritually or mentally, emotionally, physically. I believe that the environment plays a huge factor into a person's wellbeing. So if the environment is healthy and thriving then that person should be healthy and thriving – Participant 3*

The environment in which one lives is made up of various factors known as the social determinants of health. Loppie Reading and Wein (2009) categorized the determinants of Indigenous people's health into distal (historical, political, social, and economic), the intermediate (community infrastructure, resources, and capacities) and the proximal (health behaviours, physical and social environment). Social determinants of health usually include housing, income, health care, education, and food security.

The birth helpers shared how the impact of social determinants of health (SODs) such as historical trauma, poverty, addiction, and experience of racism and discrimination contained within all systems including health care, child and family services, education, and justice impacted mothers. This is consistent with the data on the determinants of health for Indigenous people in Manitoba. The birth helpers required an advanced understanding of jurisdictional issues in health care to support Indigenous mothers: this would not be expected of a mainstream doula. The context of historical and ongoing colonization, racism and discrimination in policy, practices and systems that impact the lives of Indigenous people in Canada was a theme in the interviews.

In Manitoba, Indigenous people have poorer health outcomes and reduced life expectancy when compared with non-Indigenous population (Katz, et al., 2019). Furthermore, the historical and current policies and practices have disrupted the transmission of Indigenous knowledge about birth and birthing practices (Phillips-Beck, 2021). In addition, research has also

demonstrated that Indigenous people are overrepresented in the children being apprehended from their families (Sinha et al., 2013), in the justice system (Prairie, 2002), and in the homelessness population (Leach, 2010). Research also shows that racism in the current systems results in Indigenous people underutilizing services designed to support health and wellness (Coombes, et al., 2018). All these challenges and barriers came up in the work of birth helpers therefore, influencing their mental wellness.

There are three subthemes to this area which include, working within systems to address the needs of Indigenous women, feeling overwhelmed when trying to address the needs of the families, and feeling small or silenced within systems. The birth helpers discussed multiple ways in which the social determinants of health in the current context have influenced them as they supported mothers and families. For example, challenges with accessing safe housing and treatment for addictions. This often left the birth helpers feeling frustrated and hopeless as they tried to navigate these systems.

> *Housing would be one. It's really hard to find a rental agency in the city that takes people who are on [employment assistance] especially if they had a history of being in a gang and trashing a house then it's impossible….. So that was one challenge. We needed more resources for that. – Participant 6*

> *Also, another challenge is like, not having enough places where they could go to treatment if they wanted to, like the waiting lists are so long. Yeah. COVID made that even more impossible. – Participant 8*

McKenzie (2020) interviewed urban Indigenous women in Winnipeg, Regina and Saskatoon and showed that there was a lack of accessible, local, culturally based harm reduction

services and treatment options for substance misuse, which is a barrier for Indigenous people. McKenzie further states that this gap in services demonstrates that supporting Indigenous people to address addictions is not a funding priority for the provincial and federal governments. Furthermore, government systems and media continue to promote narratives that Indigenous people are dysfunctional, irresponsible, and prone to addiction which continue to undermine the self-determination of Indigenous women (Thielen-Wilson, 2014).

Additional SODs mentioned included accessing mental health, domestic abuse supports, housing, food security and transportation. The birth helpers also spoke about racism indirectly in some of the challenges they faced within systems. The two main systems that the birth helpers interacted with were health care and child and family services. For example, one participant recounted that a client wanted to keep the placenta at birth but was told they could not. This speaks to the larger issue of advocating to end all the policies and practices that interfere with enacting cultural practices necessary for health. Some examples of practices that continue to interrupt the transmission of Indigenous knowledge include the medicalization of birth and the medical confinement policy. Birth helpers also must work within the current context to ensure that women have the rights to have access to the full spectrum of reproductive care.

Challenges would be the agency's hands down, some of them are terrible – Participant 6

The above participant refers to working with Child and Family Services as being one of the biggest challenges of her work as a birth helper. This theme is important because one cannot facilitate empowerment, wellness and healing without appreciating the colonial context within which the intervention takes place (Hook, 2005). Indigenous women including the birth helpers continue to fight for the right to mother against the child welfare system, where the policies and

practices often blame Indigenous women for living in the effects of colonization such as poverty, trauma, and racism (Cull, 2006; Sinha & Kozlowki, 2013; Tait et al., 2013).

The Child Welfare Legislation in Manitoba is based on the "best interest of the child" which is based on western standards of what is deemed necessary for healthy child development. The "best interest of the child" is based on a colonial framework that confirms the apprehension of children is a reasonable response to Indigenous people's individual and collective deficits. The system is set up to place the blame on Indigenous people who are living in the effects of colonization.

> *Seeing the experience that families have gone through, and the pressure to have your baby naturally, the pressure to breastfeed or bottle feed and it goes both ways. There is so many different judgements that women are faced with. - Participant 2*

Consistently responding to crisis and emergent issues with the mothers was stressful for the birth helpers. The coordinators spoke about how the birth helpers also reached out for regular support and developed innovative ways to find support in the culture, in each other and from the coordinator. The second subtheme is the birth helpers feeling overwhelmed as they strived to meet all the needs of the families they worked with. Colonization has succeeded at fracturing families and the community supports that once existed in communities. Having a birth helper support them may have been the first time many women felt safe and listened to and therefore, came to the birth helpers with many different issues. The impact of colonization has put Indigenous women in situations of poverty, racism, and violence making crisis response a larger part of what the moms needed from the birth helpers.

Yeah. And it was, the birth part was like, tinier part of it than I thought it would be. I thought it would be the main part. – Participant 6

The stress and pressure felt by the birth helpers was also heightened due to the global pandemic. Some birth helpers continued to provide services throughout the pandemic, adjusting to respect the protocols put in place by the First Nation or the provincial government. The birth helpers were not permitted into the delivery room during the pandemic, much of the support provided was by online, in doorstep visits, and by phone or text.

It was like a constant and never stopped especially because of COVID. We stayed open and kept working the whole time when everyone else kind of stopped. – Participant 8

The third subtheme that arose in the interviews with birth helpers was feeling small or silenced while working within colonized systems. This theme also includes acts of survivance or moving into recognizing that this is not you as a person that it is systemic and taking steps to address that.

So I mean, as a woman, that has gone through different forms of abuse in my own life. And, you know, in, and that combined with, like, the society that we live in that really, everything around us, the belief systems, the structures, the values, and the beliefs, it's all geared towards keeping women small, and keeping, especially Indigenous women keeping us quiet. – Participant 2

The above quote demonstrates living in a context that constantly forces you to internalize colonization, racism, and sexism as an Indigenous woman. As Leason (2022, p. 56) states "Indian Residential Schools has resulted in a generation of Indigenous people who feel they must

sit on their hands, be quiet, obey, authority and accept what they are given, even if it's unfair and unjust".

A large part of the work of birth helpers is to advocate for clients when working within colonial structures. One paper described the process below:

> "Part of doula work – especially in the way we define it – is attempting to change systems by working within them. It means that we must push back against the injustices we see in our clinical spaces by being lovers, not fighters. It also means that change can be frustratingly slow, as you are now operating at the micro level. Doula work is able to bridge activism with individual care by helping pregnant people have empowered healthcare experiences and helping to ensure that those experiences are voiced to society at large" (Mahoney and Mitchell, 2014, p. 125).

There is a movement to train community-based birth helpers to work with underserved communities rather than trying to overhaul mainstream doula trainings and organizations (Van Eijk, et al., 2022). In the above study, community-based birth helper organizations talked about recruiting doulas that are committed to serving underserved communities, have lived experience and recognize the current context of systemic racism and are interested in working towards racial and social justice and health equity.

There is also a recognition that expanding birth helper programs as the sole answer to reducing pregnancy related health inequities is unrealistic without addressing the systemic racism that exists within the health and social systems in Canada (Van Eijk, et al., 2022). Therefore, it follows that birth helper voices should be present at decision making tables to advocate and help address maternal health inequities for Indigenous people.

Theme 2: Growth and Healing

The birth helpers stated that being a birth helper was an important part of their growth and healing. The birth helpers also reflected on how being Indigenous and working within systems of oppression was related to their own wellness. The subthemes include learning and practicing Indigenous knowledge, connection to learning new skills, and healing intergenerational trauma. This often started with the recognition of one's own needs that they saw reflected in the women they worked with.

> *What the birth work taught me is that we really have to start with ourselves, and we have to start at home and start implementing these things into our own lives instead of just like, oh, you need to do this, and you need to do that. And we're not even doing it ourselves – Participant 8*

The connection to practicing what one is learning through birth work and teaching to others is related to wellness. The birth helpers talked about being able to rely on Indigenous knowledge when they were facing struggles in their own life and that what they learned by being a birth helper assisted them as well.

The birth helpers shared how being a birth helper strengthened the connection to the teachings on Indigenous Knowledge they had already received and brought them to life as well as made them want to learn more.

One participant spoke about how witnessing a birth brought the creation story to life for her and helped her to understand it on a different level. The practical aspect of doing is what really grounded the teachings, building confidence by confirming what they already learned from Knowledge Keepers and family members.

> *It's helped me get a better understanding of those teachings that I've learned over the years. And you know, it's just like, I'm very hands on. And when I learned something, when I when I hear it, I'm like, yeah, I retain information. But when I see it and hear it and do it, it stays with me for life. – Participant 5*

The birth helpers spoke about the star teachings and creation story are connected to the ceremonies. The birth helpers shared how learning more about the medicines, ceremonies and practices around birth inspired them to learn and participate in ceremonies more in their own lives.

The birth helpers talked about learning new skills and coming out of their comfort zones. One birth helper spoke about being shy and finding her voice as she worked with families. Others spoke about what they learned in the doula training are skills they use in their everyday life and that practicing traditional knowledge has helped them gain confidence in their own knowledge.

The third subtheme was the recognition that they are healing intergenerational trauma and shame of not knowing and practicing their culture by embracing this new opportunity to learn and have people to share in the learning with. The birth helpers also spoke about how this not only helped them but also their family and community, and in addition the families they worked with.

The birth helpers spoke about how being a birth helper has resulted in personal growth. Personal growth is part of wellness, feelings that you are moving forward and developing as a person which aligns with the phases of life teachings in First Nation cultures, where each phase has a focus that one must be achieved before moving to the next phase of life. Many of these

teachings have been interrupted, so the birth helpers having learned them is helping them to align with their purpose in life.

> *It was an eye-opening experience. I never thought I would be a birth helper. And it was a really great learning experience. And it's knowledge and information that I use in my everyday life. Now since then. – Participant 5*

They identified learning about and practicing Indigenous knowledge, connection and learning new skills, feeling connection to spiritual guidance along their learning journey and healing intergenerational trauma. They talked about doing things they never thought they would be doing or could do.

> *I didn't have all these teachings when I started. It really is about relearning things. And some things come back, your memory ignites and then you remember, oh yeah, I remember seeing my aunties doing that or my grandmother, and my mom. I remember so many things. Over the years, things would come back to me, like I didn't realize how much knowledge I had until probably four or five years of doing this work – Participant 2*

The birth helpers spoke about understanding themselves more or becoming self-aware of their own biases, insecurities, and development of knowing themselves through the process of supporting other women.

> *I had to overcome my shyness as I grew in my role as a doula – Participant 10*

They also spoke about the awesome feelings of seeing the mothers grow and develop and become confident in practicing Indigenous knowledge. The act of knowing self and connecting the teachings to practice in their own lives is part of maintaining wellness.

Theme 3: Impact on Family and Community

There is a ripple effect on the mental wellness of others connected to the birth helpers, such as their family and community. The birth helpers also spoke about sharing the knowledge with their own daughters and family members to ensure that future generations of their family continue to practice this knowledge. They discussed the impact of reintroducing Indigenous knowledge back into their families and communities and encouraging others to practice it.

The birth helpers talked about using what they learned from the training they received (see Chapter 2 for a description) to help and support their own family members. This included both supporting pregnant family members as well as other family members who wanted to learn more about traditional medicines, teachings or attend ceremonies. Sharing knowledge with others was also identified as healing and good for their own mental wellness.

This theme includes the following subthemes: directly supporting families with Indigenous knowledge, reconnecting to the responsibility to share ancestral knowledge, and bringing community together. This has impacts by connecting the past, present and future generations to Indigenous knowledge.

> *I provided support to my daughter which was a really healing experience for our family. We have done so much work in reclaiming and relearning things through the doula project, it was a calling, answer to prayers – Participant 1*

> *I do have cousins and Auntie's and nieces that are very much you know, kind of more just sort of looking for what I'm looking for, you know, with regards to spirituality, and the practices and the medicines. So I've been able to help my family members - Participant 3*

The birth helps also shared how connecting to Indigenous birth knowledge has connected them to their ancestors.

> *Learning about being a doula has changed my role in our bigger family. I am evolving into the matriarch role. I have a connection with several cousins and my sister to carry on and relearn the practices, teachings, and way of life (in today's society) that our great-grandmother practiced as a midwife and medicine woman and to teach the younger generation. – Participant 1*

The birth helpers shared how introducing the birth helpers back into the community as a formal role that offered support to families expecting a child brought the community together. The Indigenous women interviewed by McKenzie (2020) stated that one of the ways women reclaim their body sovereignty is by sharing community knowledge with one another. My study was consistent with this finding. For example,

> *We brought different peoples together, they got to learn about each other. And that's how it was really building a community, again, a healthy community, and bringing them together to do some self care for themselves, too. Because a lot of them are helpers in the community, and they don't even know what that was like to receive that help and to get that self-care too. So I really saw community come together. – Participant 5*

> *But just seeing that, that little shift, you know, it's just seeing that little shift in people. And I've seen it with every family that I've worked with, it's just like, seeing that connection of how birth brings people so much closer together. – Participant 2*

The birth helpers also spoke about the connections created by sharing in the birth experiences are lifelong. The birth helpers spoke about seeing connections with the mothers in

the program and that the relationship they form with the families they support does not end after the baby is born.

> *Well, it's really impacted us a lot. Well, of course, because I have granddaughters now and really young nieces and nephews. So just the ability to support my daughter through her pregnancy and birth and then after she had a baby, in a better way than I probably would have otherwise. And we have to do a placenta ceremony, and you got to keep your baby's belly button. And this is why and this is the connection - Participant 8*

One of the main roles of the doulas is to share their knowledge with the mothers, but they also spoke about sharing knowledge with other community members including health care staff. Birth is social by nature, therefore, sharing knowledge is a part of the birth helpers' roles in the community. The birth helpers also spoke about the impacts they saw in the community including the mothers wanting to share what they had with other mothers whether that be resources, knowledge, or physical items such as baby supplies and clothing.

The birth helpers saw themselves as able to support other women to heal and deal with the obstacles they may face in western institutions. They create a safe space for each other, for mothers, for women in the families to connect and share about their experiences, share healing, kindness and problem solve. The birth helpers also spoke about revitalizing ceremonial circles that once existed in community to support one another and connect with spiritual aspects of oneself and ancestors. The goal is to get everyone involved in the community of support including extended family, community programs, and connect mothers with one another.

> *Reclaiming my place as a life giver, and as a birth helper, it really opened my eyes to the level of repression that has been inflicted upon me personally, upon all the women in our*

> *communities, and that's still being inflicted upon our women in the hospitals. So it's really been a major driving force and the kind of work I want to do and the impact that I want to have in the world, you know, while I'm here so I think that for me that has really helped me to heal. It's really helped my mental wellness to see that I have a major role to play in dismantling all these oppressive structures and dismantling these residual scars from trauma and healing all of that for myself. And then working with women, I see that they're all, we're all experiencing the same thing – Participant 2*

The birth helpers also spoke about the connections they created to one another for support and the support circles they witnessed being formed among the mothers involved with the birth helper program. The birth helper program also brought the families together throughout to engage in cultural activities and teachings.

> *It's impacted my community in so many ways. The women who have been birth helpers are like me, they've, they've grown so much, and they've adopted so, so many of the traditions and teachings into their own life. – Participant 5*

These findings are consistent with previous studies, particularly Basile (2012) reported that birth helpers are working outside the birthing room to enact changes to policy and practice as well as to empower women in many areas of their life. For example, she states that birth helpers are working in the context of reproductive justice, racial justice and economic equity.

Theme 4: Recommendations for Supports

Birth helpers and Indigenous midwifery have always been present in First Nation communities in North America. However, the formal birth helper role as a program in First Nations is new in Manitoba; therefore, continued learning is required to support this role within a current context. The birth helpers also provided the following ideas on what supports are

required to support them to do their job effectively as well as the supports required for their mental wellness. It is not surprising that the areas they wanted included more training in areas of pregnancy, birth, postpartum care, mental health, addictions and traditional medicines and secondly continued support for their mental health including opportunities for ceremonies, healing and connection to other birth helpers and Knowledge Keepers. Lastly, they would like to see the expansion of the program in their communities and other communities.

The following quotes outline some of the areas that the birth helpers would like more information on.

> *I wish I had more training on like mental health dealing with moms who how I could better help them and understand it and then also if I had more training and like addiction because I didn't my jobs previous like I did work with moms but never like never like this. – Participant 6*

> *I would like to learn how to make the medicines because a lot of people ask me how do you make this? how do you do this? I learned but it doesn't stick with me. I take too much information in and then I don't remember. – Participant 4*

The training requested included how to deal with the current reality of Indigenous people and some of the complex issues that families are experiencing as well as the need to learn more about traditional medicines, ceremonies and teachings that are requested from families. In addition to meet the ongoing demand of communities is the need for more training to increase the number of birth helpers.

> *We need more doulas we need more birth helpers, trained. We need more resources, more funds, to provide self-care packages. – Participant 3*

It is important to disrupt the colonial discourses which continue to justify the continued regulation of Indigenous women's reproductive self-determination (Tait, 2009; Thielen-Wilson, 2014). Indigenous people are sharing, reclaiming, and revitalizing traditional practices related to gender relations, reproduction, and sexuality they have protected and sustained throughout colonization.

There continues to be colonial genocidal practices to coerce women into tubal ligations, long term contraceptives, and abortion. One research study (McKenzie et al., 2022) spoke to women and identified the following three techniques used by health care providers: the first is pressuring, rushing or tricking women into making these decisions; the second is proceeding as if the women previously consented to the procedure or treatment; and the final way is referring to racist and colonial stereotypes to justify their actions or convince women to follow their suggested intervention. This contradicts what Canada has laid out as consent for medical procedures (Evans and Counsel, 2006), which requires a voluntarily agreement to the procedure or treatment, secondly the patient must have the capacity to consent and third the patient must have all the information to make an informed decision including the risks and benefits as well as alternative options for consideration.

The birth helper literature speaks about full spectrum doula care and advocacy to ensure that spaces in which women access care are culturally safe, utilize a harm reduction approach, reclaim rites of passage, coming of age ceremonies, and traditional knowledge, Two spirited, Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Questioning Asexual (LGBTIQQA) advocacy and awareness, sexual self-esteem and empowerment and the full spectrum of reproductive care.

Chapter 8 – Discussion: the relationship between doula work and mental health and Indigenous knowledge revitalization

The purpose of this chapter is to discuss the results of the study in relation to the existing literature on mental wellness and the revitalization of Indigenous knowledge. This project looked at First Nation women who are reclaiming their place and voice by working towards returning birth and Indigenous birth practices to First Nation communities. Prior to colonization First Nation women led the welcoming of new life into nations.

The research question examined the link between providing birth helper services and their own mental health. Mental health is defined using a comprehensive First Nation developed definition that includes hope, belonging, meaning and purpose. The definition of wellness also includes connection to land, culture, family, and community (Kyoon-Achan et al., 2021). Since this is a new program being provided in the current context learning more about how to support birth helpers is important for the sustainability of this programing as well as for the expansion of this programming to other First Nations.

The role of the birth helper is to be a support for the mother and her family and to provide information and teachings which support healthy child development and cultural identity. Throughout history the roles of women have been diminished and this has greatly impacted the ceremony of birth. In revitalizing Indigenous birth knowledge, I expected that the birth helpers themselves would benefit from realigning their identity with one of sharing of traditional knowledge and practices and contributing to their community by supporting families.

The restoration of birth knowledge that was lost or hidden through colonization is an important initial piece of restoring overall wellness among the First Nation population (Phillips-Beck, 2010). Colonial heteropatriarchy assaulted Indigenous women and their roles in family and

community life. The women in this study demonstrated that intergenerational trauma still impacts the mental health of First Nation women. They spoke about colonial violence, racism and sexism that impacted them as they worked within systems like health and child and family to address the needs of the women and families. The work of the Indigenous birth helper is much larger that what was anticipated, it includes advocacy against heteropatriarchy, reproductive justice, anti-racism, and revitalization of Indigenous knowledge in addition to supporting the act of birth.

They also spoke about how society still undervalues Indigenous women and the work they do, as demonstrated by the compensation provided and the many ways birth helpers are silenced or excluded within health care settings. This in addition to the racism that is present within health care settings, the stereotypes that health and social services professions may have about Indigenous women and their ability to parent. Being in this environment serves to disempower Indigenous women, part of the work of the birth worker is to empower both themselves and the family as they bring new life into this world.

The Indigenous birth helpers also recognize the important work that they are doing. Indigenous people maintained mental wellness and balance in their communities prior to colonization (Richmond & Cook, 2016). Intergenerational strength in maintaining wellness despite living in colonized state is also present in Indigenous communities. Culture is recognized as a foundation for wellness. This is demonstrated by the many communities restoring Indigenous knowledge and practices to address community priorities. The birth helper program is also seen as a first step to returning birth to communities, which will allow families and communities to celebrate the birth of children in their territory close to the land and waters.

The birth helper is a new role to revitalize this knowledge in the current context, which requires bravery, grit, and passion to work at this during a global pandemic that sought to keep people separated. The birth helpers had to push through the fear of the new role as well as the fear of the unknowns of the pandemic while providing services to families. Being a birth helper is an act of sovereignty for the nation. Thus, the participants conveyed pride in being a birth helper and being known and recognized in their communities to have knowledge. Birth helpers also helped women to overcome barriers and inequities and assisted in creating a positive pregnancy, birth, and postpartum journey.

The definition of mental wellness developed by First Nations from across Canada includes having hope for the future, a sense of belonging and connection, meaning and understanding of how their lives are part of creation and a sense of purpose in their daily lives (Health Canada, Thunderbird Partnership Foundation, 2015). The presence of the birth helpers is an act of revitalization of Indigenous knowledge for future generations. The birth helpers provided a sense of belonging for the birth helpers and the mothers receiving support. The birth helpers also identified how they found meaning in the work of being a birth helper connecting it to past, present and future generations. Lastly being a birth helper did provide purpose in the lives of the birth helpers, which we have learned earlier is important for wellbeing.

Hope

Hope is defined as the desire for something to happen, a wish for things to change for the better or a particular dream or aspiration (Schrank, Stranghellini, & Slade, 2008). The birth helper program is an act of hope, Indigenous women created a training and birth helpers' program in First Nations to support women and families as they give birth within the colonial western health care system. The growth of the birth helpers through learning new skills is part of

creating hope. Hope comes into existence through action, and having a birth helper program also creates hope in others to support the long-term vision of bringing birth back. Hope is fundamental to life, having a sense of possibility contributes to moving forward (Murphy et al., 2023). Hope also contributes to an individual's ability to handle challenges and adversity (Liu et al., 2017). This speaks to how the birth helpers grew with the program adapting and facing challenges as they arose. The following passages demonstrate how being a birth helper has improved the lives of the birth helper and created hope in specific areas related to the Indigenous concept of wellbeing: by subthemes of living and working in the colonial context, growth and healing and the impact on family and community. The birth helpers spoke about how they find hope in the work they are doing by taking the responsibility to dismantle oppressive systems, rebuilding families and sharing Indigenous knowledge with the mothers they work with.

Theme 1: Living and Working in the Colonial Context

The birth helpers also spoke to how living and working in the current context has impacted them as they support other women.

> *It's really helped my mental wellness to see that I have a major role to play in dismantling all these oppressive structures and dismantling these residual scars from trauma and healing all of that for myself. And not just birthing I think just as women, we're all going through this same journey together. So that makes me feel like I am not alone, but also makes me feel like we have this power that needs to be embraced. – Participant 2*

Theme 2: Growth and Healing

> *Now, this feels like this is the right path and has restored hope in rebuilding families and communities – Participant 2*

Theme 3: Impact on Family and Community

> *I think one of the things that I like to express is that mom is a growing a life. And that's incredibly sacred, it's a time to just relax and go through this. This ultimately is a ceremony where you're carrying life for about eight months. And you kind of have to, you know, watch what you say. And the kind of energies that are around mom or are introduced to mom. And I like that baby chooses mom, you know babies up there. And they're like, I want that one right there. You know, you so Baby, Baby chose mom. And I think that's incredibly sweet and wonderful and just ultimately amazing because, yeah, I don't think we ever think about pregnancy or conception enough. So, I like when I tell the moms baby chose you, and they're here for a reason. – Participant 3*

Belonging

Belonging is fundamental to mental wellness and all humans seek to fulfill it (Slavich & Cole, 2013). The sense of belonging was achieved in creating connections between the mothers and birth helpers, the birth healers with each other and the birth helpers with the families and community. They discussed how the birth of a child and their work was bringing community together and thus satisfying the need to belonging for many. The following are examples related to the concept of belonging: by subthemes of living and working in the colonial context, growth and healing and the impact on family and community. The birth helper is sharing how they regularly connect and check on one another which supports mental wellness, how helping others in this role makes them feel like an important part of their community and finally how the birth helpers see the impact of their work on the overall community.

Theme 1: Living and Working in the Colonial Context

The birth helper describes how the program supports the birth helpers' mental health and creates a space for belonging.

Um, so I provide support to the doulas pretty much, monthly, or weekly. They come into the office and we chat about just what's going on with their moms. What kind of support does mom need what is mom facing? We talk about the doulas mental health and how they're faring with in their own families as well as helping the other moms. – Participant 3

Theme 2: Growth and Healing

I feel proud to be a doula, I like it when people come up to me and ask me questions. I feel helpful to them. And I can get information to them. And that affected me in a good way – Participant 4

Theme 3: Impact on Family & Community

So building that community, building those relationships, I think is really important. And I think people are really feeling that closeness. To get feedback form moms life that is heartwarming. – Participant 3

Wellness is directly related to how one is in relation to all of creation, which also includes the spiritual relationships one forms while practicing ceremonies (Ulrich, 2019).

It's impacted my community in so many ways. The women who have been birth helpers are like me, they've grown so much, and they've adopted so many of the traditions and teachings into their own life. – Participant 3

Meaning

Meaning is described by First Nations people as contributing to their nation, community, and family (Kyoon-Achan, et al., 2021). The birth helpers spoke about the frustration they experienced watching families working with Child and Family Services workers who did not understand the meaning of the work the families were doing for their mental wellness. The

following quotes from birth helpers show how the work they did provided meaning in their lives. The quotes are presented by the subthemes of living and working in the colonial context, growth and healing and the impact on family and community.

Theme 1: Living and Working in the Colonial Context

> *And yeah, I guess, a general lack of support for traditional teachings in general, traditional birth teachings. And then also, just the lack of support for our moms and the hard work that they were doing, they just didn't see it or didn't accept it as being good enough for their western standards or Western ways of thinking. – Participant 8*

Meaning in life is provided through the practice of culture which shapes how one sees their place in the world.

Meaning in life is also described in the literature as understanding how one is connected to creation. The birth helpers described how being a birth helper has connected them to creation story and understanding of that teaching.

Theme 2: Growth and Healing

> *It's brought a different awareness and feeling when I witnessed that first birth coming into this world. It was an emotional feeling. I felt this connection to the spiritual world, right in that moment. And when I saw that baby come to the physical world, it really changed and impacted my life and understanding those teachings about life and where it comes from. It brought it to life for me that day. – Participant 5*

Intergenerational trauma is the term used in the literature to discuss the ongoing impacts of Indian Residential Schools in the next generations. The birth helpers discussed the impact of how intergenerational trauma has created a gap in their knowledge and practice of Indigenous knowledge. There was a loss or grieving that occurred for the many years where this knowledge

was inactive or hidden. There is also intergenerational strengths, knowledge and practice that have ensured that Indigenous people remain and have culture.

Theme 3: Impact on Family and Community

There are so many ways in which colonialism has disrupted the sense of community and connections that isolate and make people feel alone or unwanted. Hill (2006) writes about the importance of collective identity as it relates to a sense of belonging. This includes being connected to the individual, family, and community. The birth helpers spoke about the desire to bring birthing and Indigenous knowledge regarding birthing back to the community. This brings people closer together to celebrate the new life of a community member and make connections with the child that will be lifelong.

> *To work together as a whole, like everybody to get involved, the families, the elders, the partners, and the children – Participant 7*

These findings are consistent with Wissing (2014) who contended that being in relationship is essential in providing meaning in life. Therefore, it is connected to the establishment of relationships with the mothers as well as with each other that supports this essential mechanism to wellness.

Purpose

Purpose in life is believed to be given at birth with the spiritual name and clan that people are born into. Ryff (1989) states that a sense of purpose includes intentions, goals and attention contribute to mental wellness. The birth helpers spoke about their connection to feeling that they were called to do this work. They also shared the connection they had to carrying on the work of

their mothers and grandmothers as birth helpers of Indigenous midwives. Theme 1: Living and Working in the Colonial Context

In addition to the psychological impacts of colonization, the ongoing impacts on the social determinants of health like housing, income, and access to health and wellness services was also a main theme in the interviews. As discussed in previous sections the impact of colonization has resulted in many Indigenous families being born into disadvantaged circumstances. The birth helpers spoke about the purpose of the work expanding to trying to meet the needs of families.

> *And like, a million different titles under birth helper wasn't just birth was like a small little sliver of it. But there was so much more in the name title than just being there for birth. – Participant 6*

Theme 2: Growth and Healing

> *I really feel like I have a purpose and even purpose has come to me in ceremony. Almost like I buried these feelings/knowledge with doubt and questioning myself for many years, like I was working against myself, it was maddening and I did not know how to help in a way that wasn't showing someone how to jump through a whole bunch of hoops in order to be left alone or to get the support they need.– Participant 2*

Theme 3: Impact on Family and Community

"Relationality is reciprocal as well as spatial, given that it does not move forward and backward in time, but rather, encompasses all directions simultaneously" (Walters et al., 2020, p. 8)

> *And, and so for me, it has been a major growth experience to like to reclaim all of those things, and then to feel that same connection to the teachings to say, okay, like, now that I remember this, I have a responsibility to share it and to and to protect it to keep it going so that we aren't in this place again, you know, like, bring these teachings back for them to stay not to ever be lost. So that's kind of the experience that I've gone through as the birth helpers, is just learning my role and responsibility. – Participant 2*

This speaks to survivance the concept defined by Vizenor (1994) as moving beyond survival within the context of ongoing cultural genocide to engage in acts of cultural recovery and renewal. In his later work Vizenor (1999) included "sovereignty and the will to resist dominance" (p.93) as part of the definition of survivance.

The ways in which working within the current context impacts mental health is feelings of hopelessness, overwhelm, resilience and pride. The key findings from the interview data are that being a birth helper is related to the mental wellness of the birth helpers. The themes that came up in the interviews included the current context and the reality of Indigenous women and families, growth and healing of the birth helpers through this work, impact on their family and community, and the needs of the birth helpers. These themes are all interconnected and influence the mental wellness of the birth helpers. The birth helpers reflected on how being a birth helper impacted their own mental wellness. They defined mental wellness as including the balance between the mental, physical, emotional, and spiritual.

> *Wellness, to me is a balance of everything. Like it's a balance of your physical health, your mental health, your emotional health and your spiritual health – Participant 9*

This birth helper goes on to say that mental wellness is not an achievable long-term state but a focus on rebalancing and adjusting to life as we move through its ups and downs.

> *And I think that, particularly as women, we don't really look after our physical or mental health. We have in our emotional health sometimes. And so we're always, doing things putting people before us, and that's not well. – Participant 8*

The birth helpers spoke about how being a birth helper influenced their mental health in positive and negative ways. They shared about the growth and healing of learning and using Indigenous Knowledge as well as the overwhelm and stress they felt trying to work within colonial systems to address multiple needs of families. Overall, the birth helpers remarked that they were grateful for the experience and stated that it has helped them and their families. They also reflected on how being a birth helper has created connections within the community and created a safe space within their communities for families.

The birth helpers identified that once the mothers trusted them to be a reliable support, they had requests for additional assistance in other areas of life including housing, addictions and mental health treatment, domestic violence and systems navigation. This was overwhelming for birth helpers as they tried to meet the needs.

> *But the parts that came along with it was like, a little more stressful than I thought it would be……..Because it was new. Right? Nobody knew how it would be. It would be more like, kind of like mobile crisis. Yeah. And like, a million different titles under birth helper wasn't just birth was like a small little sliver of it. But there was so much more in the name title than just being there for birth -Participant 6*

The birth helpers expressed feelings of overwhelm and stress at times when dealing with additional needs of the family beyond pregnancy and birth. One birth helper spoke about having to worry and being on edge at times when the mothers they were working with were in abusive relationships or in addiction. The stress also impacted the mental wellness of the birth helper. This was also heightened during the COVID-19 pandemic, where many of the other community supports were limited.

Needs Moving Forward

The birth helpers in this project completed a five-day birth helper training with the following components: building the lodge, nurturing our bundles, nurturing new life, and protecting the sacred circle. The aim of the Indigenous birth helper training was to share Indigenous knowledge and practice as well as understand the western maternal health knowledge. The birth helpers programs in Manitoba were early in development at the time of the research project. The birth helpers programs also continued to provide additional trainings and ongoing mentorship to the birth helpers that were interviewed. The birth helpers continue to identify additional areas where more support could be provided to assist them in caring for mothers. For example, additional training in the areas of women's bodies, pregnancy, addictions, and mental health. Previously it was shared that supporting a mother during the birth was a small part of what the birth helper role was in First Nation communities. Therefore, the birth helpers want to learn more about many different topics to provide comprehensive support to families.

> *I want to learn just everything about a pregnancy, whether that's, you know, conception how long mom carries the baby, what that looks like, what that feels like, the supports for like breathing, or certain exercises, healthy food intake? And what do you do after, after the labor? How does mom take care of herself, not just physically, but spiritually, because*

that labor is intense. And I imagine it's, it's very draining, but also exciting. And there's just a lot of things happening, that I that we that I would like to understand, and how to better assist and how to better counsel. - Participant 3

We need training on miscarriages and stillbirths, because that's a big thing here. Um, more services for postpartum care and what that looks like more services added. To make sure that mom is okay. – Participant 4

I would like someone to come talk about postpartum. – Participant 4

More Elders involvement – Participant 7

How to engage the whole families in the home visits – Participant 10

The birth helpers also require ongoing mentorship in terms of Indigenous knowledge and building confidence to be able to teach others about it. As mentioned earlier the impact of being colonized has left lasting impacts on the confidence of Indigenous people to share about Indigenous Knowledge.

Um, I, I didn't feel prepared in the mental sense. Like, intellectually, I was like, I don't know all this, like, I don't this I'm not this person, right? I don't have all this other knowledge. But emotionally, I was like, no you've lived with the closest thing to our traditions, my grandmother was a traditional midwife - Participant 2

I would like to learn more about the ceremonies and the medicines. Like I've done placenta ceremonies, and I've just, like, used my pipe and was guided by my pipe, but I know that there was other teachings that came with that ceremony. So I'd like to learn more about that. – Participant 2

Birth work provides holistic supports to families as they transition life from the spiritual to the physical world. This chapter examined the needs for those doing this type of work and the stresses of working within colonial spaces to support families, discussing the findings from the interviews in depth under each theme. The birth helper's mental wellness was impacted in terms of being immersed in responding to the environmental factors influencing the mother's wellness, their own growth and healing, the connection of what they learned to their family and community, and their overall needs moving forward in this work.

Canadian government historical and current policies limited the reproductive and sexual self-determination of Indigenous women and 2SLGBTQIA+ people. This attempt to disrupt Indigenous ways of relating within families, communities, and governance. The overall goal of these policies and practices is to eliminate Indigenous peoples as distinct groups in order to terminate their claims to Indigenous lands (Thielen-Wilson, 2014).

In addition to the additional training, a sustainable model of delivering the program which recognizes, and compensated birth helpers fairly is required to grow the program. The standard rate of care, the program in Manitoba was based off, was a model in British Columbia which provided $1000 per family, however this is not a livable wage for birth helpers to make a full-time career. Rather than running birth helpers as a private practice, community salaried birth helpers seem to be a better model for the birth helper's mental health and wellness. Having a community program of birth helpers allows for shared responsibilities and a better balance of work and home responsibilities. Providing adequate compensation, ongoing training and mentorship will assist birth helpers to maintain their wellness while providing culturally based care to Indigenous families. This will also serve to value Indigenous knowledge and make space for it alongside western medicine for maternal care in Manitoba.

The birth helpers spoke about reclaiming and relearning Indigenous birth knowledge that was lost through colonization.

> *I provided support to my daughter which was a really healing experience for our family. We have done so much work in reclaiming and relearning things through doula project, it was a calling / answer to prayers. I am super excited to share with my daughter who was expecting her first baby and our first grandchild- Participant 1*

Those interviewed spoke about feelings of uncertainty in practicing what they learned in personal or professional life and how they overcame the fear of not knowing enough. There is a lot of doubt and self-consciousness that has been embedded into everyday life for Indigenous women which makes them question if they have the right to share this knowledge or the right to conduct ceremonies or make medicines, being a birth helper removed some of those feelings, but more support is required in this area.

Birth helpers also talked about the spiritual connection they felt in participating in ceremonies and in working with families and sharing their traditional knowledge. They talked about the feelings of purpose and ceremonies and how they revitalized using them to celebrate life events and life transitions.

> *Yes, I think it's important for them to understand life stages and the readiness and how to spiritually prepare in each stage with the support of family. What needs to be done to transition between the phases of life. Recognizing the disruptions that have occurred and how that has impacted themselves, individually, as a family, as a community and as a nation, opens up opportunities for healing based on that disruption. It is important to have rituals that acknowledge life events and that those rituals are marked by a personal*

stories for example belly button ceremony, placenta ceremonies, birth stories etc. We talk about these things in the past, we 'used' to do them or we 'remember' hearing our mothers and grandmothers talk about these things. We can bring these back into our families and communities by practicing and normalizing them again, making them into something we currently do by bringing in our own family stories to ground us in the present day practices that support wellness. When we think of these things in the past, it keeps it being a mystery to ourselves and future generations.- Participant 8.

The birth helpers also spoke about feelings of gratitude for what they learned through being a birth helper, and the healing they received and watched others receive by participating in ceremonies and using traditional medicines. They also felt grateful to have this knowledge to share with their own families.

I would say the family being supportive, so that would have been a spiritual practice that we had where, all of us looked after that pregnant woman and made sure her load wasn't too heavy. And not that she couldn't do hard work. But that she was well cared for and well looked after and that and I think that that's important where our families are supporting our pregnant women, whatever it is that they need. – Participant 3

Chapter 9 – Conclusions

This chapter will discuss the main research findings in relationship to the research question. The conclusion will also show how this information can be used in practical application. The discussion will also summarize the limitations of the study and make recommendations for further research in this area.

The aim of the research was to explore the relationship between restoring Indigenous knowledge around pregnancy and birth and one's mental wellness. Literature and Knowledge Keepers suggest that culture is the foundation of wellness, and that restoring what was lost to colonization will be the path towards health and healing for Indigenous populations. The research results align with culture being a key factor in mental wellness. The key findings suggest that mental wellness is influenced by working within the current context of colonial influence on social determinants of health. Growth and healing are a part of the journey of being a birth helper that contributes to mental wellness and that the impact goes beyond the individual to relationships with others in their family and community. Furthermore, the overwhelming weight and responsibility of assisting mothers in areas outside of birth and dealing with colonial systems also affected mental wellness of the birth helpers. The results recommend that further supports are needed in supporting birth helpers in the areas of training and mentorship.

Impact of the Research

Considering the Truth and Reconciliation Commission's 94 Calls to Action in 2015, the Murdered and Missing Indigenous Women and Girls Final Report's 231 Calls for Justice in 2019, myriad urgent public discussions, and demands for meaningful action to create safe environments for Indigenous women, the birth helpers facilitated an intervention to support the safety and wellness of Indigenous women and their babies. Supporting a mother through

pregnancy and birth will decrease the incidence of risk factors for maternal and child health by focusing on revitalizing birth which was removed through colonization. Indigenous women still experience reproductive coercion despite written policies and laws about free, full and informed consent in Manitoba. Therefore, having birth helpers as witnesses and advocates in Manitoba is important step in restoring reproductive justices for Indigenous women. This study provides information on the impact on the birth helpers' mental wellness as they support other women. Caregivers' wellness is often forgotten. As we have seen with the lasting impacts on the health care system from COVID-19 pandemic, it is important to put the supports in place for care providers (Billings et al., 2021). This study provides an exploration and suggestion of what types of further supports are needed for individuals who are birth helpers, specifically mentorship, ongoing training of Indigenous knowledge and traditional medicines, mental health, grief and loss and addictions recovery support.

The Knowledge Keepers of Manitoba have stated, we must go back to the beginning. The beginning of physical life is conception and birth. Indigenous health outcomes cannot be discussed without acknowledgement of the impact of colonization on Indigenous people. Many of the illnesses impacting Indigenous communities like diabetes, suicide, and cardiovascular disease are influenced by social determinants of health such as income, education, lack of access to land and clean water, failed assimilation policies and practices, and intergenerational impacts of Indian Residential School. The one intervention that is often not mentioned or studied is culture, as the foundation of wellness. The importance of the language, land, water, identity, ceremonies, and family and community connections are often not recognized in Western medicine. Green (2010) states that culture must be recognized as an effective treatment along with specific rituals, customs, and meanings related to healing. It is important to recognize that

all cultures evolve, and culture as the foundation for wellness must be understood as interventions of the Indigenous people responding to their current situation.

In recent years, scholarship has demonstrated the effectiveness of Indigenous ways of knowing as an effective treatment for addictions (Rowan et al., 2014). Furthermore, scholars have established the importance of recognizing the impact of historical trauma (Braveheart & DeBruyn, 1995; Gone, 2013; Kirmayer et al, 2003) specifically, Indian Residential Schools (Bombay, 2014) on wellness. There is a responsibility when working with First Nations to situate the research in the larger historical, political, and cultural context to influence change in colonial policies and practices that continue to impact the well-being of First Nation women. Building the knowledge base around how Indigenous ways of knowing can support wellness is critical to obtain proper resources. This research adds supports to the link between enacting cultural knowledge and the benefits to mental wellness.

As an Anishinaabe women this dissertation project has strengthened the belief in Indigenous Research Methods, culture as the foundation and community strengths and solutions. Interviewing and sharing space with the women leading this work has been a tremendous learning experience. I have learned to listen to community leaders and support the solutions and ideas that the community bring forth. I have learned a lot regarding interviewing people, validating their interview and inclusion of participants and advisory circles in the development of themes. I feel validated that I am on a good path reclaiming Indigenous knowledge and continuing to work towards decolonizing structures to make room for our way of thinking, being, and doing. I have learned that more focus can be done on connecting this work to space, policy, and practice.

Furthermore, it is hoped that this research will result in a shift in how government

considers supports for First Nation pregnant mothers, children, and families. There is considerable evidence on the gap in health outcomes and factors that contribute to the gap in maternal child health. However, there is limited evidence that supports community-based solutions and Indigenous knowledge as an intervention. Research that supports community based cultural interventions as effective will be used to shift policy, practice, and funding investments.

First Nation women have experienced intergenerational trauma related to current and past policies of dispossession, removal of children, dislocation from lands, targets of violence and murder, incarceration, and homelessness, which increase risks of poor health and mental health. Research has demonstrated the link between socioeconomic disadvantage and poor health outcomes. Thus, this intervention is designed to support First Nations women when they are pregnant, birthing and caring for a newborn to address some of the challenges. First Nation birth helper care is critical to counter systemic, colonial barriers and issues that disproportionately impact First Nations families, as well as revitalizing birth as the foundation of sovereignty, hope and wellness. First Nations birth helpers provide the same supports as mainstream doulas, in addition to supporting women to address the specific challenges that First Nations women encounter in Western healthcare systems. For example, medical racism; threat of infant apprehension by child and family services; and birthing away from home communities, family, and friends (Doenmez et al., 2022).

Limitations of the Study

The study is focused on Indigenous women as the program was designed by and developed for Indigenous women. Often Indigenous women are marginalized in research and often only examined when looking at illness and social issues, thus this research is unique as it

looks at a program that was designed to enhance Indigenous knowledge and the strengths that Indigenous women bring to the role of birth helper.

I focused on a strength-based approach since I have witnessed the limitations of deficit-based or issue focused research. However, using a strength-based framework may have also diminished the understanding of the complex, structural reproductive injustices Indigenous women face as they enter into western medical settings to support Indigenous families.

As with the majority of studies, the design of the current study is subject to limitations. This research was conducted with a small sample size that is not representative of the larger population of Manitoba or Canada. There are a limited number of Indigenous doulas that are practicing in Manitoba since Manitoba does not compensate or have a mechanism to fund birth helpers at the time of writing. Birth helper work as a profession also is new and only a few organizations offer the training and there is a waiting list for individuals wanting this training. The small sample is one who volunteered to be interviewed so may contain bias.

A further limitation of the study is that it occurred during the COVID-19 pandemic which also impacted the wellness of the birth helpers. They were not able to provide in person services to their clients, they experienced stress from the pandemic restrictions, and were not able to support birth in the hospital Further adding to the stress is their own family situations during the pandemic. The pandemic also influenced the interviews, as they were conducted mostly over the phone or zoom.

The COVID-19 pandemic impacted women in many ways, for example, when compared with men, more women lost their jobs, more women are in essential jobs that would have exposed them to infection and stress (Carli, 2020). Across the world women previously were

doing most of the world's unpaid care work prior to the COVID-19 pandemic, research has demonstrated that the response to the pandemic has resulted in a dramatic increase to women's responsibilities such as caring for children when schools and daycares shut down (Power, 2020).

There is limited research available to draw from the Indigenous birth helpers study, most of the research focuses on the impacts of having a birth helper on the mother and babies' health outcomes. One other study interviewed Indigenous doula organizations, which provided insight into the context across Canada for Indigenous birth helpers. As more Indigenous birth helpers' organizations and collectives emerge, further research is required to ensure that the workforces remain well and is supported to continue to provide services to an underserved population.

The qualitative study also provides information on the context of the work environment, the overall pressures of being an Indigenous woman in Manitoba as well as a description of what its like to be an Indigenous birth helper. Using scales and western based measures to validate or collaborate findings was not possible with small sample size nor would existing measures capture the impact as they are not designed for or normed on this population.

Further Research

Further research is required to understand the needs of the birth helpers in various contexts for example, working within hospitals versus birth centers, working within First Nations versus urban settings and working with different types of families i.e. Two spirited, single families, etc. It is important to know what other kinds of support is required and how to provide a work life balance that allows women to keep this as a main career not as a part time job. Further research is also required into the birth helper organizations that provide the training and support to the birth helpers to ensure they are successful. In addition, financial policies surrounding

Indigenous birth could also be examined across Canada, United States, New Zealand and Australia.

Further research could examine the impact of First Nation women and birth during the Covid-19 response. Based on the United Nation policy brief on the impact of COVID-19 on women (2020) the pandemic unveiled a lot about our societies revealing the deficits of not only in health but in general where we rely on the unpaid labour of women to full multiple gaps. Research could highlight the innovations First Nation women contributed during the global pandemic.

Future research could focus on understanding the impact of working within colonial institutions. Recommendations on how the health care system could be more welcoming and accommodating of Indigenous knowledge to support Indigenous families during birth. Identifying the policies and practices that prevent the birth helpers from providing culturally based care. The impact of colonization was reported with universality; however, further research is needed to explain the nuanced differences in the way it impacts at the individual, family, community, and institutional level and how the birth helper can advocate for changes during the birth rite of passage.

In addition, further exploration of the imposter syndrome and Indigenous women in various fields also and how to combat it. This research showed that Indigenous women did not feel confident to share what they learned as birth helpers with other families or women. Finally, examining the impact of the birth helpers on the individual, family and community using wellness measures that reflect the unique culture and nation would provide the best evidence on the effectiveness of this intervention.

The use of Indigenous knowledge to heal and help Indigenous people in all areas of health and wellness can be further explored. There has been research with mental health and addictions which could be further extended into other areas such as health promotion and prevention.

To summarize, the study provides important information for the future planning and implementation of birth helper programs. The role of birth helpers in Indigenous communities across the globe is resurging to address cultural safety, improve culturally-based care and revitalize Indigenous knowledge. However, there is dearth of literature in this area and more research is needed. The role of birth helpers in Indigenous communities across the globe is resurging to address cultural safety, improve culturally-based care and revitalize Indigenous knowledge. However, there is dearth of literature in this area and more research is needed.

The research also supports the continued push for implementation of Indigenous knowledge and science around mental wellness. Mental wellness, addictions, illness specific research support the value (or benefit) of using Indigenous knowledge as an intervention. Future research is needed to grow this literature base.

Further research is also required to expand the knowledge base around the impact of birth helpers community-based birth helper programs and what supports are required for the birth helpers to do the job. Indigenous methodologies and knowledges are needed to heal from the harms stemming from colonization in Canada. Utilizing Indigenous based research methods to uncover and explore birth and healing is about being accountable to all our relations and our ancestors (Wilson, 2001). As stated by Katz and his team of Indigenous scholars “Research can be a place of living and learning, not merely an arena for the implementation of research methodologies” (Katz, 2019, p. 239).

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Appendix 1: Social Media Recruitment / Recruitment Email / Recruitment Letter

Hello,

I am a graduate student in the Native Studies Department at the University of Manitoba. I am studying the impact of being a birth helper (doula) on mental wellness. I am seeking to interview those who have completed the birth helper training. The interview will include questions about general experiences of providing care and how this has impacted your own well-being**.** The interview will take place over the telephone or in person at (private space provided by the community TBD). The interview is expected to take one hour, and you will be compensated for your time with a gift card.

After the completion of the first interview a written transcript of your interview will be provided and a follow up telephone call to ensure that the information you shared is accurately reflected and to provide you with the opportunity to provide clarification of further information. The second interview to clarify any answers from the first interview is optional.

Please contact me at (insert email and phone number).

This research has been reviewed and approved by the community advisory committee and the Joint Faculty Research Ethics Board (JREB) of the University of Manitoba.

Thank you

Stephanie Sinclair

Appendix 2: Consent Form

To be printed on University of Manitoba letterhead.

Research Title: Restoring Birth Knowledge and Practices: The Impact on Birth Helper's Mental Wellness

Researcher: Stephanie Sinclair XXX phone (XXX)XXX-XXXX Research Supervisor: Dr. Josée Lavoie XXX or Dr. Niigaan Sinclair XXX

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

We invite you to participate in a research project led by Stephanie Sinclair, a Ph.D. Student of the Native Studies Department at the University of Manitoba. This project is aiming to understand the impact on providing doula care on wellness of the doulas (birth helpers). The benefits of the participating are that you will have an opportunity to share your experiences as one of the first doulas trained which will be helpful as we further develop this training. There may also be a benefit of sharing experiences and reflecting on how this has impacted your own wellness. Risks of participating in this research are no greater than everyday life, except if you have had a negative experience which may be upsetting to reflect upon. A debriefing form will be provided which will provide details about the study as well as a listing of wellness resources.

The study consists of participating in a one-hour interview, followed by an optional telephone validation session. The interview questions will include questions on your general experience of

providing doula care in your community and your own wellness. Each one on one interview will last approximately one hour. Your responses will be audio recorded and transcribed (12/2020). The audio recordings will be stored on a password protected computer. The transcript will be stored on a password collected computer, which will be only accessed by the principle investigator and her three academic advisors. Computers and hard copies of any data will be stored in a locked office. Your transcription will be sent to you for review (12/2020) and validation will be conducted in a second optional telephone call where you will have the opportunity to remove information, clarify and share further information. After the call, the validated transcript will be deidentified, meaning all reference to any information such as names, places, etc will be removed. The deidentified transcript will be combined with all the interviews from the birth helpers for analysis. Access to the deidentified transcriptions which will also be stored on a password protected computer will be limited to the research team. Your responses will be anonymous and confidential, the research team will only have access to the combined interview transcripts. Only the principle investigator (Sinclair) and her academic advisors (Sinclair, Lavoie, and Cidro) will have access to the raw data.

We would like to provide you with a $25 gift card to thank you for participating in the project. This gift is not conditional upon your full participation and you will receive it at the beginning of the interview. You may withdraw from the research project at any time and you may choose not to answer specific questions. You will have the opportunity to review your transcript and remove any information you wish or withdraw from the research project up until the time the data is deidentified.

After the project is complete, the Advisory Circle along with the researcher, Stephanie Sinclair, will provide a summary of the research to each of the three First Nations. The Advisory Circle

consists of (list of names will be added). A summary of the research will be available to you within 6 months of your second interview (06/2021). The Advisory Circle will approve the methods of dissemination which could include community presentations, MSpace url, reports, journal publications, presentations at conferences, and book chapters. Seven years after the end of the project, all transcript materials held by the researcher will be destroyed.

Your participation in this research is voluntary, and you have the right to withdraw at any time. You will have the right not to answer any of the questions and if you decide to withdraw your participation, all information you provided up to that point will be destroyed. If you have completed the interview, you can ask us to withdraw your information up until the point at which we have combined the deidentified data for analysis (12/2020).

Your signature on this form indicated that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Joint-Faculty Research Ethics Board at the University of Manitoba. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at XXX or XXX

A Copy of this consent form has been given to you to keep for your records and reference.

By signing, you agree to participate in the interview ☐ *yes* ☐ *no*

By signing, you agree to have your voice audio recorded ☐ *yes* ☐ *no*

Participant Signature: _____Date: _____

Researcher and/or Delegate's Signature: _____Date: _____

If you would like to receive a copy of the research results, please provide your email address:

_____

Appendix 3: Interview Guide Questions:

Reminder to participants: Please note that you can describe events generally, but do not go into so much detail that it would allow someone to indirectly or directly identify a particular individual without there permission.

1. Why did you become a doula (birth helper) by participating on the birth helper training?
2. Are you currently providing support to women? If no, why not?
3. If yes, can you describe your experience in being a birth helper? (how many families, general experience, did you feel prepared, what else would you like to learn to help families)
4. How has being a doula impacted your life? (Mentally, physically, emotionally, and spiritually?)
5. How do you describe a person who is well?
6. How does being a doula relate to your well-being?
7. How has being a doula impacted your cultural practice, traditional knowledge, beliefs?
8. How has reclaiming your role as a birth helper impacted your (holistic mental health) hope, belonging, meaning and purpose?
9. How has this impacted your family? What have you learned that has helped you in your family?
10. Are there spiritual practices that you think are especially important for First Nation families that are expecting a child?
11. How has this impacted your community?
12. What are some of the challenges and strengths working in your own First Nation?
13. What additional supports do you need to provide this service in your First Nation?

The following questions I will be asking you are about your current life circumstances, these questions are important as these life factors (marital status, education, income, cultural identity) also relate strongly to one's mental wellness which is the topic of this research. If you do not want to answer any specific questions, please respond with prefer not to say.

14. What First Nation community are you living in?

15. What is your age (in years)?

16. What is your current marital status?

17. How many children do you have?

18. What is your highest level of completed education?

19. From the following options what is the total income of all members of your household for this past year before taxes and deductions. Please remember your response will be kept confidential:

a. No income
b. Under $10,000
c. 10,000 -19,999
d. 20,000-29,999
e. 30,000-39,999
f. 40,000-49,999
g. 50,000-59,999
h. 60,000-69,999
i. 70,000-79,999
j. 80,000-89,999
k. 90,000-99,999
l. 100,000 or over
m. Prefer not to say

20. What First Nation languages do you speak?