URBAN INDIGENOUS MOTHERS' EXPERIENCES WITH POSTNATAL NURSING CARE IN SOUTHERN ALBERTA: A BLACKFOOT METHODOLOGY

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DEDICATION

To my daughter, Naatooyioh'kotokiakíí (Holy Rock Woman), thank you for being my rock since day one Paisley.

ABSTRACT

This is a study of Indigenous maternal child health in colonial Canada. The central tasks of this study were to determine how urban Indigenous mothers' experiences with postnatal nursing care shaped their relationship with urban health services; and, how urban Indigenous mothers engaged in daily acts of resurgence in colonial spaces. Specifically, this study engaged with the stories and lived experiences of seven Blackfoot mothers with postnatal nursing care in Southern Alberta. This thesis focused on identifying gaps in maternal child health for urban Indigenous mothers and recommended strategies to close the gaps in health outcomes between Indigenous and non-Indigenous women while engaging an Indigenous research methodology (IRM) in the context of promoting decolonial approaches in nursing research.

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CHAPTER 1. INTRODUCTION

Background

The health of mothers and babies in the early postpartum period is the foundation on which life-long health is built, and the support of families during this time is a priority in many countries around the world (Aston et al., 2014). Yet, in places like Canada, Indigenous mothers and families continue to endure the legacy of historical, as well as ongoing, forms of colonial violence. The assault on Indigenous family systems as a result of settler colonization (Pace-Crosschild, 2018) has contributed to poor health outcomes among Indigenous women and children (I. Anderson et al., 2016). Since its inception, the settler-state of Canada has engaged in a variety of approaches to eliminate Indigenous peoples (Wolfe, 2006), most notably through the Indian Residential School (IRS) system. Early colonial policies and laws were motivated by the narrative of Indigenous "inferiority" and "deficiency" (Justice, 2018). All of these approaches were designed to eliminate Indigeneity by way of assimilation (TRC, 2015a). However, through more than 500 years of colonization, Indigenous women continued to transfer teachings and cultural practices across generations, which has been the primary source of strength and survival of Indigenous communities (Weaver, 2009). Establishing a sense of belonging, especially when that belonging is a connection to culture, is an important factor when exploring the health outcomes of Indigenous peoples. The transmission of language, customs, and traditional knowledge has a protective influence on health child development and proves to be a source of strength, resiliency, and transformation (Lavell & Lavell-Harvard, 2006).

Maintaining Indigenous communities is not confined to the boundaries of reservations, and yet research on Indigenous peoples rarely focuses on the experiences of

urban Indigenous peoples. In fact, urbanization trends indicate 10% more females, compared to males, are relocating to urban areas (Andersen, 2013). With an increase in the number of Indigenous women relocating to urban areas, creating the space to discuss the experiences of urban Indigenous mothers is essential. Therefore, there is a need to explore and describe urban Indigenous women's experiences when interfacing with health services to inform postnatal nursing care. In this chapter I will set the stage for my research inquiry by outlining the practice issue, situating myself as the researcher, and provide the purpose statement and research question.

Practice Issue

Concurrent with significant health disparities and health inequities between Indigenous and non-Indigenous populations, the access to quality care in Canada is not equal across populations (Adelson, 2005; Brown, McPherson, Peterson, Newman, & Cranmer, 2012; Goodman et al., 2017). Indigenous women frequently experience individual and systemic racism when interfacing with the health care system (Goodman et al., 2017) and racialized assumptions tend to guide health care workers practices, discourses and norms. Racialized assumptions can go unnoticed by the health care worker from unconscious biases and take on the form of microaggressions (Walls, Gonzalez, Gladney, & Onello, 2015). Microaggressions are subtle, yet harmful, forms of discriminatory behavior that reflect a structural form of oppression toward a specific group of people (Friedlaender, 2018). These subtle insults are ambiguous and difficult to identify, usually unintentional and are generally committed by agents who consciously regard themselves as egalitarian with progressive values (Friedlaender, 2018). The impact of microaggressions between health care provider and patient is significant, given the inherent power differential relationship and contributes to the health care experience among

Indigenous women (Walls et al., 2015). In addition, Indigenous women face multiple barriers accessing health care and are reluctant to utilize services based on past negative experiences (Browne, 2017; Denison, Varcoe, & Browne, 2014).

These enduring colonizing images have depicted Indigenous mothers as irresponsible and incompetent parents and continue to perpetuate the state-defined identities of Indigenous women today, as evident through the continuous removal of Indigenous children from their families (Browne, 2017). Dene scholar Glen Coulthard (2008) explains the manifestations of settler colonial violence in present day as "primitive accumulation" or rather, the ongoing practice of dispossession and erasure of Indigenous peoples by the state. These colonizing images derive from the various manifestations of settler colonial violence that have sought to destroy the ethical frameworks that maintained Indigenous communities (Browne, 2017; Coulthard & Simpson, 2016). Through grounded normativity, these ethical frameworks can be described as the social, economic, political and cultural frameworks that are connected to "Indigenous place-based practices and associated forms of knowledge" (Coulthard & Simpson, 2016). Therefore, there is a need to revitalize these ethical frameworks that reject settler colonialism, and simultaneously decolonize nursing practice. This is particularly the case for closing the gaps in health outcomes between Indigenous and non-Indigenous women in maternal and child health and is supported by one of many 'Calls to Action' by the 'Truth and Reconciliation Commission of Canada' that identifies a need to focus on maternal and infant health issues (TRC, 2015).

Situating the Researcher

Situating oneself in relation to the research is valuable for qualitative inquiries and essential when utilizing a decolonial methodology (Kovach, 2009). Creswell and Poth (2017) refer to this practice as reflexivity, wherein the researcher consciously "positions

themselves" in the research in order to convey their background and how it informs their interpretation of the findings (p. 44). Moreover, situating oneself provides an opportunity for the researcher to reflect on the insider/outsider relationship that exists between the researcher, participants, and community (Kovach, 2009). Self-locating or reflexivity is not only for the researchers benefit, but also informs the reader on the researcher's personal and academic motivations and gains (Creswell & Poth, 2017). Consequently, I unapologetically ground my research in the tribal epistemology of *Siksikaitsitapi* (Blackfoot ways of knowing) (Bastien, 2004).

About the researcher.

Oki. Hello. *Niisto nitaanikko Iitopii'tsaankiakii*, my name is Singing Bird by the Shore Woman. My English name is Chloe Crosschild. I come from the Kainai Nation of the Blackfoot Confederacy located in, what is now known as Southern Alberta. My relations are of the *Mamioyiiski* (Fish Eaters Clan) and *Aakaipokaiksi* (Many Children Clan) on my maternal and paternal sides, respectively. I share this information to convey who I am and where my people come from. It is my way to create a relationship across the printed page (Kovach, 2009). In the following sections I will briefly share my upbringing, the journey that led me to write this thesis proposal and why it is important for me to explore this research inquiry.

I was raised both on and off reserve by my parents who have been married for nearly thirty years. My maternal grandmother has lived with our family and has a significant influence in how my siblings and I have been and continue to be raised. I am the eldest of five children and single mother with one child of my own. For more than half my life the Roman Catholic Church guided my religious journey and I only understood my cultural values, practices and protocols through my grandmother's

teachings in the home. As a young, single mother-to-be, I faced various obstacles and began to feel conflicted with the religious views of the church and searched for deeper spiritual guidance.

During my pregnancy I found spiritual guidance through an Arapaho medicine man and his wife and they welcomed my family and I to ceremony. While I no longer follow the Arapaho teachings, I want to acknowledge and honor the influence these teachings have had in my life because they were salient in the self-actualization of my Indigeneity. I currently follow *Siksikaitsitapi* and honor *Naatowa'pii* (holy way of life) through my parents, who are current members of the Horn Society and participate in *Akoka'tssin* (Circle Camp/Sundance). The Society structure of the Blackfoot Confederacy forms the basis of *Siksikaitsitapi* (Ladner, 2003) and members of these societies have cultural knowledge that is only gained by joining. While I do not claim to be part of a sacred society I continue to support my parents, and, through this process, I have acquired an insurmountable wealth of new knowledge about *Siksikaitsitapi* through their teachings and presence at various ceremonies. This information is important to share, in that I have the foundational understandings of *Siksikaitsitapi*; however, I still require and seek guidance from Elders who have strong connections to *Naatowa'pii*.

During the time I immersed myself into *Siksikaitsitapi,* I was also preparing to welcome my daughter into this world. I had the opportunity to learn about traditional Blackfoot child rearing practices from my grandmother, Deborah Pace and Elder, Beverly Hungry Wolf. These teachings provided me with the cultural knowledge to ensure my daughter stayed connected to *Siksikaitsitapi* from a young age. My daughter was given her Blackfoot name, *Naatoyiooh'kotokiaakii* (Holy Rock Woman), at her baby shower when she was only two weeks old. She received her first moss bag from Beverly and her

umbilical cord was placed in a pouch made of hide for protection. At her first Sundance, her great-aunties weaved a blanket through a rope tied between two tipi poles and made her first Indian Swing.

As a single mother, I was worried that parenting would be difficult, but I received help from my immediate and extended family and was surprised when she was adopted as a grandchild by many of the Elders at *Akoka'tssin.* Identifying how I incorporated traditional child rearing practices into the upbringing of my daughter is necessary to explain where my interest began and eventually led to my intentions for this research project.

While my interest in traditional child rearing practices began at the time of my daughter's birth, I became interested in the practice of postnatal health services after becoming a registered nurse working in the field of public health nursing. I have been on both sides of postnatal nursing care, receiving nursing care delivered by a non-Indigenous nurse and delivering postnatal nursing care to mothers in Southern Alberta. My interest in this research topic began when I was working as a public health nurse and Indigenous mothers would contact me to express concerns with the approach of non-Indigenous nurses' during postnatal home visits. Through my own practice experience and through my literature search, exploring urban Indigenous mother's experiences with postnatal nursing care has been identified as an area that requires careful assessment for quality of care.

The methodology of my research study positions me as not only a researcher, but as an active participant in this resurgence project, which is deeply personal. Therefore, my research study has been intertwined with my everyday life and relationships, and these thoughts and relationships constantly shaped and re-shaped my actions. However,

this goes back to Blackfoot values such as *Niinohkanistssksinipi* (speaking personally) and *Kiitomohpotokoi* (ontological responsibilities), which are foundational to *Siksikaitsitapi* (Bastien, 2004).

Opokaa'sin: A Community Partnership

Before I explain my proposed research strategy, it is necessary to provide background information on the organization that approached me for partnership. Opokaa'sin Early Intervention Society is an urban Indigenous child and family centre located in the city of Lethbridge. The non-profit organization has been serving urban Indigenous families since 1996 and is dedicated to building healthy communities, strengthening families, and providing childhood and family services to the Indigenous community within the city region (Opokaa'sin, 2018). Opokaa'sin centres Indigeneity into the fabric of its operations by embodying a decolonizing approach to its service delivery. For instance, the organization actively works to address the damages wrought by settler-colonialism on Indigenous family systems by offering programs that provide community and cultural support, reflect pride, respect and self-esteem to realize individual potential (Opokaa'sin, 2018). Opokaa'sin is actively confronting settler-colonialism, which is largely achieved in its programs and services. These services include parenting programs, childminding programs, early education programs (preschool and kindergarten), Blackfoot language lessons, traditional and cultural classes, Elder program, and land-based programming.

Opokaa'sin is continuously working to improve its programming to the Indigenous community as they address the high demand and long waitlists for its services. With the increase in Indigenous urbanization trends the needs of the community have grown. For instance, the organization is looking at how it can improve its post-natal

programming due to a lack of participation in the current program framework. Moreover, as an active member in the urban Indigenous community – along with the relations I have built with Opokaa'sin staff members by utilizing their services – the organization contacted me and made a request to pair our mutual projects together in order to understand the broader theoretical question of why urban Indigenous mothers are not attending post-natal programs as much as was anticipated. Currently, the organization contracts non-Indigenous registered nurses through Alberta Health Services to provide postnatal classes. Opokaa'sin wants to determine the causes associated with the lack of participation and low attendance of postnatal programs in hopes to improve their program strategy.

Purpose Statement

The purpose of this original piece of qualitative research is to explore urban Indigenous mothers' perceptions of health services provided by registered nurses in the postnatal period from birth to the first six months after delivery. This study sought to: 1) describe postnatal nursing care through the exploration of urban Indigenous mothers' experiences when accessing postnatal health services in Southern Alberta; 2) facilitate the collection of background information to inform postnatal health programs for Opokaa'sin, an urban Indigenous organization that provides programming and services to urban Indigenous families; and 3) inform postnatal nursing practice through decolonial methods and strategies. Furthermore, this research provides new insights into best practice approaches to postnatal nursing care with urban Indigenous mothers and babies.

Research Question

This study incorporates the theoretical perspectives of Indigenous resurgence and critical Indigenous feminism and values of *Siksikaitsitapi* to inform postnatal nursing

practice and nursing research about potential ways to embrace decolonization in nursing practice and research. In this study, I collected data on urban Indigenous mothers' child rearing practices that will be used by Opokaa'sin to inform their future efforts to improve postnatal classes offered at their organization. The following central research question and sub-questions were fundamental to achieving these goals:

1. How do urban Indigenous mothers' experiences with postnatal nursing care shape their relationship with urban health services?
    a. What are the experiences of urban Indigenous mothers who have had postnatal care from a registered nurse in an urban centre in Southern Alberta?
    b. How do urban Indigenous mothers understand their cultural/traditional knowledges and how do they incorporate these into their child rearing practices?
    c. What are the benefits and/or challenges that urban Indigenous mothers face when they attempt to engage their cultural ways of knowing with urban health services delivered by registered nurses?

CHAPTER 2. LITERATURE REVIEW

In order to better understand the practice issue of urban Blackfoot mothers' experiences with postnatal health services I completed a literature search that explores health services for Indigenous mothers and babies living in both urban centres and Indigenous rural communities. Using the key words "Indigenous", "Native American", "First Nations", "American Indian", "postnatal", "health", and "urban", the following data bases were searched: CINAHL, JSTOR, and Cochrane Collection. I also searched for theses and dissertations on Google Scholar and Open Access Theses and Dissertations. Overall, the literature demonstrates an abundance of studies that focus on the health care needs of rural or remote Indigenous women and children, particularly in prenatal health (see Appendix A). However, there is a dearth of literature that explores urban Indigenous women's experience with postnatal maternal/newborn health services, particularly as provided by regional and provincial health authorities. Therefore, literature that focused on Indigenous prenatal health and rural or remote locations was included. I also searched JSTOR and EBSCO American: History and Life using keywords "Blackfoot", "women", and "health". This additional literature search was compiled to reflect the history of Southern Alberta as it pertains to the women of the Blackfoot Confederacy. This search reflects the relational practices of Blackfoot people as it pertains to women and their roles and relationships within their communities before and after settler arrival.

Historical Background

Colonialism in this thesis refers to the violent invasion of Turtle Island by Europeans that resulted in Europeans 'settling' and claiming land as a commodity. Colonization was justified as a necessity to civilize the world and conducted through racialized and violent force (McGibbon, Mulaudzi, Didham, Barton, & Sochan, 2014).

The colonization of Turtle Island attempted to assimilate Indigenous peoples into European ways of being or eradicate Indigenous peoples altogether. Settlers were quick to establish their own communities based on fundamental values of heteropatriarchy and hierarchical societies, and dismissed Indigenous peoples ways of knowing and being. Moreover, the colonization of Turtle Island disrupted the lifestyles, gender roles, and health of Indigenous peoples in drastic ways.

Traditionally, Indigenous women held highly respected positions within society, and played a central role in maintaining Indigenous communities. In the case of Blackfoot peoples, the roles of men and women were based on need and practicality. Although, women completed much of their work in the camp and their duties included: setting up the lodge, raising children, making clothes, tanning hides, and collecting roots, herbs and medicines. The women would also hunt and snare for small game, fished, and participated in the buffalo hunt alongside men (Burnett, 2010). Much like Indigenous peoples throughout Canada, the values, lifestyles, and systems that existed within Blackfoot communities – prior to settler arrival – secured the status of Indigenous women (K. Anderson, 2016). The status of Blackfoot women contrasted settler conceptions of gender roles and challenged the very nature of European societies that were built on values of heteropatriarchy.

Undermining women's roles in Indigenous societies was a deliberate part of colonization, and was used as a primary tool of conquest (Weaver, 2009). Indigenous women played a key role in transferring teachings and cultural practices across generations, which ensured the strength and continuity of Indigenous communities. This practice contradicted the colonizing efforts of the state and threatened the state's agenda to assimilate Indigenous peoples (Lavallee & Poole, 2010). The policy of sending

Indigenous children to residential schools was a direct strategy to disrupt the role of Indigenous women, with the ultimate goal of acculturation. The Indian Residential School (IRS) system enforced gender-specific training in farming and domestic skills, and subjected Indigenous children to a life of violence that would be perpetuated into the future (Lavallee & Poole, 2010). Colonial violence was legitimized through various government policies that decimated Indigenous peoples physical, mental, spiritual, and emotional health.

Colonial activities have negatively impacted Indigenous peoples and the health of individuals, children, and families. In the case of the Blackfoot Confederacy, poverty and malnutrition was exacerbated by European diseases in the 1880s, and government officials responded to the crisis by ordering Indian Agent, Norman Macleod, to reduce food rations even further (Burnett, 2010). Moreover, Indian commissioner (1883 – 1889) and later superintendent general of Indian Affairs (1893 – 1897), Hayter Reed, vigorously endorsed fiscal restraint in medical services offered to Indigenous peoples, and believed "sick Indians was becoming an unnecessary and expensive habit" (Burnett, 2007, p. 23). The federal government was unwilling to make the necessary commitments to deal with the social and economic dislocations experienced by the Blackfoot people (Burnett, 2010) which led to the expansion of church bureaucracies in the management of Indigenous peoples in western Canada.

In the 1890s, the Anglican and Roman Catholic churches established hospitals in the Blackfoot communities that were primarily staffed by European-Canadian female nurses, many of whom lacked appropriate medical training (Burnett, 2007). The hospitals were created under the premise of addressing the health of Blackfoot peoples and communities and did so through western biomedical approaches that actively combatted

the use of Blackfoot medicine practices (Burnett, 2007). However, these hospitals were heavily ensconced in the ideology of Christianity and had an overarching goal of assimilating Blackfoot communities. While church-run hospitals were scarcely funded, the federal government fully endorsed the ideological agenda of missionary health initiatives (Burnett, 2007).

Nurses are often overlooked as being main contributors to the settler colonial agenda, yet their historical relationship to the church demonstrates their participation in the genesis of colonial health-care regimes in southern Alberta (Burnett, 2007). These historical relationships have the potential to shape the experience of Indigenous peoples in southern Alberta contemporarily.

Biopower and Nursing

To anchor the stories shared with me by Blackfoot mothers, I turn to the theoretical framework of settler Biopower to better understand state regulation within the health care system. As I have shown above, nurses have a historical relationship to settler colonization as they worked in tandem with church officials during the early days of Indigenous regulation. Settler Biopower provides a useful framework to understand how the actions of nurses contributed to the broader settler colonial objective of Indigenous elimination (Wolfe, 2006). Specifically, settler Biopower encompasses "the ways in which settler states and ontologies attempt to manufacture Indigenous *populations* – generally through racialized legal and social categories – so as to regulate and manage Indigenous peoples in ways that foster and legitimize settler hegemony" (Fullenwieder, 2018, p. 424). In this sense, government policies, such as health care policies and programs, are informed by settler colonial ideologies that have led to harmful outcomes for Indigenous peoples. For instance, in her analysis of American Indian health practices

and policies in the United States, Lewis (2018) shows how the medicalized regulation of American Indians is a form of settler Biopower. Specifically, she shows how the sterilization policies of the United States against Indigenous women demonstrate manipulation of American Indian bodies, in an effort to reduce the population of American Indian peoples. In this light, she argues that as a strategy of Biopower "overregulation of care becomes a tool to provide less care" (p. 441).

The Indigenous Panopticon

This idea of overregulating populations is symbolized in Bentham's Panopticon, a circular work of architecture. Designed in 1791, the construction plan was intended for institutions that required regulation through "inspection" – although the design is predominantly used to explain how a prison complex could be managed by one single guard. In the Panoptican, prisoner cells sit on the periphery so that one guard can monitor each prisoner from a center watchtower. The twist, is that the watchtower shines a light on each prison cell, making it impossible for the prisoner to know when they are being watched. Thus, prompting the prisoners to act as if they are always being watched. The Panopticon has also been used as a metaphor by Foucault (2012) for the modern disciplinary society and should not be contextualized as a building, but rather a mechanism of power and diagram of political technology. The Panopticon leads individuals to engage in policing strategies in fear of punishment (Foucault, 2012). This symbolizes the current surveillance strategies of contemporary health care and social policies and practices. These policies are ensconced with western biomedical ways of knowing and being, and are now taken as the universal standard of health and health care. Applying these policies to the care of Indigenous maternal child health does very little to include Indigenous ways of knowing, and holds Indigenous mothers accountable to not

only adhere to western social and bio-medical practices, but also endure constant colonial surveillance of the appropriateness of their parenting practices. Ultimately, these practices have the potential to produce poor quality care from an Indigenous standpoint, while also furthering the practice of colonization and enhancing Biopower over Indigenous bodies.

Indigenous Maternal Child Health

Indigenous mothers around the world face disparities in maternal child health outcomes compared to their non-Indigenous counterparts (I. Anderson et al., 2016). The inability to provide effective continuity of care from a nursing standpoint (Tarlier, Johnson, Browne, & Sheps, 2013) contributes to poor quality of care for Indigenous mothers and newborns (Barclay et al., 2014). The pattern of health disparities documented among Indigenous mothers and newborns include: increased BMI before and after pregnancy, increased risk of smoking in mothers, higher birth weight, and increased risk of metabolic abnormalities in newborns (Oliveira et al., 2013). Compared to non-Indigenous mothers in Canada, the outcomes for every health pregnancy indicator are two to five times worse for Indigenous mothers in Canada (Varcoe, Brown, Calam, Harvey, & Tallio, 2013).

In response to the health disparities in maternal child health outcomes, the World Health Organization (2015) constructed guidelines of interventions to implement. As a result, a systematic review was conducted by Jones, Lattof, and Coast (2017) who evaluated culturally appropriate maternity care services and produced the following four themes: (1) the need to consider broader economic, geographical and social factors; (2) the need for community participation to understand effectiveness of programs; (3) respectful, person-centered care is required; and (4) continuity of care (Jones et al., 2017). These themes speak to the Indigenous family desired experience of utilizing health

services in Canada, which emphasizes the benefits for fostering long-term provider-family relationships when providing postnatal care (Gerlach, Browne, & Greenwood, 2017). Moreover, the acknowledgement of the colonizing and racializing process of care (Varcoe et al., 2013), can facilitate a community engaged approach to implementation of multi-layered interventions that address barriers on the micro and macro levels (Darroch & Giles, 2016).

As Western biomedical ways of knowing continue to dominate nursing practice (Aston et al., 2014), accessing health services becomes problematic for urban Indigenous peoples. This approach to nursing practice creates a bias of Western biomedical ways of knowing – leaving little room for informal inquiry such as Indigenous ways of knowing – and further relegates Indigenous ways of knowing and peoples to the periphery of health care discourses, policy and practice (Browne, 2017; Simpson, 2017).

Based on my literature search for Indigenous maternal child health, 9 of the 15 articles were situated in a rural or remote setting and 8 of the 15 articles focused on prenatal health or newborn health; these articles excluded the post-partum care of the mother or postnatal care of the dyad. One thesis elaborated on the postnatal care experiences of urban Indigenous mothers from a Midwifery center in Toronto, Canada (Churchill, 2015). However, the services provided by the Seventh Generation midwives differs from the scope of registered nurses, especially with regard to continuity of care. This review of the literature demonstrates that the post-partum period remains the most under-studied service standpoint in Canada (Churchill, 2015). The dearth of literature on Indigenous mother's experiences with postnatal health services solidifies the need for this research inquiry. Moreover, there is a need for research on the urban Indigenous experience as there tends to be an assumption that Indigenous peoples must be in remote

areas or outside of an urban context to practice Indigenous ways of being and knowing, but this is not entirely the case.

Urban Indigeneity

Research on Indigenous issues rarely focuses on life in urban centres. Instead there is a tendency to frame rural and remote locations as emblematic of authentic or "real" Indigeneity (Peters & Andersen, 2013). However, there are a growing number of Indigenous peoples living or moving to urban centres in the last one hundred years (Peters & Andersen, 2013) and contrary to early expectations of assimilation, urban Indigenous peoples in Canada have not disappeared into mainstream society (Norris, Clatworthy, & Peters, 2013).

Urban settings tend to be associated with non-Indigenous spaces, but this is far from the truth as Indigenous peoples find ways to create community and engage in daily acts of resurgence despite ongoing occupation and dispossession (Peters & Andersen, 2013). Peters and Andersen (2013) argue that urban Indigenous peoples are finding new and innovative ways to bend the frameworks of Western institutions and practices to support the goals and aspirations of Indigenous peoples within urban areas. Additionally, Norris et al. (2013) suggest "processes of reclaiming Aboriginal identities have been the main factor leading to the growth of Aboriginal populations [in urban areas] in recent decades." (p. 42). For instance, Opokaa'sin Early Intervention Society is a Blackfoot organization dedicated to building healthy communities, strengthening families, and providing childhood and family services to the community within the City of Lethbridge (Opokaa'sin, 2017). The organization centers Indigeneity into the fabric of its operations for urban Indigenous children and families. By doing so, Opokaa'sin is critically engaging with the political struggle of the damages settler-colonialism has made on

Indigenous family systems. Among the many things that Opokaa'sin does for its community, they actively confront settler-colonialism in their programs and services, which are centered on connecting Indigenous children and families living in the city to Blackfoot ways of knowing.

Theoretical Considerations

This Indigenous inquiry requires a multi-layered approach to analysis that contextualizes the perspectives of Indigenous women that seeks justice against systemic racism and sexism within the health care system, and especially at a time of celebration during the postnatal period. The scholarly literature illustrates a growing interest in pathways that change and revitalize Indigenous social, economic, and political systems in ways that are "informed by responsibilities arising from our various relationships with creation" (Starblanket, 2017, p. 22). Therefore, this inquiry will utilize two theoretical frameworks in conversation for analysis: Indigenous resurgence (Coulthard & Simpson, 2016) and critical Indigenous feminism (Simpson, 2017). These theories will also be applied to the epistemological lens of *Siksikaitsitapi* (Blackfoot Ways of Knowing) (Bastien, 2004; Little Bear, 2015). I will briefly discuss the essence of each term, how it originated and why it is important for this inquiry.

Indigenous Resurgence

Indigenous resurgence is part of a movement that describes both individual and collective practices that embodies the Indigenous vision of freedom and autonomy, with an emphasis on the need to engage in everyday acts of protecting the land and nurturing our interconnections with creation (Starblanket, 2017). In the past, approaches to cultural revitalization and Indigenous self-determination were explored through strategies, rights, and theories (Corntassel, 2012). Indigenous revitalization was driven by Indigenous

activists who fought for their "collective survival and recognition of their basic existence, often by (re-)claiming a particular place or site" (A. J. Barker, 2015, p. 45). However, Indigenous revitalization has evolved into what is now referred to as Indigenous resurgence, wherein everyday practices of decolonization occur. Consequently, decolonization moves from a theoretical practice to one that is action-oriented. This move "entails moving away from the performativity of a rights discourse geared toward state affirmation and approval toward a daily existence conditioned by place-based cultural practices" (Corntassel, 2012, p. 153). Indigenous resurgence not only asserts space for Indigeneity, but also rejects the politics of recognition in favor of asserting Indigenous place-relationships and social spaces that challenge the core of both Canadian political economy and settler identity (Coulthard, 2014). Indigenous resurgence is important to consider for this inquiry due to the place-based relationality of Indigenous peoples and the location of this study. It is important to not only recognize the Indigenous peoples of the land, but to incorporate their traditional customs, protocols and values into the research process. This study is situated in Blackfoot territory and therefore requires an emphasis on Blackfoot ways of knowing.

Critical Indigenous Feminism

Indigenous feminism represents a critical paradigm that analyses how gender injustice, such as gendered violence, against Indigenous women emerges from colonial policies and patriarchal practices that inscribe gendered power dynamics to the detriment of Indigenous women (Suzack, 2015). The most significant difference between Indigenous feminist theories and traditional feminist theories is the relationship between Indigeneity and nation. Canada, the United States of America, New Zealand and Australia are settler colonial nation states that continue to govern under a gendered process that has

powerful effects on Indigenous peoples (Arvin, Tuck, & Morrill, 2013). Moreover, these gendered processes differ in forms of oppression for Indigenous women and are significant to discuss separately from Indigenous men (Starblanket, 2017). Since the arrival of settlers and the start of colonizing practices, Indigenous women have been relegated to the periphery of Indigenous life and politics (Simpson, 2017).

More specifically, Juschka (2017) asserts that "the colonial states of Canada and United States [have] attempted to wipe out Indigenous communities" by radically altering the roles and responsibilities of Indigenous women (p. 14). McManus (2005) sustains this claim in her analysis of how Indigenous women in the Blackfoot Confederacy were forced into Euro-Western traditions of gender norms that encouraged Indigenous women to "behave like submissive, domesticated Euro-North American women…" (p. 97). Although the imposition of these particular settler-colonial processes were resisted by Indigenous women, these settler colonial processes have permeated within Indigenous Nations today and consequently lead to an internalization of gendered violence (Simpson, 2017).

The internalization of settler colonial constructs – particularly through Canada's Indian residential schools and the Indian Act (*Indian Act, Revised Statutes of Canada*, 1985), both of which forcibly attempted to assimilate Indigenous peoples – necessitates the incorporation of a gendered analysis within Indigenous inquiries. For far too long issues of gender, sexuality and child welfare have been relegated to the periphery of Indigenous life (Simpson, 2017, p. 55). Therefore, critical Indigenous feminism is paramount to address the compound issues of gender, sexuality, race, Indigeneity, and nation (Arvin et al., 2013). Accordingly, it is important for inquiries on Indigenous women's issues to take into consideration the impacts of gendered violence (Simpson,

2017). In doing so, I can fully capture the issue from the vantage point of Indigenous women's perspectives, especially on health care services during the postnatal period.

By pushing the conventional modes of feminism, Indigenous feminist theories interrogate the "ascendancy of whiteness", a concept that indicates the various ways being white has in regard to enjoying nationalist privileges of "whiteness" and is made to seem "neutral, inviting or inclusive of racial, sexual, and other minorities" (Arvin et al., 2013, p. 10). Employing a feminist standpoint should not require consenting to the inclusion within a larger agenda of whiteness (Arvin et al., 2013). Therefore I propose a critical Indigenous feminist theory as salient for this proposed Indigenous inquiry and I will focus on the following priorities as recommended by Arvin (2013): problematizing the intersections of settler colonialism, heteropatriarchy and heteropaternalism; refusing erasure of Indigenous women but do more than inclusion; and establishing alliances – more specifically with nursing – in which differences are respected and issues of land and tribal belonging are not erased in order to create solidarity, but rather acknowledging settler colonialism as a critical issue to address in order to achieve social justice.

CHAPTER 3. Decolonizing Nursing Research: An Indigenous Research Methodology Named *Siksikaitsitapi* (Blackfoot Ways of Knowing)

At its most fundamental level, nursing is about being in good relations and caretaking. This understanding of nursing is not a foreign concept within Indigenous thought and lifeways. In fact, Blackfoot scholar, Betty Bastien, explains how "*Siksikaitsitapi* (Blackfoot ways of knowing) are dependent upon relationships, which create and generate knowledge" (2004, p. 77). Within these considerations, the foundational components that inform *Siksikaitsitapi* and nursing practice should be complementary. Yet, there exists a tension in the ways in which Indigenous and settler conceptualizations of "caretaking" clash with each other. In this light, these contrasting paradigms propagate agonistic, and sometimes violent outcomes in Indigenous-settler relationships. It is at this juncture that my paper examines the complex forms of relationality that emerge out of Indigenous-nurse relations and dialogues in research settings. Specifically, in this paper I engage with research that emphasizes the need to shift the way nursing is activated in research.

The purpose of this paper is to examine the use of an Indigenous research methodology (IRM) in the context of promoting decolonial approaches in nursing research. This paper makes a case for the efficacy of IRM and *Siksikaitsitapi* (Blackfoot Ways of Knowing) as a research framework, which informed my thesis project. To accomplish this, I first critically analyze the discipline of nursing, and its approach to Indigenous research in the past. Then, I will explain how I implemented an IRM within my research study.

Background

Colonial research endeavors have historically conducted research *on,* rather than *with,* Indigenous peoples and communities, and lack a sense of accountability to Indigenous peoples and communities (Drawson, Toombs, & Mushquash, 2017). Specifically, the discipline of nursing has a history of studying Indigeneity through a Western perspective that has resulted in the portrayal of Indigenous peoples and communities as "problem focused", "deficits-based" and "vulnerable populations". These narratives are problematic because they pigeonhole Indigenous peoples into dominant discourses of settler conceptualizations of what constitutes health and well-being. What is more, there are real consequences for Indigenous peoples when they do not conform to these Euro-centric ideals. There is a long history of Indigenous children, from across the globe, being stripped away from their families because of this (J. Barker, 2017; Simpson, 2017; TallBear, 2018; TRC, 2015). This is also directly related to the way Indigenous mothers are fiercely policed when Western idealized parenting practices are absent. It is within this context that Indigenous mothers are strictly monitored and circumscribed to the "vulnerable" or "at-risk" stereotype. It is imperative to understand this history, because without it there are real risks of doing more harm to Indigenous peoples in research studies.

Wilson (2008) encourages Indigenous researchers to move past the notion of an Indigenous perspective and instead center an Indigenous paradigm within research inquiries. Taking this approach decolonizes research because it moves beyond viewing Indigenous peoples as mere subjects of research and creates a process of relational reciprocity (Ladner, 2017). Relational reciprocity is a cornerstone of Indigenous thought and practices, which creates a fresh perspective on ethical considerations, many of which

go beyond those traditionally emphasized by university ethics review boards. Utilizing an Indigenous framework to guide my thesis research is the most appropriate approach to privilege Indigenous voices by building cultural protocol, values, and behaviors right into the research itself (Whitty-Rogers, 2006). It is important to claim space for Indigeneity in research, as this allows the researcher to incorporate Indigenous worldviews based on the understanding of knowledge and reality as relational and local (Wilson, 2008). This approach to my thesis research builds on, and adds to, existing qualitative methodologies that seek to promote intellectual closeness rather than distance, while also presenting an IRM that is rooted in *Siksikaitsitapi* in particular.

While Tri-Council funding agencies have provided ethical guidelines and policy documents designed to promote best practices within Indigenous research (Drawson et al., 2017), these directives are vague and leave a lot of the interpretations up to individual researchers. Moreover, nursing research that focuses on the health of Indigenous peoples seldom includes Indigenous thought or decolonial approaches. There are distinctions between Indigenous and Western worldviews that requires critical engagement when choosing methodological frameworks.

My thesis research specifically explored urban Blackfoot mothers' experiences with postnatal nursing care and how these experiences shaped their relationships with urban health services. Utilizing a decolonial methodology, formulated around an Indigenous paradigm, allowed me to centre the community's local knowledge, practices and protocols into my approach to data collection, analysis, and findings. Furthermore, my approach emerged out of my lived experiences as an urban Indigenous mother and nurse, as I continue to operate within a complex web of relationships informed by my Indigeneity and position as a registered nurse educated within a Western medical and

educational system. As an Indigenous nurse and researcher, I turn to my lived experiences as a way to unpack the geographically specific Indigenous-nurse relationships in traditional Blackfoot territory. This intellectual closeness affords me the opportunity to write from *within* an Indigenous paradigm. Using an Indigenous research approach, I turn to *Siksikaitsitapi* (Blackfoot) ontologies to understand what it means to decolonize nursing research. This research study also afforded me the opportunity to continue my journey exploring the political dimensions of what it means to be Indigenous and a nurse in Blackfoot territory.

In order to complete this research inquiry a partnership was formed with Opokaa'sin, an Indigenous family centre that provides various services to urban Indigenous families living in Southern Alberta. Relationality is a core concept of *Siksikaitsitapi* (Blackfoot ways of knowing), which is why partnering with Opokaa'sin made sense for this project. Building relationships with staff and families at Opokaa'sin created the foundational components of IRM, where trust between researcher and participants was established. Opokaa'sin offered a space where trust could be built and nurtured with mothers already accessing services from the centre; it also offered a central meeting place for other mothers living in urban centres in Southern Alberta.

The methodological framework utilized in my thesis deployed a Blackfoot approach with the intent of disrupting dominant narratives that pathologize Indigenous peoples and communities. I deliberately chose to implement a Blackfoot framework influenced by the foundations of a Blackfoot-style tipi, to emphasize and build on the strengths of Blackfoot women and mothers. The Blackfoot-style tipi was used as a symbol in this research project to honor the Blackfoot women, who are the caretakers of the family lodge. Specific to this research project, the women (participants) and I

(researcher) have created this lodge (research findings) together. In doing so, my methodological framework deconstructs hierarchies of power between researcher and participants. Therefore, this research study is positioned within a framework of relationality (Wilson, 2008). Staying true to the principles of IRM through community engagement was the ideal approach to foster mutually beneficial partnerships between participants and myself (Churchill, 2015). Using a Blackfoot framework to guide this project was the most meaningful and reciprocal approach for my community and me.

Siksikaitsitapi (Blackfoot Ways of Knowing)

The epistemological foundations of any research fundamentally shapes a project, beginning with what is deemed worthy of researching, what questions are asked, how they are asked, and how these data are analyzed (Lavallée, 2009). This is an inherently political process. Within Indigenous ontologies, acquisition of knowledge is connected to ceremony. In doing so, "researchers think of their work as preparing for ceremony [by acknowledging] the protocols we need to do" (McKenna, 2017, p. 10). As I prepared for my ceremony, it was important for me to situate myself in the realm of research as a member of the Blackfoot Confederacy, but more specifically, the Blood Tribe or Kainai Nation. I identify as a *Kainaikiakii* (Blood Woman) and I have relations from both the *Mamioyiiski* (Fish Eaters) and *Aakaipokaiksi* (Many Children) Clans. As a Blackfoot researcher and registered nurse, I consciously made the decision to move past the mere notion of an Indigenous perspective and instead centered the Indigenous paradigm of *Siksikaitsitapi* (Blackfoot ways of knowing) within my research inquiry. Therefore, the Indigenous epistemology this research follows will be guided by and steeped in the principles, culture and philosophy of *Siksikaitsitapi* (Bastien, 2004).

Dr. Leroy Little Bear (2015) explains Western thought as dichotomous thinking, "either or propositions", whereas Indigenous thought is always about process or action. Bastien (2004) eloquently explains *Siksikaitsitapi* as knowledge that is experiential, participatory, and ultimately sacred, rather than objective and inert. Undoubtedly, *Siksikaitsitapi* can also be described as a research process that is community engaged and leads to transformational change through action. It is intelligence through participation with the world and knowledge gained from "a cosmic union of human beings who are interconnected with the natural order" deriving from *Ihtsipaitapiiyo'pa* (source of life) (Bastien, 2004, p. 100). *Ihtsipaitapiiyo'pa* is the great mystery that is everything in the universe and lives in every form of creation (Bastien, 2004). Moreover, *Siksikaitsitapi* is how we relate to the world from a series of kinship relationships (Bastien, 2004). In the case of my thesis, kinship relationships could be explained as the relationships between participants and postnatal nursing care, participants and researcher/community member, and the relationships between Opokaa'sin, from both a personal perspective, and that of the participant's perspective. Therefore, the reality of *Siksikaitsitapi* ontology and epistemology *is* relationships or sets of relationships.

***Kiitomohpotokoi* (Role and Responsibility): Ontological Responsibilities**

These relationships come with responsibilities and can be seen in the word *Kiitomohpotokoi,* which describes these ontological responsibilities as having good relations, reciprocity, and commitment to the natural laws of balance (Bastien, 2004). The experience with *Ihtsitaipiiyo'pa,* connects individuals to the transformational powers of the universe and forges complex kinship relationships, that include ethical and moral relationships (Bastien, 2004). As I understand it, these teachings translate to the responsibilities I have in nursing practice and research, not just from the Western

standpoint, but also within Indigenous conceptualizations of ontologies. Research is not a concept unknown to Blackfoot peoples because Blackfoot peoples have been conducting "research" long before the arrival of Europeans. The fundamental difference is that *Siksikaitsitapi* follows the process of acquiring knowledge to bring balance and harmony with the natural world, maintaining relationships, and serving a higher purpose (Bastien, 2004). My responsibilities go beyond those articulated by dominant academic paradigms and require me to address additional ethical considerations. For example, my thesis research goes against the grain of some dominant paradigms that build in the fundamental belief that knowledge is individually gained and can therefore be owned (Wilson, 2001). Instead, my research paradigm comes from the fundamental belief that knowledge is relational to the participants, community, and natural world (Bastien, 2004). My responsibilities are to the university and thesis guidelines - yes. However, my responsibilities also include nurturing and respecting my relationships with Opokaa'sin, the Blackfoot mothers who participated in the study, and the mothers who form the urban Indigenous community. The process of acquiring new knowledge through these relationships is important to convey, but my understanding of this knowledge derives from my own lived experiences and interpretations. Therefore, a critical self-reflection is needed to explore what I bring to the creation of new knowledge, and how I addressed the relations of research as a Blackfoot nurse.

Niinohkanistssksinipi (Speaking Personally): A Critical Self-Reflection

Niinohkanistssksinipi (Speaking Personally) is the personal reflection of being, it is how we come to know our relatives and alliances, the way we learn our reciprocal responsibilities, and how we maintain balance (Bastien, 2004). *Niinohkanistssksinipi* is an acknowledgement that there is no one universal truth, but a multitude of experiences that

constitute Blackfoot relationality. *Niinohkanistssksinipi* helps me situate my research and provide a platform of reflexivity. By speaking personally, I explain the way I understand the research topic and how my lived experiences shape the topic of my study. Furthermore, I examine the power issues related to conducting research with Blackfoot mothers, as a Blackfoot registered nurse.

My interest in the urban Indigenous community stems from my own lived experiences of moving to the city at the early age of ten. Before that, I lived on the Blood Reserve and felt the physical closeness to my family. I also had similar experiences to the other Blackfoot students, who commuted to the city for school. However, when my family re-located to the city, my experiences began to separate from my peers creating feelings of being an outsider amongst my community. Accordingly, I witnessed and experienced the intra-Indigenous conflict between urban living and reserve/rural living students and was forced to navigate these tensions growing up. I remember feeling less Blackfoot because I didn't live on the reserve. In retrospect, although my family lives in the city, we were no less Blackfoot than someone that lived or attended school on the reserve; therefore, urban Indigeneity does not necessarily equate with assimilation.

Additionally, I felt very disconnected from my Blackfoot identity because I did not grow up traditionally. Although I saw my family as Blackfoot Knowledge Keepers, I was not directly involved in any Blackfoot cultural practices, aside from the occasional smudge or face painting ceremony. My father came from a devout Catholic family, and my mother came from a Christian-influenced upbringing. Both of my parents intended on raising their children in the Church and brought us to a Catholic church that practiced an Indigenized form of Christianity. However, not knowing about sacred societies or *Aakokatssin* (Sundance) made me feel like an outsider amongst my own community.

Learning about my traditional Blackfoot values and practices began during my pregnancy with my daughter. Growing up with the feeling that I was an outsider pushed me to seek the knowledge required to understand *Siksikaitsitapi*, so that I could share this with my daughter. At the time of my daughter's birth, I had completed my first year of my nursing program and started a semester of electives. One of these electives was an independent study in anthropology. After discussing ideas with my instructor, I decided to take this opportunity to create a traditional Blackfoot child-rearing guide. This project allowed me to compile the information I learned during my pregnancy, and construct new questions about traditional child-rearing practices. Feeling connected to my culture gave me confidence as a mother, and my feelings of being an outsider in my own community started to take a turn. I began to feel like an insider. I wanted to provide that same opportunity for the participants of my study, and incorporated elements of traditionalism, through experiential learning activities. I also developed questions that directly asked mothers about their practices. My hope was that mothers who were interested in incorporating traditional child-rearing practices could ask questions of the mothers that had these experiences.

After completing my nursing degree, I went on to practice in a public health/community setting. My role included an array of responsibilities in prenatal, postnatal, immunization clinics, communicable disease control and school health. However, my passion was in maternal/child care, and my duties were comprised of prenatal clinic visits, postnatal home visits and breastfeeding support. As a Blackfoot nurse, and visibly Indigenous person, I have an insider advantage when visiting other Indigenous mothers. I can usually situate my client in the community based on their family name, which gives me a glimpse of their family background. For instance, some

community members hold sacred bundles, which call for special protocols around entering their home. Knowing this insider information allows me to build trust and rapport even prior to meeting my client in person. I also am very careful to be respectful to Indigenous peoples, and take on a more rigorous approach to my nursing practice, because I am also part of the broader community network. I understand that I have a responsibility to maintain these relationships and that causing disharmony can reverberate into my personal life. However, utilizing my insider knowledge to improve my practice was something that didn't come naturally at first. My training to become a registered nurse derived primarily from a Western perspective that reiterated the colonial narrative that adopting a position of expertise was equated with professionalism. For instance, professionalism was to be actualized through the practice of withholding personal information during interactions with clients. One of my mentors explained this practice of sharing personal information was "inappropriate" because we were there to help our clients, not share our personal information. They also suggested that sharing this type of information could be "unsafe". This practice is contrary to an Indigenous perspective; when an Indigenous person asks who my family is, or where I fit in their community, they are acknowledging that our culture bonds us in important ways. We are responsible to each other because of this bond.

My experiences working as a Blackfoot nurse with Indigenous peoples helped inform my current approach to my research project. I understood that my insider knowledge would be an advantage in the research process. What separates my research from other nursing research projects that include Indigenous peoples is the simple fact that I am part of the community that I am working with. I was able to establish relationships with my participants because I was also part of the community and

understood the social subtleties of what it means to be Blackfoot. My pre-existing relationships in the community were beneficial in the research process as many of the individuals who participated in the study had contacted me independently after seeing the recruitment poster. They explained their interest in the study after seeing my name on the poster, and wanted to support Indigenous-led research projects, especially those from our community members.

Knowing that I could connect with my participants because of my Indigeneity, I also needed to consider how I would maintain these relationships and refrain from reiterating the colonial narrative of Western research methods. This is difficult to navigate as a Blackfoot nurse, mostly because my mentors knew little to nothing about Indigenous research methodologies and how this approach differed from the Western approach. I was left to teach myself and to learn from scholars in books and articles. I was forced to think critically about the research methods I learned about in class and thought about how these would be different within an Indigenous paradigm. One research method that was similar to my training in nursing practice was the idea of objectivity and distancing the researcher's personal self from the participants. However, I found this research method created a power gap between researcher and participant. Therefore, in an attempt to avoid biasing information, I would pose a question to the mothers and let them answer before sharing my thoughts. This allowed me to be part of the conversation, without influencing the groups answers to fit my own reality.

It is through the process of *Niinohkanistssksinipi* that agency can also be acknowledged, and research methods can be modified to fit the realities of the participants and community partner. In particular, urban Indigenous women are seldom mentioned when exploring health topics such as prenatal, perinatal or postnatal periods.

Previous research tended to focus on the prenatal, rural/remote living Indigenous woman. It is from the mothers' personal stories and experiences that we can understand how living in the city as an Indigenous woman, as opposed to living on the reserve, positions the participants in constant relation with non-Indigenous peoples. In the words of one participant, "You have to be more white than a white and more native than a native when you live in the city". This constant relation with non-Indigenous peoples positions urban Indigenous mothers in a different relationship with culture/Indigeneity, feeling the need to know more about Indigenous ways of knowing and western ways of knowing, in order to navigate the colonial spaces that they live in.

Niitoyiistsi (Tipi/Lodge): A Blackfoot Research Framework

It is well known through Blackfoot oral traditions that the women were the caretakers of the camp and assembled the lodge. Contrary to the groups of men that often gather to assemble the tipi today, it was traditionally the women who would complete this task. While assembling a tipi was a practical skill that women acquired through their life paths, the lodge that it became was a symbol of family. The shelter would see the birth, life, and death of family members, and it was the woman's responsibility to protect and nurture their family that lived there. In a Blackfoot style tipi, there are four main poles that create the frame. Without this frame, the tipi would collapse, or the lodge would be unstable. In the same way, without a strong foundation the family life would be unstable. When I apply this analogy to my research, I understand my research project as a means of assembling a tipi with the mothers of my community, and following the four values of *Siksikaitsitapi* provided a strong foundation throughout the research process.

The four poles if the tipi symbolizes the four Blackfoot values: *Ainnakowa* (respect); *Kimmapiiyipitsinni* (compassion); *Isspomotsisinni* [sharing and supporting];

and *Isskanaitapsstsi* (relationship). The core values of *Siksikaitsitapi* guide our ontological responsibilities and are the source of our collective and tribal identity (Bastien, p 135). They shape and strengthen our relationality, and the relational accountability we have to our community. Using *Niitoyiistsi* as a research framework (see Appendix B) had special meaning for the preparation and process of research because its parallel analogy to the historical gathering of women to prepare camp demonstrates the strength Blackfoot women continue to foster in their lives, families, and communities.

***Ainnakowa* (respect).** I comprehend *Ainnakowa* as understanding the wishes of the community. It is my responsibility to those who participated in this study to uphold the decisions they make. As I met with each participant and shared story, I understood the overall wishes of these urban Blackfoot mothers to include transformational change for equitable health care delivered by registered nurses in the postnatal period. For some of the participants, it was their experiences of unjust treatment that led them to actively seek out participation in this study. I respected their wishes by actively listening to their stories, explaining that my goal was to address the inequitable care, but realistically explained that this thesis may be the initiating document to begin the dialogue towards change in postnatal nursing care delivery. However, in the context of this study, the participants included both mothers and Opokaa'sin. Through my partnership with Opokaa'sin, I explained that the results from this study would be shared with Opokaa'sin staff and board members to hopefully improve existing services for mothers and babies offered by their organization. This was how I understood and framed reciprocity in this study.

***Kimmapiiyipitsinni* (compassion).** The translation of *Kimmapiiyipitsinni* into English is compassion. However, *Kimmapiiyipitsinni* also relates to being kind, caring,

and generous. The way I understand this is through the value of caretaking. As a registered nurse, 'caring' is what guides my practice and is highly regarded. Through *Siksikaitsitapi*, this value is premised on the observation and understanding that the universe is fundamentally compassionate and generous (Bastien, 2004). Therefore, if we are compassionate and generous with others, this will bring balance through reciprocal actions. In this research study, *Kimmapiiyipitsinni* was used to guide the various relationships between researcher and participant, participants and other participants, and researcher/participants and Opokaa'sin. After the first gathering, the group of women and I formed relational bonds and began to demonstrate compassionate awareness. We were essentially enacting a form of caretaking by helping with the children, actively listening to our collective stories and collectively maintaining the relationships we had – mostly through humor. The value of *Kimmapiiyipitsinni* was understood by those around the table and we felt a responsibility to care for one another as a means to nurture our relationships.

***Isspomotsisinni* (Sharing and Supporting).** The way I understand *Isspomotsisinni* is through the word reciprocity. It is the means of giving back to the community by sharing and by supporting each other. Reciprocity is one of the areas most egregiously neglected by Western research (Kovach, 2009). Reciprocity in this study extends beyond sharing the findings with participants and aims to establish a relationship with the participants throughout the research process. Later in the study, many of the mothers reported that they felt reciprocity was met through the creation of the group meetings ("gathering sessions"). They expressed their appreciation, and explained that meeting with other like-minded Blackfoot women, who understood their trials and tribulations of raising a family in the city, was rewarding because they were reminded of

their strength and tenacity as Blackfoot matriarchs. One of the participants, Ikkináíniaakíí, attributed this success to the way I approached the research study and my connection to her world, due to my identity as a Blackfoot matriarch myself. She expressed feeling comfortable and trusting of the research process after meeting with me individually, before beginning any gathering sessions, because she recognized me from the community and recognized my goal of transformational change in the health care system as a genuine and honest goal. As a public health nurse working off reserve and as a member of the Indigenous community, I would hear the frustrations from Indigenous mothers who felt they were treated poorly. Attending to this type of research was very personal, and I had a deep sense of responsibility as a registered nurse and community member to address the gaps in care.

***Isskanaitapsstsi* (Relationship).** The Blackfoot value of *Isskanaitapsstsi* is the relational accountability you have to the community. Perhaps the most important aspect of this value is to ensure that Indigenous knowledge and people are not exploited; in other words, it should never be a 'smash and grab' approach to research (Kovach, 2009). I believe that when *Ikkináíniaakíí* shared her trust in the research process, she was also reminding me that I have a responsibility to all Blackfoot mothers, not just those within our group, to follow through with addressing the changes needed to improve postnatal nursing care delivery. Although, I also understand relational accountability as the responsibility I have to nurture the relationships established with the mothers and Opokaa'sin.

Perhaps the most important characteristic of IRM, aside from the generation of research inquiries from a grassroots approach, is the incorporation of Indigenous ways of knowing into the research process to bring about social change (Churchill, 2015). In

doing so, my research methodology positions me as not only a researcher, but as an active participant in this deeply personal resurgence project. It allowed me to use my relational connections in the community to privilege the Indigenous voice of urban Blackfoot mothers accessing health services in urban centres by building cultural protocol, values and behaviors right into the research itself. Subsequently, my research study is intertwined with my everyday life and relationships, and these thoughts and relationships are constantly shaping and re-shaping my actions. Hence, IRM was used to guide my thesis through a community-engaged, descriptive qualitative study with *Siksikaitstiapi* at its core. The following sections will outline how I operationalized IRM.

Enacting IRM

When I was a young child, I spent most of my days with family. Family was not just my parents and siblings; to me, family was also an extension of that. My memories are comprised predominantly of spending weekends at my great-grandmothers home with my parents and siblings, along with my maternal aunts, their children, my grandmother and great-grandmother. We were close, and we are still close. The children would play outside in the summers, and in the living room adjacent the kitchen in the winters. No matter where we decided to play, the women gathered in the kitchen visiting, as if they hadn't seen each other the previous week. The spirit was alive at the kitchen table and I witnessed many strong Blackfoot women sit, eat, and share their stories: Blackfoot matriarchy in its natural form, full of power, love and tenacity. My great-grandmothers home was warm, safe, and full of laughter. As I grew older I would look to the kitchen in awe, hoping one day to join the women and their conversation.

This story explains my personal vision of bringing Blackfoot women together, a gathering of Blackfoot matriarchs, to create a safe space where stories could be shared

and the needs of urban Blackfoot mothers during the postnatal period could be addressed. Understanding that my responsibility was to the women of my community, I shared my ideas with parents and staff at Opokaa'sin, prior to creating a plan for my research endeavours. These discussions occurred naturally with parents and staff from Opokaa'sin, because I am also part of this community. My daughter attends the after-school program regularly, which makes me a parent in the organization. My connection to Opokaa'sin provided an advantage for my research process because potential participants were already accessing Opokaa'sin programs and services, and because I was a parent I was an insider.

During my casual discussions with parents, a staff member approached me and explained their concerns with attendance and recruitment in their prenatal and postnatal programs. Many of their programs are wait-listed; however, their prenatal and postnatal programs are always difficult to maintain due to attendance. They asked if a partnership would help them identify some of these gaps and barriers. Therefore, a natural partnership emerged with Opokaa'sin, because I already had existing relationships with the staff and some of the parents who could participate or help me recruit other mothers. The staff member explained that they would be able to contribute to the study by allowing evening sessions at their facility, supported with staff to co-facilitate and provide child-minding services. They would also provide child care and meals to the mothers and families that attended.

The partnership established trusting relationships through association, because many Indigenous families, who live in the city, are familiar with Opokaa'sin and their quality programs. In order to demonstrate reciprocity and respect, I agreed to share data with Opokaa'sin, which they explained would be used to plan for future programs.

However, I explained that I would not be able to address the changes in programs in my thesis because of the timeline, and nature of my research which was geared towards nursing practice in the city. They understood and expressed their appreciation for sharing data. The partnership required keeping in touch with a designated staff member, the North Star Coordinator, Melodie Bastien, and eventually presenting at a Board of Directors meeting once the data was collected.

The four Blackfoot values are essential for any healthy relationship and necessitated space in this Indigenous research inquiry (Ermine, 2007; Wilson, 2008). Ermine (2007) eloquently explained this space as the 'ethical space of engagement', which is formed when two diverse societies with varying worldviews must engage with each other. This is predominantly the case with urban Indigenous peoples living off reserve who interface with a healthcare system that is encased in settler-colonial ways of knowing and being. Based on this understanding, my research attempted to establish an ethical space of engagement with urban Blackfoot mothers by initially meeting individually with eligible participants at Opokaa'sin. This allowed for conversation, explanation of the study, and opportunity to build rapport and trust. As a Blackfoot woman and mother, I shared who I am, my personal story of raising a Blackfoot child in the city, and shared my dreams of incorporating Indigenous thought into nursing practice. The mothers responded with their own story of who they were, and often shared why they were interested in participating in the research. This exchange of story allowed us to culturally bond in important ways (Archibald, 2008a). Symbiotically, I felt responsible to the mothers, they felt responsible to me and we became both teachers and learners in a relationship based on respect. While this relational closeness might be positioned as

creating the potential for bias by some researchers, regular reflexive journaling and conversations with my supervisor were engaged to minimize this potential limitation.

Participants

Participants were purposively selected (Creswell, 2014) on the basis of the following criteria: Individuals over the age of eighteen, who self-identified as an Indigenous woman (Status First Nations, non-status First Nations, Metis or Inuit) living in an urban centre (defined as a city with a population of 50,000 or more), who spoke English or Blackfoot, and who received postnatal health care services from the provincial health authority on or after September 1, 2017. The research project was conducted in English; however, Dr. Pace, a community member, Knowledge Keeper, and clinical psychologist who provides services at Opokaa'sin, was available to provide translation services when Blackfoot was spoken. Data were collected from 7 women, when saturation was reached. In contrast to quantitative research, qualitative research often employs a purposive sampling technique and relies on small sample sizes, in some cases as small as a single person (Creswell, 2014). The benefit of this sample size was the generation of rich, in-depth data about the mothers' experiences.

Initially I met with the Opokaa'sin staff member, Melodie Bastien (*Soowatsaakii)*, and explained my research and methodology. Melodie is the North Star Family support worker and part of her role is to support families by providing programs, referrals to community resources, and one-on-one mentoring with parents of the programs. Due to Melodie's experience facilitating group sessions at Opokaa'sin, she was able to help arrange child care, meals and supplies for the research project. Once the partnership was established and project logistics had been discussed with Melodie, we began to recruit participants.

Consistent with the value of *Isskanaitapsstsi***,** I visited urban Indigenous organizations in person (see Appendix C) to explain my research study and seek to connect to eligible participants. The recruitment posters were posted in waiting rooms and on main entrance bulletin boards (see Appendix D) after permission was granted by each organization. Melodie was familiar with most of the parents at Opokaa'sin and committed to recruit participants through word of mouth. A letter of invitation was sent to Melodie that contained the details and nature of my proposed inquiry, which she provided to eligible individuals (see Appendix E). Furthermore, I created an opportunity for community engagement by arranging an informal information session at Opokaa'sin. I was given an office on the day of the information session to work out of, which allowed me to have private conversations with interested individuals. Further recruitment relied on snowball sampling (Creswell, 2014) from the staff at Opokaa'sin, other urban Indigenous organizations, and interested participants.

Data Collection

A few weeks prior to submitting my proposal, my mother and grandmothers asked me to help them finish a tie blanket they wanted to make for a new baby in the family. Each of us took one side of the blanket and began to tie the two pieces of fabric together. My mother instructed me to pray and reminded me that the love we put into this blanket will be felt by the new baby. My great-grandmother told stories about the generations of children that had been welcomed into the family and how the women would come together to prepare, support and guide the mom and baby. It was in this moment that I felt spirit. Creating this blanket between generations, it took on a shape of pure and honest love. It was through the experiential activity of creating a tie blanket that helped to form relationality, not only with each other, but with the new baby and motherhood. I felt

connected to my mother and grandmothers, and I was overcome with the feeling of hope. When I thought about data collection, I wanted a space that could nurture relationality and allow for everyone to share story.

Collecting data on experiences through story is a very important part of *Siksikaitsitapi.* Through the process of sharing stories, we come to understand the different ways of interpreting the world. Additionally, sharing story can be seen as a mechanism in which blessings, gifts, and lessons are bestowed. The methodology of story work (Archibald, 2008a) was not just a regurgitation of experience, but rather a political act within Indigenous ontologies. Story work allowed the participants to guide the data based on their lived experiences. Therefore, story work fits well within the broader emergence of decolonial approaches that provoke political and ideological shifts within western research contexts.

The intention of building trusting relationships with participants led me to the idea of holding group sessions before individual interviews. Therefore, Gatherings were conducted prior to engaging participants in individual interviews with the intention of building rapport and trust with participants prior to meeting one-on-one for the individual interviews (Wilson, 2008). The Gatherings were conducted in the evenings, with one Blackfoot Elder and one Opokaa'sin staff member/Knowledge Keeper present. There were a total of four Gatherings and each gathering session took approximately 1 – 1.5 hours. Individual interviews took place after all Gatherings were completed. These were scheduled individually with each participant choosing a time and date that worked best with their schedule. The following sections will explain the process of conducting Gatherings and individual interviews. Five participants participated in Gatherings and individual interviews, and two participants only participated in individual interviews.

Gatherings. *Siksikaitsitapi* protocols were respected through the direction of a female Blackfoot Elder, and Knowledge Keeper, who assisted in the facilitation of Gatherings and provided me with insight through a learner/teacher relationship (Chilisa, 2011). For this study, Dr. Deborah Pace was asked to be the Elder and Melodie Bastien served as a Blackfoot Knowledge Keeper. Authority and respect are attributed to Elders – people who have acquired wisdom through life experiences, education (a process of gaining skills, knowledge and understanding), and reflection (Archibald, 2008b). In my community Elders are usually those older than yourself; however, there are also varying types of Elders. Some Elders have gained experiences and education through Blackfoot Societies in the form of transfers, often referred to as holy men and holy women. Other Elders have gained inter-generational knowledge of traditional medicines and are referred to as medicine men and medicine women. Finally, there are Elders who have acquired knowledge through life experiences and/or Western education. I asked my grandmother to be our Elder because of the wisdom she has gained throughout her life and educational journey. She completed her PhD in Clinical Psychology and has an understanding of the research process; she traveled with and was mentored by *Atan*, a renowned Elder from our community; and she has worked in the urban and reserve communities for many years. While my grandmother did not join a holy society, I don't believe that this defines what constitutes an Elder. My grandmother was able to provide Blackfoot translations, support for mothers if they needed someone to talk to, and reminded me of both my research and community obligations.

The Gatherings operated as participatory, experiential learning sessions wherein, the participants were taught a particular skill while discussions occurred. This approach was inspired by my own experiences sitting at the kitchen table with my sisters, mother,

aunts and grandmothers. The experiential learning activity was derived from my own experiences of sharing story with the women in my family. However, when I explained this idea to the mothers they understood what I was trying to accomplish, because they had similar experiences with women in their family.

Given the performative nature of decolonial research (Swadener & Mutua, 2008) and collectivist tradition of Indigenous knowledges, baby moccasins were made at each session with all finished products taken home by participants for personal use. Melodie provided materials and instruction for moccasin making and all of the mothers who participated in the Gatherings were given supplies.

The Gatherings took place over a period of six weeks; however,r there were only four sessions. The intention was to meet once weekly; however, due to weather conditions there were two weeks we needed to re-schedule based on the participant requests. A pilot Gathering was conducted prior to the start of Gatherings. This allowed participants to ask questions and provide input on the proposed approach to IRM. Following the pilot Gathering, subsequent Gatherings began with open-ended questions and topics that reflected the sub-questions proposed for this study (see Appendix E for Gathering topics). The final week summarized the previous sessions and provided opportunity for participants to bring forward topics for future consideration, and discuss what they would like to see in postnatal programming for urban Indigenous mothers.

Individual interviews. In an attempt to foster trusting and meaningful relationships between myself and the participants (Wilson, 2008), individual interviews were conducted following the Gatherings. The intention of individual interviews was to have the participant share their story without the influence or interruption of other group members. A conversational method (Kovach, 2010) was used to privilege the traditional

story-telling of knowledge through in-depth, semi-structured interviews as per the interview guide (see Appendix F for interview guide). The conversational method aligns with an Indigenous worldview that honors orality as a means of transmitting knowledge, and upholds the relational which is necessary to maintain a collectivist tradition (Kovach, 2010). Abiding by cultural protocols was essential to the creation of trusting and equal relationships. It is important to note that Indigenous communities are not a homogenized group; therefore, the conversational method followed tribally specific protocols of *Siksikaitsitapi* that made sense from that particular Indigenous paradigm. Utilizing a conversational method within the paradigm of *Siksikaitsitapi*, required me to not only listen but also share my own story. This contributed to the formation of a strong relationship between me and the participants (Wilson, 2008). I believe that the collaborative storying not only positioned me as a participant, but also helped to close the power gap between the two roles.

My project challenges the conventional "researcher/researched" paradigms (Creswell & Poth, 2017) by shifting the power and control away from the researcher and onto to the participants. Central to this shift is the flexibility in meeting times with the participants. Therefore, participants were given the freedom to choose when and where they were interviewed. The interviews were not intended to be an inconvenience to participants, or make participants feel uncomfortable, disrespected, or unable to be themselves. Following *Siksikaitsitapi* protocols, I conducted interviews at a comfortable place for the participant, either a quiet office space at Opokaa'sin, at the University, or at the participant's home. If the participant chose their home, I inquired about entry protocols, as some traditional families hold bundles and knocking/ringing the doorbell is not allowed. I also provided drinks and snacks for each individual interview.

Recording procedures. I took notes on a white board for each Gathering to capture broad themes. These notes were captured through photos that were later transcribed into Microsoft Word documents. All Gatherings and individual interviews were audio recorded on two devices and transcribed verbatim by the researcher on a Microsoft Word document. The audio recordings and transcriptions were made available to all participants for review, and participants were allowed to make changes to answers and/or clarify information. All participants received transcriptions; however, none chose to change the document content.

Data Analysis

Data collected from Gatherings and individual interviews were processed using a thematic analysis that identified, analyzed and reported patterns (themes) within the data, and provided a rich description of participants experiences (Braun & Clarke, 2006) with postnatal nursing care delivery. A 'contextualist' method (Braun & Clarke, 2006) was used to acknowledge the ways individuals make meaning of their experience – similar to the ontological perspective of *Siksikaitsitapi* which respects multiple realities (Bastien, 2004) – and the ways the broader social context impinges on those meanings – using a critical Indigenous feminist lens (Green, 2017). This lens emphasized the strengths of Indigenous women in the context of their cultural values and priorities, thereby challenging the dominant white patriarchal narrative, by giving voice to perspectives that are often not privileged in societal discourse

Ongoing reflexive dialogue between the researcher and participants occurred at each contact, in order to uphold the choices made throughout the analytic process. My first phase involved immersing myself in the data (Braun & Clarke, 2006). I did this by transcribing Gatherings and individual interviews. I maintained reflexivity by journaling

insights and stored memos of my findings in NVivo 12. Transcriptions from Gatherings and individual interviews were made available to participants with the intent of validating individuals' personal truths. These were needed prior to moving onto the second phase.

When I was comfortable and familiar with these data, and I had permission from the participants to move forward, I began my second phase of coding. During this phase I generated initial codes and grouped these data accordingly (Braun & Clarke, 2006). Throughout this phase I ensured to send participants weekly updates and encouraged them to send me any ideas, questions or concerns. An inductive approach to coding was implemented, with no pre-existing codes (Braun & Clarke, 2006). This was done to ensure I was capturing the unique experiences of the participants.

Once I had a variety of codes and sub-codes, I reported and discussed these findings with participants for approval (Chilisa, 2011). This meeting was conducted face-to-face with a goal of further organizing the codes into themes that reflect the essence of the participants experiences (Braun & Clarke, 2006). There were three mothers that attended this meeting and expressed their approval of the direction we had taken these data. Themes were reviewed with Melodie to Opokaa'sin staff, and board members at one of their monthly meetings. The naming of these themes derived from the feedback received at the meeting with participants.

Ethical Considerations

Approval to engage in this study was approved by the University of Lethbridge Human Subject Research Committee (HSRC). I also ensured to follow guidelines set by OCAP™ (Ownership, Control, Access, Possession) (2015) which will be explained in the following section.

Prior to any interviews, I obtained informed, non-coercive consent and all participant consent forms were signed (see Appendix G for participant consent form). The study purpose, procedures, risk and benefits were reviewed with all participants. Group confidentiality agreements were reviewed for Gatherings discussions (see Appendix H for group confidentiality agreement form) and signed by those who participated. I also reviewed the consent form thoroughly at the beginning of each individual interview and reviewed it again at the end. A signed copy was held by the researcher, and a copy was given to the participant. All participants understood their right to end the interview at any time and were able to skip certain questions if they were uncomfortable. Although, no participants withdrew or skipped questions during the interviewing process. The participants were also given the choice of participating in Gatherings and/or individual interview.

I assured participants that confidentiality would be maintained, and all identifying information (e.g. baby names, nurses' names, hospitals, specific community names, etc.) were removed from the transcripts and replaced with a de-identified phrase in square parentheses. The mothers wanted to use their Blackfoot names as identifiers; however, one mother did not have a Blackfoot name and chose to use a random identifier. I made myself available via telephone, email, and text, wherein participants could send questions or comments regarding the discussions and/or study.

I asked participants for permissions to audio-tape interviews. Due to traditional protocols of *Siksikaitsitapi* Elders have explained "you have two ears and one mouth, so listen", indicating that learning comes from listening and notes are not normally taken. However, my study required transcribed interviews for thematic analysis and validating

truth. This was conveyed to all participants and the participants stated they were comfortable with audio-recordings.

All data and materials were stored in a locked file cabinet, which is accessible to the researcher and participants upon request. The relationship of First Nation peoples to their cultural knowledge, data, and information is one of collective ownership. Therefore, these data collected are not just owned by me, but all the individuals who shared story in the study. This includes the Blackfoot mothers and Opokaa'sin. Control of data by OCAP™ guidelines affirms that First Nations are within their rights in seeking control over all aspects of the research. Therefore, permission is needed in order to share findings from this study. I explained this to the participants and many of them gave permission to share findings at conferences. It was agreed that I would send them an email prior to submitting abstracts for future conferences and any objection to sharing findings would result in me withholding applications. All participants were informed that they had access to data about themselves and had rights to make decisions about how this information was handled. The physical possession of the data was held by the researcher; however, copies of participants' personal data would be given to participants if requested.

All material used in this research study including forms and transcripts will be destroyed five years after the thesis is accepted, as per recommendations of the Human Subject Research Committee.

Trustworthiness

Wilson (2001) emphasizes the importance of Indigenous participants approving the research and research methods. Therefore, validating truth was used to confirm the personal truths of each participant. The participants were properly represented by actively involving participants in confirming results (Birt, Scott, Cavers, Campbell, & Walter,

2016). This strategy was essential to this study and is regarded crucial by various scholars for IRM (Chilisa, 2011; Kovach, 2009; Smith, 2012; Wilson, 2008). Consistent with a community-engaged study, validating personal truths was conducted at the following times (based on the participants choice of involvement): validating truth using individual interview transcripts, validating truth in transcriptions/notes from Gatherings, and validating truth using synthesized analyzed data (Birt et al., 2016). An initial validation of truth was implemented with all participants after interviews, and with five participants after the Gatherings were transcribed, to ensure accurate information and again when themes have been identified.

Reflexive journaling was used throughout the research process based on the guidelines presented by Kovach (2009). I took a critical perspective on my position and understanding of my study by fully embracing the subjectivity of research (Smith, 2006, p. 209). Collaborative reflexivity was also used with participants to create a reflexive dialogue during data analysis (Finlay, 2002). I made sure to include the participants in the analysis portion in a final face-to-face meeting. This strategy was important because it incorporated relationality and reciprocity (Wilson, 2008), both of which are core elements of IRM.

Conclusion

Applying decolonial research methodologies has the ability to create decolonial spaces that have the potential to improve relationships between Indigenous and non-Indigenous peoples (Henry & Tait, 2016). In the case of this nursing research project, decolonial approaches were the best way to explore the experiences of urban Blackfoot mothers with postnatal nursing care. My insider knowledge allowed me to utilize an IRM that is grounded in *Siksikaitsitapi* through the Blackfoot framework of *Niitoyiistsi*

(Tipi/Lodge) and the four values: *Ainnakowa* (respect), *Kimmapiiyipitsinni* (compassion), *Isspomotsisinni* (sharing and supporting), and *Isskanaitapsstsi* (relationship). This framework enabled reciprocal relationships between researcher and participants and allowed for a more meaningful process.

Niinohkanistssksinipi (speaking personally) was essential for my own understanding that there is no one universal truth, and this allowed me to enter each gathering and interview with an open mind to listen to each participant's experience. Additionally, it enabled me to critically reflect on my own story and challenged me to "unlearn" how I have been socialized to see the world through the colonial eye of nursing and be open for new ways of interpretation (Henry & Tait, 2016). As I understood it, *Kiitomohpotokoi,* my role and responsibility as a Blackfoot registered nurse was to share my understanding of enacting decolonial research methods in a nursing research project. I also felt responsible to the participants to share their stories in a way that showcased their strengths rather than deficits. Consequently, a community-engaged approach allowed for these discussions to occur.

This paper demonstrates the importance of Indigenous frameworks through community-engaged nursing research and its application in a thesis research study. Explaining how I operationalized IRM in my thesis will hopefully inspire other graduate students who are be considering an IRM for their own research project. It is through my personal experience of using *Siksikaitsitapi* that I felt personally connected to this research project.

CHAPTER 4. "Your Policies and Procedures Have No Spirit": Blackfoot Mothers Perceptions of Postnatal Nursing Care

This paper explores the colonial underpinnings of postnatal nursing care within southern Alberta by drawing on the lived experiences of seven Blackfoot mothers. In collaboration with the seven urban Blackfoot mothers living off-reserve in Southern Alberta, informal group conversations (gatherings) and subsequent individual interviews provided an opportunity for the women to describe their experiences with postnatal nursing care, their views of registered nurses, and the ways in which they navigate colonial spaces.

Using *Niinohkanistiniip* (the way I understand it) as methodology, these data were collected within Indigenous witnessing tradition (Hunt, 2018) which allowed me to connect these stories to my own lived experiences and understandings as an urban Blackfoot woman. To honor the Indigenous methodology of *Siksikaitsitapi* and community engagement, an additional truth-telling meeting was created, and all mothers were invited to participate and review the topics generated by the researcher. The meeting was intended to ensure that my analysis was respectfully engaging with the mothers' stories. Prior to moving forward with the analysis, the topics were shared with the mothers and their input was included into the analysis. Based on their input, it was determined that the analysis had captured the essence of their stories accurately and three major themes emerged: Nurses practicing as Colonial Agents; Resurgent Navigation of Colonial Spaces; and Motherhood as Ceremony. The focus of this chapter is to explore Nurses practicing as Colonial Agents and Resurgent Navigation of Colonial Spaces. The third theme will be discussed in a subsequent chapter.

Specifically, the participants described nurses as colonial agents who are inextricably connected to the state apparatus, which is enveloped by settler biopower. In the proceeding pages, I will critically analyze Indigenous-nurse relationality based on the experiences of urban Blackfoot mothers, as well as provide my arguments on how nurses buttress colonial frameworks of health care. Although their stories varied, there are commonalities found among the mothers' experiences that shape their relationship with urban health services.

The mothers who participated in this study chose to keep their identities anonymous; however, they agreed to using their Blackfoot names, with the exception of one mother who did not have a Blackfoot name at the time of the study. The following is a list of the participants: Natoo Apátohsipiikánaakíí (Holy North Peigan Woman), Aahkóinnimaakíí (Pipe Woman), Ikkináíniaakíí (Gently or Softly Singing), Naatoyinski (Holy Singer), Sikoiy'potaakíí (Last Woman to Fly), Niistsímii'áípapommiiks (Twin Lightening) and FB. The stories shared by these women include their interactions with labor and delivery nurses, maternity nurses and public health nurses.

The chapter begins with an analysis of registered nurses practicing as colonial agents and what constitutes a colonial space. Deliberately placed at the beginning of this paper, this subsection aims to establish a foundational understanding of how I understand colonial agents and colonial spaces in a nursing context. Using the principles of primitive accumulation (Coulthard, 2008; Simpson, 2017) I explain the ongoing practice of dispossession and erasure of Indigenous women by the state by uncovering the bias of Western biomedical ways of knowing. In doing so, I demonstrate how Western biomedical ways of knowing further relegates Indigenous ways of knowing and Indigenous women to the periphery of health care discourses, policy and practice

(Simpson, 2017). I then present an analysis of how urban Blackfoot mothers navigate colonial spaces in the second theme of Resurgent Navigation of Colonial Spaces. This section was created in collaboration with the mothers during the truth telling meeting. From the mothers' standpoint I share how Blackfoot women understand their strength and tenacity and explore how the mothers enact the 3As of performativity when nurse-client relationality is severed.

Maká'pato'si (Evil Doers): Registered Nurses Practicing as Colonial Agents

In the following subsections I will describe what it means when registered nurses practice as a colonial agent from the perspectives of urban Blackfoot mothers. It is important to note that while this theme emerged naturally from the data, it was originally titled "colonial violence" from my perspective. It was from these data that I noted the mothers expressing negative experiences when a colonial narrative was being pushed on them through the various nursing policies and procedures. This narrative encapsulated a biased perspective from a heteronormative, patriarchal and racialized standpoint, that established a relationship based on control. The mothers reported feeling watched when this narrative was enforced by registered nurses during their postnatal care. Moreover, the mothers reported feeling fearful, which was almost always connected to the fear of child apprehension. My thoughts regarding the gatherings and interviews were later refined to reflect the essence of the theme and include the input from the mothers. In meeting with the mothers at the truth telling meeting, I was able to explain my process for analyzing these data. The mothers decided to use Blackfoot words to capture the essence of the theme based on their lived experiences. When analyzing the topic "colonial violence" the mothers wanted to use a word that captured their negative experiences. When the Elder suggested Saata'pii (trouble), the mothers wanted something stronger than just trouble,

and collectively agreed on Maká'pato'si (evil doers). The passion behind choosing this word was evident and the Blackfoot word is used to describe registered nurses, who practice as colonial agents.

In the group discussions, I opened with the broad question of how urban Indigenous mothers would describe their overall experiences with postnatal nursing care. In these discussions, the participants unanimously agreed that nurses performed as colonial agents, which they described as individuals who are not invested in cultivating respectful relationality, but rather propagating Canada's colonial health agenda. This agenda is best described as the nation-state's control of populations through bio-political logics of settler colonialism, which entails a naturalization of Western thought as projected in hierarchical ordering, and depoliticizing Indigenous peoples and Indigenous ways of knowing (Dietrich, 2017). Categorizing Indigenous peoples, especially Indigenous women, as a domestic problem of the settler nation-state that requires "fixing", has been implemented and enforced through settler nation-state health policies and guidelines that aim to rehabilitate Indigenous women through acculturation. The following subsections will provide first-hand accounts of what it means to urban Blackfoot women when a nurse practices as Maká'pato'si (colonial agent).

"They watched us like Hawks": Nurse Policing

> There was of course no way of knowing whether you were being watched at any given moment. How often or on what system…. You had to live--did live, out of habit that became instinct – in the assumption that every sound you made was overheard, and, except in darkness, every movement scrutinized.
>
> -George Orwell, *Nineteen Eighty-Four*

This excerpt provides an insider's account of living in a world that requires you to censor your every word and movement, and the terrifying thought of being caught if you

deviate from what is required of you. This is an extreme example of what surveillance can feel like and for many of the participants, this is their reality. The thought of being watched is collectively consistent in the mothers' stories. In fact, Naatoyinski likened her postnatal hospital stay to prison, saying "I seriously felt like I was in prison. I just wanted out and a hospital shouldn't feel that way. I just wanted to go home". This story was shared in a gathering session and the other mothers went on to compare the number of days spent in the hospital by asking "how much time did you serve?", albeit laughing, but go on to explain how much time they spent in hospital, right down to the hour. Comparing the hospital experience to incarceration emphasized how institutions control and regulate populations by asserting hierarchies, divisions, rules, and norms (Freshwater, Fisher, & Walsh, 2015). This act is all too familiar for Indigenous peoples as they continue to be subjected to the various forms of settler colonial violence through the hegemonic power of a heteronormative, patriarchal and racialized society.

In the context of postnatal nursing care, Orwell's dystopian vision resonates with the stories shared by urban Blackfoot mothers as they explained that nurses are employed as a means to police their activity during the postnatal period. Sikoiy'potaakíí emphasized this by explaining how "Maternity was the worst part. It was really bad. They watched us like hawks". The mothers explained feeling watched throughout their stories, in particular the hospital experiences were the most difficult for the mothers. This is especially difficult when mothers need to bond with their newborn babies and the nurses have the power to disrupt this process.

> Sikoiy'potaakíí: I was up late at night holding my baby in bed when a nurse walked in and she said "Oh no! You can't sleep with [your baby] in bed!" and I'm like, "I'm not sleeping" and she said, "no, you need to put [baby] in here". So, she put my baby in the bassinette. When she left I just grabbed my baby again.

This story provides a clear example of the ways nurse policing occurs in hospital settings. A nurse could enter the room at any given moment without notice and enforce policies and procedures with little to no input from the mother. Considering the sacredness of welcoming a new life into this world, there is spirit in the birthing process that carries into the following weeks. The Knowledge Keeper invited to gatherings, Deborah Pace, shared her thoughts on nurse policing stating, "their policies and procedures have no spirit, but welcoming children into this world, especially from Indigenous perspectives, has so much spirit".

When a nurse internalizes and adopts patriarchal and racialized norms, it results in the construction of Indigenous women as second-class citizens (Kuokkanen, 2017), thus making it acceptable for violence against Indigenous women to occur. The construction of Indigenous women as second-class citizens does not go unnoticed by Indigenous mothers, and participants explained their feelings of being categorized as less than worthy compared to their non-Indigenous counterparts. Specifically, the participants emphasized how their bodies and newborn babies were characterized as numbers devoid of relationality. In these situations, Ikkinainiahkii described "Euro-Canadian culture and their historical and current view of First Nations women as less than, not worthy, you know as victims" and registered nurses learn to pathologize Indigenous women based on statistical reports and epidemiological studies. In doing so, Sikoiy'potaaki says "We're not treated as normal Canadian citizens. So, it's like… the health care here is very questionable".

Sikoiy'potaakíí goes on to identify a clear clash in Western and Indigenous paradigms in the healthcare setting when she says, "We had to sneak grandma and great-grandma in there. I just felt like [pause] we were doing something wrong". The clash of

paradigms has a lot to do with the concept of family, which is typically acknowledged from western thought as a monogamous, heteronormative couple, and their offspring. However, Indigenous concepts of family do not conform to the settler nuclear family type. In fact, family was defined by each participant as a positive determinant of health and extended beyond the nuclear family type. Unfortunately, the notion of family that differs from the monogamous, heteronormative couple and offspring is completely disregarded in the hospital setting. It has even become a strict policy that limits the number of people visiting mother and babe in maternity to two people at a time. The mothers emphasized that the lack of contact with family in the first 24-48 hours after delivery was detrimental to their health. Furthermore, each mother shared a story that explained how one or more of their family members were not allowed into the labor and delivery or maternity units because they did not constitute their family member as "family enough".

> Natoo Apátohsipiikánaakíí: My nephew is more like my little brother and [the nurses] wouldn't let him in to see me or [baby]… When I was in the induction room my parents and [nephew] came to see me and I thought they could be in the room with me, but the nurses got really angry. My parents said, "it's her nephew" and they said, "unless it's her own child, then he can't be here", and "I don't see a wristband on your wrists so none of you can be back here" … When my parents came back to see me on the maternity unit they wouldn't let [my nephew] in either. So, I just picked up [my baby] and walked off the unit so he could see her. The nurses got upset and told me I couldn't leave the floor with my own baby.

Settler nation-state objectives are achieved when registered nurses do not critically reflect or challenge rules, policies or procedures that replicate settler biopower. In particular, the rules around visitation of family members causes frustration for Indigenous families and intensifies the feeling of being watched and policed by nurses.

This was also the case for FB who explained that her home visit was met with tension when two public health nurses unexpectedly arrived at her front door:

> FB: We just moved into [an Aboriginal housing complex] two days before I was induced. So, when I got home the house was completely all over the place and the nurse called and arranged a home visit. She was supposed to be there at 1 o'clock but called and said she was going to be late. Yeah, she brought somebody else.
>
> Iitapiitstaankiakíí: *Did she explain why she brought someone else?*
>
> FB: No, but I think it was because of the area we were living in. I welcomed them in, but I felt like they were just looking around and judging my house… Yeah, I've never had two nurses come over with my other babies.

Unfortunately, these colonial spaces are not only limited to institutions like hospitals, and when sharing story with FB, she explains that colonial spaces are all the places outside of her own home.

> FB: I feel frustrated that this is even a thing. Even with our make-up and making sure we have that on so we don't get followed in stores. I teach my kids not to bring toys or candy into stores because I feel like, I can't. We can't just be normal…. I do feel like my actions are being watched.
>
> Iitapiitstaankiakíí: *When you go to the reserve, do you feel the same way?*
>
> FB: No, I don't feel watched. I can let my kids run around and play when I'm at a [sporting game] and don't have to worry about them.

These shared stories are telling because they demonstrate the settler-colonial bias that is evoked by nurses in these spaces. It also demonstrates how the home is one of the few sacred spaces Indigenous women have when they live in the city. When public health nurses practice as colonial agents during the home visit, they are not just following policy and procedures, but actively invading the sacred space of Indigenous women, and in doing so, subjecting them to colonial violence. In addition, measuring health and healthy outcomes strictly from a Western paradigm, the registered nurse disregards how health and healthy outcomes are defined from an Indigenous worldview. Naatoyinski elaborates on this by sharing her ideal postnatal experience and says:

> "In the past we're in our tipi and we're with our sisters, our aunts, our grandmothers, you know even your husband's mother. I would've loved for my sisters, [my husband] and [my husband's] mother to be there all at once".

What Naatoyinski is expressing in this story is her frustration with the restrictions on people who were allowed on the hospital units because she wanted to share the experience of the birth and after-birth with her family members (defined from an Indigenous perspective). This frustration was shared around the table, and rather than describing the birth of their new babies as a joyous and exciting time, many of the mothers expressed their concerns of being watched and judged, and the fear that ascended because of these situations.

"I got to leave with my baby": Fear of Child Apprehension

The mothers shared their feelings of fear, which is linked directly to the social control nurses enact through nurse policing. This contemporary method of social control in nursing care is reflected in the symbol of the Panopticon explained in Chapter 2. This metaphor elucidates the social rules exercised under the colonial gaze, and how registered nurses can become colonial agents that enforce rules within settler biopower. In sharing story with the mothers, I learned that for many of them interfacing with nurses and the health care system was like entering the Panopticon. The social rules exercised under this colonial gaze would deem "good clients" as those who conform to the modes of living that are privileged from a settler nation-state perspective such as heteronormative coupling, patriarchal households, nuclear family living arrangements, (Dietrich, 2017), Western approaches to child-rearing, and adhering to the institutional rules without question. Failing to conform to these settler nation-state requirements places Indigenous peoples, and in this case Indigenous mothers, into colonial spaces that are seeking their compliance or rehabilitation. Any question or challenge to the institutional backdrop of

the colonial heath regime signals an automatic response of "non-compliant client" in the eyes of the nurse. Moreover, the mothers believed that their unwillingness to conform to settler-state ideologies, especially those associated with the postnatal period, would have the repercussions of being reported to child protective services.

Ikkináíniaakíí expressed her feelings of fear when she said:

> "Paranoia [pause]: Knowing this happens so often with our people. Just a few months ago there was a video of some native woman in Saskatchewan and social services just taking her baby away from her and she's still in the hospital. They forcibly take her baby from her arms. That's my biggest fear… they could think we're doing something wrong and they have the power to come and take my baby from me".

The overrepresentation of Indigenous children in government care is well documented in Canada and has been linked to government policies that continue to disrupt Indigenous families (Denison et al., 2014). The fear of Indigenous children being taken from their families stems from colonial policies such as the Indian Residential School (IRS) system, the Sixties Scoop and current child welfare system. The fears expressed by the mothers are inextricably connected to the fear of discrimination and stereotyping that has the potential to, as Ikkináíniaakíí says "raise flags in my file". The thought of "raising flags" leaves the mothers fearful of child apprehension. In the case of Niistsímii'áípapommiiks she reports her personal experiences with being policed, but also how this is associated with her fear of apprehension:

> Niistsímii'áípapommiiks: I find that a lot of health service staff treat you like you have to be observed and it just makes you really feel… not treated equal.
>
> Iitapiitstaankiakíí: *Can you explain what you mean when you say they observe you?*
>
> Niistsímii'áípapommiiks: Yeah, like trying to catch something. I noticed how the other mothers said they wanted to have a clean house and one mom said that her house was messy and the nurses were looking around judgmental. I was looking back when I did have nurses' come into my home and I felt like I had to clean it. I

> was thinking why I was doing that? Worrying. It wasn't just about being judged, it was because you hear about kids getting taken away and you do everything to prevent that.

In addition, I asked the mothers during one of the Gatherings if they could share one positive experience and they responded with "I got to leave with my baby". This response is telling for nursing practice and accurately captures the power wielded by registered nurses. In a profession that should be concerned with caring for their clients, some mothers shared:

> Ikkináíniaakíí: I remember going home afterwards and thinking "Why did they do that? Why did they say that? Why did they treat me like that?" Just being so upset about it to the point where I'm honestly thinking I had post-traumatic stress.
>
> Naatoyinski: Yeah, exactly. Just like she said, it's like post-traumatic stress. You know, you go home and just think "Oh my god, I can't believe what I went through".

These lived experiences shed light on the serious concern of nursing practice inducing trauma for urban Blackfoot mothers during the postnatal period. These current forms of settler colonial violence demonstrate the disruption of Indigenous ways of being and knowing, which further relegates Indigenous women to the periphery of the postnatal health discourse. These acts of violence have been cultivated over time and contribute to the disproportionate amount of health inequities between Indigenous and non-Indigenous peoples (Auger, Howell, & Gomes, 2016). Moreover, the breakdown of relational environments is a result of the nurse's inability to practice multi-layered reflexivity (Rix, Barclay, & Wilson, 2014). Specifically, the inability to reflect on various levels that include critical reflection on personal practice, institutional practices and system practices, that promote the hegemonic power of a heteronormative, patriarchal, and racialized society. Albeit, the practice of reinforcing hegemonic power may be unintentional, and nurses may find themselves unknowingly reinforcing these practices.

This study depicts negative experiences based on the interactions with postnatal nursing care from the stories of urban Blackfoot mothers. This is primarily attributed to the attitudes of nursing staff when they act as colonial agents and the interpretive lens in which Blackfoot mothers activate. Many of the mothers questioned the health care system and nursing care they received. As expected, urban Blackfoot mothers held negative views of their interactions with nurses and the health care system. This finding comes as no surprise with the countless studies that document the racism Indigenous peoples encounter when accessing health services in Canada (Browne, 2017). Many of the mothers shared their birth stories and expressed their fear, frustration, and anger to the ways in which nurses cared for them during the postnatal period. Natoo Apátohsipiikánaakíí explains her relationship with nurses as "professional to person", which she believes should be "person to person" to cultivate an empowering experience that incorporates her beliefs, rather than dominating the conversation with the nurses' perspective.

Resurgent Navigation of Colonial Spaces

In this subsection I will expand on the theme of how urban Blackfoot mothers resurge through colonial spaces by exploring the range of strategies that the study participants used to navigate colonial spaces, and navigate their relations with nurses when there is a breakdown in relationality. Reflecting on the method of *Niinohkanistiniip* as part of the broader *Siksikaitsitapi* methodology, these data were collected within Indigenous witnessing tradition (Hunt, 2018). This approach allowed me to connect these stories to my own lived experiences and understandings as an urban Blackfoot woman in the analysis. As the mothers shared their strategies to navigate colonial spaces, I was able to connect and reflect on the ways in which these strategies appeared significant for

myself and across participants. It was not my intention to frame Indigenous women as victims of settler colonialism, but rather embolden the agency and resiliency of Indigenous women, specifically Blackfoot mothers. While the daily acts of resurgence through motherhood will be explored in the subsequent chapter, this chapter explores the ways in which urban Indigenous women traverse colonial spaces when relationality has been severed. It is important to note that colonial spaces are not confined to physical, fixed spaces, but rather any place that evokes the relegation of Indigenous women to the periphery of life and politics through hetero-patriarchal violence in the pursuit of biopower. Therefore, a hospital can be explained as a physical colonial space, but a home visit conducted by a nurse can alter the physical space into one that evokes objectives of biopower.

Severed Nurse-Client Relationality

Prior to identifying the strategies urban Blackfoot mothers use to traverse colonial spaces, I will first explore how colonial spaces are formed in the health care context. Colonial spaces are created when nurse-client relationality is severed. Whether individually, or in combination, stereotypes, assumptions, racism or discrimination, may all contribute to the breakdown and severing of nurse-client relationship. In an attempt to shift the colonial narrative from one that positions Indigenous mothers as unknowing, passive victims, I utilize the first-hand words, experiences, and interpretations of my urban Blackfoot mother participants to showcase instances which led to a breakdown of relationality and their ultimate disconnection from urban health services.

Niistsímii'áípapommiiks, a confident mother of four, explained:

> Niistsímii'áípapommiiks: They had the reserve nurses call me. They just assumed I was living on the reserve. So, I didn't get a home visit. Actually, a nurse finally called me from [the city] but I told her I was gonna see my family doctor… So, I

> kind of refused to have her come. She asked me questions on the phone. It was actually kind of annoying because she was treating me like I didn't know anything. She went through a whole list of questions and I kept telling her I was good…. I think maybe just the nurse around here have that judgment or stereotype of how Indigenous mothers might be and I just wish that they would treat us like human beings.

For Niistsímii'áípapommiiks the relationality was severed even before the public health nurse made contact. Niistsímii'áípapommiiks believed this mishap in the continuity of care was based on the assumption that she lived on the reserve. This prevented a home visit from occurring and Niistsímii'áípapommiiks interpreted the nurse's telephone assessment as a means of policing her activity. In doing so, Niistsímii'áípapommiiks was annoyed that the nurse refused to listen to her. By continuing to question Niistsímii'áípapommiiks, she interpreted this as the nurse stereotyping her and consequently severing the potential for a trusting and safe relationship.

The relationality between nurse and client can also be severed over time. In Sikoiy'potaakíí's case, she left the hospital feeling angry and frustrated based on the ways the nurse had treated her:

> Sikoiy'potaakíí: I was leaving the hospital and [the nurses] were like "Oh! Bring [baby] over to the front, the nursing staff would like to say bye!". You know, wish us farewell… I just walked out with [my baby] I didn't want [my baby] going over there, like why are they trying to be nice to me now? When I'm leaving. Whereas, when I was in there, they didn't care to come in and ask me how I was doing or check on us. To me, they were two-faced… I didn't feel that nurturing or humbleness that you feel from our nurses [on the reserve]".

This severed relationship carried into the public health nurse's home visit and Sikoiy'potaakíí explained how she tried to understand if the nurses were genuine:

> Sikoiy'potaakíí: I asked the nurse who came to my home "Do you have children?" that's how I can read, you know, are they just doing it for their paperwork or get their job done? Can they relate to me? So, I kind of ask them and she goes "Oh, no" and because she was young it was just textbook everything.

Iitapiitstaankiakíí: *What does it mean to be textbook everything?*

> Sikoiy'potaakíí: Okay, well when she weighed my baby and said [my baby's] weight was off and she's like "Oh, your milk didn't come in yet. That's very concerning" and of course when you're like in that state, when they say stuff like that, automatically you put up your defense mode and think *oh my god, what's going to happen? Are they going to investigate me because my milk's not in?* So, it was that one negative and she really focused on that and that fear set in on me.

Sikoiy'potaakíí explained how a severed relationship developed when the nurse focuses on the deficits and ignores the positives. In addition, Sikoiy'potaakíí says she "finds the nurses [in the city] unable to connect to First Nation moms. There's no connection because of that… colonized way of thinking, that they're better". In an attempt to create good relations, Sikoiy'potaakíí tries to find commonalities between her and the nurse, such as having children, but is not met in a reciprocal fashion. Sikoiy'potaakíí understands caregiving as positioning the client above paperwork and paycheques. Sikoiy'potaakíí explains that caregiving is concerned with making good relations, rather than placing judgement and shame on people accessing health services.

During the gatherings, the mothers shared their experiences in a collective setting. This created opportunities for a cross overs in conversation and both FB and Niistsímii'áípapommiiks shared stories of feeling judged by nurses:

> FB: I went to go get [my child's] immunizations and the nurse asked "Oh where do [they] sleep?" and I'm like "Oh, on my bed" and she looks at me like "[They] sleep on the bed with you?" and I was like "Oh, no…. just kidding!" But then I was like "Uh, yeah" and then she gives me like this big speech about it. You know I have five kids all of them slept with me and they're okay.
>
> Niistsímii'áípapommiiks: I know what you mean. At [my baby's] four-month immunization appointment I mentioned to the nurse that [my baby] slept with me and she's like "I'm going to pretend like I didn't hear that" and kept typing.
>
> FB: Yah! Like, you're a bad mom for doing it. Like I understand SIDS and I'm cautious, but you know it's like the way they say it, you know making me sound like a bad mom or something.

This discussion illustrated the mother's interpretation of the nurses' response as stereotyping them as being bad mothers, and these mothers felt shamed by the nurse for their parenting choices. The portrayal of Indigenous women as bad mothers is part of the larger colonial narrative that depicts Indigenous women as incapable of caring for their children, and which suggests their parenting requires state intervention. Indigenous mothering, within the context of historic and ongoing colonial policies and practices, is under constant scrutiny by a heteronormative patriarchal and racialized society. When the participants believe these stereotypes are being applied to their personal situation, they become hesitant to share information for fear of increasing the policing of their activities.

The words of these mothers illustrate how nurse-client relationships may be severed when nurses attempt to push policies and procedures that further relegate Indigenous women to the periphery of health care discourses by privileging colonial narratives of appropriate parenting practices influenced by heteronormative, patriarchal and racialized perspectives. Building on this understanding, the following section will explore how these Indigenous urban mother's experiences shaped the ways in which they navigated colonial healthcare spaces.

Urban Blackfoot Mothers Enacting the 3As of Performativity

This theme emerged as I began to understand the complex strategies used by mothers to assert self in colonial spaces. Having established a relationship with the mothers, I began to note the ways in which mothers engaged with performance and strategies to navigate a variety of situations. I need to make it clear that when I chose the word "perform", I understood this as not acting dishonestly, but rather performing in the sense that the mothers were not able to completely be themselves. It is also important to understand that there were times that these mothers enacted different approaches to

performance, depending on the situation. For example, mothers would not actively confront colonial agents if their child's life was at risk or if the mother believed their child was at risk for apprehension. These practices were performative[1] in that they not only engaged in a performance to achieve acceptability under the colonial gaze, but also contributed to the construction of how Indigenous mothers may be perceived by these nurses and the system at large (Butler, 2010). Moreover, these actions do not signify assimilation or a surrendering of power. Instead, these actions were guided by the participants goal of establishing relationality between mother, child, and Indigeneity.

As I analyzed these data, I noted three areas in which the mothers were engaging in resurgence to navigate through a colonial space. The first area of performance was the most commonly discussed, and was the one that I had originally labeled *Assertive*. This label was discussed with the mothers at the truth-telling meeting, wherein they agreed that this was an appropriate name for their strategy. The second strategy that emerged was labeled as *Anodyne* with the input of the mothers at the truth telling meeting. An Anodyne performative strategy was conferred when the mothers chose not to actively assert themselves, thereby creating a situation that was less likely to provoke dissent or offence on the part of the nurse or colonial agent. The final, and less commonly expressed, strategy were those performances that embodied a passive and conforming approach, which we labeled *Acceptance*. In discussion with the mothers, we determined that resurging through colonial spaces involved urban Indigenous mothers enacting the 3As of

[1] Performative references Judith Butler (2002) who states "gender proves to be performance— that is, constituting the identity it is purported to be" (p. 25). In this context, gender and Indigeneity are both performances. Therefore, participants choose how they will perform, which may or may not actively confront colonial agents or colonial spaces.

performativity. Despite the adversity inherent to these practices, this section showcases resurgence activities when faced with contemporary settler colonial violence.

Assertive. In order to navigate the colonial spaces of a heteronormative, patriarchal and racialized society urban Blackfoot mothers described how they actively resisted the colonial narrative practiced by Registered Nurses. Natoo Apátohsipiikánaakíí shares her account of assertive performativity throughout the postnatal period in the following stories:

> The nurse said to my parents and nephew "you can't be back here! And I don't see a wrist band on your wrist!" I told her "okay, you don't need to be rude" and she told me "Don't talk to me like that!" and I told her "Well, don't talk to me like that then" and another nurse came around the corner and apologized.

In this instance, Natoo Apátohsipiikánaakíí was asserting self in the space of labor and delivery. She asserted her space by reminding the nurse that she is needs to be respectful to her clients, and when the nurse was challenged, she responded with confrontation. The act of asserting self had the repercussions of being challenged in the face of authority. In all instances shared by the participants, the labor and delivery unit is a space that maintains colonial violence through the policies and procedures created to uphold a patriarchal and racialized society. For example, restricting the number of support people to two individuals disregards Indigenous conceptions of family. Instead, Indigenous mothers often crave a space that can mould to fit the needs of the mother and family. As Natoo Apátohsipiikánaakíí is transferred to maternity she continued to assert self and space:

> I remember a number of nurses who were staring at the moss bag… No one said anything, except one. She was an older nurse and said, "Aren't you worried you'll suffocate [your baby]?" and I said, "Do you think I'm dumb? Do you think I would tie it too tight and suffocate my own child? Please leave now".

Natoo Apátohsipiikánaakíí demonstrated asserting self, and directly challenged the colonial narrative that Indigenous women are less educated than their non-Indigenous counterparts. Actively questioning the nurse cleared the conversation of any microaggressive comments, and the nurse was made the object of discussion to provoke reflection on the assumptions associated with her comment. This act demonstrated Natoo Apátohsipiikánaakíí's ability to address the underlying assumption that Indigenous mothers are undereducated and inadequate parents. An assumption may underpin the nursing practice of many nurses, and often goes unchallenged. In addition, Natoo Apátohsipiikánaakíí explained how her spouse was also subjected to the stereotypes of Indigenous men during their home visit:

> The nurse that came into my home and was really, really rude to [my spouse] like really rude. She was asking me "Are you okay? Is *everything* okay?" and I'm like, "Yeah. What do you mean by that?" and I could feel [my spouse] getting upset. So, I told her "Could you just leave? Could you just go because I know what you mean by that and everything is fine". It just seemed to be a re-occurring theme where the nurse would come in and really look at him and question him.

Again, Natoo Apátohsipiikánaakíí interpreted the stares at her spouse as a signal of the nurse stereotyping him to fit into the popular discourse and social construction of Indigenous men as being inherently violent (Cariou et al., 2015). Unlike labor and delivery, Natoo Apátohsipiikánaakíí had control over who may enter and stay in her home, and demonstrates this control when she asks the nurse to leave. Not only does Natoo Apátohsipiikánaakíí resist the colonial narrative of Indigenous men being inherently violent, but resists the nurses attempt to shift her home into a colonial space.

In a separate case, Sikoiy'potaaki challenged the influences of settler colonialism by asserting herself in hospital documents:

> They ask, “Are you Canadian?” and I say, “No, I’m Blackfoot”. So, I identify myself as Blackfoot on those documents. I cross out Canadian Citizen and write “Blackfoot, First Nation”.

This story demonstrates Sikoiy’potaaki’s ability to assert self in a way that is powerful, but non-confrontational. It is also important to note that Sikoiy’potaaki physically crosses out the words “Canadian Citizen”, rather than adding another box she actively rejects the settler colonial agenda of assimilation, and asserts her Indigeneity on government documents.

While the above stories are one means of asserting self and space, there are a variety of ways that may appear mundane to the untrained eye, yet still hold a powerful message. The next two sections demonstrate additional ways in which urban Blackfoot mothers enact performativity.

Anodyne. Anodyne was defined by the mothers as presenting characteristics that are not likely to offend or cause tension. In the context of performativity, these are not apolitical actions, but instead follow the Blackfoot principle of *Iisasaatoip’Saipoomapii*. This principle is used to describe situations where an individual, or group, is “challenged to find the inner strength” to persevere in their objectives in the presence of “negative energies” (Grier, 2014, pp. 63-64). The mothers enact *Iisasaatoip’Saipoomapii* in situations where they are confronted with an uphill battle of challenges that have the potential to cause disharmony and sway them away from their path in life. I understand *Iisasaatoip’Saipoomapii* as the mothers going around a conflicting situation, which is not to be mistaken as a passive act, but rather an act that refrains from wasting energy which is better spent on caring for their newborn and keeps their space free of “negative energies”. The mothers in this study typically have no choice but to deliver in hospital with the limited access to midwifery services in southern Alberta. In these instances, the

mothers explained that they anticipated racism and poor treatment well before delivering their babies. Sikoiy'potaaki shares:

> "Knowing that it's going to come, and I just already expected it. So, I prepared myself to [pause] let it bounce off of me and it's not about that negativity, it's about my baby and I need to keep my baby safe".

According to Tuck and Yang (2012) the ultimate goal of the settler is to be positioned as superior, normal, and natural; "any Indigenous inhabitant and the chattel slave are unnatural, even supernatural" (p.6). In the context of health care systems, many health policies and procedures enact bio-power over patients, and reinforce hetero-normative, Euro-centric, and racialized norms. Although these practices may be unknowingly created by the dominant group, many of these policies may destroy, replace, and assimilate Indigenous women in ways that mitigate threats or resistance to the process of settler dominance. Through this process, power is consolidated across institutions and nursing practices to reorganize cultural practices, family and kinship networks, spirituality, identity, and ultimately political subjectivity (Dhillon, 2015). For Sikoiy'potaaki, she understands the hospital as an institution with an agenda against her. In these instances, Sikoiy'potaaki embodies the Blackfoot teaching of *Iisasaatoip'Saipoomapii* to guide her actions through the postnatal process. While not actively confronting the colonial agent, Sikoiy'potaaki resists the colonial narrative by not allowing the narrative to dictate her decisions. Specifically, Sikoiy'potaaki explains:

> Sikoiy'potaaki : For me, it's like… I keep telling myself, they don't understand us, and they don't know any better. They don't know who we are, or our teachings, or our way of life. Our beautiful way of life compared to theirs… it's so um… I don't know how to explain their way.
>
> Ikkináíniaakíí: It's almost like cold… and distant
>
> Sikoiy'potaaki: And they have no connection with family, or "you have to do it by yourself" and "you should be this and that" and you know… very judgmental.

> That needs to stop. Especially with the ones that are supposed to be taking care of us, like our well-being, our health. They're supposed to be our caregivers, they should be doing their job. [Baby] feels the energies you know. I didn't want [my baby] to go in that environment. And you feel it when you walk into the [hospital or health unit]. If you're spiritually connected, right away red flags go up and my guard goes up. Maybe by myself I can go in there and be that warrior and fight them, but when you have a child you have to protect your child from those negative energies.

This dialogue shared in the Gathering explores many facets of embodying nursing practices that effectively play a role in destroying, replacing, and assimilating Indigenous women. Sikoiy'potaaki also emphasizes how she understands the Blackfoot teachings of *Iisasaatoip'Saipoomapii* and *Ikimmapiiyipitsi* (Compassion) in the context of resurging through colonial spaces. First, Sikoiy'potaaki demonstrates compassion when she acknowledges that "they don't understand us", because she recognizes these practices happen because of the nurses' ignorance to their actions. Sikoiy'potaaki and Ikkináíniaakíí understand that settler conceptualizations of family are not natural and normal to their Indigenous understanding of family. They also understand that the push for these ideologies to become naturalized needs to stop. Sikoiy'potaaki further reflected on her Blackfoot teachings, which demonstrated her daily acts of resurgence through her ability to naturalize Indigenous thought. This act is not confrontational like some of the more assertive strategies used by these mothers, nor does it cause tension, but rather it demonstrates how urban Blackfoot mothers are internalizing Indigenous ways of being and knowing into their everyday life.

Acceptance. During the truth-telling meeting, *Acceptance* was defined as a third group of strategies that mothers used to be less visible when subjected to the colonial gaze, or in some instances, to create a platform of asserting self. Specifically, the mothers explained how they would perform in ways that were more accepted by the settler society

in order to resurge through colonial spaces. Talking differently to be treated differently was one of the ways mothers shared how they would enact performativity. When asked if she felt the need to filter what she said or how she appeared, Naatoyinski explained:

> "I would definitely say I've felt watched. I've even had to… talk educated just to be respected"

Natoo Apátohsipiikánaakíí emphasized her approach to talking differently to be treated differently when she says:

> "I think I had some good experiences because I sound white. How you speak is how you're treated… like, as literate or illiterate. And I think that has a big part to do with it"

This performative tactic is one that may appear as conforming to the social rules exercised under the colonial health regime; however, it is used by Natoo Apátohsipiikánaakíí and Naatoyinski as a platform to enact resurgence by using settler strategies to take back space that honors Indigenous women. Naatoyinski explains this as "taking the master's house down with the master's tools". In a way, this strategy confuses the settler state by appearing less threatening, and yet, the mothers use this strategy to disrupt the process of power consolidation across institutions by refusing to be silenced.

Although Sikoiy'potaaki shares the challenges of using Acceptance as a means to enact performativity when she states:

> "You have to be more native than a native and more white than a white when you live in the city"

This statement is profound as it explains the lived experiences of urban Blackfoot women who must constantly learn to navigate colonial spaces as they live, learn, and work in spaces that are entrenched in western thought. Additionally, the mothers must also stay connected to their Indigenous ways of knowing and being. In doing so, the

mothers are required to enact the performativity of Acceptance in both Western and Indigenous paradigms.

Conclusion

It is from these discussions that I have come to understand colonial agents as instruments of relational disruption. Nurses are individuals generally employed by the state, who usually practice uncritically as it pertains to colonialism. These discussions with Indigenous mothers demonstrate that nurses regularly reinforce the hegemonic power of a heteronormative, patriarchal and racialized society in their everyday practice as nurses. Yet, in a settler state characterized by ongoing structural forms of domination, urban Blackfoot mothers have continued to resurge through colonial spaces since the inception of the settler state. Quite often nurses are blinded to the power structures they reinforce, because the policies that guide their practice are heavily influenced by, and support a heteronormative, patriarchal and racialized society. This complicit nursing practice is linked to the profession's internalized oppression in the context of a patriarchal society; therefore, reinforcing these practices are associated with power and endorsed by those in positions of power, such as physicians, which ultimately creates the general orientation to life and nursing practice. Moreover, nurses are often rewarded with promotions or additional shifts when they follow policies and practices that support the colonial narrative as they push forward the colonial health agenda. Questioning the status quo of nursing practice places the nurse at risk of being scrutinized by their colleagues or, in extreme circumstances, put themselves at risk for losing their job when they fail to conform to these ideologies and beliefs. Nonetheless, this inept ability to critically reflect on self or institutional policies and practices, sanctions the health care system to continue

to operate under a colonial-health care regime with settler state objectives of biopower that do not meet the needs of urban Blackfoot women living in southern Alberta.

CHAPTER 5. Motherhood as Ceremony

Welcoming a new baby into the family should be a time of joy and celebration. Yet, for many Blackfoot mothers, the fear and anticipation of encountering racism and discrimination from health care professionals often shadows this exciting time. In spite of this underlying fear, Blackfoot women continue to demonstrate their strength and tenacity in the face of adversity through their spiritual connection to *Siksikaitsitapi*. Sustaining systems of ancestral and contemporary Blackfoot practices, urban Blackfoot women have established protective practices to promote their individual health and the health of their newborn, family, and community. The transmission of teachings and cultural practices which has occurred between generations of women has ensured the strength and continuity of Indigenous societies throughout Canada (Lavell & Lavell-Harvard, 2006). However, this transmission and enactment of knowledge can be disrupted in the postnatal period for Blackfoot mothers within the current context of western colonial policies and interventions that are enforced by nursing practice. Navigating colonial spaces, such as hospitals, clinics, or home visits delivered and mandated by provincial health authorities, has required enacting skills of resistance that have been developed by Blackfoot matriarchs over generations. Ascertaining this connection to *Siksikaitsitapi* contributed to the daily acts of resurgence described by seven urban Blackfoot women in southern Alberta. In this way, motherhood becomes ceremony, with the transfer of knowledge across generations and the sacredness of welcoming a new life into this world. Consequently, birthing and child-rearing are more than just physical changes in health, and are spiritual transition in life at their very core.

This paper seeks to dismantle the settler colonial images of Indigenous mothers accessing post-natal health services by exploring: how urban Indigenous women

understand their cultural and traditional knowledges; and, how they incorporate these knowledges into their child rearing practices. Specifically, this chapter explores the traditional child rearing practice of urban Blackfoot women to inform various postnatal services in southern Alberta. Too often, Indigenous women are stereotyped as dissolute, neglectful, and irresponsible mothers, which has led to the removal of Indigenous children from their families for unjust reasons (Denison et al., 2014). The central goal of this paper is to illustrate the strength and tenacity of Blackfoot women, and challenge the colonizing images of Indigenous women that derive from the various manifestations of settler colonial violence. I also hope that this paper may serve a secondary goal of informing postnatal nursing services delivered to Indigenous women in an attempt to address the health inequities experiences by urban Blackfoot mothers.

Blackfoot Matriarchs are Knowledge Keepers

During the Gatherings, I asked the mothers to explain their understanding of traditional and cultural knowledges, and how these knowledges are incorporated into their child rearing practices. The majority of mothers answered this question first by sharing a personal story about acquiring their knowledge of *Siksikaitsitapi.* However, one mother shared her general understanding of traditional practices and why these practices are so important to Indigenous peoples:

> Ikkináíniaakíí: Western society looks at time as a long line, so there's longevity when you think about traditional practices. But with our culture, our sense of time is almost accordioned. Yes, that longevity is there, but our Elders always say we've had these practices since time immemorial. So even though it's so far away, it's so close to us at the same time. We have practiced these traditional child-rearing practices for thousands and thousands of years and we're still doing them today. I feel like, that's how we are showing our resurgence of our culture, those small things that we do on a daily basis is what tethers us to the past and what makes it so close for us.

Ikkináíniaakíí is describing a unique feature of Indigenous knowledges as the ancestral transfer of knowledge throughout time (Lavell & Lavell-Harvard, 2006). Therefore, the connection Indigenous peoples have to traditional practices is more than just a physical act of doing, but rather an act that connects us to our ancestors in a spiritual way. Consequently, although these daily acts may seem insignificant to the non-Indigenous eye, they actually demonstrate the resurgence of *Siksikaitsitapi* in colonial spaces. In addition, the transmission of traditional knowledge and cultural practices is directly connected to the transfer of knowledge between women. All participating mothers indicated their traditional and cultural knowledge was acquired predominantly from Blackfoot matriarchs, whether that was their mother, grandmother, aunt or a respected woman in the community. As described by the mothers, traditional and cultural knowledges are passed on through the strong lines of matriarchs, and the participants' previous position as a childhood learner becomes one of a teacher to their children during motherhood.

After explaining who their Knowledge Keeper was, the study participants went on to explain how they learned to translate their knowledge of *Siksikaitsitapi* into their child rearing practices. The mothers described their cultural practices in the various ways they connect to *Siksikaitsitapi* including: language, acquiring a Blackfoot name, ceremony, dreams, prayer, smudging, and talking to Elders. Ikkináíniaakíí goes on to explain this acquisition of knowledge in her own family and her new responsibility as a mother to fill her child's spiritual tank:

> Ikkináíniaakíí: At one of the parenting programs, a lady talked about filling your child's emotional tank. Then they can go off and be independent, but eventually it depletes, and they come back to you for attention. If you can devote 15 minutes of your attention to them, then they can go off and do their thing. Well, the same thing goes for our spiritual tanks too, that's what our children have. So, when you

> wrap your child in a buffalo hide, you're filling their spiritual tank and helping them connect to that animal and that way of life. It was important for me to bring my [baby] home right away and lay [baby] down on our buffalo robe.

Overall, the mothers described feelings of belonging to *Siksikaitsitapi,* and their personal responsibility as mothers to pass on the traditional and cultural knowledges to their children. This understanding reflects the Blackfoot concept of *Ihpi'po'to'tsspistsi* (those things we were put here with; implies responsibility for them), which is a cornerstone of Blackfoot resurgence activities. Ikkináíniaakíí explains "I was the one always speaking Blackfoot to my child. Trying to teach myself the language. Having that responsibility to teach [my child]". In this case, Ikkináíniaakíí is fulfilling her responsibility as a Knowledge Keeper in ways that instill *Siksikaitsitapi* into her child's life.

Preparing for Ceremony

The mothers expressed their responsibility as Knowledge Keepers as an integral part of motherhood. In thinking of motherhood as ceremony, the preparation for this ceremony was described by the mothers as a spiritual way of being and knowing. Take for instance Natoo Apátohsipiikánaakíí who explains, "your children's spirits choose you as a parent. When you see those dust devils, they are spirits looking for parents", indicating that motherhood begins from a place of spirituality, and that mothers are chosen even before the physical growth of their unborn child.

As I listened to each mother's story about preparing for the ceremony of motherhood, I was unaware that I would also experience a spiritual preparation for my sister's delivery. My younger sister was eight months pregnant while I was writing my thesis, and she had asked me to be in the delivery room with her. I agreed and attended

prenatal classes with her, both of us anticipating the birth a month later. A week before my niece was born, I had a profound dream.

I was at my great-grandmothers home and the sun had just fallen behind the horizon. In the distance, I saw a sweat lodge and a group of holy men and women sweating. In the next instant, I was in a panic and my aunts and grandmother began giving me children to take out the back door. When I looked down, I could see they were my siblings. I ran outside into a labyrinth of slanted old houses with decks. As I ran up one of the decks, I looked ahead to my sister who signaled me to be quiet, and she pointed to something under the deck. Just then, a grizzly bear emerged and let out a loud roar. One of the children I was holding wiggled from my grip and began to run away and the bear chased him. I finally recognized the young boy as a distant relative and called for him to stop running. Just as I yelled for him, my youngest brother called for the bear. In that moment, the bear stopped running and walked toward my brother, the closer he got, the smaller he got, until he transformed into a beaver. The beaver sat in front of my brother and my brother began to pet him and as he did this, my brother looked up and told me not to panic.

This was profound in many ways because "the basic belief systems of *Siksikaitsitapi* includes belief in the spiritual nature of the sun, constellations, birds, animals, waterfowl, etc. and their ability to communicate some of their sacred knowledge to humans… through dreams" (Bastien, 2004, p. 11). I shared my dream with my family the next day and the first thing my mother shared, was that the young boy who ran away in my dream was born premature. At the time, I found that piece of information to be unrelated to my experience, and my mother explained that it was the first thing she thought of when I shared my dream. Two days after having the dream my sister was induced because of gestational hypertension and the risk of preeclampsia. It was in this

moment that I realized the dream was about my sister, who's Blackfoot name is *Naatoksísskstaakíí* (Holy Beaver Woman). The dream was given to me as a way to prepare for the early arrival of my sister's child, and I remembered not to panic. When I shared this dream with my sister, it comforted her because she understood the dream was a signal that her child was destined to come early, and she needed to stay calm in the birthing process.

Similar to how dream knowledge is often only understood by the dreamer (Bastien, 2004), preparing for ceremony is a personalized process. In this light, the following sections are based on the stories told in gatherings and out of respect to the mothers I will write these in a way that demonstrates how the process was significant for the participant, without going into great detail about their specific dreams or ceremonies.

Birthing as Ceremony

Birthing is a spiritual process for Indigenous mothers and should be treated with respect. In speaking with Blackfoot Elder, Beverly Hungry Wolf, she reminded me of the spirit world – a place beyond our physical world that is pure and sacred – as the place newborns journey from to enter our world and therefore should be treated with the utmost respect (personal communication, March 3, 2011). It is from my own personal teachings that I understand birthing as the closest moment women have with the spirit world. This understanding was shared amongst the mothers, and Ikkináíniaakíí shared how her birthing experience clashed with postnatal nursing practices:

> "For me it was actually a really, really spiritual thing going through labour because at one point when I was laying there, I just had a contraction and I just remember closing my eyes and I didn't realize that I had drifted off into sleep and all of a sudden [I had a dream about being visited by a man in paint]… That's something that these nurses don't understand, that it's a spiritual transformation for us as well, it's not just physical. I think that's what Native mothers are craving, the acknowledgement of the spiritual connection when we're having our children"

In the above story Ikkináíniaakíí shared how her dream delivered a significant message and became a spiritual moment for her in the birthing process. The dream she described comes from a personal place, and because she was unable to speak with an Elder about this dream, I have chosen to use this experience to discuss the importance of spirit in labor, rather than focus on the details of her dream knowledge. This story emphasizes the importance of birthing as a spiritual transformation and the limitations placed on this experience in colonial spaces, when nurses confine labor and delivery to merely a physical experience.

Breastfeeding as Ceremony

Spiritual connection does not end during the birthing process, but continues throughout motherhood. In a story shared by Sikoiy'potaakíí she compared her breastfeeding experience to the ceremonial process:

> The nurse came and said "Oh, your milk never came in. Oh! Baby's weight is really low" and "Oh! This is very concerning". So that fear almost set in on me and she said, "We might have to supplement here" and when I told her "no, I don't think so" she said "Yes! If I come back and your milk hasn't come in, in 24 hours". She left, and I was going to sit there and let it get to me, but I had to change my way of thinking back to the traditional way. I lit the smudge and called my grandparents, my grandmothers who have passed, to help me with baby's milk. Asking them to help me with baby's food, [baby] needs to eat. Then my husband researched online how to get milk to come in, and we started loading up on oatmeal. I thought, well my grandmothers are showing me this. Three in the morning my milk finally came in and baby was gulping down milk. I was so proud, our all-night ceremony of getting milk and having that spiritual connection all night.

In this story, Sikoiy'potaakíí is comparing her breastfeeding experience to a Blackfoot ceremony that takes place all night, and is an integral ceremony for the Blackfoot people. Her story further elaborates on the various ways motherhood is ceremony. Moreover, Sikoiy'potaakíí's understanding of breastfeeding as a spiritual

connection with her baby was not comprehended by the nurse who visited her at home. The nurse was more concerned with the numbers on the scale and did not take the time to ask the mother why she responded to supplementing with "no, I don't think so". Instead, she asserted her position of power as the home visit nurse and responded with "Yes!", indicating that there was no other option for the mother, but to openly receive her recommendations. This is problematic for all postnatal nurses who practice on a one-way street where they can give out information but refuse to take the time to receive information from the mothers they are caring for.

Child-Rearing as Ceremony

Motherhood is an ongoing process that extends into child-rearing and the ceremonies required to care for children as they grow to become adults themselves. Therefore, the role of mothering becomes one filled with responsibility that at times feels to be never-ending. The spiritual connections the mothers discussed in this study were lived in every moment, every action, every day. They see value in teaching and embodying *Siksikaitsitapi* to their children because it creates a sense of identity, belonging and understanding. One mother emphasized the importance of teaching *Siksikaitsitapi* when she says, "they will have a better understanding of how to respect themselves and others. To know that they are worthy, and they matter because I don't want them to live in that fear".

It can be difficult for mothers without the guidance and support of family members when they are learning about *Siksikaitsitapi.* This is especially the case for mothers living in the city, who are removed from their Indigenous communities. However, Opokaa'sin has sought to bridge this gap by becoming the central hub for accessing traditional knowledges in the city for nearly twenty-five years.

A Safe Place in the City: Opokaa'sin

Opokaa'sin is a Blackfoot word that translates to "all the children," which is fitting for the non-profit, Indigenous-run organization. Their mission is to nurture and support the strengths and resilience of Indigenous families, children, and youth. As indicated by the mothers, Opokaa'sin has been a safe place for Indigenous children and families to learn about their traditional and cultural knowledge in the city. Niistsímii'áípapommiiks expresses her gratitude to Opokaa'sin when she says:

> I'm just really appreciative that I found out about Opokaa'sin and was able to get all my kids through there because they are learning a lot more and at a younger age than I ever did. And I don't know, the only reason I did learn was because I was on the reserve and being around other kids. It's so important for my kids to attend Opokaa'sin because they have Elders who teach my kids how to smudge and pray. Which they wouldn't if it wasn't for Opokaa'sin. My kids got to pick sweetgrass, that really meant something to me.

The organization has been able to create connections to culture in ways that some families have not been exposed to. Taking into consideration the history of child removal through state interventions, some families have lost their transmission of knowledge over the generations. Opokaa'sin provides an opportunity for all individuals to re-connect to their cultural and traditional knowledges, which has been linked to health benefits among Indigenous peoples (Lavell & Lavell-Harvard, 2006). As shared by one mother:

> "When you're in the city and you're a minority, you almost feel alone in raising your child with cultural values. It feels overwhelming, like I'm just one person trying to do this alone with one child. But it was nice to sit down and hear from other mothers who are raising their children with culture. It was almost reaffirming to me, to know that this is important. It made me feel good, not personally, but as a collective. There are more of us trying to learn it, preserve it, and carry it on".

Opokaa'sin's partnership in this study was fundamental to the research process by providing a space that was safe. Spaces like this are rare for Indigenous peoples, especially Indigenous women who are constantly enacting the 3As of performance in

colonial spaces, as discussed in the previous paper. In an ideal world Opokaa'sin would be the gold standard for decolonizing spaces, which could be applied widely to support urban Indigenous peoples.

Recommendations for Postnatal Nurses

Sharing story with the mothers allowed me to receive first-hand recommendations for postnatal nurses. I asked the mothers to explain their ideal relationship with a nurse, and what the space would look like. Based on this question, the mothers recommended hiring more Indigenous nurses into the workforce. They also recommended a clinic that incorporates Indigenous ways of knowing and being, a clinic that will attend to the needs of urban Indigenous people. Establishing an urban Indigenous clinic that resembles Opokaa'sin would benefit Indigenous children, mothers and families living in the city. The mothers also expressed wanting to see higher representations of Indigenous nurses in postnatal nursing sites as a way to improve care. Currently, non-indigenous nurses "have no idea who we are or what we have to deal with" (Sikoiy'potaakíí, personal communication, February 21, 2019).

As it currently stands, white, middle-class women tend to be positioned as nurse managers, researchers, and educators, and those of us who are people of color tend to be concentrated in less prestigious, less autonomous nursing positions (Gustafson, 2005). Thus, institutional discourse on human difference results in the material consequences of the continuing reiteration of racialized differences. Consequently, hiring full-time Indigenous staff for various positions at all levels within the health care system could diversify perspectives and practices in nursing care. The recommendations made by the mothers align closely with the TRC's Calls to Action (2015) in 21) which calls upon the government to "provide sustainable funding for existing and new Aboriginal healing

centres" and 23.i) to "increase the number of Aboriginal professionals working in the health-care field".

In addition to the above recommendations the mothers explained their ideal relationship with a postnatal nurse would involve a relationship based on respect, rather than control. Many mothers believed this respect could be achieved through additional education on the historical and ongoing forms of settler colonial violence experienced by Indigenous peoples and communities. Many mothers agreed that when a nurse approaches the relationship as a person wanting to support you, rather than a professional with power to wield, is a good indicator of how they will continue to interact with the nurse. In other words, the mothers wanted a nurse who would listen, like a mother or aunt would, and talk with them, rather than at them. Most importantly, the mothers wanted a nurse who would treat them as a person, one that made an effort to know them instead of judging them based on assumptions.

Conclusion

This paper discussed four ways motherhood is ceremony: preparing for ceremony, birthing as ceremony, breastfeeding as ceremony, and child-rearing as ceremony. I also shared recommendations from the urban Indigenous Blackfoot mothers to assist postnatal nurses to create stronger relationships with Indigenous mothers. Several areas throughout the antepartum, intrapartum, and postnatal period were identified as potential opportunities for spiritual transformation and connection by the participants. It was through sharing story that the participants and I connected in a spiritual way. Each of the mothers demonstrated the ways they were able to sustain and preserve ancestral and contemporary systems of Blackfoot practices, which have a protective influence on their individual health, and the health of their newborn, family, and community. Despite the

countless negative experiences with postnatal nurses, the resiliency and tenacity of each mother shone through. They represent the conduits needed to transfer the cultural knowledge of *Siksikaitsitapi* onto the next generation, and each participant exemplified a powerful example of Blackfoot motherhood as ceremony.

CHAPTER 6. SUMMARY

The purpose of this thesis was to explore urban Blackfoot mothers' relationship to urban health services, specifically to postnatal nursing care, and highlight the ways in which these mothers activate resurgence in their daily lives. In Chapter One, I provided background on the ongoing forms of colonial violence in postnatal nursing care, which continue to impact Indigenous mothers and families, and contributes to poor health outcomes. This outlined the current practice issue and gap in literature for Indigenous maternal child health. Yet, despite the colonial violence, Indigenous mothers endure and continue to transfer teachings and cultural practices across generations, which represents a primary source of strength and resiliency. In addition, this transfer of knowledge is not confined to mothers living rurally or remotely on reserves, but also includes urban Indigenous mothers and communities as well.

Chapter One also laid the foundation for this thesis research, and posed the question: how do urban Indigenous mothers experiences with postnatal nursing care shape their relationship with urban health services? In answering this question, it was clear that the negative experiences with postnatal nursing care unequivocally shaped urban Blackfoot mothers' relationship with urban health services. The mothers identified urban health services as colonial spaces that required them to enact three different approaches to performativity to navigate them.

In Chapter Two, I showed how the historical foundations of Indigenous nursing care within Southern Alberta was shaped by Christian ideological conceptualizations of health and wellbeing. These practices were also enveloped by settler Biopower that had an objective of controlling and regulating Indigenous bodies. Biopower is demonstrated in the current surveillance strategies of contemporary health policies and practices that

represent part of the Indigenous Panopticon. These policies are ensconced with Western biomedical ways of knowing and continue to dominate nursing practice, which becomes problematic for Indigenous peoples. Furthermore, Chapter Two laid the foundations for the ways in which contemporary nursing care is steeped in colonial thought and practice. The theoretical perspectives of Indigenous resurgence and critical Indigenous feminism were used to inform this thesis research, and the values and ontological principles of Siksikaitsitapi were also discussed.

In Chapter Three, I outlined my Blackfoot methodological framework for this study, which was designed to centre the voices and perspectives of Blackfoot mothers. Specifically, I use the Blackfoot concept of *Niinohkanistssksinipi* (Speaking Personally) to connect the participants' stories to my own lived experiences and understandings as an urban Blackfoot woman. This methodological framework allowed me to answer my research question by positioning my research within a framework of relationality. In doing so, my methodological framework challenged the dominant forms of research practice that construct hierarchies of power between researcher and participants. Conversely, I was able to foster mutually beneficial partnerships between participants and myself. The gatherings and individual interviews became natural forms of interactions with the participants, which allowed for more informal approaches to data collection. In turn, this allowed the mothers to share stories that came naturally to the conversation and allowed the participants to guide the conversations. This was an essential element of my research methodology, since participants were sharing stories that uncovered negative experiences.

In Chapter Four, *"Your Policies and Procedures Have No Spirit": Blackfoot Mothers Perceptions of Postnatal Nursing Care,* I show how nursing care is steeped in

colonial thought and practice. As a registered nurse and Blackfoot mother, I used my own lived experiences to analyze this conflict-ridden nurse-Indigenous relationality. As a Registered Nurse, I was able to understand why nurses use health policy to guide their practice, and why nurses may also practice according to the traditions of the unit. Yet, as a Blackfoot mother, I also understand that these policies and practices are steeped in oppressive colonial thought and practice. I could relate to the participants stories and understood their frustrations when nurses performed as colonial agents. Although, I am also aware that many of the nurses unknowingly reinforce this colonial narrative as a result of the internalized oppression within a patriarchal society, and that many may be unable to practice multi-layered reflexivity. The stories shared by these mothers afford an opportunity for nurses to reflect on colonial common sense within the health care system, and in their own nursing practice. Overall, the Blackfoot mothers had negative experiences with postnatal nursing care that they collectively agreed was due to the colonial underpinnings of the Canadian health care system (Varcoe et al., 2013).

As I identified in Chapter Four, Blackfoot mothers identified colonial common sense, racism, and policing as salient features in their negative experiences. Moreover, these mothers emphasized how a disruption of nurse-client relationality constructed negative hospital experiences, which ultimately shaped their relationship with postnatal nursing care. This disruption of relationality was directly connected to nurses who practiced uncritically, as it pertains to colonialism, and reinforced the hegemonic power of a heteronormative, patriarchal, racialized society.

At the core of Indigenous-nurse relationality was the fear of child apprehension, which then shaped the ways in which Blackfoot mothers performed within colonial spaces and with colonial agents. The colonial spaces were explained by the participants as

not only a physical, fixed space, but instead any space that evokes the relegation of Indigenous women to the periphery of life and politics through heteropatriarchal violence for the objectives of achieving Biopower.

Additionally, Chapter Four introduced the Three A's of Performativity: Assertive, Anodyne, and Acceptance. These performative actions helped the mothers navigate colonial spaces, and shaped how they activated their daily acts of resurgence. I explained that these Three A's are not instances of surrendered power by Blackfoot mothers, but rather follow the Blackfoot concept of *Iisasaatoip'Saipoomapii.* This Blackfoot concept is a resurgent method that describes pathways, which locate inner strength and help an individual to persevere toward an objective, even in the presence of negative energies (Grier, 2014). This set the stage for Chapter Five where I introduce Motherhood as Ceremony.

In Chapter Five, *Motherhood as Ceremony*, I demonstrated the strength and tenacity of Blackfoot women and their role as Knowledge Keepers. The transmission of *Siksikaitsitapi* is connected to the daily practices of mothering, which connects children, women, and families to our ancestors in a spiritual way; it also fosters resiliency when interfacing with colonial spaces and colonial agents (Lavell & Lavell-Harvard, 2006). While these daily acts may appear insignificant to the non-Indigenous eye, they actually demonstrate the resurgence of *Siksikaitsitapi*. The mothers shared stories that compared their daily practices of mothering as connected to ceremony. For instance, a mother attributed her experience with breastfeeding to an all-night smoke ceremony. As described by the mothers, traditional and cultural knowledges are passed on through the strong lines of matriarchs, and the participants' previous position as a childhood learner becomes one of a teacher to their child(ren) during motherhood (Lavell & Lavell-

Harvard, 2006). Therefore, child-rearing is an important act of resurgence that maintains Indigenous communities.

Implications of the findings

My thesis has shown, through the stories shared by Blackfoot mothers, that the perceived standardized "neutral" health care system has not been safe for Indigenous peoples. These findings have several implications for research and practice. This research inquiry is the first to present evidence that describes urban Blackfoot mothers' experiences with postnatal health services in southern Alberta. These findings are highly relevant to postnatal nurses as well as to other health care providers, researchers, decision-makers, and communities who cross paths with Indigenous maternal child health.

From a research standpoint, these findings fill a number of gaps in the literature. Specifically, for the urban Indigenous experience and postnatal health care. In addition, the methodological approach used in this study promotes decolonial approaches to nursing research. This is especially important for research approaches that include Indigenous participants.

These research outcomes may also be useful to nurses who practice with Indigenous women during the postnatal period. It was clearly articulated by the Blackfoot mother participants, that "neutral" practices do not produce "neutral" spaces for Indigenous peoples. Colonial thought and practices are so ingrained within Canadian society that they are naturalized within the Canadian health care system (Smylie & Phillips-Beck, 2019) which makes them difficult to notice with an untrained eye. The findings also suggest that multi-layered reflexivity (Rix et al., 2014) is needed to understand how health policy and nursing practice may disrupt Indigenous families. In

doing so, all maternity care providers can provide safe care that respects the worldview of Indigenous mothers, when they are able to recognize the challenges that Indigenous women face when accessing urban health services.

Limitations

Even though these findings are valuable, they do not come without limitations. First and foremost, this thesis collected stories from seven Blackfoot women which cannot be generalized to the entire population of urban Indigenous mothers. This was not the purpose of this project. What can be generalized is the importance of multi-layered reflexivity for nurses and creating opportunities for Indigenous women to define and evaluate their nursing care experience.

Similarly, during the selection and recruitment process, the mothers who were included in the study approached the researcher on their own terms. The challenge with this from a western perspective, is that some stories may have been underrepresented in the data collection. For instance, the mothers who participated in the study were all from Blackfoot decent. The study was opened to Indigenous women, which included First Nations, Métis, and Inuit women; however, this study only obtained First Nations (more specifically, Blackfoot) women participants.

Future Research Directions

Researchers interested in decolonial approaches to nursing research could use this research to inform their methodological approach. Moreover, researchers interested in Indigenous maternal child health can build on the findings from this thesis project by investigating the logistics of delivering culturally safe care to Indigenous mothers. It can also be used to inform an evaluative piece of research that looks at an Indigenous

approach to postnatal programming, which could also provide an ontologically oriented health clinic, oriented to the land in which they are.

Overall Recommendations

Based on the outcomes of this study the following recommendations are formulated. I share these recommendations as part of *Kiitomohpotokoi*, my ontological responsibilities, as a Blackfoot nurse in order to identify and address the gaps in health outcomes between Indigenous and non-Indigenous women.

1. Recognize the limitations of traditional Western approaches to nursing research when researching with Indigenous peoples.
2. Provide opportunities for Indigenous graduate nursing students to learn about Indigenous research methodologies.
3. Critically reflect on the broader settler colonial objective of Indigenous elimination through biopolitics by examining the current policies, procedures, and practices in health care settings.
4. Increase the representation of Indigenous nurses in all positions of nursing, including prestigious and autonomous positions.
5. Provide opportunities for nurses to learn about the multi-faceted dimensions of colonial gender violence towards Indigenous women in order to provide quality care.
6. Encourage nurses to confront deep-rooted attitudes and relations of power in colonial spaces.

Concluding Statements

If there is one thing that this research journey has taught me it is to embrace my Indigeneity as a registered nurse. I am so grateful for having been given the opportunity

to work with the seven Blackfoot mothers and staff at Opokaa'sin. Through these connections I have learned lessons, developed skills, and built relationships with people that will guide me as I move onto the next chapter. I will cherish all the stories, lessons, and knowledge that came from this research as I walk through life. I share this one last story to conclude this thesis and serve as a reminder to never underestimate the strength of Blackfoot mothers. In the wise words of our Knowledge Keeper, Dr. Deborah Pace she says:

> When the white settlers came in, it was the native mothers and grandmothers that were the doctors. We had all the medicines and of course, all the medicines helped keep us alive in the severe conditions. The grandmothers were the midwives and the settlers would depend on the native women to help deliver their babies and they would do it their way and the white settler woman accepted it. But, as soon as the government and everybody else started to develop towns and hospitals, then the white settler woman trashed the grandmother doctors. When the grandmothers cared for them, they never got sick, the babies were fine, the mothers were healthy and if it wasn't for the native grandmothers they wouldn't have survived the harsh climates of the prairies. They forget the value that we offered them, to keep them alive and keep their children alive. So now here we are, listening to them and they're saying, "that's wrong, it's done like this". We never said that to them. We didn't say "Oh no! You can't have a baby that way! Do it the Indian way". We never injected our culture on them, they injected their culture in us. So, we have this browbeating "you're not doing it right!" and "you got to stop doing that cradle thing and smudging thing". That's their way. But we never say anything and when they're gone, we go right back to our practices… for the most part.

Her story reminds us how Indigenous women, specifically Blackfoot mothers, demonstrate agency and resiliency during the postnatal period. Despite many of the nurses who practice as colonial agents, Blackfoot women continue to uphold cultural practices and traditions in every day acts of resurgence.

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Appendix A

Literature Search

Title	Author(s) & Year	Theory/ Framework	Methodology	Methods	Notes
Our land, our language: Connecting dispossession in health equity in an Indigenous context	(Brown et al., 2012)	Harvey's Accumulation of Dispossession/ Postcolonial & Indigenous knowledge	Qualitative: Community Based Participatory Research	- Individual interviews - Focus groups - Community engagement (attending community events) - Film (dissemination)	Using CBPR there have been numerous studies completed as part of the approach. Incorporates Indigenous Knowledge from an 'outsiders' perspective & provides implications for nursing action.
The Family Spirit trial for American Indian teen mothers and their children: CBPR rationale, design, methods and base characteristics	(Mullany et al., 2012)	Theory of Planned Behavior	Quantitative: Community Based Participatory Research	- Pilot study - Randomized Control Trial of Family Spirit intervention vs. Optimized Standard Care - Evaluated maternal/child psychosocial and behavioral measures - Observational parent-child interactions - ACASI Substance use assessments	Researchers were able to use CBPR in a quantitative setting. Using RCTs to evaluate the intervention of Family Spirit program against mothers using the Optimized Standard Care (which is offered to all mothers).
Maternal and newborn health profile in first nations community in Canada	(Oliveira et al., 2013)	Epidemiological	Quantitative: Retrospective review	- Chart review of 453 women from the Six Nations Reserve, Ontario - Pregnant between 2005 and 2010. - Maternal health behaviours, past medical history, physical measurements, birth	The study indicated First Nations mothers from the Six Nations reserve were multiparous, higher BMI before & after pregnancy and more likely to smoke during pregnancy compared to non-First Nations mothers in Hamilton

Title	Author(s) & Year	Theory/ Framework	Methodology	Methods	Notes
				outcomes, and newborn characteristics were abstracted - Key maternal/newborn characteristics were compared with a cohort of non-First Nations women from Hamilton, Ontario	Newborns had higher birth weight & more likely to have metabolic abnormalities. Study indicates need for prenatal education about diet, exercise and smoke free lifestyle
Mother-infant health outcomes and nursing practice in a remote First Nations community in northern Canada	(Tarlier et al., 2013)	Nursing Role Effectiveness Model (NREM)	Mixed Methods: Systematic chart review & ethnographic study	- Retrospective chart review of 65 mothers & 63 newborns: randomly selected - Quantitative software: Excel & SPSS - Qualitative abstraction: collection of narratives from client charts.	Sample selection of on reserve living mothers and newborns Did not communicate with clients, rather referred to notes written by nurses on their perceptions of the client. "Nurses also require skills in relational practice if they are to contribute to fostering patient trust and continuity of care, given that patients may see different nurses, sometimes at every visit" (p.94).
Help bring back the celebration of life: A community-based participatory study of rural Aboriginal women's maternity experiences and outcomes.	(Varcoe et al., 2013)	Postcolonial feminist perspective / Participatory action research framework	Qualitative: Ethnographic study	- 100 Aboriginal women from Nuxalk, Haida & 'Namgis First Nations - Conducted by UBC academics in nursing, medicine & counselling psychology - Interviewed 100 Aboriginal women: individually/focus groups	"For every indicator of healthy pregnancy and infancy (e. g. teen pregnancy, preterm birth, low and high birth weight, infant and neonatal mortality), outcomes are 2 to 5 times worse for Aboriginal people in Canada" (p.2 of 10)

Title	Author(s) & Year	Theory/ Framework	Methodology	Methods	Notes
				- Involved community members with interviews & meetings	Author explains how the colonizing and racializing process contribute to poor maternal care outcomes
Improving Aboriginal maternal and infant health services in the 'Top End' of Australia; synthesis of the findings of a health services research program aimed at engaging stakeholders, developing research …	(Barclay et al., 2014)	Aboriginal ethics & principles	Explanatory Sequential Mixed Methods: Ethnographic study Participatory Action Research	- A review of two sub-studies conducted by 2 differently funded research products - Data were sourced from: hospital and health centre records, perinatal data sets & costing data sets - Observations of maternal & infant health service delivery & parenting styles - Formal and informal interviews with providers and women and focus groups - Both studies examined best practice outcomes - A new intervention for maternity care was introduced and evaluated 5 years later	The authors examined two studies that had been working closely with two remote Aboriginal communities in Australia. The review revealed significant health disparities between Aboriginal and non-Aboriginal peoples of Australia. Identified poor quality infant care services
Aboriginal women's experiences of accessing health care when state apprehension of children is being threatened	(Denison et al., 2014)	Postcolonial feminist perspective	Exploratory Qualitative Research: Ethnographic study	- Conducted in 2. Phases: (1) secondary analysis of interviews with Aboriginal women and health care providers. (2) primary interviews with Aboriginal women and health care providers. - Thematic analysis & interpretive description	Child apprehension or threat of, did not impact Aboriginal women's decision to seek health care for children, but did impact their own access of health care services.

Title	Author(s) & Year	Theory/ Framework	Methodology	Methods	Notes
Defining and Evaluating Cultural Safety at Seventh Generation Midwives Toronto: Exploring Urban Indigenous Women's Perspectives on Culturally Safe Maternity Care	(Churchill, 2015)	Indigenous theoretical /decolonial framework	Qualitative: Community-based participatory, realist evalution	- Purposive sampling of mothers of Seventh Generation Midwifery - Open ended interviews - Participatory: member checking	- Assumptions: only those mothers that were accessible were asked to participate - Gaps stated by author: the post-partum period remains the most neglected from a service standpoint in Canada (Benoit, Stengel, Phillips, Zadoroznyj, & Berry, 2014)
Indigenous and tribal peoples' health: a population study	(I. Anderson et al., 2016)	Epidemiological	Quantitative: Systematic Review	- Baseline study in 2 remote sites (412 mothers and 413 infants) - Epidemiological studies (7,560 mothers) - 7 other sub studies	- Preliminary data from the following countries: Australia, Brazil, Canada, Chile, China, Georgia, India, Kenya, New Zealand, occupied Palestine territory, Pakistan, and the USA. - Collected data from national surveillance systems - (2) international meetings: New York & London - Determined health disparities for Indigenous populations, but gaps varied depending on country.
Health/Service Providers' Perspectives on Barriers to Healthy Weight gain and physical activity in pregnant, urban first nations women.	(Darroch & Giles, 2016)	Postcolonial Feminist Perspective / SDOH framework	Qualitative: Community-based participatory research	- Individual interviews: 15 health care workers (12 Indigenous, 3 non-Indigenous) - Braun & Clarke (2006) thematic analysis	Urban Indigenous population Poverty, education & colonialism emerged as the three dominant themes Poverty was broken down further into (3) sub-categories: food insecurity, environment & child care

Title	Author(s) & Year	Theory/ Framework	Methodology	Methods	Notes
					Recommendation #1: Health care providers need to understand the barriers as listed above and implement multi-layered interventions on the micro and macro levels. Recommendation #2: Implement a community engaged approach
Child-rearing practice of the Carrier First Nation in northern British Columbia, Canada	(Olynick, Li, Verde, & Cui, 2016)	Indigenous framework, decolonial approach	Exploratory Qualitative: Community Engaged	- Convenience Sample: 4 parents (two females & 2 males) and 1 grandparent - Individual open-ended interviews, face-to-face, audio recorded - Questions interested in grandparents/parents/current child rearing experiences - Member checking (listened to audio tape prior to transcribing)	The study was conducted in an urban setting in Northern British Columbia. The sample size was small and confined to one Nation Traditional Child rearing practices: Experiential learning. Boys learned to hunt and fish. Girls learned to cook, make baskets. Grandparents were key roles in child rearing Current practices are a mixture of western & traditional practices. Rites of passages have changed (ie; first kill vs. obtaining driver's license)

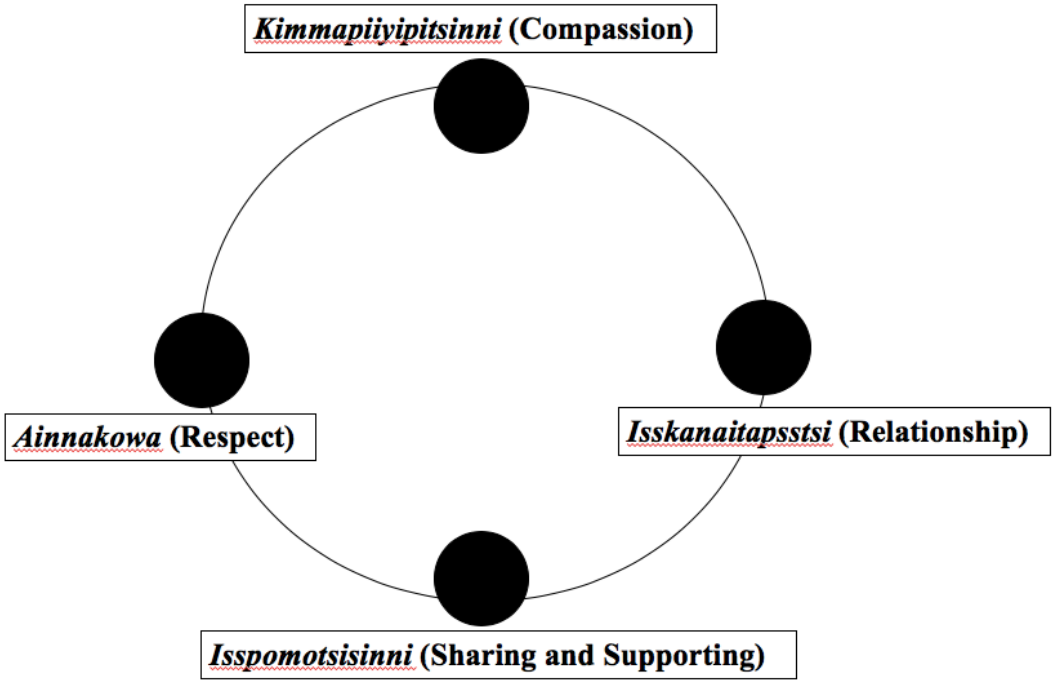
Title	Author(s) & Year	Theory/ Framework	Methodology	Methods	Notes
Understanding the role of Indigenous community participation in Indigenous prenatal and infant-toddler health promotion programs in Canada: A realist review	(Smylie et al., 2016)	Realist theory	Systematic Review	- Systematically searched computerized databases and identified non-indexed reports using key informants. Included literature evaluated a prenatal or child health promoting program intervention in an Indigenous population in Canada. - 17 articles & 6 reports	The review confirmed Indigenous community investment, ownership and activation as an important pathway for success in Indigenous prenatal & infant-toddler programs.
Engaging Indigenous families in a community-based Indigenous early childhood programme in British Columbia, Canada: A cultural safety perspective	(Gerlach et al., 2017)	Postcolonial feminist and Indigenous feminist perspectives	Qualitative: Community Engaged critical inquiry	- Purposeful sampling of off-reserve participants of AIDP: caregivers, AIDP workers & Elders (N=35) - Semi-structured interviews - Primary author conducted thematic analysis for narrative data (Braun & Clarke, 2006) - Transcribed audio recordings - Preliminary author created code book with HyperRESEARCH - Feedback on preliminary data analysis given by community stakeholders & community research partner - Literature used to interpret findings	Part of a larger study on the effectiveness of the intervention: Aboriginal Infant Development Program (AIDP) Credibility was further enhanced through the inclusion of diverse participant groups and research settings (3) emerging themes: (1) overcoming mistrust, (2) willing to move a 'step-forward', (3) resisting what's taken for granted Emphasis on fostering long-term provider–family relationships, inclusion of the extended family, integration with other community services, co-location in community organisations where families are already gathering, a flexible and responsive approach to

Title	Author(s) & Year	Theory/ Framework	Methodology	Methods	Notes
					programme delivery, approaches that respond to families' circumstances, and Indigenous community investment and governance Rather than focusing on a child's health and development, 'supporting the family as a whole' was a frequent entry- point for engaging with families.
Interventions to provide culturally-appropriate maternity care services: factors affecting implementation	(Jones et al., 2017)	Supporting the Use of Research Evidence (SURE) Framework	Systematic Review	- Reviewed 15 papers - Implemented SURE framework to analyze findings -	International SR, based on WHO recommendations to improve maternal/child care Four themes emerged: (1) The need to consider broader economic, geographical and social factors (2) community participation is needed to understand effectiveness of programs (3) respectful, person-centered care is required (4) continuity of care.
Family-centered interventions by primary health care services for Indigenous early childhood wellbeing in Australia, Canada, New Zealand and the Unites States: a systematic scoping review	(McCalman et al., 2017)	Grounded Theory	Systematic Review	- 14 databases searched, grey literature & reference lists of Indigenous maternal and child health reviews. - Timeframe: 2000-2015 - Blinded reviewers used the Effective Public Health Practice Project quality assessment tool.	Australia, Canada, New Zealand and the United States were countries literature covered Study interested in the effectiveness of family-centered care approaches to interventions for Indigenous families Findings: family-centered approaches to care improved

Title	Author(s) & Year	Theory/ Framework	Methodology	Methods	Notes
				- Qualitative studies were assessed by blinded reviewers using the Critical Appraisal Skills Programme quality assessment tool -	health outcomes for Indigenous families

Appendix B

Niitoyiistsi (Tipi/Lodge): A Blackfoot Research Framework



Appendix C

Urban Indigenous Organizations

Organization Name	Address	Programs & Services Offered
Aboriginal Housing	1273 3 Avenue South	Assist any person of Aboriginal heritage to move from rental tenancy toward the prestige of being a Home Owner and to building one's own equity.
Native Counselling Services of Alberta	1014 3 Avenue South	Focused on social justice for Aboriginal people. For 45 years, NCSA has assisted Aboriginal people gain fair and equitable access to the *justice, children's services* and *corrections* systems in Alberta
Treaty 7 Urban Indian Housing Authority	234 12 Street C North	Not-for-profit organization which provides subsidized rental units for low to moderate income Native families seeking accommodations in the urban areas.
Saamis Aboriginal Employment and Training Association	422 13 Street North	Facilitates with funded training programs for people of Aboriginal Ancestry. Through Metis Nation of Alberta or Community Futures Treaty Seven we can provide individuals with funding to attend vocational training, post-secondary programs, safety tickets, etc. Provide job placement services and career decision making workshops. Provide on-the-job wage subsidy program to employers.
Sik-Ooh-Kotoki Friendship Society	1709 2 Avenue South	Supports and promotes self-determined activities, which strengthens Aboriginal cultural distinctiveness. Improved quality of life (respect, dignity & equal opportunity) for Aboriginal people in the urban community.
Blackfoot Family Lodge Society	830 7 Street North	Providing accommodation and resources to First Nations Women and Children in a cultural and compassionate manner. Empower our First Nations women in making responsible choices and changes in their life to set themselves on a path towards a self-sufficient future

Appendix D

Participant Recruitment Poster

University of Lethbridge

Participants Needed for Research

*Participation is voluntary

Urban Indigenous Mother's Experiences with Postnatal Nursing Care

Are you Indigenous?

Are you a mother?

Informal Info Session

Location:
Opokaa'sin Early Intervention Society

Date: January 17, 2019

Time: Drop-in 10:00am - 5:30pm

Do you live in the city?

Do you have a child under 1?

How would you describe your experience with nursing care after having your baby?

Join us at Opokaa'sin EIS and share your experiences!!!
Individual interviews (arranged around your schedule) & focus groups
Childcare and meals will be provided for focus groups.

Eligibility criteria: Over the age of 18, self-identified Indigenous mother, live in the city and received nursing care services after having a baby in the last year.

For more information contact:
Chloe Crosschild at **chloe.crosschild@uleth.ca** or
North Star Program Coordinator Opokaa'sin EIS at **403-380-2569**

Email: chloe.crosschild@uleth.ca
Phone: 403-380-2569

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Appendix E

Letter of Invitation

September 1, 2018

Oki, Hello!

My name is Chloe Crosschild. I am a registered nurse, currently completing my Master of Nursing degree through the University of Lethbridge. As part of my degree, I am completing a thesis with a focus on exploring urban Indigenous mother's experiences with postnatal nursing care services in Southern Alberta. I will be partnering with Opokaa'sin to host small evening gatherings and later, conduct digitally recorded individual interviews to help me explore my research question.

If you are over the age of eighteen, self-identify as Indigenous (First Nations, Metis or Inuit), have a child under one and received nursing care services within 6 months of having your baby, I would greatly appreciate learning from your experience(s). The evening gatherings will take place over a period of 5 weeks, meeting once weekly in the evenings for approximately 1-1.5 hours. Child care and meals will be provided if you decide to participate. Following the gatherings and with your permission, I would like to hear from you individually in a digitally recorded interview, to expand on what is learned from the gathering sessions. These interviews will take approximately 45-60 minutes and can be conducted at a convenient place of your choosing (home, Opokaa'sin, etc.). I do not anticipate any risks participating in this study.

During the gatherings, we will be making [tie blankets, moss bags, baby moccasins] that you will be able to take home for your personal use, as well as a $10.00 Visa gift card, as a token of appreciation for your time and participation. Anonymity and confidentiality will be maintained during and after the research study. Participation in the study is completely voluntary. Although you will be asked to provide minimal demographic information such as, Indigenous identity (First Nations, Metis or Inuit) and age, personal information will not be used in my thesis or publications. Pseudonyms will be used in place of actual names.

If you have any questions about my study, you may contact me at chloe.crosschild@uleth.ca or (403) 593-2565. My thesis supervisor Dr. Peter Kellett can be reached at peter.kellett@uleth.ca.

Thank you in advance for your participation.

Respectfully,

Chloe Crosschild, BN, RN
University of Lethbridge
chloe.crosschild@uleth.ca

Appendix F

Gathering Session Topics

Week	Activity	Topic	Questions
0	Pilot	Provide information on research project	Allow input from participants on research methods.
1	Ice breaker activity (Name and three unique things about you) Before questions we will receive instructions for experiential learning project (depending on funding, no sew tie blankets OR moss bags OR baby moccasins)	Our experiences shape our relationships with urban health services	What was your experience with Registered Nursing care after delivering your baby?
2	Opening Activity: Share one positive accomplishment that happened since last week. Before discussion: Open floor for questions about project	Indigeneity in the City: Traditional/Cultural Child Rearing Practices	How do you understand your cultural or traditional knowledges and how do you incorporate this into your child rearing practices? What are some benefits and challenges being an Indigenous mother in the city?
3	Opening Activity: Share two positive accomplishments that happened since last week. Before discussion: Open floor for questions about project	The Perfect Relationship	Imagine a relationship with a postnatal nurse in which you feel comfortable, respected and able to be yourself. How would this look? What are the things that the postnatal nurse does to make you feel comfortable and respected and able to be yourself?
4	Opening Activity: Share three positive accomplishment that happened since last week. Before discussion: Open floor for questions about project	Creating Space	What about the space that care is being provided? How does it look? What are the things in the space that make you feel comfortable and respected and able to be yourself? Now, think about an experience with a postnatal nurse: how did your care compare with what you just described? How did the physical space impact your care and experience?

Appendix G

Individual Interview Guide

Introduction

Thank you so much for taking the time to speak with me today. I was hoping to hear about your experiences with postnatal health services in the city and your encounters with registered nurses. I would like to also remind you that this interview will be digitally recorded, and all information will be kept confidential. The digital recording will be securely destroyed after being transcribed.

Do you have any questions before we begin?

Interview Questions

1) First, I was hoping to learn a little bit more about yourself. What would you like to share?
   Prompting Questions:
   a. How many children do you have?
   b. How old is your baby now?
   c. Do you identify as Indigenous? How do you identify yourself?

2) How do you access your traditional knowledges and how have they influenced your child rearing practices?
   Prompting Questions:
   a. Were there any traditional practices that you engaged with during the postnatal period? (ie; Indian swing, moss bags, cradleboards, snake or lizard pouch for umbilical cord, smudging)
   b. What about ceremonies? If yes, can you share some examples?
   c. Has anyone shared any 'do's and don'ts" or traditional stories or about caring for you newborn?

3) Next, I was hoping you would share your experience with postnatal nursing care delivery?
   Prompting Questions:
   a. Did a public health nurse visit you in the first week after returning home from the hospital? Did you attend postnatal classes?
   b. How would you explain the quality of care you received? How were you treated by the nurse?

4) What were your initial expectations from a postnatal home visit/postnatal class?
   Prompting Questions:
   a. What kind of support did you need during the postpartum period?
   b. What specific things were you hoping the postnatal home visit would provide? Were your needs met?
   c. Were there needs that were not met? Which ones?

This concludes the interview. Did you have anything else you would like to share about what we covered today?

Thank you for your generosity in sharing your knowledge and experience, I am very grateful!

Appendix H

Participant Consent

Participant Consent Form

Study Title
Urban Indigenous Mothers' Experiences with Postnatal Nursing Care in Southern Alberta: A Blackfoot Methodology

Researcher Contact Information
Chloe Crosschild, BN, RN
University of Lethbridge Graduate Student – Faculty of Health Sciences, Master of Nursing
Phone: 403-593-2565
Email: chloe.crosschild@uleth.ca

Funding Sponsor
Opokaa'sin Early Intervention Society
Indigenous Graduate Award

Introduction
The purpose of this study is to explore urban Indigenous mothers' perceptions on maternal/newborn postnatal nursing care and determine if services provided by Postnatal Registered Nurses in Southern Alberta meet the needs of urban Indigenous mothers.

The following information describes the reasons why I am doing this research and how we are going to do the research. It will also tell you how the research study might be harmful or helpful to you. This information explains how you can tell us you do not want to take part in the study or how you can leave the study at any time. Being part of this research is voluntary. If you have questions or worries about this study, please tell the interviewer before you start the interview. Make sure you understand everything on this form before you sign it.

Background and Purpose of the Research project
Research on Indigenous issues rarely focuses on life in urban centres and instead, there is a tendency to frame rural and remote locations as representative of "real" Indigeneity. However, there are a growing number of Indigenous peoples living or moving to urban centres in the last one hundred years and contrary to early expectations of assimilation, urban Indigenous peoples in Canada have not disappeared into mainstream society.

This study seeks to explore your experiences accessing postnatal nursing care in Southern Alberta. The information collected will be used by Opokaa'sin to help improve postnatal health programs and initiate a conversation between postnatal nursing practice and decolonization. Moreover, this research hopes to provide new insights into best practice approaches to postnatal nursing services with urban Indigenous mothers and babies.

Description of the Research and Procedures

Gatherings:
If you agree and consent to participate in this study, you will be asked to participate in both Gatherings and potentially a one-on-one interview. There will be will be a total of 5 Gatherings, conducted in the evening, once a week for five weeks. The sessions will take no longer than 1.5 hours. Child care and food will be provided.

The Gatherings will be facilitated by the researcher and a staff member from Opokaa'sin, and a Blackfoot Elder will be present. The purpose of the Gatherings is to stimulate discussions regarding postnatal health nursing services and traditional child rearing practices. During the Gatherings, the group members will be invited to participate in hands on activities (ie, tie blankets) that will be donated or kept for personal use.

The researcher would like to digitally record the Gatherings and take notes during the sessions.

Interview:
Interviews will be conducted in a private office at Opokaa'sin; however, you can also choose to have the interview at home, by telephone, or at another convenient place. You can also choose the day and time of this interview.

You will be asked questions about your history with postnatal home visits offered in the city, experiences with postnatal nurses, how your traditional or Indigenous knowledges intersect with postnatal care and behaviors regarding Indigenous peoples, knowledges and practices. The interview will take no longer than 1.5 hours.

The researcher would like to digitally record the interview and make notes during the interview.

Potential Risks
There are no known or anticipated risks to participating in this study. However, some of the interview questions may remind you of a difficult experience and could leave you feeling uncomfortable. It is important for you to know that there will be supports in place with the researcher, the staff member from Opokaa'sin and the Blackfoot Elder. You can skip any question(s) you do not want to answer with no explanation needed.

Potential Benefits
There is no direct benefit to you in participating in this study. However, it is hoped that this study will benefit future women, infants, and families that access postnatal health services in urban areas in Southern Alberta.

Protecting Your Information
Confidentiality will be respected, and information attached to your name will not be released or published without your consent unless required by law. The only incidents that require reporting in Alberta include disclosure of child abuse. In the event child

abuse is revealed the researcher will be required to report this incident to Child and Youth advocate of Alberta.

Study notes will be stored in a locked cabinet in an office at Opokaa'sin for a period of 5 years and then will be destroyed. Digital recordings will be kept in a locked cabinet in a locked office at Opokaa'sin until transcriptions are completed. Digital recordings will be destroyed immediately after the interview has been transcribed and verified. The final copies of your interview will be kept by the researcher in a locked office at Opokaa'sin.

If the results of this study are published or presented at conferences, seminars or other public places, no information that could identify you will be released.

Compensation

Due to the Gatherings taking place in the evenings, meals and child-care will be provided.

Honorariums

You will receive honorariums for your time during interviews and Gatherings. Participants will be provided an honorarium of a Visa gift card of $40.00 for attending all four Gatherings and $10 for their participation in the individual interview. In the event you do not attend all Gatherings, pro-rated amounts will be given after the pilot Gathering: 1 Gathering session ($5), 2 Gathering sessions ($10), 3 Gathering sessions ($20), and all 4 Gathering sessions ($40). You will receive your Gathering session Visa gift cards at the end of the fourth Gathering session. If you are not present for the fourth Gathering session or have withdrawn from the Gathering sessions at an earlier date I, the researcher, will contact you via your preference (telephone or email) to arrange a date and time to provide the pro-rated Visa gift card. The individual interview honorarium ($10 Visa gift card) will be provided to you at the end of your individual interview. If you choose to withdraw your information from the individual interview at a later date, you do not need to return your honorarium.

Study Results

The information from your interview/Gathering will be used to develop and construct a thesis for the researcher's Master of Nursing program requirements. Note: the Master's thesis will be a publicly available document (i.e., published through the University of Lethbridge library). Outside of the researcher's thesis requirements, the delivery of information gained from the study will be guided and recommended by participants and Opokaa'sin as a collective.

Participation and Withdrawal

Participation in this research study is voluntary. You can refuse to participate in this study or leave this study at any time. If you decide to participate in this study you can change your mind at any time without giving a reason, and you may decline to answer any question(s) during that interview. If you choose to no longer take part in the study, you will have the option to have your data returned to you, destroyed immediately or allowed in the study. If you choose to withdraw your data from the study, the individual contributions from the Gathering sessions will not be removed due to the collective conversation. However, your data from your individual interview can and will be

removed if you so choose. You can also withdraw your information from the study up until my submission for my final thesis and/or before any publications or presentations. Withdrawing from the study will not affect your eligibility for services at Opokaa'sin.

The research study has been explained to me, and my questions have been answered to my satisfaction. I have the right not to participate and the right to withdraw from the study at any time. The potential harms and benefits of participating in this research have been explained to me. I know that I may ask now, or in the future, any questions I have about the study. I have been told that data relating to me will be kept confidential and that no information will be disclosed without my permission unless required by law. I have been given sufficient time to read the above information. I will receive a signed copy of this consent form.

- ☐ I consent to participate in Gathering sessions
- ☐ I consent to participate in the individual interview
- ☐ I consent to participate in both Gathering sessions and individual interview

Your signature below indicates that you understand the above conditions of participation in this study.

Name of Participant (Print)	Signature of Participant	Date

I have explained the study to the above participant, the nature and purpose, the potential benefits and possible risks associated with taking in this research study.

Name of Researcher (Print)	Signature of Researcher	Date

Questions regarding your rights as a participant in this research may be addressed to the Office of Research Ethics, University of Lethbridge
Phone: 403-329-2747 or Email: research.services@uleth.ca

Appendix I

Gathering Confidentiality Agreements

Gathering Confidentiality Agreement

Thank you for agreeing to participate in a Gathering to discuss postnatal health services, more specifically public health nursing home visits, in an urban centre. The purpose of this Gathering is to stimulate discussions regarding postnatal health services and traditional child rearing practices. Moreover, how postnatal health services intersect with traditional children rearing practices. In order to respect the relationships of participants in the group. All stories and information shared will be kept confidential.

Protecting Your Information

Confidentiality will be respected, and information attached to your name will not be released or published without your consent unless required by law. The only incidents that require reporting in Alberta include disclosure of child abuse. In the event child abuse is revealed the researcher will be required to report this incident to Child and Youth advocate of Alberta.

Compensation

Due to the Gatherings taking place in the evenings, meals and child-care will be provided.

Honorariums

You will be provided an honorarium of a Visa gift card of $40.00 for attending all four Gatherings. In the event you do not attend all Gatherings, pro-rated amounts will be given after the pilot Gathering session: 1 Gathering ($5), 2 Gatherings ($10), 3 Gatherings ($20), and all 4 Gatherings ($40). You will receive your Gathering Visa gift cards at the end of the fourth Gathering. If you are not present for the fourth Gathering or have withdrawn from the Gatherings at an earlier date I, the researcher, will contact you via your preference (telephone or email) to arrange a date and time to provide the pro-rated Visa gift card. If you choose to withdraw your information at a later date, you do not need to return your honorarium.

I, _____ hereby agree to maintain the confidentiality of information disclosed during Gathering or observed live as follows:

a) To hold in confidence any and all stories or experiences shared about child rearing practices and/or health service delivery from postnatal services.
b) Respect all members of the Gathering through respectful behavior and comments.
c) When talking about the group to others, leave all identifying material about the other members out of the conversation. Your reaction to the group is yours, however the details of it will be kept confidential.

In the event confidentiality is broken, the group member may be asked to leave the group. By signing this document, you hereby give permission to the researcher to digitally record sessions and consent to participate in the Gatherings.

Name of Participant (Print)	Signature of Participant	Date

I have explained the study to the above participant, the nature and purpose, the potential benefits and possible risks associated with taking in this research study.

Name of Researcher (Print)	Signature of Researcher	Date

Questions regarding your rights as a participant in this research may be addressed to the Office of Research Ethics, University of Lethbridge
Phone: 403-329-2747 or Email: research.services@uleth.ca