



*The Sacred Space
of Womanhood*

Mothering Across the Generations

A National Showcase on First Nations, Inuit, and
Métis Women and Mothering

Report

NATIONAL COLLABORATING CENTRE
FOR ABORIGINAL HEALTH



CENTRE DE COLLABORATION NATIONALE
DE LA SANTÉ AUTOCHTONE



Mothing...

...is fundamental to all beings.

...involves nurturing and raising children.

...extends far beyond biology and bodies.

...is the act and practice of love and the passing on of knowledge.

...occurs across multiple times and spaces.

...is political.

...is life.

1.0 Introduction

Mothing involves nurturing and raising children. Mothing also includes a complex combination of multifaceted roles and practices that differ between communities and populations of people around the globe. The World Health Organization report (2005), *Make Every Mother and Child Count*, highlights the strong connections between mothing and the health and well-being of children, families, communities, and cultures:

Children are the future of society, and their mothers are guardians of that future. Mothers are much more than caregivers and homemakers, undervalued as these roles often are. They transmit the cultural history of families and communities along with social norms and traditions. Mothers influence early

behavior and establish lifestyle patterns that not only determine their children's future development and capacity for health, but shape societies (World Health Organization, 2005, p. 7).

In Canada, the transmission of language, customs, and culture by Aboriginal¹ women in their role as mothers, grandmothers, sisters, aunts, and daughters has a protective influence on healthy child development and is a source of strength, resiliency, and transformation (Lavell-Harvard & Lavell, 2006). The transmission of teachings and cultural practices across generations of women has traditionally ensured the strength and continuity of Aboriginal societies. However, this transmission has been deeply disrupted by assimilationist colonial policies and interventions in the lives of Aboriginal peoples (Cull, 2006;

Health Council of Canada, 2011; Ing, 2006; Simpson, 2006). The enforced, large-scale removal of Aboriginal children from families and communities, first through residential schools then through Child Welfare policies beginning in the 1950s and continuing today, have fragmented family relationships and interrupted the transmission of cultural practices across generations (Anderson, 2011, Ing, 2006). Despite these devastating impacts, the resiliency of Aboriginal peoples is evident in the vital role of women and mothers in Aboriginal societies and in the resurgence of traditional and contemporary teachings and practices around mothing and child rearing. Strength to move forward as healthy individuals, families and communities is inextricably linked to Aboriginal women, mothers, grandmothers and aunties as the bearers of future generations.

¹ The term Aboriginal is used to refer to First Nations, Inuit and Métis peoples. These groups are distinct from each other with unique histories, languages and cultures and there is also significant diversity within groups. Due to availability of information, much of the material in this paper relates to First Nations. When possible, Inuit and Métis specific information has been included.

Mothering is not limited to relationships between a female parent and her biological offspring. Mothering, as a relationship and practice, is a social and cultural act that occurs between multiple configurations of people of many generations – individually and communally. This is something Indigenous peoples have always known, celebrating extended families and lauding the wisdom of matriarchs as it applied and was transmitted to all the younger generations of a community. Mothering, understood in this way as a complex web of relational practices, was and is fundamental to life. This is perhaps also why mothering has often been so threatened while simultaneously holding the potential for (re)building the inherent strengths in our communities.

Aboriginal mothering is recognized as extending beyond the biological act of giving birth and involving a multitude of roles and relationships across times, spaces and generations. Nevertheless, as editors of a book on Aboriginal mothering Lavell-Harvard and Lavell (2006) contend, despite their years of experience as Aboriginal mothers, articulating an adequate definition of “Aboriginal Mothering” remains difficult. For them, this is in part because of the challenge of describing the multiplicity of experiences of Aboriginal mothers through a non-Aboriginal language that is inherently inadequate in capturing Aboriginal worldviews and values (Lavell-Harvard & Lavell, 2006). For Bédard (2006), daughter of an Anishinaabe mother and French Canadian father, and a scholar, painter and craftswoman, “being a mother and grandmother is about family, spirituality, and relationships” (p. 74), and Anishinaabe mothering and motherhood “includes concepts of lifegiving, fostering, adoption, raising-up, aunties, and grannies” (p. 67). Simpson (2006) articulates the wide reaching impact that mothering can have on children’s identity and their ability to resist the influences of western culture when she says that:

[T]he way we mother is incredibly important, because the way we conduct

ourselves as mothers, models for our children how to live as Anishinaabeg people. I believe the way we mother is the way we inoculate our children against consumeristic throw-away culture, the fear and self-doubt of colonialism, and provide them with the skills, knowledge, and courage to bring about this transformation. Mothering is the way we nurture our children with Indigenous interpretations of our teachings, and this transformation begins with birth (p. 27).

Despite the diversity of experiences of Aboriginal motherhood, there is a shared reality of being different from the dominant culture: “Aboriginal people generally, and Aboriginal mothers specifically, are distinguished from other Canadians by particular legal statuses and historical, social, and cultural experiences” (Lavell-Harvard and Lavell, 2006, p. 2). This experience of being distinct from the dominant culture “has a significant impact on our ability to mother as we see fit, according to our own values, and traditions” (Ibid, p. 2).

This paper provides background and context on Aboriginal mothering for a two-day national showcase, *The Sacred Space of Womanhood: Mothering Across the Generations*, hosted by the National Collaborating Centre on Aboriginal Health taking place January 24-25, 2012 in Ottawa, Ontario. The paper begins by contextualizing Aboriginal mothering, followed by a description of teachings and practices related to mothering and how these have been transmitted across generations of women. This section follows the different stages of becoming and being a mother including: family planning, pregnancy, birth, caring for infants, and parenting children. This is followed by a brief overview of some of the issues facing Aboriginal mothers today, including decisions about early childhood programs and their utility to mothering. The paper concludes with some considerations and strategies for building on community strengths to support Aboriginal mothering in contemporary society.

2.0 Contextualizing Aboriginal Mothering

Prior to European contact, Aboriginal women held positions of esteem in their communities and were valued for their role as life-givers and mothers (Bédard, 2006; Cull, 2006; Simpson, 2006). Women’s ability to bring life into the world was sacred and First Nations women were respected as the centre of the Nation for this reason (Monture-Angus, 1995 in Udel, 2001). Many Aboriginal societies were matrilineal or egalitarian (Cull, 2006) and “[w]omen were honoured and respected by our nations for our contributions, for our power and for our responsibilities as nourishers” (Simpson, 2006, p. 27). Although in many Aboriginal societies women contributed heavily to subsistence food gathering, child rearing, household work and care of elderly, the gendered division of labour was equally valued and flexible (Fiske, 1992; Royal Commission on Aboriginal Peoples [RCAP], 1996b). Mothering roles were central to women’s social position and women who “successfully raised their families and provided care and nurturing to the needy became influential as family spokespersons” (Fiske, 1992, p. 202).

With colonization came complex changes to women’s roles within Aboriginal communities (Cull, 2006; Fiske, 1992; Lavell-Harvard & Lavell, 2006). Catholicism undermined and eroded Indigenous women’s healing practices, perceptions of menstrual powers, and birth rituals (Fiske, 1992). Western patriarchal ideals of motherhood include the ideas that “only biological mothers can properly care for children; mothering is a 24 hour a day, seven days a week commitment; a child’s needs come before the mother’s; (and) mothers must rely on the experts for advice...” (Gosselin, 2006, p. 198). This ideal is unattainable for most caucasian, middle-class, heterosexual women; those who do not fit these socionormative parameters find their mothering under additional and constant scrutiny and regulation (Gosselin, 2006,

Cull, 2006). These values and ideals give little credence to the historical context of Aboriginal motherhood and particularly its importance to passing on knowledge to future generations. Today, Aboriginal mothering occurs within a context of historic and ongoing colonial policies and practices, is under scrutiny by a patriarchal and racialized society with particular values and ideals about “good” motherhood and mothering, and includes a combination of traditional and contemporary influences.

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Teachings passed from generation to generation prepared girls to grow into mothers. However, colonial policies and interventions have deeply disrupted this intergenerational transmission of knowledge (Cull, 2006; Health Council of Canada, 2011; Simpson, 2006). Residential schools deprived generations of Aboriginal children of their family, community, culture, language and traditional parenting role models (Cull, 2006; Health Council of Canada, 2011; Ing, 2006). With the replacement of traditional family life by institutional experiences that were often characterized by harsh punishment and outright physical, psychological and sexual abuse, children grew up to struggle with their role as mothers and parents (Health Council of Canada, 2011). Children who were abused and shamed for their Aboriginal identity and culture in residential schools often become parents who had difficulty forming healthy relationships with their partners and children, which frequently resulted in

experiences of poverty, mental health issues, addictions, and domestic violence (Health Council of Canada, 2011). For those who experienced trauma in residential schools, their ability to show affection and to nurture, both critical aspects of mothering, was deeply impacted (Ing, 2006). The removal of children from their homes and communities by the child protection system and their placement in primarily non-Aboriginal homes began in the 1950s and continues today. This process has been described as “so extreme that it has been identified as an act of ‘cultural genocide,’ as defined by international law” (Cull, 2006, p. 144). Despite the resistance by Aboriginal people to the removal of their children, the “esteemed bond between Aboriginal mothers and their children has been under attack for over five generations, the cumulative effects of which are largely non-quantifiable but undeniably devastating and unjust” (Cull, 2006, p. 144). One of the results has been to interrupt “the socialization process involved with exposing children and youth to Aboriginal parenting practices” (Ibid, p. 144). Rebuilding knowledge of language and traditions, pride in culture, and self-determination are of critical importance to individual and community health. An important part of this involves “moving forward by building on traditions that kept our people healthy in the past [...] that once ensured gender equity, recognized the sanctity of women and children and protected against abuse” (Anderson, 2006, p. 23). Taken together these ideas suggest that mothering is fundamental to the transmission of knowledge and the health and strength of communities.

3.0 Transmission of Knowledge: Mothering Across the Generations

One cannot discuss knowledge transmission without first discussing knowledge. Battiste (2002) writes that “knowledge is not secular. It is a process derived from creation and as such, it has

a sacred purpose. It is inherent in and connected to all of nature, to its creatures and to human existence” (p. 14). The sacredness of knowledge and its relation to all of nature is echoed in the Royal Commission on Aboriginal Peoples [RCAP] (1996a) report:

Children in Aboriginal cultures are prepared from birth to learn and respect teachings about spiritual reality and the responsibilities of human beings to maintain the order of the universe. The obligation of human beings to adapt to the natural order is put into perspective by the observation that human beings were the last to emerge in the order of creation and they are the most dependent of all creatures on the sacrifice of plant and animal life for their survival. [...] The obligation to reflect on their responsibilities is reinforced in stories [...] (p. 602).

Mothers, along with other family and community members, play a key role in perpetuating this relational way of being by accepting responsibility to teach their children knowledge that has been passed intact through the generations, knowledge that ensures balance and harmony. Children are inculcated with the responsibility to learn.

Many believe that knowledge is embedded, transmitted and created in language (Battiste, 2002; Gardner, 2000; Williamson, 2000). Witherspoon (1977) argues that, “this world was transformed from knowledge, organized in thought, patterned in language and realized in speech [...] language is not a mirror of reality; reality is a mirror of language” (p. 175). This power of language with its connection to the past and its role as repository and transmitter of Indigenous knowledge is enhanced in the act of speaking. Orality is a concept that includes processes such as storytelling, ceremonies including dances and songs, and symbols like the medicine wheel and sacred tree. It is in these processes that knowledge exists and emerges. Stories, ceremonies, symbols, rituals and protocols embedded in a context of language and orality have persevered through time to today.

Aboriginal knowledge systems are the foundations upon which cultures are built. The passing on of knowledge is at the heart of cultural survival in the same way mothers are at the center of children's healthy development and the building of nations. Traditional teaching and learning methods were congruent with Aboriginal knowledge systems. For example, traditionally, roles and responsibilities as future mothers were taught to Aboriginal girls from an early age by other women through stories, observation, games and ceremony. Grandmothers and Elders told their life stories and young women were encouraged to share their stories too, which prepared children for their future and to be the teachers of the next generation (Greenwood, Gottfriedsen, & Marchand, 1995). By observing Elders and other family members, girls learned the skills they would need as women, for example picking berries, weaving baskets, keeping house and caring for children (Ibid.). Girls were trained from childhood for their role as a mother through games such as playing with dolls (Ibid.).

These traditional practices were abruptly interrupted by the colonial experience. In this disruption role models were distorted, new knowledge was inserted, and the natural order of being changed. As identified in the previous section, emphasis on rebuilding knowledge of language and traditional processes, including the support of Aboriginal mothers and children, becomes paramount in ensuring the health and well-being of individuals and nations. Yet despite these devastating changes, women's ways of knowing, traditions, and ceremonies related to mothering continue today and are used to teach women and girls their responsibilities as women (Bédard, 2006). What follows in this section is a description of key stages of becoming and being a mother with an emphasis on traditional teachings and practices.

3.1 Family Planning and Fertility

Traditionally, Aboriginal women exercised various family planning practices to support the well-being and survival of

the community. Historians have noted that nineteenth-century Cree women of the Prairies usually had four children while mixed-race families usually had eight to twelve, increasing in the mid-nineteenth century with the end of the buffalo hunt years and the onset of more sedentary lifestyles (Anderson, 2011). A Métis woman quoted in Anderson (2011) remembers that "the old women I have known said that 'long ago' we never had more children than we could grab and run with if there was a battle" (p. 41). There is evidence that family planning medicines (fertility medicines, contraceptives and abortifacients) were historically used by Indigenous women to ensure the survival of the people (Ibid.). Additionally, young women were taught self-respect in relation to fertility as captured in the words of an Elder quoted in Greenwood, Gottfriedsen and Marchand (1995):

Young women were taught many things. The most important thing they were taught was to have pride in their bodies and to be proud to be a woman. They were taught to respect their bodies, because their bodies were the "givers of life" [...]. These things were taught to them about the time they were becoming young women, when their bodies were beginning to change. (p. 22).

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Later rising birth rates seem to be connected with the adoption of Christianity and more sedentary lifestyles. However, many Aboriginal societies have held on to knowledge of family planning well into the twentieth century (Anderson, 2011).

Interviews with Métis midwives, health professionals, Elders and parents revealed the importance of young people planning pregnancies (Métis Centre of National Aboriginal Health Organization [NAHO], 2010). A quote by one participant highlights the need to be ready for the challenges of motherhood and the need to be prepared:

Young women need to really think about whether they're prepared to look after this child, and how they're going to educate and bring this child up. It's very difficult to be a parent anyway, you know, whether you're prepared [or not]. You don't want to get caught up in this responsibility and not be prepared. (Métis Centre of NAHO, 2010, p.10).

Today, in the context of declining rates of teen pregnancy across Canada, the fertility of First Nations teenage girls is seven times higher than that of other Canadian teenagers (Guimond & Robitaille, 2008) and Nunavut has the highest teen pregnancy rate in Canada (although these numbers do not distinguish between Inuit and non-Inuit) (Archibald, 2004). Teen pregnancy is a complex issue and there are many inter-related influences which may include limited access to relevant information, contraception and other health resources (Aboriginal Sexual Health, n.d.), as well as substance use and sexual abuse/exploitation (Archibald, 2004). Generally, early motherhood increases an Aboriginal woman's vulnerability and risk for multiple social disadvantages and therefore has impacts on children and communities (Guimond & Robitaille, 2008). It is important to recognize, however, that teen pregnancy itself is not a problem as much as the surrounding circumstances, for example, poverty, single parenthood, dropping out of school, depression, and lack of social support (Archibald, 2004). Authors Big Eagle and Guimond (2009) identify reproductive and sexual health in First Nations communities as "fundamental to restoring balance between First Nation men and women and further improving the well-being of all" (p. 60).

3.2 Celebrating Pregnancy

During pregnancy, mothering involves healthy choices to ensure that infants have the best start in life. This was the case for traditional Aboriginal societies, just as it is the case in contemporary Aboriginal communities. Pregnancy in Aboriginal communities was accompanied by celebration and ceremony in preparation for new community members. A Saulteaux Elder describes how in the past, the whole community celebrated pregnancy:

Everybody knew about it. Everybody wanted to be part and parcel of that child within that womb. [The child] had to have a sense of belonging through the mother, and the woman had to have a sense of pride because she was contributing to the life of the community. She was bringing in new life, and she was treated special (Anderson, 2011, p. 43).

Pregnant women were considered medicinal women because of the new life they carried and were honoured as a bridge between the spirit life and life on earth (Anderson, 2011; Simpson, 2006). Traditional Métis views of pregnancy were that it was a sacred time and a time of reflection (Métis Centre of NAHO, 2010). The baby's spirit was thought to choose its parents and would wait sometimes for many lifetimes before entering into the world (Métis Centre of NAHO, 2010). Community support, particularly from other women sharing the "knowledge that women have over the generations," was an important aspect of prenatal care in Métis societies (Métis Centre of NAHO, 2010, p. 10).

In many Aboriginal cultures, women were taught to take care of their mental, emotional and spiritual selves along with their physical state during pregnancy (Anderson, 2006). Many cultural teachings describe how a woman should be in good physical and mental health before she conceives, and that she should give up bad habits because the unborn child is affected not only by the physical environment of the woman, but also by

what she sees, feels, does, thinks, and hears (Goforth, 2003), for example:

Once the old people knew the young Mother was pregnant, she was given the most attention – loving, caring attention. She wasn't allowed to see anything that was unpleasant, like spilled blood, a smashed finger, whatever. She wasn't allowed to go to a funeral where there was a lot of crying. She was only allowed to see nice things, like singing and dancing. The old people strongly believed that whatever happened to the young Mother also happened to her unborn child (Woman Elder's words in Greenwood, Gottfriedsen, & Marchand, 1995, p. 22-3).

Eating well and staying physically active were also common practices for pregnant women. Anderson (2011) spoke with Hudson Bay Cree Elders who talked about encouraging pregnant women to be active and how rising early during pregnancy prepared a new mother for her work ahead. Although remaining physically active during pregnancy was encouraged, it was also important that this was in moderation, as captured in the following quote:

The main thing in the family circle is to have strong, healthy children so she was careful about what she ate, and about the exercise she got. She drank a lot of good medicines, a lot of broth and she did not overdo herself (Woman Elder's words in Greenwood, Gottfriedsen, & Marchand, 1995, p. 22-3).

Anderson (2011) describes a long list of food "taboos and prescriptions" and their consequences that were documented by an anthropologist, Inez Hilger, in *Chippewa Child Life and Its Cultural Background*. According to Hilger's observations, both father and mother must follow the prescriptions or the physical state and/or personality of the baby would be affected (Anderson, 2011). Similarly, pregnant Inuit women observed particular food practices and increased their intake of caribou, char, muktuk, and seal while reducing intake of berries and abstaining from eating any aged food (National

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Aboriginal Health Organization [NAHO], 2008). Eating right and staying active during pregnancy was thought to promote the natural process of a healthy childbirth as described in the following Elder's words:

It is said child birth is like a flowing river, it is so beautiful and easy when the time comes if you look after yourself and your baby...Eating right is very important... Your body's whole universe will react if you keep putting bad foods into it (Woman Elder's words in Greenwood, Gottfriedsen, & Marchand, 1995, p. 23).

In addition to taking care of one's mental, emotional and physical selves during pregnancy, ceremonial practices addressed the spiritual side of new life. An older ceremonial practice described in Anderson (2011) depicts the multiple roles of women in a new mother's pregnancy:

With the first movement of the baby, my mother-in-law said that's when the midwife used to get an old lady who was a little pipe carrier and two other elderly ladies; four of them. They would take the girl out to a clean place. They used to put her on the ground, just her and the ground; mother earth, so that she's touching nature. And there, two old ladies would sit on one side and the other ones on the other side. "And then," [my mother-in-law] said, "they used to smoke their little pipe, and then pray, meditate and then talk to the mother. Then after that they would put their hands on the

mother's stomach. It was a bare tummy, they used to put their hands there and pray for the mother and the baby. That's the time they spoke to the baby (p. 43-44).

Pregnancy protocols focused on protecting and enhancing the emotional, spiritual, mental and physical health of the mother and child (Ibid.). The vigilance practiced by pregnant women was believed to be part of the training and discipline that would support both her and her baby in living a long and healthy life (Ibid.).

Today, many Aboriginal women experience challenges accessing prenatal care. This is in part due to the troubled history of colonialism, racism and cultural insensitivity within the Western medical system (Browne & Fiske, 2001; de Leeuw et al., forthcoming). The disruption of intergenerational knowledge transmission related to maternal health has increased reliance on Western medical practitioners; however many Aboriginal communities, particularly those in rural and remote areas, do not have access to consistent and culturally appropriate care (NAHO, 2008). There are ongoing problems with

recruitment and retention of health care practitioners in Canada's rural and remote communities (NAHO, 2008; Lalonde, Butt, & Bucio, 2009). Aboriginal midwifery initiatives are beginning to address some of these issues by providing culturally appropriate maternal care and facilitating births within communities (see NAHO, 2008 for an overview of current initiatives).

3.3 Reclaiming Childbirth

Birth is a sacred event in Aboriginal cultures, as it is in most cultures around the world. Newborns are welcomed with much celebration and wonder and have a transformative impact on the woman giving birth, as well as the family and community as a whole (Lalonde, Butt, & Bucio, 2009), as exemplified in the following words of Mohawk midwife Katsi Cook:

Our bodies as women are the first environment of the baby coming, and the responsibility of that is such that we need to reawaken our women to the power that is inherent in that transformative process that birth should be (quoted in Anderson, 2006, p. 25).

In many First Nations societies, birthing was a woman-centred process while in others, family and community members of both genders played important roles (NAHO, 2008). Sometimes this depended on who was available and if there were any perceived problems during labour (Ibid.). There was a time when all communities had a midwife who assisted with the ceremonial and physical aspects of birth and passed down these skills through the generations (Ibid.). Some First Nations women gave birth alone or with the help of only their husband out of necessity, like the nomadic Cree, for example, if they were out on a trap line when labour began (NAHO, 2008; Anderson, 2011). Men helped their wives give birth in some Inuit societies as well, assisted by women called Sanaji (in some Inuktitut dialects) who were the first to touch the baby and also bestowed skills and characteristics on the newborn (NAHO, 2008). In contrast, in the Mittimatalik (Pond Inlet) area, Inuit women traditionally gave birth alone in their dwellings, monitored and guided by instructions given from people outside (Ibid.). Miq'kmaq women gave birth in specially constructed tents removed from



the community and in good weather, in the open air of the forest (Ibid.).

Ceremony played a role in the sacred event of childbirth. For example, some traditional Métis ceremonial practices used during birth and labour included having a drummer, holding a smudging ceremony before and after the birth, and giving the new baby a cedar bath (Métis Centre of NAHO, 2010). A Métis Elder attending one woman's birth offered prayers and gave the newborn a welcoming ceremony by placing a rock in the infant's hand to "ground them so that they would feel safe here" (Métis Centre of NAHO, 2010, p. 14). Birth ceremonies in Inuit societies included "a specific blessing or wish for life" given to the child by a person who attended the birth and "was accompanied by an amulet or small token that was sewn into the child's various parkas throughout life and retained as a special keepsake" (National Collaborating Centre for Aboriginal Health [NCCA], 2010a, p. 2). For Aboriginal families, creating a bond between the new mother and infant was an important part of childbirth and Elders played a role in facilitating this, as described in the following quote:

When a young Mother was ready to give birth, the old people knew about it. They would prepare to help create the bond between Mother and child. When a young Mother had her baby the first thing they did was to put the baby on the Mother's stomach and she massaged the baby. That was creating the bond between Mother and child. After that they cleaned the baby and gave her back to her Mother (Woman Elder's words in Greenwood, Gottfriedsen, & Marchand, 1995, p. 24).

Postnatal care often included traditional medicines such as tonics to rebuild the mother's strength (Anderson, 2011) or broths to stimulate lactation, as with the Anishnaabe (NAHO, 2008). Some women went back to work soon after giving birth, while others were told it was best to stay in bed for the first six weeks and be cared for by relatives (Anderson, 2011). Sometimes

the midwife would stay with the family for a time prior to and after the birth to attend to the mother (Ibid.). Often women from the community provided assistance during the postpartum period, especially with more demanding work like cleaning and laundry (Ibid.). Midwives would often make regular visits to new mothers to make sure that mother and baby were healthy and that breastfeeding was going well (Ibid.).

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Today, many urban Aboriginal families are not able to access culturally appropriate maternal health care. For example, interviews with Mi'kmaq women about their childbirth experiences with non-Aboriginal health care professionals at a tertiary care centre 45 minutes from their community revealed themes of feeling misunderstood, undermined, and disrespected (Whitty-Rogers, Etowa & Evans, 2006). For remote communities, it has become routine to evacuate Aboriginal women to urban centres at week 36 of pregnancy where the facilities are available to provide a safe birth for mothers and newborns (Lalonde, Butt & Bucio, 2009). This is in stark contrast to how births used to take place in many Aboriginal communities surrounded by midwives, family and community. For the Inuit and other remote Aboriginal communities, medical professionals have taken over the role that family and community members used to have in childbirth and the vast majority of births occur outside of communities (Archibald, 2004). When women are evacuated, fathers, grandfathers and extended families are prevented from sharing in the birth of babies which has a negative impact on bonding from the start (NAHO, 2008). The stress and isolation that women experience with separation from social supports has a

negative impact on the health of mother and infant, and affects women's adaptation to motherhood (Lalonde, Butt & Bucio, 2009). Another result is that young women are not exposed to childbirth and the stories told about birth are now focused on the experience of birthing in medical settings surrounded by strangers (Archibald, 2004). This has an effect of removing pregnancy and childbirth from the "constellation of issues falling within women's traditional knowledge base" (Ibid., p. 7).

To address this situation, Aboriginal midwifery training programs have been established in some provinces, including Ontario, British Columbia and Manitoba, that combine traditional practices with technical knowledge (Lalonde, Butt & Bucio, 2009). Some communities now have birthing centres that allow women to stay in their communities for the birth of their babies, for example the Rankin Inlet Birthing Centre (Lalonde, Butt & Bucio, 2009). Other health centres are successfully incorporating Aboriginal traditions and ceremonies into health care, for example: Sioux Lookout Meno Ya Win Health Centre, serving the people in 28 First Nations communities and four municipalities in northern Ontario; All Nations' Healing Hospital in Fort Qu'Appelle, Saskatchewan; and Yukon's Whitehorse General Hospital.

3.4 Nurturing Babies

Within some Aboriginal worldviews, children are a gift on loan from the Creator, not owned by the parents (Goforth, 2003; Simpson, 2006). Many Aboriginal societies perceived children to arrive in the world in perfect harmony and embody innate wisdom because they had close ties to the spirit world (Ibid.). An example of the close connection infants had with the spirit world is reflected in the Inuit belief that the spirit of deceased Elders re-enter the world through newborns, who then embody characteristics of that person (NAHO, 2008; NCCA, 2010a). Because of these perspectives, Aboriginal parents treated their children with great respect and

consideration (Goforth, 2003; NAHO, 2008; NCCAH, 2010a). Aboriginal children were not considered helpless and in need of control, but rather as independent spiritual beings with much to teach their parents (Simpson, 2006).

In older times, the “concern over the fragility of new life” motivated the creation of many protocols and customs to protect the new baby (Anderson, 2011, p. 56). Care for newborns began with ceremonies and customs related to the treatment of placentas and umbilical cords (See Anderson, 2011, p. 50-52; Métis Centre of NAHO, 2010, p. 13). The placenta was considered sacred and carried life while the umbilical cord signified the connection between the child, her relations and the earth (Anderson, 2011; Métis Centre of NAHO, 2010). The period immediately after birth was filled with ceremonies and celebrations. Elders had an important role in connecting with the new life from the start (Anderson, 2011). An important responsibility of Elders was to give a “spirit name” to the baby, which was considered both sacred and significant (Ibid.). Naming was thought to establish “a connection between [E]lders and infants; those who were closest to the doorways of the spirit world in terms of coming into this world and preparing to leave it” (Ibid., p. 54). For Métis societies, Elders were also involved in naming babies which included recognizing the “sacred vibration” that babies are born with and giving them gifts that will “walk with them” through life (Métis Centre of NAHO, 2010, p. 14). Many traditional parenting customs related to protecting the spirit of the infant, some of which continue to be practiced today, for example:

It is deemed particularly dangerous to take the newborn into environments where she or he might come into contact with negative energy, or where there may be spirits waiting to take the baby back. This is why babies do not attend wakes. Some Aboriginal peoples put holes in a newborn's moccasins as a protective measure. Western Cree say that this gives

the baby an excuse not to go if a spirit should come to take them. Some Cree tie a black string around the infant's wrist to ward off malevolent spirits, or set a small stick beside the sleeping infant so they can defend themselves. The soft spot is also a significant reminder of the baby's borderline status. Algonquian and Haudenosaunee peoples say that this opening on the baby's head represents openness to the spirit world. The baby is still connected to that world until that soft spot closes (Anderson, 2006, p. 21).

Physical care of infants included many different practices with a theme of providing a sense of security and comfort through swaddling and close contact with the mother (Ibid.). Moss bags and cradleboards were methods traditionally used by First Nations and Métis mothers that allowed babies to be kept close and secure and helped foster a bond between mother and child, as described in the following quote from an Elder:

In the Secwepemc culture the Mother had a basket prepared for the child. It was a big birch bark cradle basket with laces. The mother wrapped her baby, put her in the cradle and laced her in. The baby could not move at will. The baby would cry for two or three days, because she didn't want to be disciplined. That is how we taught self-discipline right from day one in the birch bark cradle. Eventually the little baby learned that it had to be bound in the cradle, because as soon the Mother could get up she had to take part in the family's survival, picking berries, gathering foods, tanning hides. She packed her baby around in the birch bark cradle; everywhere she went her baby was with her. When you care for a child like this, the child automatically becomes obedient and loving towards its parents. The child knows it's loved and protected (Woman Elder's words in Greenwood, Gottfriedsen, & Marchand, 1995, p. 24).

Breastfeeding was an important part of infant care for nutrition and for establishing a bond between mother and infant (Anderson, 2011). Feeding from

the breast was thought to transfer from the mother “all the things she has learned, and all her good thoughts [...] into the system of the baby” (Morey & Gilliam, 1974 quoted in Goforth, 2003, p. 17). In earlier times, some Aboriginal societies breast-fed children until at least two years old and sometimes until they were four or five (Anderson, 2011). For example, breastfeeding was the norm for Inuit and children were often breastfed beyond their toddler years (NCCAH, 2010b).

Many Aboriginal societies perceived children to arrive in the world in perfect harmony and embody innate wisdom because they had close ties to the spirit world.

3.5 Raising Our Children

Traditional Aboriginal parenting was characterized by patience, kindness and lecturing (Goforth, 2003). Children learned by observation, so modeling behaviours and skills by adults and older children were central to traditional childrearing (Ibid.). However, approaches were diverse across Aboriginal societies; for example, Inuit teach their children based on their perceived aptitudes, interests, learning styles and the needs of the group and in this way, training is not necessarily gender specific (NCCAH, 2010a). Inuit girls might become respected hunters and boys could do housework and sewing (roles that are not gender norms in Euro-western cultures) (Ibid.). Traditional values taught to Aboriginal children related to self-discipline, doing for others, valuing, respect, and sharing (Greenwood, Gottfriedsen, & Marchand, 1995). One young Aboriginal mother describes how she teaches her daughter the value of respect the way her grandmother taught her:

I talk to my daughter about caring and kindness towards her friends. I say, "If you act in this way how do you think your friends are going to feel?" I always try to teach her empathy so that she becomes respectful of other people. I learned these values from my [g]randmother. She used to ask us the same kind of questions. (Young Mother's words in Greenwood, Gottfriedsen, & Marchand, 1995, p. 16).

The practices of Aboriginal mothering today are undertaken in a context of colonization and its many destructive effects, but also within a resurgence of cultural teachings and empowerment for many Aboriginal people, families and communities.

Childhood and youth involved both play and work in preparation for adult responsibilities. The principles of independence and interdependence were fostered during this time, and children were given a lot of freedom while also maintaining responsibilities to family and community (Anderson, 2011). Children learned the natural consequences of their actions under the careful watch of caring adults (Simpson, 2006). In Aboriginal cultures, it was important for children to learn self-discipline as well as independence and autonomy, because some circumstances required it, for example if enemies might be nearby children had to keep quiet and still (Anderson, 2011). Chippewa women never allowed a baby to cry for this reason, and children were taught to stay quiet in the evenings with a "game of silence" in which the child with the most self-control won a prize" (Ibid.).

Celebrating life transitions was common in Aboriginal communities. A once widespread ceremony to celebrate children's transition from infancy to toddlerhood was known as "walking-out" (Ibid.). This ceremony marked the beginning of a child as a contributing

member of the community and took place around the time babies took their first steps. The practice symbolized the roles they would find themselves fulfilling later in life. Flannery described in a 1962 article how the James Bay Cree communities celebrated the first steps of a little girl:

When the first walking-out ceremony was for a little girl, she was equipped with a miniature wooden kettle-hook and axe. She walks towards a pack of firewood in which there was a small amount of meat. Brought this to the oldest woman, who took the pack from her back and the wood was used to cook the meat. The meat was then given to the oldest man who put a bit in the fire with a short informal prayer that the child may have a long life...then meat from the feast is distributed, the old man eating first and rubbing grease on the child's head (Flannery, 1962 in Anderson, 2011, p. 62-63).

In contrast to traditional Aboriginal mothering, Aboriginal motherhood today is under "the pervasive, critical glare of the state" (Cull, 2006, p. 141). The negative stereotype of Aboriginal mothers constructed by the dominant society portrays them as inherently "unfit"



instead of as women who, for the most part, “successfully manage motherhood against enormous odds” (Ibid., p. 141). Anderson (2011) notes that the “[d]ifferences between Indigenous childrearing techniques and European approaches were so profound that, two and a half centuries after the Jesuits first made their observations, Euro-western observers continued to express both curiosity and judgement on this matter” (p. 66-67). This may be reflected in the overrepresentation of Aboriginal children in out-of-home care (foster care, group care, and institutional care) (Trocmé, N., Knoke, D., & Blackstock, C., 2004). The most common form of child maltreatment for Aboriginal children reported to protection agencies in Canada is neglect, for which poverty, substance misuse and poor housing are key contributing factors (Roy, Black, Trocmé, MacLaurin, & Fallon, 2005). Child protection agencies measure and judge Aboriginal women by the standards of a dominant, caucasian, middle-class, nuclear family ideal (Cull, 2006). A mother’s vulnerability to state observation and intervention increases the more she deviates from that norm (Ibid.). To understand the significance of the entrenched negative stereotype of Aboriginal mothers, one needs to put collective experiences of Aboriginal women into historical context: “the legacies of the *Indian Act* of 1876, assimilation initiatives, the residential school system, the eugenics movement, landmark legal decisions, and child protection policies have all served to nurture and sustain the negative stereotype of Aboriginal mothers” (Ibid., p. 141). Yet in contemporary realities, this is beginning to change.

4.0 Contemporary Context of Aboriginal Mothering

The practices of Aboriginal mothering today are undertaken in a context of colonization and its many destructive effects, but also within a resurgence of cultural teachings and empowerment for many Aboriginal people, families

and communities. Remembering and recovering traditional ways of knowing and being occurs alongside and within contemporary Western society. Aboriginal mothering must bridge these two worlds to help their children find a balance. In the words of a Shuswap Elder:

[...] we cannot live in the past, history moves forward. We move forward but we take with us the beliefs and values of the past. These are the beliefs and values of our people, that our people lived by (quoted in Greenwood, Gottfriedsen, & Marchand, 1995).

Through reconnecting with cultural practices and teachings, Aboriginal mothers have a powerful role to play in moving towards wellness and healing. Both traditional parenting programs and early childhood programs have a role to play in supporting Aboriginal mothers and the wellness of families and communities.

4.1 Bridging Two Worlds

Aboriginal people living in a larger society have learned to adapt by taking the best of both worlds and using a combination of traditional and contemporary parenting practices (Goforth, 2003).

In the words of a Sto:Lo Elder, “In order for a person to survive, especially in these young peoples’ day and age, they have to learn to put the two together and be successful in doing it” (quoted in Greenwood, Gottfriedsen, & Marchand, 1995, p. 5). For children to be strong in the larger society, a strong sense of identity and self-worth is required, which as Goforth (2003) explains in the following quote, is rooted in traditional beliefs and accompanied by contemporary skills:

As a community we must get back to the spiritual orientation and encourage healing ceremonies, rituals and rites of passage for youth. We need to make a connection between our children and Elders. We need to use our traditional beliefs wherever we can, but also use contemporary skills, which will assist our children to be successful in the mainstream society (p. 19).

Bridging worlds involves a re-centering on history and traditions so that living in the dominant society does not disrupt connections with cultural identity.

In contemporary society, families are more geographically dispersed as some members leave their communities and move to urban areas for employment and educational opportunities as well as a better quality of life (Ibid.). This has shifted the traditional family network of care and support to a greater focus on the nuclear family structure. Unfortunately, extended families may no longer be the source of strength and support they once were (Ibid.). This reality impacts the transmission of knowledge from generation to generation. However, making connections between knowledge holders and those seeking connection with their culture will help to bridge that gap (Métis Centre of NAHO, 2010). Simpson (2006) reaffirms the importance of connecting with older generations to learn traditional teachings:

Our grandmothers tell us that the answers lie within our own cultures, ways of knowing and being, and in our languages. When I listen to them talk about pregnancy, childbirth, and mothering, I hear revolutionary teachings with the potential to bring about radical changes in our families, communities, and nations (p. 26).

Bridging worlds involves a re-centering on history and traditions so that living in the dominant society does not disrupt connections with cultural identity.

4.2 Striving for Wellness

Many Aboriginal families and communities are striving for optimal health and well-being, which involves the

process of reclaiming and reconstructing traditional mothering practices. As Goforth (2003) states, “I believe that bringing forward the knowledge of the past will assist Aboriginal families of today to achieve a path towards healing. Our ancestors displayed great wisdom in preparing the individual for life” (p. 17). For example, there is a movement underway by Inuit Elders in Nunavut to return to Inuit cultural values and beliefs in childrearing practices (NCCAH, 2010b). They advocate a return to “inunnguiniq: caring for children in ways that will build their cultural strengths and sense of belonging and personal direction” (NCCAH, 2010b, p. 7). In many cases for Aboriginal people, the re-discovery of cultural teachings takes effort because the transmission of knowledge has been so disrupted by colonial interventions, as a Saulteaux Elder describes in the following passage:

We never had any doubt that women were the centre and core of our community and our nation. No nation ever existed without the fortitude of our grandmothers, and all of those teachings have to be somehow recovered. And it will be up to these young people [...] young women that are just digging up and going around – they’ve got to dig up the medicines, to heal the people. And the medicines, in this case, are the teachings. They’ve got to dig them up! You’ve got to find them (quoted in Anderson, 2011, p. 3).

In some circumstances, practices and ceremonies have been renewed or even re-invented for contemporary life. For example, in Nak’azdli, a small Dakelh community in northern British Columbia, a baby welcoming ceremony was introduced by a local nurse and other members of the health team and has now been an annual event for over a decade (de Leeuw & Swanky, 2011). In coordination with the renewal of life each spring, the community gathers to welcome the newest generation as each baby is introduced to the Elders and community members (Ibid.). This practice strengthens cultural ties and relations by connecting each baby

to their clan, bloodlines and community (Ibid.). Greenwood, Gottfriedsen, and Marchand (1995) found in their interviews of Aboriginal young mothers that they placed a high value on finding their identity by learning their Aboriginal culture and sharing it with their children, for example:

Up until two years ago I had no idea what being an Indian meant. I had no identity. I would like to make sure Matt has an identity. I want Matt to know his culture even if he doesn’t have a status card. I am learning about my culture through a youth group where we learn crafts like basket making and beading. I know a little Okanagan and as time goes on I will learn more. I want to teach Matt these things and take him to pow-wows so he can learn about his culture. He won’t be lost like I was. (Young mother’s words in Greenwood, Gottfriedsen, & Marchand, 1995, p. 12).

Many Aboriginal families may not be ready to apply traditional childrearing practices because they are facing significant barriers to meeting their basic needs or are perhaps struggling with mental health and substance use issues as a result of intergenerational traumas from colonial interventions (Goforth, 2003). Others are able to use the opportunity of being a parent to grow and heal from difficult childhood experiences. One young Aboriginal mother describes how she views her responsibility to overcome the challenges she faced in childhood to provide a different experience for her daughter:

I have a responsibility to my daughter that goes beyond just meeting her basic needs. It’s a social, emotional, spiritual and physical commitment to another human being...I made that commitment and I am going to deal with it. In the past four years, my life has been about learning things that I never learned when I was growing up. I came from a home that was dysfunctional. I had to make a decision...“do I want to carry that on with my daughter? If not, how do I raise my

daughter differently?” ...Since I had Carrie, I have done a lot of personal growth, a lot of teaching myself about spirituality, raising children and living healthier. I surround myself with people who care about me, people who love me and people who support me. Seeing Carrie grow differently than how I was raised is my reward. (Young mother’s words in Greenwood, Gottfriedsen, & Marchand, 1995, p. 11-12)

4.3. Traditional Parenting Programs

Aboriginal mothering today can involve bridging contemporary and traditional worlds and re-discovering and reclaiming cultural teachings in support of healthy children, families and communities. These can be challenging tasks when formerly cohesive community structures are often geographically dispersed and perhaps not the supportive networks they once were. The disruption of intergenerational teachings leaves many contemporary Aboriginal mothers seeking cultural knowledge in which to ground their mothering practices. Traditional parenting programs have begun to address some of the gaps that exist. For example, Métis Family Services of Surrey, BC provides a Personal Healing and Parenting Program that shares parenting histories of Elders, mothers and fathers, and builds self-esteem, spiritual growth, and traditional parenting skills (Métis Family Services, n.d.). Kla-how-eya Aboriginal Centre of Surrey Aboriginal Cultural Society [SACS] also in Surrey, BC, provides an Aboriginal Parenting Program that includes therapy and parent skill development for individuals, families and couples (Kla-how-eya Aboriginal Centre of SACS, n.d.). A third example is from Blue Quills First Nations College located in St. Paul, AB, which offers as part of a larger program, an Aboriginal Parenting/Enhancing Family Self-Esteem workshop that draws on traditional Aboriginal parenting and contemporary literature to teach parents a “proactive problem solving process” to raising children (Blue Quills First Nations College, n.d.).



4.4. Early Childhood Programs

Early childhood programs, like parenting programs, play a role in supporting children, mothers and families. One of the most significant goals of early childhood programs serving colonized Indigenous children, including Aboriginal children, is to prepare them to be successful in their own communities as well as in broader society. Just as mothering has a role to play in this goal, so too do formalized early childhood programs. With the change of mothers' roles, and shifts in the very functioning of family, precipitated by the onslaught of colonization, subsequent learning that once took place in families and communities is now, in many cases, taken over by formal education systems and early childhood programs. Early childhood settings, in addition to being sites of learning for children, have the potential to be places of learning for parents, especially mothers.

Early childhood programs offer mothers (parents and guardians) opportunities to learn strategies for successfully negotiating multiple worlds and for laying the foundations of the continued renewal and rejuvenation of distinct ways of knowing and being. The Kohanga Reo in New Zealand, for example, engages with

parents and families in the design and development of the children's program as well as in the administration of the program itself (Greenwood, 2009). Regional gatherings also foreground parents as the teachers of their children and are designed to support families through networking and knowledge sharing. Testimonials of parents, and mothers in particular, spoke of learning the language with their children in the childcare setting and of then taking those learnings home (Ibid.). These early childhood programs support mothers in the care of children and also offer them places of learning. Through these practices, early childhood programs become political sites for fostering cultural and linguistic renewal and rejuvenation. Early childhood programs and the act of mothering are political. The attack on the structure of Aboriginal families through colonial assimilation strategies is discussed earlier in this paper, but the need to reiterate the immoral and unpractical imperative of these strategies is necessary considering the long term effects of these attacks on the transmission of knowledge from one generation to the next and the subjugation of communities and nations. Therein lies why cultural and linguistic maintenance, revival, and rejuvenation becomes critical to the survival of

Aboriginal mothering today can involve bridging contemporary and traditional worlds and re-discovering and reclaiming cultural teachings in support of healthy children, families and communities.

Aboriginal peoples. Early childhood programs have a role to play in this.

Early childhood programs play a key role in supporting the social and political aspirations of Aboriginal mothers, families and communities. Programs anchored in Indigenous knowledge, situated in community, developed and implemented by parents and families, and employing holistic approaches to the care of children are central to successful early childhood programs for Aboriginal children and families. Programs developed in this manner build upon the strengths and resiliency

of individuals and communities, a desire for self-determination over their lives and that of their children, and a responsibility to prepare each generation for their roles and responsibilities (to themselves and their collective) in the future.

The practical realities of implementing such early childhood programs demand collaborations and partnerships amongst and between Aboriginal communities and organizations, and between governments, that is, First Nations, provincial and federal governments. Legislation and policy governing implementation of programs built democratically with those for whom the services are intended ensures cultural respect and relevancy. This building goes far beyond consultation to places of autonomy demanding multi-pronged strategies built upon common goals and collaborative relationships.

5.0 Conclusion

This paper discussed five topics related to mothering: family planning, pregnancy, birth, caring for infants, and parenting children as well as some issues faced by mothers in the contemporary context and the role of traditional parenting and early childhood programs. Several areas of current development were identified that are making strides in building Aboriginal knowledge and teachings into programs and practices. For example, Aboriginal midwifery programs have been established in several provinces and are training midwives to provide culturally appropriate maternal care and facilitate births within communities (Lalonde, Butt & Bucio, 2009; NAHO, 2008). Traditional parenting programs are beginning to incorporate traditional teachings with contemporary practices to support parents and mothers in their task of raising children in two worlds with a grounding in Aboriginal culture.

Strategies for incorporating Aboriginal beliefs and values into the various areas of mothering will be multi-faceted and following are some considerations.

Integrating locally specific Aboriginal knowledge and traditions into programs and practices requires multiple levels of change. For example, in order for a children's program to include Aboriginal specific content, the caregivers must be provided training. This means that early childhood education programs must incorporate Indigenous knowledge into the curriculum. Curriculum change requires decision making at legislative and policy levels. In short, policy must recognize Aboriginal people's cultural traditions and beliefs so that program design and implementation reflect this at the practice level. Other considerations for strengthening Aboriginal mothering may include: supporting communities to document traditional beliefs, including why they are important and how they are expressed in contemporary times; supporting the involvement of Elders in programs and community events that provide opportunities for sharing traditional practices; and including training for medical practitioners, especially child and maternal health care practitioners, so that Aboriginal mothers have access to culturally appropriate care. We encourage you to think of additional ways to build on the strengths of your community to renew and support the central role of mothering in healthy children, families and communities.

This paper provided an overview of Aboriginal mothering as complex and multi-faceted teachings and practices throughout the stages of becoming and being a mother. It has identified some cultural understandings related to motherhood and examined ways that teachings have been transmitted across the generations. Despite the many destructive influences of colonial interventions on Aboriginal people's lives, families and communities, cultural teachings continue to be transmitted across generations in ways they have always been and in new and constantly evolving ways. Mothers and the practices of mothering are central and crucial to these transmissions and resurgences.

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