

# Revitalizing Strong Cultural Connections and Resilience: Co-Designing a Pilot Elder-Led Mentorship Program for Indigenous Mothers in a Remote Northern Community in Alberta, Canada

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## Research Article

**Keywords:** Indigenous Populations, Motherhood, Pregnancy, Maternal Health, Culture, Resilience, Elder Mentorship, Rural and Remote

**Posted Date:** June 26th, 2023

**DOI:** <https://doi.org/10.21203/rs.3.rs-3016905/v1>

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**Additional Declarations:** No competing interests reported.

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# Abstract

**Background:** Connection to traditional knowledge and culture is important for promoting Indigenous parental well-being and fostering healthy environments for child development. Historical and modern injustices have resulted in a loss of culture, language, identity, spiritual and traditional practices in birth and parenting for many Indigenous peoples across the globe. Community Elders in a remote northern community in Alberta, Canada, and researcher allies collaborated to design a pilot Elders Mentoring Program to support Indigenous mothers(-to-be) and bring back cultural traditions, teachings and Indigenous knowledge on motherhood.

**Methods:** Community-based participatory research principles guided all aspects of the research partnership. Elders and researchers organized 12 workshops with Indigenous mothers(-to-be) centred on traditional activities including beading, sewing, and medicine picking in conjunction with traditional knowledge transfer and cultural teachings from Elders on aspects of well-being. An explanatory mixed methods study design was used for this project. Quantitative data was collected from surveys completed by the mothers (n=9) at the start of the program about perinatal and postpartum health experience, determinants of care needs, and aspects of resilience of Indigenous mothers. To capture the Elders and mothers' experiences from their participation in the project, qualitative data was collected using a sharing circle with Elders and individual debrief conversations with mothers. Survey responses were analysed descriptively and sharing circles and debrief conversations were analysed using thematic content analysis.

**Results:** Survey results showed limited availability of services, transportation and access to childcare as factors determining access and utilisation of perinatal and postpartum services and programs. Four themes emerged from qualitative data analysis: (1) the meaningful role of Elder mentorship for Indigenous mothers(-to-be); (2) weekly workshops provided a safe space to share and develop peer-to-peer relationships; (3) passing on of traditional stories and skills during participation in cultural activities fostered positive coping and self-esteem among the Elders and mothers; (4) Elder-led workshops encouraged culture and language revitalization and passing on of tradition to younger generations. The project was positively perceived by Elders and mothers who participated.

**Conclusions:** The findings demonstrated that Elder-led cultural workshops promoted cultural connectedness and enhanced resilience for mothers(-to-be) in a remote northern Indigenous community.

## BACKGROUND

Across the globe, Indigenous peoples have continuously demonstrated resilience and transcendence despite experiencing historical oppression brought on by damaging colonial practices of assimilation, including residential schools and the forced removal of children from their families [1]. Those experiences have created a context of chronic adversity that has given rise to health disparities and have interrupted family connections, intergenerational cultural transmission, and community ways of life [2].

For many Indigenous people, culture and family are protective factors against many negative influences that contribute to health disparities. Culture and family connections contribute to Indigenous resilience and cultural identity. Women's roles in cultural transmission have been widely documented, especially within Indigenous communities [3, 4]. In Indigenous cultures, women are traditionally viewed as caretakers, life-givers of new generations, and "keepers of the culture" [3, 5]. Indigenous Elders who are women are recognized by their community as having cultural and spiritual knowledge and play vital roles in passing on traditional knowledge through family systems and instilling cultural values and identity in younger generations of women [6, 7]. Research has demonstrated that culture and identity are central to the conception of health and well-being for many Indigenous peoples [8–10]. Studies have identified positive associations between participation in traditional and cultural activities and resilience [11, 12], and between cultural identity and measures of subjective physical and mental well-being among Indigenous peoples [12–15].

Connection to traditional knowledge and culture are critical for social and emotional well-being of many Indigenous parents, and for fostering healthy environments and a strong spiritual path for Indigenous infants and children [16, 17]. Furthermore, promoting healthier environments for children to develop, grow, and learn is vital to improving their developmental outcomes, decreasing health risks, and enhancing wellness across generations. Specifically, pregnancy as well as the perinatal period—the period of pregnancy through labour and delivery and the first week after birth— and postpartum are critical periods for intervening in early life by supporting Indigenous parental and family resilience [4]. Elder-led traditional and cultural activities during this period have shown to increase a parent's sense of identity, self-esteem, and confidence, promote positive coping strategies, and improve parenting skills [18]. Previous research has shown that fostering relationships between younger generations and Elders strengthens cultural connectedness via opportunities to learn cultural teachings and language, as well as connect with the land [18, 19]. Indigenous traditional and cultural activities that strengthen cultural and community connectedness and promote healing include land-based activities such as harvesting, hunting, fishing and medicine picking, Indigenous crafting, traditional songs, traditional dance, storytelling, and creative arts [14, 20–22]. Many of these activities have been incorporated in cultural programming delivered in Indigenous communities and involve the integration of Indigenous pedagogies (i.e., land-based learning, experiential/hands-on activities), emphasis on the holistic aspects of well-being, focus on strengths-based approaches, and inclusion of Indigenous languages and cultural values [11, 16, 23–25].

Moreover, there are strong examples of Indigenous and settler researchers working with Indigenous Elders to bring forth Indigenous perspectives on health and well-being. Hatala *et al.* (2016) worked with four Cree Elders to address resilience and well-being by exploring a multiplicity of ways in which health and well-being are sought in contexts of distress, suffering, and historical trauma [26]. Barnett and Kendall (2011) worked with Elders of three Queensland Aboriginal (Murri) communities to determine culturally appropriate methods to support Indigenous peoples' participation in an educational chronic disease self-management program [27]. They emphasized the need for respecting and attending to several localized processes, including Elder structures, cultural structures, cultural traditions, and community leadership in

the design and delivery of health promotion programs. Additionally, Rowe *et al.* (2020) asked Indigenous Elders what is needed to support the wellness of older adults in their communities [7]. Elders shared that by reconnecting to the cultural knowledges that residential schools sought to eradicate, older adults support their own healing and that of their communities.

In Alberta, Canada Indigenous pregnancy outcomes clearly illustrate the health disparities in Indigenous populations [28]. In 2019, First Nations communities had higher rates of preterm birth (12.7 vs 8.9%), stillbirth, as well as neonatal and infant mortality (6.04 vs 2.67% and 9.06 vs 3.85%, respectively), among other adverse pregnancy outcomes, compared to non-First Nations population [29]. A pilot Elders Mentoring Program (EMP) in one remote northern Indigenous community in Alberta was developed to re-(connect) Indigenous mothers(-to-be) with culture and provide mentorship from Elders to support all aspects of well-being and promote resilience. The EMP is a culturally centred program involving mentorship from a team of Elders, who are also grandmothers (*kokums*), for Indigenous women, parents, and families during pregnancy, the perinatal period, postpartum, and early life. This paper describes community-based participatory research (CBPR) activities that were undertaken to support the development, implementation, and evaluation of the pilot EMP and to support knowledge of the factors contributing to Indigenous women's perinatal and postpartum health experience in a remote northern context.

## RESEARCH AIMS AND OBJECTIVES

Specific objectives of this project were: (1) to strengthen the relationship between community Elders and Indigenous mothers with young children and pregnant women, as a means of enhancing cultural revitalization and support, traditional teachings and increasing resilience; (2) to better understand pre- and postnatal support needs for Indigenous mothers(-to-be) living in a remote northern community; and (3) to ascertain the social, cultural, and emotional benefits of the pilot EMP for Indigenous mothers across diverse cultures, languages, and histories.

## SETTING

The pilot EMP was implemented in Fort Chipewyan (population 798), an isolated hamlet located in Treaty 8 territory in northern Alberta, Canada, approximately 223 kilometres north of urban Fort McMurray, both of which are located in the Regional Municipality of Wood Buffalo (RMWB) [30]. Connected to Fort Chipewyan is Dog Head 218 reserve (population 99 people) and Allison Bay 219 reserve (population 135 people). During the summer months, the community is only accessible by airplane or boat while during the winter months a road opens across the Athabasca River. The Indigenous population in Fort Chipewyan includes Cree, Dene, and Métis residents.

The remote location of Fort Chipewyan results in limited access to maternal and child health services and resources. In Canada, pregnant women living in rural and/or remote communities are evacuated out of their communities between 36 and 38 weeks of pregnancy to receive maternity care in urban centres,

which is a result of Health Canada's Obstetric Evacuation Policy [31, 32]. Women from Fort Chipewyan are removed from their community at 36 weeks to Fort McMurray to give birth alone, separated from family, community, and culture. Mothers who already have young children either must leave their children behind or bring them to live in a hotel for several weeks as they await childbirth. Some of the challenges associated with evacuating pregnant mothers out of their home community for childbirth pertain to the cost of living away from home. When evacuated for childbirth, modest financial support is typically provided to the women as members of their First Nation band or Métis local, however, there are still concerns related to out-of-pocket costs incurred, especially when they are evacuated for extended period of time. If the pregnant mother is considered high risk, they are sent to a tertiary care centre in the city of Edmonton 435 kms away. This experience is known to potentially increase the risk of poor perinatal and maternal mental health outcomes, and to cause significant strain on the family and mother-child attachment relationship [33, 34]. While limited in scope, Fort McMurray recently gained access to local doulas and Indigenous birth workers who provide culturally relevant care and support during pregnancy, childbirth, and early life. In efforts to improve Indigenous birthing practices, the local tribal council trained Indigenous doulas, thereby recognising the importance of Indigenous childbirth knowledge.

## **PROGRAM DESCRIPTION**

The EMP in Fort Chipewyan was adapted from the EMP designed to serve women and families from the Four Nations of Maskwacîs, supported by the Maskwacîs Maternal, Child & Family Wellbeing (MCFW) Research Group [18, 35]. This community-derived program offers Cree pregnant women and their partners the opportunity to receive support from Maskwacîs Elders during pregnancy and postpartum within a western clinical setting. Within a Primary Care Network clinic in a neighbouring town, Elders provide emotional, spiritual, social, and cultural support that is not normally offered within western healthcare. They help to bridge health and culture by providing guidance on wellness and traditional teachings in pregnancy and early childhood [18]. The specific development of the EMP in Maskwacîs is described elsewhere [18]. Results from this work have demonstrated that women from the community who engaged in the program experienced an enhancement in support networks, improvement in cultural safety and learning, and a sense of intergenerational fulfillment [18]. Given the success of the program, Elders, community partners, and the MCFW Research Group had a desire to expand and tailor the EMP to other Indigenous communities across the province of Alberta, such as Fort Chipewyan.

Pre-existing research collaborations between the University of Alberta's School of Public Health and community members in Fort Chipewyan provided an opportunity to explore the community's interest in adapting the program to support Indigenous mothers(-to-be) and their families during the perinatal and postpartum period and in early childhood. Members of the MCFW Research Group, including Elder mentors from the Maskwacîs EMP visited Fort Chipewyan in February 2020. Sharing circles were held at the health centre over two days and included community members, local service providers including two maternal and child health workers and a public health nurse, and Elders from Fort Chipewyan, in addition to visiting Elders from the Maskwacîs EMP and researcher allies from the University of Alberta. Elders,

community members and researcher allies began on day one with prayer, a ceremonial smudge and an introductory sharing circle where all participants shared personal stories and their purpose for doing this work in attempt to build strong and trusting relationships. In the afternoon, a second sharing circle commenced where Elders from Fort Chipewyan and Maskwacîs shared their cultural traditions, stories about the effects of historical trauma associated with the loss of culture, language, identity, and traditional parenting practices, and lived experience with their role as Elders in their community. Community members and service providers highlighted important gaps in maternal and child health services for Indigenous families in Fort Chipewyan. Additionally, the MCFW Research team shared about the Maskwacîs EMP and the group collectively explored opportunities for adaptation of such a program in Fort Chipewyan for Indigenous mothers. Strong relationships were forged from this sharing circle, and to date there have been several opportunities for knowledge sharing and learning among the Maskwacîs and Fort Chipewyan community Elders. Honorariums were provided to all Elders for sharing their wisdom and gifts, and community and service provider participants were provided a gift card to a local grocery store as a thank-you for their time.

## **METHODS**

### **Research Partnership**

The project was guided by established community-based participatory research (CBPR) principles and relational approaches to decolonize the research process [36–38]. CBPR is fundamentally driven by relationships and trust [39]. A part of our process included hosting a ceremony at the beginning of the project and as necessary throughout. For example, on the day sacred medicines were picked, an Elder performed ceremony, blessed the workshop, and gave thanks to Mother Earth and the Creator for the traditional medicines. Tobacco was laid in places where medicines were gathered as a sign of gratitude to Mother Earth and the Creator and the traditional teaching that accompanied this process was provided by an Elder to those in attendance (mothers (-to-be), other elders, researcher allies). The first author (KMF) spent time with the Elders to ensure the project's purpose was clear and accepted by community. The Elders were eager to share their stories and cultural traditions surrounding pregnancy and birth they knew about or had experienced.

CBPR shares characteristics that are compatible with Indigenous methods and often make use of community-based advisory committees that can function as an anchoring site for building trust, reciprocal relationships, collaborative decision-making, co-learning, and co-creation of knowledge [40]. The focus of the first year was on meaningful community engagement and establishing an Elders Advisory Committee (EAC). The establishment of the EAC ensured that Elders were engaged in all phases of the research.

The EAC included two Elders each from the Cree-, Dene-, and Métis populations of Fort Chipewyan. The EAC met once a month to design the program and meaningful ways for the Elders to mentor the mothers (-to-be). This committee guided the research process and made decisions about the program as a group.

Due to the COVID-19 pandemic and provincial health guidelines, the EAC meetings were held virtually from July – December 2020. This required the committee to be flexible with their approach, as holding community meetings virtually is not the traditional way of gathering and providing guidance. KMF, who is born and raised in the region, made monthly trips during the planning stages and bi-monthly trips during the implementation phase up until the COVID-19 pandemic. This is crucial to note as relationships and commitment between the researchers and the community is paramount to work in Indigenous communities. Moreover, a community research liaison, mentored and supported by the research team and the Elders in the community, was hired to coordinate program and research activities, support the team of Elders, and to recruit and engage with mothers (-to-be).

## Ethics

### Ethical approval

was provided by the University of Alberta Research Ethics Board (Pro00070845). This research was performed in accordance with the Declaration of Helsinki and Chap. 9 of the Tri-Council Policy Statement 2 on “Research Involving the First Nations, Inuit and Métis Peoples of Canada” [41]. Approval for this research was also obtained from health leadership, Elders, and community members in Fort Chipewyan. All data related to this project is co-owned by the EAC and researchers. Participants received a participant information sheet and a consent form by email. All participants received an explanation of the project and provided informed consent. In accordance with the ethics protocol approved, a two-staged informed consent process was followed. Mothers provided written informed consent in person for their participation in the workshops and the surveys (described in the Research Design and Approach). This was then followed by oral informed consent prior to a one-on-one debrief conversation by phone post-workshop. Elders provided oral informed consent prior to their participation in a virtual sharing circle. For phone debrief conversations with mothers and virtual sharing circle with Elders, the oral informed consent process was audio/video recorded.

## Conceptual Framework

We utilized the Framework of Historical Oppression, Resilience, and Transcendence (FHORT) [42] to identify cultural level protective factors for Indigenous maternal well-being. Recognizing the context of historical oppression in which Indigenous families are situated, the FHORT is a relational framework that conceptualizes resilience by examining the balance of interacting risk, promotive, and protective factors across individual, familial, cultural, community, and societal levels. An Indigenous relational worldview emphasizes the interrelatedness and balance of all things, including mind, body, environmental, and spiritual dimensions. This worldview is congruent with a socio-ecological perspective on resilience [43–45] in that it enables the examination of the interactions and interconnections between risk and protective factors across individual, familial, cultural, community, and societal levels and views resilience as a multidetermined and constantly changing result of peoples’ interactions with their social environment.

Families, spiritual coping, enculturation, and reconnection with Indigenous values are proposed promotive and protective factors for Indigenous women and mothers' social, emotional, and mental well-being.

## **Research Design and Approach**

An explanatory sequential mixed methods research design was applied, with CBPR as the overarching framework. First, quantitative data was collected from a survey administered to Indigenous mothers prior to participating in the project to develop a baseline understanding of the pre- and postnatal health experience of mothers (-to-be) in Fort Chipewyan, determinants of care needs, and factors associated with resilience. Then, qualitative descriptive methods were used post-program to explore in-depth how the program influenced the understanding of the traditional role of Elder mentors, the intergenerational relationships between Elders and young women with respects to cultural transmission of traditional knowledge, cultural values, and identity, and the unique care needs of Indigenous mothers. From a philosophical perspective, qualitative descriptive research represents the view that reality exists within various contexts that are dynamic and perceived differently depending on the subject [46]. Therefore, using qualitative descriptive research allowed us to identify the perspectives and experiences of Elders and mothers participating in the pilot program.

## **Elders Mentoring Program in Fort Chipewyan**

The pilot EMP consisted of 12 Elder-led cultural workshops with mothers residing in Fort Chipewyan. The workshop activities were determined and led by the EAC with the support of the local health director, a First Nation liaison from the health centre, and a public health nurse and community research assistant (Table 1). These workshops involved participation in traditional and cultural activities, including the making of traditional regalia and crafts, alongside cultural teachings related to pregnancy, childbirth, caring for the child, and parenting, and passing on traditional knowledge on cultural identity and values for cultivating social and emotional well-being. Each workshop involved a different Elder mentor from the EAC who imparted their cultural teachings, and at least two other Elder mentors who assisted with the planning of workshop activities and participated in traditional and cultural activities alongside the mothers. Each Elder mentor had specific teachings that were passed on to them from earlier generations specific to their culture. During these workshops, Elders also provided mentorship and support tailored to the mothers' unique experiences and circumstances, aimed at providing mothers with social support. Workshops were held at Fraser Bay, a sacred location by Lake Athabasca that is home to many traditional medicines. The final two workshops were held virtually due to COVID-19 pandemic restrictions. For the virtual workshops, packages with the necessary materials were dropped off at each of the Elders' and mothers' homes.



Table 1  
Workshop cultural activities and number of mothers in attendance

Activity	Mothers in Attendance
Moss bags and traditional medicine gathering	4
Baby moccasins	4
Baby ribbon blankets	4
Ribbon skirts	4
Baby rattles	5
Baby beaver mitts	6
Class to catch up on unfinished projects	4
Beaded earrings	3
Fleece mittens	6
Beaded medicine pouches (virtual)	3
Beaded sage bags (virtual)	4
Closing workshop gathering catch-up session (virtual)	4

## Recruitment and Data Generation

Recruitment of mothers happened through snowball sampling utilizing community relationships and word of mouth. Prior to the start of the workshops, the goal of the project was explained and mothers provided informed consent. Participants were then asked to fill out a brief survey that was developed using questions from a validated questionnaire to assess social and emotional well-being and resilience [47] and specific questions determined by the researchers and the EAC on pre- and postnatal health experience and determinants of care needs in the community. The survey included both closed- and open-ended questions, and a trained community research liaison residing in Fort Chipewyan was present to assist the mothers with completing the survey. The first three questions inquired about services or supports that could be helpful during different times in a mother's life, i.e., during pregnancy, after childbirth (postpartum), and related to parenting/motherhood. Each question had specific options related to different timepoints or events during motherhood (e.g., use of a birth attendant such as a doula or midwife during pregnancy) as well as a list of social or mental health-related services and supports (Fig. 1). Closed-ended questions on the survey that assessed resilience focused on sense of control, social support, and perceived stress. Questions on sense of control and perceived stress were assessed on a scale from 1–3 (1 = 'not at all', 2 = 'somewhat' and 3 = 'a lot'). Some questions included: *I can solve many of the problems I have on my own; I do well even when things are tough; and I can change many of the important things in my life.* Some questions on social support included: *There is a special person who*

*is around when I am in need; I get the emotional help and support I need from my family, and I can talk about my problems with my family.* These questions were assessed on a scale from 1–7, with 1 being ‘very strongly disagree’ and 7 being ‘very strongly agree.’ Other questions to assess cultural and community connectedness were assessed on a scale from 1–5, with 1 being ‘strongly disagree’ and 5 ‘being strongly agree’ and included: *I have a strong sense of belonging to my community; When I am overwhelmed with my emotions, I look to my community for support; When I am feeling spiritually detached, I look to my culture for help.*

Additionally, the EAC and research partners wanted to learn about the experiences of the Elders and mothers who participated in the workshops. Following the last workshop, the research team hosted a virtual sharing circle with the Elders who led the workshops. The sharing circle began and closed with a prayer from an Elder and they provided verbal consent to record their stories prior to the start of the sharing circle. The goal for the sharing circle was to capture the Elders’ perspectives on which aspects of the program could be improved upon for future programming and their experience as ‘Elder mentor’ and passing on traditional knowledge and teachings during the program. In addition, past and ongoing work that the principal investigator (SM) and author (KMF) support within the region considers the several crises (wildfire, flood, COVID-19) that have occurred. To build on the latter work, we were also interested in how the Elders perceived these crises might impact the mothers’ experience of motherhood and all aspects of their well-being. We proposed the following questions:

1. Which role do you feel the Elders had in the weekly workshops with mothers?
2. Do you feel you were able to provide mentorship to the mothers?
3. Do you think this program impacted the mothers’ resilience and coping skills?
4. Many crises (the wildfire, the flood, and COVID-19) have happened in the region in the last 5 years that have been very stressful. How have these crises impacted you in your role as an Elder?
5. How do you think the crises have impacted the mothers and expecting mothers?
6. Which pre- and postnatal services and socio-cultural supports are needed for mothers in your community?

In addition to the Elders sharing circle, debrief conversations with mothers who participated in the program were co-facilitated by KMF and the community research liaison. All mothers who attended the workshops were invited to participate in debrief conversations, however only three participated. The mothers were made aware that they could stop the conversation at any time. Each mother provided oral consent over the phone. The debrief questions included:

1. Can you describe or share your experience participating in the program?
2. How did the mentorship from the Elders support you as a mother?
3. How did the program help you to build a positive sense of self or identity?
4. Would you recommend the program to other young mothers in the community?
5. We would like to continue this program or something similar. What are some

recommendations for strengthening or improving the program in the future?

The debrief conversations with mothers and sharing circle with Elders were held virtually due to the COVID-19 pandemic. Following the sharing circle and debrief conversations, the recordings were transcribed verbatim by a community research liaison and returned to participants for review and edits.

## Data Analysis and Rigour

The survey information was descriptively analyzed with IBM SPSS Statistics, Version 28.0 (IBM Corp, Armonk, NY, USA) and used to inform the development of the workshops and future programming. Thematic analysis was conducted manually by two qualitatively trained researchers (KMF, SM) by following Braun and Clark's (2006) six-phase methodology to understand and identify the themes [48]. This involved reviewing the data through line-by-line analysis and then iteratively developing descriptive themes (coding text directly from transcripts) and interpretive themes (grouping similar descriptive codes together). Final themes were reviewed with the EAC. The overall findings were presented at individual meetings with EAC and participants for rigour and to ensure participants had an opportunity to validate the findings. Authors BT and LA, who are Elders from the region who participated in the program as Elder mentors, supported analysis and contextualization of results and confirmed interpretation and write up of this manuscript to ensure accurate representation.

## Researcher Reflexivity

Part of ensuring the quality and transparency of qualitative research is for investigators to recognize their subjectivity – the values, beliefs, personal qualities and knowledge they bring to their research. The lead author of this paper (KMF) is a Mi'kmaq French Irish scholar who is born and raised in the region (Treaty 8 Territory) where this research was conducted. SM is a white settler and comes from Italian descent. She was born and raised in Toronto, Ontario, the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. BT is Dene Elder and member of the Athabasca Chipewyan First Nation. LA is Dene Elder and member of the Mikisew Cree First Nation. BSEV is a recent immigrant to Canada with Belgian-Flemish, English, French, and Dutch ancestry, who now resides in Treaty Six Territory and Métis Region Four, Alberta, Canada. RTO comes from mixed European descent, including Danish, Scottish, German, Austrian and Ukrainian. Since birth, he has called Treaty Six Territory and Métis Region Four, in Alberta, Canada, home.

## RESULTS

For this pilot project we recruited nine mothers with an average age of  $24.55 \pm 3.0$  years ( $n = 7$ ), four of whom had more than one child (mean  $1.89 \pm 1.2$ ). The age range was 21.8-27.29 years old. One of the mothers was pregnant, three had delivered a child within the last year, and three had a one-year-old. Five of the mothers consistently attended the workshops ( $> 6$ ).

To describe the pre- and postnatal support needs, Fig. 1 (Helpful Supports and Services During Pregnancy, Childbirth and as a Mother) shows the services and supports selected most often as desired during pregnancy, after delivery, and overall, as a mother. The top three responses selected most often were identical for each of the questions, however with different frequencies, and included food coupons, traditional activities, and parenting courses. The response selected fourth for each of the questions was support in Fort McMurray during the last month of pregnancy, childcare or daycare, and childcare respectively for pregnancy, postpartum, and support outside of pregnancy. Other desirable supports during pregnancy mentioned by the mothers included support with housing and the need for a kitchenette in the hotel they are staying in during their time in Fort McMurray when they are awaiting childbirth so they do not have to eat out at restaurants, which can be costly and not the healthiest choice. Additionally, one mother indicated that she would have appreciated having access to a breastfeeding support group after delivery.

The survey participants indicated that limited availability of services, transportation and access to childcare, as well as work responsibilities and feelings of social anxiety were factors preventing them from accessing perinatal and postpartum services and/or programs (e.g., parenting classes, breastfeeding classes, support for parental mental health). Fulfilling the needs for transportation and childcare, more knowledge about the supports available, outreach by the organizers or agencies delivering the program, and having someone they trust attend the program, were suggested to increase the mother's comfort when accessing services or supports.

Most participants had responded 'somewhat' to the questions on sense of control (e.g., I can solve many of the problems I have on my own; I do well even when things are tough), suggesting that they may experience difficulties coping with stress or changes in their lives. All but one of the participants indicated that they have a support system to help such as a partner, family members, and friends close by, which was also associated with their resilience. Most of the mothers (n = 7) felt that they had a strong sense of belonging to their community.

The sharing circle discussions and the debrief conversations with the Elders and mothers highlighted how the workshops strengthened the relationships between the Elders and the mothers and resulted in many benefits described in four common themes: (1) the meaningful role of Elder mentorship for Indigenous mothers(-to-be); (2) weekly workshops provided a safe space to share and develop peer-to-peer relationships; (3) passing on of traditional stories and skills during participation in cultural activities fostered positive coping and self-esteem among both the Elders and mothers; and (4) Elder-led workshops encouraged culture and language revitalisation and passing on of tradition to younger generations.

## **The meaningful role of Elder mentorship for Indigenous mothers(-to-be)**

Both the Elders and mothers shared their views on what it means to be an Elder mentor and the important influence that the Elders have on mothers(-to-be). The Elder mentors highlighted important traits and actions that they felt helped them build stronger relationships with the mothers. This included trustworthiness, active listening, passing on of knowledge and resources, kindness, and leading by example. Elders spoke to the power of active listening and validating the way the mothers in the group were feeling. Active listening and validation allowed them to ask more questions and to get to know the mothers better which built trusting relationships. As one Elder shared:

And I think working with them, telling them that what they have to say is important and that someone is listening to them. Because they are saying what they're feeling and to them it's important so it's very important to pick up on that and pick up on where they're going, where they're coming from.

Elders also emphasized their role to empower mothers to be more vocal and confident in who they are, thereby promoting a positive sense of self. They shared the sacredness of and duty to lift young women up in their community, as described by this Elder:

I feel that some of the mothers are, well they're young you know and they may think otherwise so I think they could be vulnerable. And I think working with them, telling them that what they have to say is important and that someone is listening to them.

The mothers (-to-be) displayed these feelings of empowerment when they shared sentiments such as: *"When I attend these and do the beading courses it makes me... honestly it makes me feel so good and humbled to be who I am today."* In addition, having awareness of the strengths and local supports available in their community was also deemed an important role for Elders when mentoring. For example, one Elder explained:

The most important role I think is to mentor the young mothers, to be there with them and you know if they ask for information or when you're sitting with them and they ask questions or some of the things they are going through, you know, give them the information whether it's about shelters or addictions or where they can reach out for help. You know, whether it's with food or anything that makes it a little bit easier for them.

A crucial component agreed upon by all the Elders in the sharing circle was the value of being a positive role model for the moms (-to-be) and in the community. One Elder eloquently said:

It's really important that when we go into the room with the young mothers, when we talk about respect and different teachings that we have learned from our parents and grandparents through our life's journey, how we talk to them about that and how we live that life. For them to see that we are walking our talk is so important. When we think about all the time and how we bring each other through these processes is so important. Kindness is one of the biggest things that we want to teach each other for sure.

Furthermore, Elders commented on their own life journey and how they came to be recognized as Elders in their community. They shared being taught by Elders themselves, the importance of sacred cultural protocols, and personal experiences that led them to where they are today. Their life journey contributed to their profound wisdom and knowledge, shaping their role as an Elder mentor:

I find that I have to be careful that I don't use my personal experience from the past in dealing with young moms because when I was a young mom I had a lot of bad experiences in the fact that my kids were, somebody wanted to take my kids away when they were born and so I have to be careful with that. I have to be careful that I don't go overboard with the young moms in trying to protect them because I have to think about now and I have to keep myself in the present and look at things in a different way.

In addition, to the Elders perspective, the mothers shared what they believed an Elder's role was for them and ways in which the Elders in the group mentored them. Gathering teachings from Elders improved their knowledge and confidence in their ability to be a parent as underscored by one young mother: *"It [the workshops] made me feel more educated I guess about parenting because I am a new parent and everything."* Mothers highlighted the vital role of Elders to pass on historical traditions and cultural teachings, as noted by this mother: *"I think that having the Elders there will give us more encouragement to keep our traditional ways more alive and ongoing and it gives us encouragement to keep it going."*

### **Weekly workshops provided a safe space to share and develop peer to peer relationships.**

When designing the EMP for Fort Chipewyan, the EAC shared that due to the local residential school and the loss of culture and tradition, they felt disconnected from the younger generation in their community and a lack of respect for culture and tradition. As stated above, an objective for this program was for the Elders to build stronger relationships with mothers in the communities. The Elders felt that workshops where mothers could come and have peer-to-peer contact would encourage participation and attendance. The Elder mentors engaged with the mothers with the intention to provide compassionate care and support and to build trusting relationships. One Elder explained how she did this: *"You don't gain a person's trust like on the first day kind of thing. But I sometimes try to use my humour when I meet somebody new and I look for something funny to talk about."* Elders and mothers both described how some mothers in the community do not have a positive role model or female mentor. The relationship with the Elder mentors helped to fill this gap in their lives as shared by one mother:

I think it is good especially for young mothers to kind of have that if you don't have that person in your life to teach you those things because not a lot of people do. Especially with the traditional side of things.

The mothers expressed that they found the program beneficial in helping with their sense of belonging and felt that the workshops were a safe, non-judgemental, and fun place to share and connect with other mothers and Elders. One mother explained how she developed a friendship with other mothers through the workshops:

For instance, before we would see each other as something else and we don't really connect, but being in this group with other mothers, we can swap stories or advice and stuff like that. It kind of brings us all together, making us know that one another isn't alone in anything.

As cultural programming and spaces to connect are limited in the community, mothers emphasized the positive feelings of friendship, bonding over similar experiences, and being with one another:

*"It's kind of nice to be relatable with other people so you don't feel so alone, I guess. Sometimes you can have a bad day or whatever with your kid and then kind of feel like it would be similar with them, so you don't feel so alone or that you are a bad mom or whatever 'cause they are going through some of the same things. Every person's child is a different age, so you get to bond in that sense."*

One mother also commented on the benefits of social connection fostered through the workshops, even for the Elders mentors who they recognized some lived alone:

It is good for the Elders too because I find a lot of our Elders, their significant spouse or whatever passed on and stuff so they're really lonely. That is why it would be a lot better for them as well as the mothers to kind of be there for each other.

Overall, the general sentiment was that the 12 weeks of workshops really fostered a sense of community and social support as explained by one Elder:

Seeing that the mothers are also helping each other. When there is a new baby that is going to be coming back to our community the other mothers are getting together, getting clothing and different things that the new mom will need.

### **Passing on of traditional stories and skills during participation in cultural activities fostered positive coping and self-esteem among the Elders and mothers.**

The Elders recognized that positive self-esteem, coping, and parenting skills were not strong among young mothers in their community who were generally under the age of 25 years. This was an area they spent time addressing through the workshops. One Elder described:

Positive coping skills is seeing the mothers spend more time with their babies and spending more time at home with their own mothers or their parents...also seeing that the mothers are also helping each other.

One mother expressed how the time they spent with the Elder mentors and participating in the workshops transferred into their own home, in the way they parented, and the positive effects that it had on them personally:

It gives me a reminder of what our backgrounds should be and what I should be implementing to my daughter and that I should keep going with these traditional ways. [...] I'm still learning every day, I took a lot out of it [the workshops] with my daughter on how to understand how she feels when she's upset and how to deal with it when she's upset because she's a baby.

The Elders felt a sense of pride when sharing what they witnessed because of their support and the workshops. This bolstered their own self-esteem and validated the important role that they play as Elder mentors in their communities. One Elder conveyed:

For the mother to acknowledge that she spends more time with her baby and she's home sewing and trying to do different things now compared to going out drinking. Now she is at home taking care of her babies, so I was glad I was able to spend the time helping them [the mothers].

### **Elder-led workshops encouraged culture and language revitalization and passing on of tradition to younger generations.**

All participating mothers reported that the Elders' mentorship strengthened their connection to their culture. Mothers described how the passing on of traditional knowledge and cultural teachings has encouraged them to bring back their traditional ways and to pass on this knowledge to their children to instil in them a strong cultural identity, as detailed by one mother:

I think that having the Elders there will give us more encouragement to keep our traditional ways more alive and ongoing and it gives us encouragement to keep it going.

Some mothers did not have anyone in their life to teach them the traditional way. Hence being able to have a spiritual and cultural mentor that they could trust and rely on meant a lot to them. This was deemed as crucial by the Elders as well because they recognized the systemic efforts by the government and residential schools to "take the Indian out of the child" by disrupting the transfer of traditional teachings that happens between generations. One Elder shared her experience:

I also want to remember the spiritual teachings and the traditions I was taught. In some cases, I was taught, in other cases a lot of things that I learned, we never shared. You know we just never had a chance to share them. But I am more than willing to help anybody out that needs help and I always have that little protective bear spirit in me to never want a baby to be taken away by anybody.

Moreover, Elders reflected on the importance of teaching these traditional activities and speaking in their native language so the mothers can then pass it on to generations to come. One Elder expressed why it was important she speak her native language to the mothers:

People [in the community of Fort Chipewyan] don't speak their language and we lost it in the mission [residential school], and I think it is something that needs to be implemented, worked on, taught because if you have your language, people will know who you are and that's what my granny used to say, "If you speak your language, your Elders will know who you are." and that brought me to regain my language and it's not an easy language, but I was able to do it and there should be classes...Part of this group for mothers is to start teaching words that they could teach their babies in their language.

## **DISCUSSION**



This paper describes the development and research findings of a pilot program to support Indigenous mothers in a remote northern community in Alberta, Canada, including mothers with young children and expecting mothers, through Elder-led cultural workshops. This strengths-based research provided a holistic and context-relevant understanding of the multiple factors that support resilience among Indigenous mothers (-to-be). Indigenous-led research shows that for many Indigenous peoples, having knowledge of their culture, traditions, and language can help connect them to their cultural identity in a positive way that promotes resilience and well-being, which leads to a positive sense of self that can help individuals, families, and communities heal from inter- and intra-generational traumas [49, 50].

In cultural workshops, Elders transmitted teachings that connected mothers to their cultural identity and promoted all aspects of health and well-being. The transmission of culture took the form of storytelling, which mothers described as an enjoyable way to gain cultural knowledge. Elders filled roles as mentors, informal helpers, and transmitters of cultural knowledge and values. The workshops enabled mothers(-to-be) to forge peer-to-peer relationships with other mothers(-to-be) from the community, increase their self-esteem and resilience, and rooted them in their cultural identity. Specifically, participation in cultural traditions such as beadwork, medicine picking, and sewing enhanced community connectedness, cultural pride, and identity. Moreover, the EMP highlighted the critical role of 'Elder mentors' in supporting the social and emotional well-being of mothers (-to-be) in the community. The mothers(-to-be) who participated in these workshops also shared specific needs and/or gaps in family and community services which included a need to address food insecurity within families and lack of available childcare services or supports.

Across Canada, many Indigenous communities are working to bring back traditional and cultural ways of life that have been damaged by oppressive colonial policies and practices [51, 52]. Elders are the cultural and community anchors and have always played a very important role in communities including the passing down of language, tradition, and stories to younger generations [52, 53]. Culturally strengthening programs within Indigenous communities in Canada involve Elders as spiritual and cultural leaders. Many Elders pass on to youth the belief that their own life force carries the spirits of their ancestors [54]. This research shows that the passing on of these traditional beliefs and teachings is a meaningful way for Elders to engage with the younger generation in their community. Similar findings from a qualitative study that utilized intergenerational digital storytelling highlighted that Elders' storytelling with younger generations led to rich learning of traditional knowledge, cultural practices, and meaningful intergenerational relationships [55]. The qualitative research findings from this pilot EMP in Fort Chipewyan are also consistent with the findings reported on the Maskwacîs EMP. Both programs demonstrated the important role of community Elders in providing enhanced support and mentorship, and improved cultural security for Indigenous pregnant women, mothers, and their families. While the setting in which the Elders supported Indigenous mothers differed, in both programs Elders contributed to creating a safe space for fostering trusting relationships with Indigenous women that allowed them to open up, strengthening cultural identity, connecting and re-connecting with cultural practices, and helping them cope better with loss or any form of stress [18].

As a resilience-promoting program rooted in culture, Indigenous mothers(-to-be) who participated in the program identified positive impacts on their perceived self-efficacy and -esteem. It is well known that many Indigenous women are subjected to high rates of multiple forms of violence and adversity, which can lead to lower self-efficacy compared to non-Indigenous women [56–59]. Therefore, in many ways, the Elder-led workshops were premised on empowering and promoting self-efficacy and self-esteem for the mothers (-to-be). Moreover, research has indicated four core factors to support parents to cope with complex trauma which include culture (e.g., traditional practices), relationality (e.g., community), safety (e.g., choice and control), and timing (right time socio-emotionally) [60]. Through the lens of the FHORT, our findings show that the Elder-led workshops contributed to enhancing promotive and protective factors at individual (self-esteem, pride), relational (strengthened connections with Elders), and community (peer support) levels.

Following the workshops, qualitative findings suggested that the EMP in Fort Chipewyan promoted positive coping and resilience strategies for Indigenous mothers(-to-be) at different stages of their motherhood journey (e.g., expecting mothers and mothers with young children). The Elders did so by focusing on building strong relationships, passing on tradition, and worked with the mothers(-to-be) in the community to find a safe space and time that worked for them to participate. The successes of this program are attributed to every role, including the role of the EAC, the community research liaison, the Elder mentors, and the mothers(-to-be). They all were important components contributing to the wellness, connection, and positive coping for all those involved. The unanticipated positive effects that this program had on Elder mentors contributes to the success of this pilot program. Elders felt better connected to the mothers(-to-be) in their community (a stated objective of this program), they felt they were making a difference, and were able to connect mothers(-to-be) to their cultural roots, protective factors for their health and well-being. The mothers in the program also expressed feelings of belonging, along with an appreciation for the opportunity to learn from the Elders. Peer mentoring has been shown in the literature to support with enculturation and particular aspects of health and well-being among Indigenous populations [61, 62]. This highlights an important consideration for future resilience-promoting programs in Indigenous communities that emphasize the important role and strength of peer mentoring.

Moreover, this pilot project highlighted that social determinants of health (SDoH) are critical to maternal health and well-being and should be a focus of cultural programming. The mothers (-to-be) that participated in our workshops highlighted food insecurity, lack of transportation, and childcare as reasons that prevent them from participating in various community programs and engagements and are also consistent stressors in their lives. Abbott and team (2022) shared how women in their study identified transgenerational/historical trauma and instability in housing, childcare, and relationships as major contributors to pregnancy and parenting stress [63]. Considerations of the complexities around Indigenous SDoH can lead to culturally safe and improved perinatal care [64]. Thus, contextual considerations around SDoH will be paramount to our future programming in Indigenous communities.

In RMWB, the researchers, Elders, and Indigenous community members have been working on several projects that aim to actualize the strengths and skills of traditional roles in the communities, for instance, by supporting the hiring and training of Indigenous birth workers. The findings from this research reinforce traditional roles of Elders as cultural leaders and Knowledge Keepers within Indigenous family and kinship structures. Today, there is increasing support and opportunities for embedding cultural and spiritual Elders within health and social care systems to support all aspects of health, wellness, and spiritual needs of Indigenous peoples [53].

Furthermore, a strength of this pilot project is that it focuses on community strengths by embracing and incorporating the unique knowledges and experiences of the Elders. Given the centrality of Elders, creating space for Elders to transmit teachings and knowledge that re-instill cultural identity and values may serve as a protective and resilience-promoting effort in communities, and especially for young mothers(-to-be). While our EMP showed positive outcomes for the community, this was a pilot project in a single, rural/remote First Nations and Métis community and cannot be generalized to all Indigenous communities or the urban Indigenous population. Moreover, attendance at the weekly workshops was inconsistent and we had a small sample size. However, due to our strong relationships in community and with the participants, we were able to innovate during the onset of COVID-19 and continue our program virtually. Further research is needed to explore and understand Indigenous youth-focused health promotion programs in Canada.

## **CONCLUSION**

Historical and generational trauma have contributed to shifts in Indigenous practices surrounding becoming a mother and a disconnection from traditional birthing practices that have impacted parental and family resilience. Therefore, revitalizing cultural traditions through Elder engagement can be beneficial for contemporary Indigenous mothers(-to-be). This pilot project in a remote northern Indigenous community revealed that Elder-led cultural workshops can support connection to culture, tradition, and language. Specifically, the findings from this community-based, mixed methods research demonstrated that Elder-led workshops promoted positive coping skills, enhanced resilience, and fostered peer-to-peer mentorship among mothers(-to-be). The findings have also highlighted the importance of SDoH considerations in Indigenous cultural program development including factors such as food security, transportation, and childcare when planning for program activities.

## **Abbreviations**

CBPR

Community-Based Participatory Research

EAC

Elders Advisory Committee

EMP

Elders Mentoring Program

FHORT

Framework of Historical Oppression, Resilience, and Transcendence

MCFW

Maskwacîs Maternal, Child & Family Wellbeing

RMWB

Regional Municipality of Wood Buffalo

SDoH

Social Determinants of Health

## **Declarations**

### **ETHICS APPROVAL AND CONSENT TO PARTICIPATE**

The University of Alberta Research Ethics Board approved the research presented in this paper (Ethics protocol number Pro00070845) and the use of a two-stage informed consent process involving written informed consent for the mothers participation in the workshop and survey and verbal informed consent from the mothers and Elders prior to virtual debrief conversations and a sharing circle. All methods were performed in accordance with the relevant guidelines and regulations of the University of Alberta Research Ethics Board.

### **CONSENT FOR PUBLICATION**

Not applicable.

### **AVAILABILITY OF DATA AND MATERIALS**

The datasets generated and/or analysed during the current project are not publicly available due to privacy and ethical restrictions but are available from the corresponding author on reasonable request.

### **COMPETING INTERESTS**

The authors declare that there are no conflicts of interest.

### **FUNDING**

Funding to conduct this research was provided by the Canadian Institutes for Health Research (CIHR) and from Alberta Health Services (AHS) Health Outcomes Improvement Fund (HOIF). The views expressed in this report are the views of the participants and the authors and should not be taken to represent the views of the CIHR or AHS. The authors received no financial support for authorship on this article. SM receives financial support by the Canada Research Chair program.

### **AUTHORS' CONTRIBUTIONS**

KMF led program design and implementation, data collection, analysis and writing of the manuscript. SM is the Principal Investigator of the project and guided all aspects of this project, supported with funding acquisition for the project, and co-led the writing of the manuscript. KMF and SM share first authorship

on this manuscript. BT and LA are Elder mentors in the EMP program and community research partners who co-lead design and implementation of the program and reviewed the final draft of the manuscript before submission. BSEV supported with the literature search, data analysis, and writing. RTO supports the MMFW Research Group, the Maskwacîs EMP, and provided feedback on the design of the EMP in Fort Chipewyan, and reviewed drafts of the manuscript.

## ACKNOWLEDGEMENTS

We would like to extend thanks to our funders, the Canadian Institutes for Health Research (CIHR) and Alberta Health Services (AHS), and our deepest gratitude to the community and Elders in Fort Chipewyan who welcomed us to their land and trusted us with translating their knowledge into an academic manuscript. We are also grateful for the knowledge shared by the Elders from Maskwacîs and MCFW Research Group. We acknowledge the contributions of Fernanda Torres Ruiz, research assistant at the University of Alberta, who supported with the literature search and background knowledge. Lastly, we acknowledge Cheyenne Bryce who was the community research liaison supporting this project.

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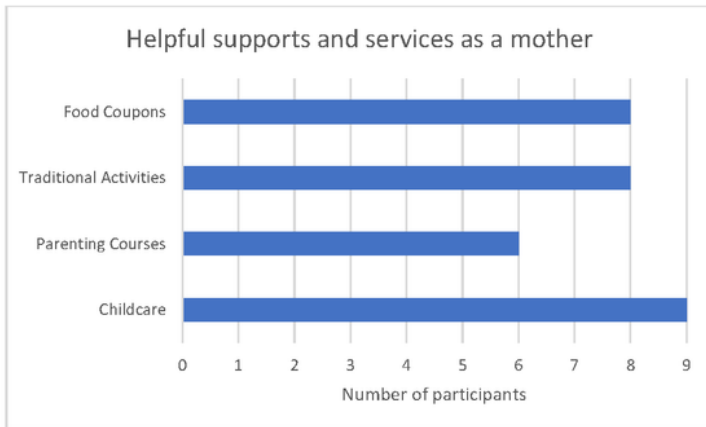
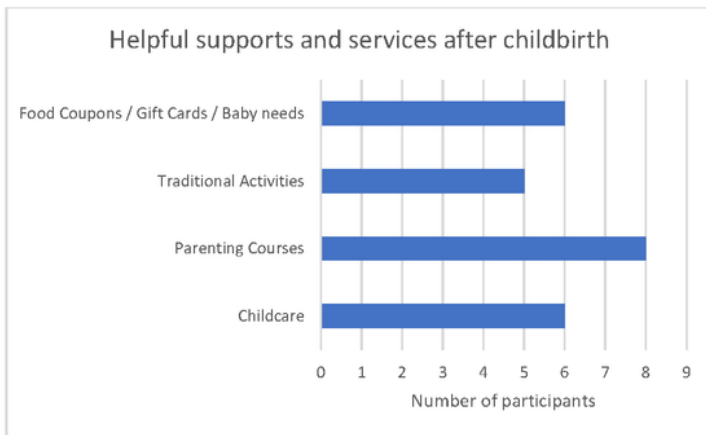
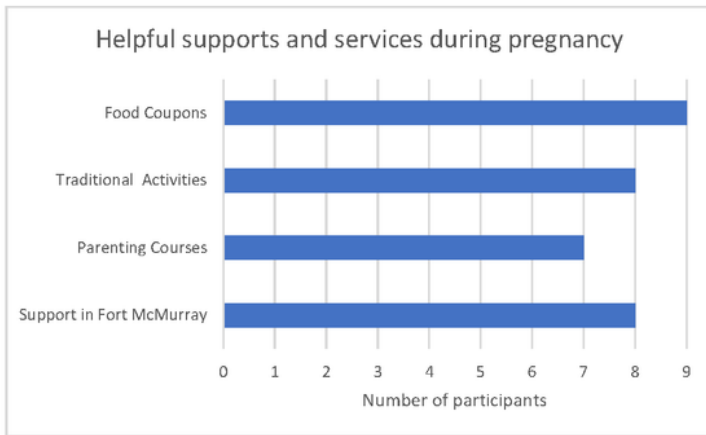
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## Figures



**Figure 1**

Pre- and postnatal needs identified by Indigenous mothers prior to the workshops (n=9).

The needs in terms of services and support during pregnancy, after delivery, and for mothers in general indicated by the Indigenous mothers participating in the workshops included food coupons, traditional activities, and parenting courses. The order of importance of each need depended on the timeframe.