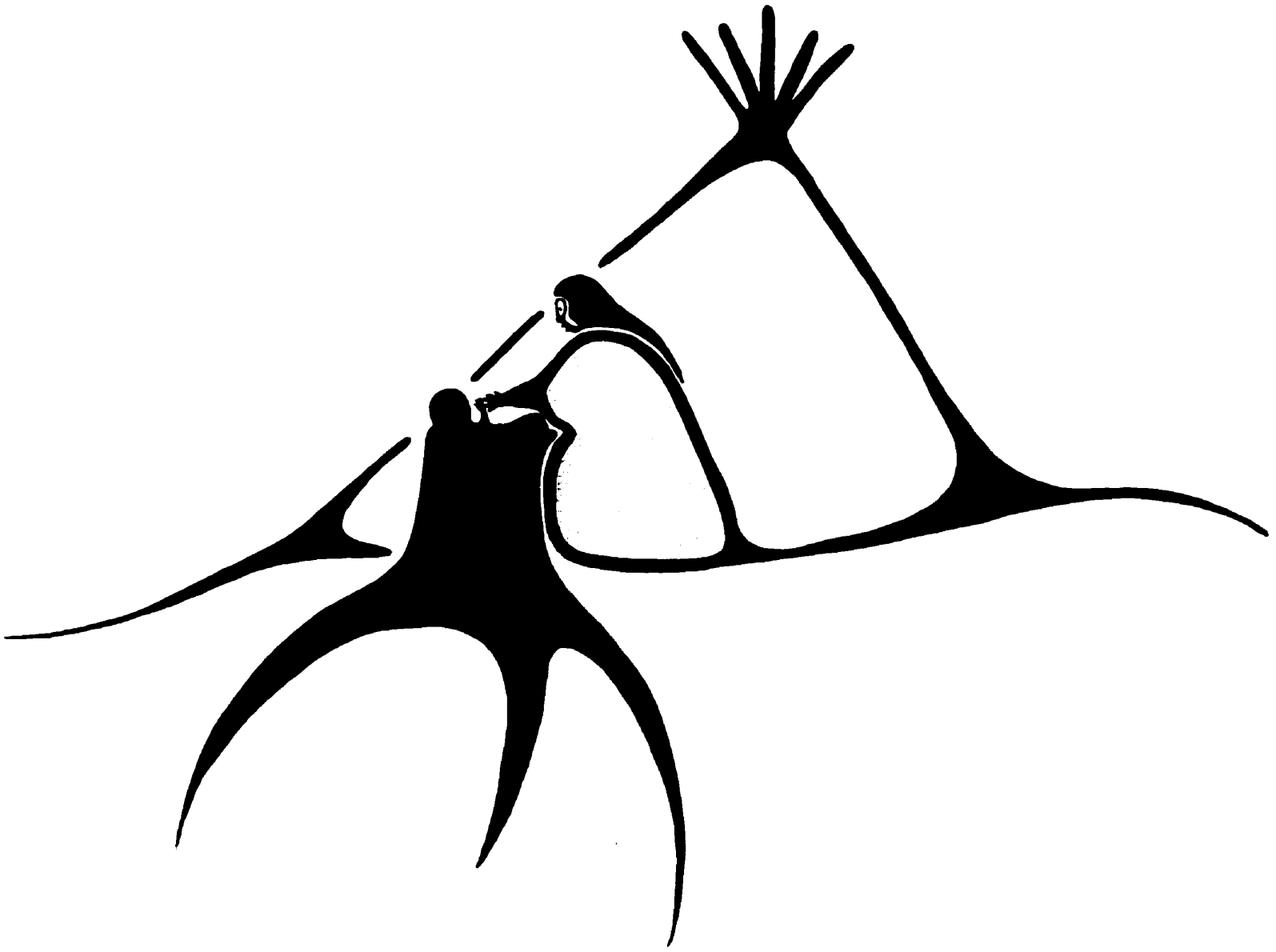
...REVISITING THE PAST...

DISCOVERING TRADITIONAL CARE AND THE CULTURAL MEANING OF PREGNANCY AND BIRTH IN A CREE COMMUNITY

by

Sandra Jean Kioke



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Sandra Jean Kioke

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Abstract

Perinatal mortality rates and infant death rates for Canada's First Nations children are two to three times as high as those of the Canadian population. These high rates of death reflect access to services, quality of health care, events during the prenatal period, care during and after labour, environmental and socioeconomic factors. Statistics strongly support the view that the present system of care continually fails to meet the basic needs of the pregnant woman and her child. Studies with Aboriginal Canadians indicate that culturally responsive, holistic care is needed to respond to the Aboriginal unique, world view and concept of health, in order to achieve equity of health outcomes. An historical perspective is vital to address the process of change in Aboriginal communities, for it is the events long ago in time that have consequences in the present.

The purpose of this study was to explore the past traditional experience of pregnancy and childbirth of a subculture of Canadian Aboriginal people. Using an ethnographic method, a group of 10 key informants shared their life experiences and memories of childbirth to illuminate this most critical time for the family. Participants were women and men, ranging from 66-95 years of age, who had expert knowledge in childbirth and lifeways from the past.

Study findings revealed that this unique First Nations community has a complex and rich history surrounding the childbirth process. The five cultural values that emerged from the data were (a) on a journey, (b) the holistic family, (c) a spiritual nature, (d) caring/sharing, and (e) interconnectedness. These values are largely defined through the special relationship that existed between the people, the land and the struggle for survival. As part of a tri-level process, the five cultural values formed a cultural value system of survival for the childbirth event. A conceptual model was created to represent the evolved system for survival.

The study will serve as a cultural orientation tool for non-Native professionals in the region, and will help to gain insight into health practices from the past and the effects on the present and future health practices. It will also serve as a resource for Aboriginal youth to learn about the history and culture of their people. Future research may help to determine if traditional beliefs and practices are relevant to the childbearing women of today, and what role traditionality can play in the future of health promotion and childbirth with First Nations people.

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CHAPTER 1

Introduction

The level of illness in Canada's Aboriginal[1] population is disproportionately high compared to the rest of Canadians (Drew, 1992). Despite improvements in health care delivery to the First Nations peoples in the past four decades, Aboriginal Canadians live on average 10 years less than the general Canadian population and are generally considered to be the most disadvantaged ethnic group with regard to life expectancy, morbidity and mortality (Reid, 1994; Frideres, 1994). With a present population of over one million Aboriginal people and a birth rate that is double the national average (CICH, 1994), the discrepancy in health outcomes for First Nations Canadians needs to be examined on the basis of human rights and equity, economic reality and political good will. This high level of illness in the Aboriginal population is observed from the beginning of life through to an early death (CICH, 1994).

The perinatal mortality rates and infant death rates for Native children are two to three times as high as the Canadian population (CICH, 1994; Lemchuk-Favel, 1996). These high death rates reflect the access to services, quality of health care, events during the prenatal period, care during labour and delivery, environmental and socioeconomic factors (Lemchuk-Favel, 1996). These statistics strongly support the view that the present system of care continually fails to meet even the basic needs of the pregnant woman and her child. As nurses provide the majority of health care in First Nations communities, prenatal care and care for mothers and newborns are areas that nurses can have a significant impact on the delivery of services. Subsequently, care during this

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[1] The term Aboriginal refers to all indigenous persons of Canada, specifically those of North American Indian, Inuit, or Metis ancestry. This includes the terms First Nations and Native people, which refer to those persons who are registered as Indians under the terms of the Indian Act and whose names appear on the Indian Register maintained by the government.

critical time has the potential to have a significant effect on mortality rates in this population.

Over the past three decades, the pregnancy and birthing experiences of Native women have gone through a transition, from birth in the context of home and family, to birth under the control of Western physicians and nurses in institutions in southern Canadian towns and large cities (O'Neil and Kaufert, 1990). In over thirty years of this transition, the present prenatal experience and certainly the historical experience remains poorly understood by a predominantly non-Native population of health care providers. This lack of cultural understanding combined with a population with a high incidence of adolescent pregnancy, grand multiparity, low and high birth weight babies, and late and less frequent antenatal care, presents a large high risk group.

The nurses providing the majority of care in the First Nations communities are discovering that they are functioning with an inadequate, Western biomedical model of prenatal health care which is unable to comprehensively affect health outcomes in Native communities (Frideres, 1994). This model is increasingly noted as a "cultural imposition" and provides an overall poor strategy for intervention in striving for positive, meaningful care and outcomes with First Nations women. The idea of delivering health care with a "cultural fit" is emerging and gaining recognition in health care circles (Leininger, 1985). In various high risk, Aboriginal populations, culturally focused programs based in traditional values and spirituality are becoming a significant source of personal healing and satisfaction for participants (Waldram, 1993). As the beginning of life sets the stage for life long health, a compromise from illness or lack of care at early stages of development may be likely to have life long negative effects. Conversely, a culturally congruent, positive beginning to life may prove beneficial for the building of a stronger, healthier future.

For it is the events long ago in time that have consequences in the present and we must be aware of time events and the effects on present day (Miles and Huberman, 1994). By learning, describing and sharing another culture, we can begin to understand a peoples' behavior. In the realm of health care, intercultural communication must take on greater meaning than translating messages and engaging in appropriate eye contact. Intercultural communication needs to be a genuine attempt by the professional to learn, comprehend and accept the clients' lifeways and behaviors. Much of transcultural nursing emphasizes cultural knowledge based on simple behaviors without exploring the history or context that is the key to the development of behavior that is considered "cultural" and not mainstream (Nance, 1995).

To begin this contextual exploration of Aboriginal culture, this descriptive study will explore the traditional care of pregnancy and childbirth of a subculture of Canadian Aboriginal people. It may provide a link needed to begin to close the knowledge gap of health status discrepancies between First Nations people and the rest of Canadians.

Literature Review

There is a limited data base in the area of traditional practices of pregnancy and childbirth in First Nations communities in Canada. There are two qualitative studies done in Canada; one of the Cree-Ojibway traditions in Manitoba and the other of Coast Salish Indians in British Columbia. The existing related literature consistently identifies a need for culturally specific care to be the priority to achieve improved health outcomes (Stewart, 1992; Borins, 1995; O'Neil, 1995; Rafuse, 1993; Sokoloski, 1995; Lechky, 1991). This particular research focus has not been explored within the region of Ontario's First Nations people and this gap in the literature leads to the study. The review of the literature focused on the a) relationship between prenatal care and birth outcomes b)

pregnancy and childbirth perspectives of First Nations women and c) symbolism in Aboriginal health and pregnancy.

Prenatal Care and Birth Outcomes

Young, Horvath, and Moffat (1989) identified that Native women in Canada utilize prenatal services later, less frequently or not at all during pregnancy. The value of prenatal care has been difficult to establish, but late and less frequent, antenatal care is associated with up to five times greater neonatal and infant mortality rates and low birth weights, than early frequent care (Quick, Greenlick & Roghmann, 1981; Gortmaker, 1979; Poland, Ager, & Sokol, 1991; Bradley & Martin, 1996). In a study looking at the effect of prenatal care on obstetrical outcome, women who had two or fewer prenatal visits, delivered at an earlier gestational age and tended to have poor obstetrical outcomes when compared with women who attended three or more prenatal visits (Amini, Catalano, & Mann, 1996). Prenatal care has been found to increase the length of gestation which results in higher birth weights and better survival rates (Goldenberg, 1992). However, simply enhancing the quality or quantity of programs of high risk populations does not seem to affect birth outcomes (Oakley, Rajan, & Grant, 1990; Fiscella, 1995). Other prenatal risk factors in this population include increased rates of adolescent pregnancy, grand-multiparity, malnutrition, diabetes, poverty and geographical remoteness. Combined with minimal or inadequate prenatal care, these risk factors place First Nations women and their babies at high risk for poor health outcomes.

Pregnancy and Childbirth Perspectives of First Nations Women

Health beliefs, values and behaviors of mothers and their children were compared and contrasted over four groups, in the study, ***Four Views of Childbearing and Child Health Care*** (Burke, Maloney, Pothaar & Baumgart, 1987). The groups of women studied were northern Native women from the west coast of James Bay, urban Natives, Euro-Canadians and maternal-child nurses. More similarities were reported than

differences, however there were differences among the groups in health promotion goals of mothers. Cultural beliefs and values of the northern Native group had implications for directing health programs towards family centered care as opposed to mother as primary caregiver, as in the other groups. The authors concluded that altering the focus of health programs by recognizing and responding to cultural differences, would enhance the efficiency and effectiveness of the programs.

The northern Native mothers expressed overwhelming need for many desired changes in health care services during pregnancy, labor and delivery. The main concerns were related to discontinuity of medical care, poor communication by medical staff, inflexibility of the hospital facility and nurses, and the attitudes of certain health care workers. The lack of a mutual or effective relationship is evident in these data.

This study showed very little evidence of folk remedies within any of the groups. It is not clear if the lack of evidence was due to its non existence, or that the methodology used was inadequate for getting at rich, cultural descriptions. As with some American Aboriginal groups, Canadian Aboriginal peoples are in transition regarding active participation in their cultural heritage. In many groups, there is a resurgence in cultural beliefs and spirituality, while other communities do not participate in any forms of traditional medicine (O'Neil, 1995). Even within each community there are subcultures of practice/non practice of traditional spirituality and beliefs. Some of the reasons for diversity remaining between and within groups in Canada, are clarified by a historical perspective. In the 1870's, legislative revisions of the Indian Act by the federal government were made "to eradicate traditional healing practices" by prohibiting ceremonies. Consequences such as fines, imprisonment, corporal punishment and relocation were used to force the assimilative practices (O'Neil, 1995). As a result, some elders have not passed on the traditional knowledge through the generations, perhaps from lingering fear of punishment and other negative repercussions. Subsequently, in

today's society a great fear of self expression regarding the traditional folk practices remains among some Aboriginal people.

Mothers, Medicine and Midwifery, a masters thesis by Webber (1992), explored the perspectives of the James Bay Cree women regarding the issue of evacuation to a larger, hospital setting for confinement of pregnancy. This health policy was implemented as the standard of care for mothers in remote settings, by the Medical Services Branch of Health and Welfare Canada (Webber, 1992). The intention was to assure the best possible outcome for the mother and baby. However, it meant separation from friends, family, and small children for weeks at a time. This resulted in a rapid transition in lifestyle moving away from the family centered nature of traditional Aboriginal life (Royal Commission on Aboriginal Peoples, 1996). The participants were from six communities along the west coast of James Bay (Appendix A). Most of the mothers expressed the communication with professional staff as a critical issue. Women were known to avoid any interaction with health care providers during pregnancy due to communication problems and to avoid being evacuated from their home community. Health care workers perceive this behavior as lack of concern and these competing agendas created distrust between the two parties (Webber, 1992). These conflicts and stressors are not conducive to effective health care.

An elder from Fort Albany was quoted by Webber (1992) on traditional midwives of the Cree people; "We've abandoned so many things." She stressed the importance of having a traditional knowledge or practice as a heritage, regardless of whether the traditions were practiced culturally or not. The elder indicated the knowledge must be preserved for self determination; to have the power to choose for oneself. These shared thoughts are indicators of existence of traditional practices, beliefs and values surrounding the pregnancy of the Cree women from James Bay.

Sokoloski (1995) interviewed Native women in Manitoba to identify their perspectives on prenatal care. One theme that emerged was that communication with staff during prenatal care was often rushed and authoritarian in nature. Belief systems of the health care workers and their clients were very different and this resulted in conflict and stress.

Clarke (1990) studied the childbearing practices of Coast Salish Indians in British Columbia. Some findings were that the Native women did not perceive nurses as part of their health care system, and that the non-Native, health care teachings did not coincide with the Native explanation of the problem. Further research was suggested to gain understanding of women's commitment to both traditional and contemporary teachings, and for health care workers to gain experience in the application of the unique beliefs, values and practices in a variety of cultures.

A qualitative study exploring traditional beliefs and practices of Native American women in Oregon, identified one of the themes that emerged from the study was the breakdown in transmission of cultural beliefs among the women (Long & Curry, 1998). Another concerning fact was many of the young women of the study expressed that they did not see the value of the Western model of prenatal care despite knowing they should attend. The young women were not participating in any form of a belief system or informational exchange regarding pregnancy. The study recommendations included that prenatal care should be reconceptualized as "traditional cultural wisdom," with the majority of care provided by elders, grandmothers, and aunts in collaboration with licensed providers. The elders in this study described pregnancy as a normal and natural event with the belief that there is specific information that should be communicated to pregnant women.

Symbolism in Aboriginal Health and Pregnancy

Annette Browne (1995) studied the meaning of respect with Cree-Ojibway people in northern Manitoba. The purpose of the qualitative study was to provide descriptions of respect as a phenomenon occurring in clinical interactions, from the perspective of the Cree-Ojibway participants. The participants described verbal and non verbal attributes of nurses who displayed the meaning of respect for the patients. Respect has tangible, observable indicators that the patient can see in nurses and other health providers. They were also very clear in describing non respectful and devaluing behaviors that they had experienced during interactions with health professionals. Failing to receive an adequate explanation of their health problem was described as a dehumanizing interaction for the participant. Harsh verbal intonation and certain body posture of caregivers conveyed a sense of superiority or paternalism to the Aboriginal client. These behaviors occurred particularly with elders who were not English speaking. In these examples, this distinct culture has used complex, symbolic interactions to interpret the meaning of the behavior of respect.

Morse, Young and Swartz (1991) compared the northern Alberta, Cree Indian methods of treating psoriasis with Western Medicine. Five components were explicitly detailed, and related to the attribute of symbolic interaction bringing meaning to the healing process. It also clarified that a sophisticated, scientific system of health and healing exists within this Cree culture. The differences between the Native and Western practices are vast; for example, traditional healing is a participatory process with the client, versus the historically Western philosophy of the passive, dependent patient. The authors recommended that future research include the examination of traditional practices in a variety of Aboriginal subcultures, and that they be included in interventions or integrated models of care.

In the study, *Cooptation and Control: The Reconstruction of Inuit Birth* (Kaufert & O'Neil, 1990), the authors assert that the control over childbirth by the federal government became essential to ensure constant proof of the beneficence of power, and to satisfy a preoccupation with mortality rates. The Inuit women expressed a loss of control as individuals over the place, time and process of childbirth. This loss became a metaphor for the loss of political control by the Inuit over their lives and communities.

When the Inuit elders spoke of the traditional ways of childbirth to the young people, there was a higher purpose attached to their stories that passed on a morality and a political message to those who were listening. Pride was associated with birth stories and a woman's experience was a symbol of their earlier independence and self-sufficiency.

Summary

The literature leads consistently towards culturally responsive, holistic, health care delivery that is needed to respond to the Aboriginal unique, world view and concept of health and medicine (O'Neil, 1995). It may be generally agreed that in every culture one of the important tasks for a woman is childbirth. The events and practices surrounding pregnancy and birth are tightly intertwined with each society's cultural system (Waxman, 1990). Thus, the health care of pregnant women needs to take on a cultural essence, to maintain the very fabric of the society. The purpose of this study will be to describe the traditional value systems and practices of care during pregnancy and childbirth of a particular subculture of First Nations peoples. The final description may be used for the preservation of unique, historical data that may soon be lost forever. The study could also serve as part of a cultural orientation for young Native people and non-Native professionals entering the cross cultural environment. The learning and understanding of

this knowledge may be the first step towards developing culture specific care that has been identified as a priority in the health of First Nations people.

Research Question

What are the traditional health beliefs, practices and spirituality surrounding the historical, prenatal and childbirth experiences of a First Nations Cree community in the James Bay region?

Conceptual Orientation

A conceptual orientation was chosen over the use of a conceptual framework due to the fluidity and inductive nature of the qualitative paradigm. A conceptual orientation or guide is most consistent with the goals of discovery, whereas the rigidity of a framework may have limited the study within a preset format (Turton, 1997).

Leininger's (1991) transcultural theoretical concepts and assumptive premises of culture care were utilized as a conceptual orientation. Madeline Leininger (1991) states that all cultures in the world have a folk, indigenous or naturalistic, lay care system. In order to provide culturally congruent care for a group or individual, it is essential to discover the folk system of a specific culture and how it relates to the professional systems. "Culturally congruent or beneficial nursing care can only occur when the individual, group, family, community or culture care values, expressions, or patterns are known and used appropriately and in meaningful ways by the nurse with the people" (p. 45). Although not explicitly stated, this concept of cultural congruency implies an empowering process. It gives value to the cultural practices by enhancing people's abilities to meet their own needs and to assert control over the factors that affect their

health (Airhihenbuwa, 1994). If culturally based care exists, it contributes to the well being of the community. If it does not exist there is conflict, noncompliance, stress and ethical and moral concerns (Leininger, 1985).

Empowering communities by acknowledging traditional values will return the responsibility of health care to the people. Some Native communities have gained a sense of mastery with regards to traditional health beliefs and practices and feel free to want to increase the delivery of their folk system of health care in collaboration with professional services. This initiative enables First Nations people to choose a philosophy of care. Some may choose the biomedical model of care, while others return to a strict traditional, belief system. The majority may likely choose a combination or balance of the two systems. Native people were not always free to achieve this basic human right of self determination and choice in health and wellness strategies.

CHAPTER 2

Methodology

An ethnographic method was used to explore the research question. Ethnographic research was developed by the discipline of anthropology to study the culture of a people, their ways of living, ways of believing and ways of adapting to their changing environment (Burns & Grove, 1997). Culture is the central concept in ethnography and is defined within the domain of transcultural nursing research by Leininger (1991) as the "learned, shared, and transmitted values, beliefs, norms and lifeways of a particular group that guides their thinking, decisions, and actions in patterned ways" (p. 47). This qualitative research method enables the researcher to acquire a perspective beyond an ingrained, ethnocentric view of one's own world (Germain, 1993; Kleinman, 1980). Purnell and Paulanka (1998) describe ethnocentrism as the universal tendency of an individual to think that their ways of thinking, acting and believing are the only right, proper and natural ways and as a result, ethnocentrism can be a major barrier for health care workers functioning in a cross cultural environment.

Spradley (1980) states that ethnography does not mean studying people, but in contrast, means learning from the people. Ethnography provides the tool needed for learning and understanding how other people see their own experience and it allows the researcher to understand the world from the viewpoint of other human beings who live by a different cultural meaning. Ethnographic methods seek to describe the cultural scene from the emic, or insiders perspective. Morse (1992) defines the emic perspective as eliciting the meaning, experience or perception from the participant or insider's point of view, and is derived directly from the peoples' language, beliefs, and expressions.

There are several types of ethnographic research methods. For the purpose of this research study, a small scale ethnography that is focused on a specific or narrow area of

inquiry is most appropriate. Morse (1992) refers to the focused ethnography as having a limited scope and as including a partial study and analysis of social structure, world view values and environmental factors. This ethnographic method has been successfully used in nursing, in that the knowledge that we gain from studying within a culture, increases our abilities as health care providers to affect outcomes in a positive way and to discover the wholeness and reality of a community. This method is congruent with the philosophy of nursing based on providing holistic, contextual, client care. Through this ethnographic method, we can generate knowledge to guide our practice in culturally appropriate ways. This approach is confirmed by Native leaders, government agencies and health care workers alike, who believe that the first step to improving health care services in Aboriginal communities is to document and explore life experiences in the historical context and traditional sense (Stewart, 1992; Borins, 1995; O'Neil, 1995; Rafuse, 1993; Sokoloski, 1995; Lechky, 1991). "Reclaiming their 'voice' from 'expert' academics is a means by which Aboriginal peoples can assert social power and claim their rights" (Von Gernet, 1996, p. 2).

Setting

In gaining entrance into a culture for the focused ethnography, it is important to be comfortable in the setting, to establish a rapport and to be familiar with the customs and nuances of language used in the specific culture (Morse & Field, 1995). This is confirmed by Leininger (1985) as she states that if the researcher has had a previous relationship with the community, it is most often seen as a beneficial relationship in ethnography. The principal investigator of the study has spent 10 years working as a primary care giver and as a member of the remote community of Attawapiskat on the west coast of James Bay (Appendix A). As a certain amount of trust and rapport exists

between the researcher and the community, the relationship was felt to enhance the quality and quantity of data. This aspect of prolonged engagement with the community promotes the credibility of the research findings, which is indicated as a strategy determining the trustworthiness of qualitative work (Krefting, 1991).

Leininger (1985) describes a community as having a front stage and a back stage. The front stage has many facades that maintain a protective environment for the members. Examples of protective facades would be the distrust of a strange researcher's motives, disguising reality to the researcher, and reluctance in sharing local truths. The goal of the researcher in ethnography is to get to the backstage, where the truth prevails. The backstage or the "real" world behaviors, include mutual trust and acceptance between researcher and participants. The participant wants the researcher to have accurate facts and shows pride in sharing truths. In return, the researcher is a trusted friend and displays a caring attitude about the people and the information they are sharing. With previous in depth knowledge of the people and the community, the researcher was able to achieve backstage access relatively quickly. The previous knowledge about the community and the culture helped to initiate and pursue the focused exploration. However, the researcher remained vitally aware that this "holding knowledge" should not predetermine any findings or get in the way of new, expanding discoveries. Bracketing of this holding knowledge refers to the process of identifying and suspending any preconceived personal beliefs and opinions one might have about the research study (Polit & Hungler, 1999). This process of bracketing was facilitated by the researcher, with the use of a personal journal on a daily basis to write personal thoughts, feelings, and identified biases. The journal was updated and reviewed during the course of data collection and ongoing analysis, in an effort to confront the data in a pure, untainted form.

Krefting (1991) suggests that it is critical that a researcher provide dense background information on the informants and the research context and setting. Morse (1989)

confirms that in qualitative research, more descriptive methods of describing the participants and their context is mandatory, as demographics are insufficient and hold little significance in contextually based research. The following is a detailed description of the setting of the participants of Attawapiskat. This knowledge is essential to comprehend the complexity of the participants lives and specifically the cultural childbirth practices and beliefs.

The community of Attawapiskat is located approximately 160 miles north of Moosonee/Moose Factory, along the west coast of James Bay. The Attawapiskat river which flows south to north, originates inland at Landsdowne House and flows with fresh water until several miles from the coast, where it is affected by the tidal waters of James Bay. The "Omushkegowuk" region translates into "People of the Muskeg," and includes the Cree of western James and Hudson Bays. The communities represented by this regional designation are Moose Factory, New Post, Peawanuck (formerly Winisk), Attawapiskat, Kashechewan, and Fort Albany. In title, name and in lifestyle the "People of the Muskeg" are intimately connected to this harsh and unique land.

Significant contact with Europeans was limited in this geographical area to the last century and bears influence on this setting, which will be described with relevance to the past and present. It may help to understand the two worlds from which the participants are sharing their oral traditions and life experiences. There is some variation in historical accounts of this area. The following account is an attempt at providing the most accurate display of events, using several historical documents.

Although Henry Hudson is known to have wintered at the base of James Bay in 1611, only a few Moose Factory area Natives may have engaged in actual interactions with Hudson and his group (Honigmann, 1961). This minimal contact appears to have continued in future visits by James in 1633 and by deGroseilliers and Radisson in 1661. It is probable that early contact with Europeans affected mainly people living south of the

Attawapiskat River, and had little influence initially, on those living in the area of Attawapiskat.

The Hudson Bay Company trading posts were settled in Moose Factory and Fort Albany in 1673 and 1675 respectively (Willson, 1899; Innis, 1956, Long, 1987). Honigmann (1961) suggests that Attawapiskat Natives traded little fur for food in the European style of trade, with points south, until the early nineteenth century. It was not until 1893-1895 that the Hudson Bay Company established a post in the Attawapiskat area near the Ekwan River (Willson, 1899; Honigmann, 1961). Similarly, the first permanent Catholic missionaries (Oblates of Mary Immaculate), settled in Attawapiskat between 1905 and 1912, although a chapel had been built in 1893 (Honigmann, 1961). Prior to the permanent missionary settling, traveling missionaries had visited the area once or twice a year since the 1850's.

Honigmann (1961) explains the complex relationship that the Hudson Bay Company post manager had with both the people of Attawapiskat and the government. They were not merely entrepreneurs free to act on their own accord. Not only was his behavior guided by directives issued through the Winnipeg head office of the Hudson Bay Company, he was also required to carry out services for the Indian Agency of the Federal Government. In this respect, he was also guided by directives from the Indian Agent based in Moose Factory or directly from Ottawa. The Indian Agent often utilized the post manager as the unofficial liaison with the community, and thus the manager had a great deal more influence on the community than what appeared on the surface. A surprising lack of knowledge and/or training in Indian Affairs policy and/or Aboriginal culture on the part of the post manager, was noted by Honigmann (1961) as a potential source of detriment to the community given the level of power bestowed upon the position. It is certain that the commercial success of the Company was the primary concern of the post manager, and any perceived threat to this success was met with this bias.

The river and subsequently the village of Attawapiskat (Ka tawak piskaw) probably got its name from the Cree explorers, upon seeing that they could pass through the opening of the river. Attawapiskat means "river flowing between two large rocks" or "there is room to pass between the rocks" (Honigmann, 1961; Vezina, 1978). The lifestyle and belief system of the James Bay Swampy Cree was strongly committed with the search for food (Queen's University Moose Factory Program, 1996). In his ethnographic reconstruction of the Attawapiskat Cree, Honigmann (1956) expresses the following:

> Perhaps the food quest constitutes a focal area in every culture, although that is by no means proven. Among the aboriginal Attawapiskat Cree this certainly provided one of the most elaborated sectors of the culture, around which considerable time and emotion were invested, and one influencing many other areas of behavior. (p. 31)

In this harsh environment and unforgiving climate, there were often long periods of limited access to any food, which resulted in death and starvation of many family members. Honigmann (1956) confirms that in general, the Attawapiskat area was relatively poor in game, which resulted in starvation periods during both winter and summer. The limited food sources may be attributed to the combination of geographical vastness and the inability to constantly keep up with the supply, environmental destruction by flood or extreme temperature, and the effects of the fur trade. A family would journey alone or in groups of families to hunt and trap most of their food. Their diet consisted mainly of berries, roots, moose, caribou, rabbit, beaver, fish, waterfowl and other small game. Originally, the people lived in the surrounding bush areas and along the surrounding rivers throughout the year. They would make summer visits to the trading posts to buy supplies, food, and to trade their furs. The few trappers that remain active, still trade their furs wherever they can get the best price. Some local people still participate in hunting and trapping activities, and rely on the food acquired as a part of their dietary intake. Family diets are now mainly sustained by foods purchased at the

local grocery outlets. During the spring and fall goose hunts, families live for weeks or even months away from the village. These times spent in the bush generally coincide with fall freeze up and spring break up and provide families with safety from possible flooding and uncertain tidal waters. The present education system recognizes the importance of the cultural activities and school holidays coincide with the spring and fall goose hunt, to allow for maximum family participation.

In the past, families lived in conical-shaped wigwams covered with hides, bark, earth or moss. In the winter, the wigwams were covered with sprucebrush and snow. Dwellings corresponded to the seasonal changes, and varied with length of the expected occupancy (Honigmann, 1956). As survival was based on the acquisition of food and thus journeying, a long-term occupancy of any dwelling would not have been realistic. In July 1955, Indian Affairs sent in all the building materials for the first four houses in Attawapiskat (Vezina, 1978). This was the beginning of a static lifestyle, that was so far removed from their historical ways. Community housing today consists of single dwelling houses, with anywhere from 2-20 individuals residing in one home at any given time. Although wigwams are still a common sight in the village, they are mainly used for smoking and drying of meats, fish and hides. The contemporary styled homes are equipped with hydro, cable or satellite television, and by 1994 most homes were connected to running water and a sewage system. Some homes remain without these amenities. Prior to the infrastructure upgrading in 1994, the hospital, school, church and associated non-Native residences were the only buildings with water and sewage access. With only recent introduction to water and sewage systems in the homes, most people still do not drink the water from the taps, but prefer to continue using river water or ice for drinking. In addition to the retrieval of water for daily use, a family must obtain wood from the surrounding area as homes are heated by wood burning stoves.

Just as lodgings of the past differed seasonally, the means of transportation altered with the change in seasons. During the open water on rivers and the bay, families traveled by canoes or rafts covered with bark. The swampy muskeg prevented travel by foot over land in many areas. In the winter, the families journeyed with possessions tied onto toboggans often made with tamarack and caribou hides. Elongated tamarack snowshoes, some seven or eight feet long, were worn in winter to ease travel over snow (Honigmann, 1961). In later years, sleighs and dogs were used to ease the traveling process. Vezina (1978) notes that the Hudson Bay Company in Attawapiskat sold two snowmobiles to residents of the community in 1962. Although snowmobiles were used by the Game Wardens in the early 50's, they were not widely used by the local people until the late 1960's. In a short 30 years, a daily lifestyle of journeying evolved from reliance on self, to reliance on machine. Today, this community relies on machines for transportation. Most families have a snow machine to obtain wood, water and to travel to hunting grounds. Many families also now have trucks or cars to hasten travel within the community itself. For approximately three months during the winter, there is a winter road connecting Attawapiskat to Moosonee. At times, this road can be used as a "highway" for community members to travel by skidoo or truck to other communities on the coast. The road was originally developed for a winter tractor-train to transport supplies up the coast. The tractor-train makes several trips per winter to haul fuel, lumber, food, and other essentials to coastal communities. In the summer, a tugboat and barge full of supplies travels up the coast a few times per season. Other than the barge and the winter road, Attawapiskat remains a fly-in only community. The majority of food and supplies are flown into the community at exorbitant cost.

A single Cree language is spoken throughout the west James Bay area with dialectical differences between the neighboring communities. Their language originally helped to distinguish the west coast Cree from the Ojibwa people located inland at the

beginning of the Albany and Attawapiskat rivers, and the east coast Cree of the Quebec side of James Bay (Honigmann, 1981). The Cree language is still spoken by all members of the Attawapiskat community as a first language. Some elders indicate that the language has continued to evolve into a less sophisticated form of Cree or "baby Cree." Regardless, it is still the primary oral language and many people are fluent in English as a second language. A syllabic system of communication was introduced in the southern part of James Bay in the 1840's and became widely accepted by the Crees (Long, 1987). Prior to this written language, communication was based in oral tradition. Cree syllabics is still a part of the communication process today. The elders continue to function with this syllabic form as the only written language with which they are familiar. They continue to read their bibles in Cree syllabics and medication labels need to be translated into syllabics. Many of the older and middle adult population that attended local or residential schools as children, learned the syllabic language and maintain fluency. Many are fluent in the written English language as well. The younger adult and child population did not receive education in the syllabic language, but in English only. Today, the elementary, secondary and adult education curricula includes both the Cree written and oral languages for all students.

In the early 1900's, many of the children were removed from their families to attend the Roman Catholic Mission Boarding School in Fort Albany. Children would spend ten months a year at the school and return to their families for two months during spring or summer. Parents would then return to their journeying lifestyle in search for food, with some or all of their children remaining behind at school. Some community members have suggested that this early separation from family life, abandoning of cultural lifestyle, values and beliefs, and imposed Christianity that took place at the boarding school, resulted in a generation of emotionally illiterate people (F. Wesley, personal communication , August 18, 1998). There are local documents that may indicate some

overwhelming fear and intimidating practices that took place through religious teachings in the community and at the school (Appendix B). It could be easily argued that these systematic attempts at cultural assimilation are indelibly marked in peoples' psyche, and that to this day they continue to protect themselves through denial and expressions of gratitude towards their Roman Catholic mentors. However, the study participants who were asked about their time at Residential School expressed indifference toward their experiences, making neither positive nor negative comments. This may in fact be a symptom of the resulting emotional illiteracy or a reality of a people who feared their new life with strangers, but were thankful to receive any help to avoid the starvation and death that ensued from the lack of game in the muskeg. Still further it may be that the "back stage" was not achieved in this sensitive area of inquiry, by only a brief examination with participants and the researcher.

The Oblate Roman Catholic Mission eventually opened a small day school in Attawapiskat in 1938 and by 1953, 15 students were registered in the school (Vezina, 1978). This original one-room school house was replaced with a new school in 1976 by the Department of Indian Affairs. J.R. Nakogee School was opened in the community and accommodated students from Kindergarten to Grade 8. If a student wished to pursue high school studies, they would be sent to Timmins or North Bay to board with a family, who were often strangers. The majority of boarder homes were non-Native and there was little understanding as to the stressors the children were experiencing and of the long-term effects of separation. The continued price of loss in family and cultural life, cost a further degeneration of strength and community values. In the early 1990's, the control of the educational system was transferred from the Department of Indian Affairs to a Local Education Authority. Since the transfer, the school has built a large high school addition which now serves as a model for all First Nations communities seeking to improve local resources. This facility allows the adolescent children to remain in their own community

to continue their secondary education. This is a good example of how the local community control of services resulted in more culturally appropriate and caring educational policies for their children.

There are historical documents that can share knowledge of a Cree "pre-Christianity" spiritual life (Cooper, 1933; Long, 1987; Honigmann, 1956). The Cree spirituality was strong and elements of it can be heard in the oral recounting of some elders even today. Conflicting historical accounts are evident regarding the presence of a Supreme Being or "Kitchimanitou." It is unlikely that pre-Christian beliefs included one all-powerful being, but may have included several entities both favorable and unfavorable to man (Honigmann, 1956). These influential entities included underwater creatures, animal "bosses," and cannibalistic beings like the Windigo (Honigmann, 1981). Other areas where historical accounts of spirituality tend to agree, include dream quests, shamanism, divination, honoring ceremonies, healing, and a doctrine of death. It is difficult to imagine how such a thick thread of the interwoven fabric of this culture could be so quickly unraveled for a foreign belief system. With limited contact with the Christian missionaries until the early 1900's, it has taken less than a century for the innate spirituality to have been abandoned. Yet as Honigmann (1981) notes that in no sector of Cree life "was substitution more extensive than in the realm of religious life" (p. 224). One suggestion was that the residential boarding schools had everything to do with implanting a new belief system and eradicating any adherence to the natural beliefs (Honigmann, 1981). The missionaries utilized their language skills to learn the Cree language and this ability to communicate may have facilitated the connection to the new belief system more quickly. Other non-Native contacts, including the Hudson Bay post manager and the Indian Agent relied mostly on interpreters and never achieved this unique ability to communicate in the Cree language.

The Roman Catholic Mission, which was permanently established in Attawapiskat by 1912, remains as the predominant church in the community. In 1942, the rectory at the church burned down and all baptismal records, which were kept by the Oblate Missionaries since possibly 1895, were destroyed. As a result, many older community members are not aware of their exact date or year of birth, even today. A six hundred page history of Attawapiskat and Fort Albany compiled by one of the priests was also lost in this fire (Vezina, 1978). Today, a great majority of people in Attawapiskat attend the Catholic church and a small minority belong to the Pentecostal church. There is little, if any, practice of the previous belief system in the community today. The acknowledgment of any pre-Christian beliefs meets with a tangible hesitancy and even denials, by some community members.

Historically, health care was very much a family-centered activity. Elders would pass on their knowledge and wisdom of botanical remedies and other caring traditions. Shamans, or those designated as "curers," would use their powers, sweat baths, plants and other therapies if they were called upon to help someone who was sick (Honigmann, 1956). Health and healing strategies stressed prevention and keeping strong through diet. It is noted by several of the participants that one of the main reasons for high illness rates in today's community is that the diet is not rich with foods that make one strong. As people eat less natural meats and foods from the land, and more processed foods from the store, the elders believe it is negatively affecting their health status.

There were many complex skills and in depth knowledge of the environment that created a systematic approach to healing or caring for injuries. These remedies have undergone hundreds of years of trial, error, and refinement and serve as the basis for modern medical science of today.

After their arrival, the missionaries took on the role of health care provider in many ways. They often administered medicinal agents that were left by the Indian Agent from

Moose Factory, but generally did not have any training in this area (Honigmann, 1981). The Indian Agent was a physician who would travel up the coast to see patients twice yearly. The agent was accompanied by the Royal Canadian Mounted Police (RCMP), who were there to dole out the "Treaty" money on a yearly basis and to conduct investigations if any complaints were received. Today, "Status Indians" still receive the Treaty money in the amount of four dollars per year. A "Registered" or "Status" Indian is a legal concept created by the federal government in 1876, and within the Indian Act has been continually revised (Frideres, 1988). There are many subcategories of Indians and legal Indians are categorized as to whether or not they have "taken Treaty." The Indians of James Bay are Treaty No. 9 members, which was signed in 1905. This treaty formalized the relationship between the First Nations of this area and the federal government Department of Indian Affairs. Some treaties predated the legislation of the Indian Act in 1876, and many were perceived very differently by the two parties holding the "contract." For the government, treaties were little more than a comprehensive land surrender scheme to extinguish Indian title to most prime territory in Canada (Frideres, 1988). In return, compensation included mostly goods, small cash payments and promises to ensure the government will provide for the needs of the Indian people. According to Frideres (1988), the treaties and the Indian Act have only served to structure inequality, poverty, isolation, and social control over the First Nations of Canada.

It was not until 1949 that the Moose Factory Indian Hospital was established on the island, and served mainly as a sanatorium for tuberculosis patients. The first hospital was built in Attawapiskat in 1951 by the Oblate Roman Catholic Mission. In 1972, the mission hospital was transferred to the Ontario government and is now known as the James Bay General Hospital-Attawapiskat Wing. A new, provincially funded hospital was built in 1985 to replace the older one. This health facility has 24 hour care, including both in and out patient services. The hospital has 18 beds, of which 8 are long term care.

The majority of client care is provided by registered nurses. There is not a resident physician in the community and therefore clients requiring further assessment and/or intervention are transferred to Moose Factory to the Weeneebayko Hospital. This general hospital was the original tuberculosis sanitorium that was established on Moose Factory island in 1949. Patients may also be referred to a hospital in Timmins or Kingston. A family physician from Moose Factory visits the community approximately twice a month for 2-3 days. Dental services are provided through Weeneebayko Hospital and there is at least one dental visit per month in Attawapiskat. Other services that are offered in the community on a somewhat regular basis are optometry, audiology, pediatrics, physiotherapy, dietary counseling, and ultrasonography. One community health nurse is employed by Medical Services Branch of Health and Welfare Canada. This nurse is responsible for all public health care in the area.

The present day obstetrical services include prenatal care provided in the community by registered nurses. Nurses providing care are often transient employees who on average stay for one to two years. Most have limited training in obstetrics and due to their transient nature in the community, have little time to develop their skills in this area. Consultation with senior nurses and physicians (via telephone) in Moose Factory, helps to supplement the knowledge and assessment skills required to care for the women, many of whom have high risk pregnancies. Pregnant women may have several different care providers during a pregnancy, if they choose to attend prenatal clinic. This lack of continuity in care givers establishes a barrier for the woman to develop a therapeutic relationship with a health professional at this most critical time of her life and that of the developing fetus.

The present policy for the labour and delivery of babies is that women are evacuated from their home community at 38 weeks gestation, as there is not a resident physician or midwife available locally. The community hospital does not maintain emergency

operative facilities, therefore this policy has been implemented to ensure satisfactory morbidity and mortality rates. Depending on the level of care required, a woman may be evacuated to Moose Factory, Timmins, or Kingston. A spouse or family birth attendant may accompany her to the destination, where she may wait from 2-4 weeks for delivery. Thus, the woman and her partner are leaving behind other children, family and friends at a time when social support is a primary need.

The community of Attawapiskat is in the process of attaining control of the local hospital and health care system, similar to the Local Education Authority system of functioning. The community may soon be in the position to boost achievements in the delivery of culturally appropriate health care programs. One such program is the newly established Solvent Abuse Treatment Center, which is a residential program for young people who have substance abuse problems. The program is based on healing strategies that are founded in the historical lifeways of the Cree of Attawapiskat.

This description is a brief overview of Attawapiskat with the intent to give an historical perspective as well as describe the contemporary lifestyle and quality of life. Today, the band population stands at approximately 1570 members. Some First Nations communities in Ontario have much higher standards of living than Attawapiskat and other communities are still living well below Attawapiskat standards. In this sense, Attawapiskat can be considered a typical First Nations community and an ideal setting to study the traditional practices, beliefs and values of pregnancy and birth from the past. The past may hold the key to providing understanding and meaning of a most critical time for a mother and babe, today and for the future.

Sample

A purposive sample involves the conscious selection of certain participants, events, or documents by the researcher, according to the needs of the study (Burns & Grove, 1997). The researcher seeks out persons that provide the greatest opportunity to gather the most relevant data to understand the culture (Germain, 1993). Certain information or elements are required to fulfill the knowledge gap and to increase understanding of the phenomenon being studied. The sampling for this study was initially purposive in selecting participants who had intimate knowledge of the traditional practices and beliefs of pregnancy and childbirth, and that were willing to share their knowledge with the researcher. These participants were termed key informants, and were known as gatekeepers of knowledge for the researcher. Key informants were First Nations Cree elders, who had been identified by one or more community members in Attawapiskat.

Another sampling technique utilized to reach potential participants included snowball or network sampling, which is a common method of sampling in qualitative research (Morse, 1989). Snowball samples were obtained by having a participant already in the study to assist with the selection of another participant whom they know to have expert knowledge in the study area. Two potential participants were identified by other key informants as part of the network of traditional knowledge in childbirth.

Description of the Participants

The key informants were five women and five men, representing approximately one generation of people (see Table 1). The approximate ages ranged from 66-95 years of age. Some participants were not certain of their exact date of birth, as all original written documentation kept by the missionaries had been destroyed by fire. The key informant or participant may have experienced the event of childbirth themselves (elder woman), or have been associated with someone who was involved in the life experience and therefore

portrays an insider's perspective of the traditional lifeways (traditional midwife, husband). For example, some women have indicated that their husband played the primary role during labour and delivery when the family was isolated in the bush. To obtain these other individual perspectives is as vital as the woman's personal perspective, in order to understand the traditional lifeways and to ensure that a complete cultural context is achieved.

All participants spoke Cree as a first language, and all interviews were conducted through a bilingual (Cree/English) translator. Excluding participants who spoke only Cree would have severely limited the availability of potentially rich data. The elders, or others who speak primarily Cree, were more likely to have experience in past traditions, prior to the implementation of the biomedical model of care and assimilative practices in health care. These unique individuals also experienced one life that spanned essentially two worlds. One world was a constant struggle for survival against the elements of nature, while the other world was full of so much innovation and change by man, that it seriously threatened their continued existence as the Cree people.

The women participants gave birth to as few as 2 children, and to as many as 11 children during their lives. The average number of births in a family for this group, was 5-6 children. For the women participants, 19 of 29 of the live births occurred in the bush. The other 10 deliveries occurred in the Moose Factory hospital. These hospital deliveries for the women participants, mainly occurred during the 1950's, after the Medical Services Branch implemented the policy that women must travel to the hospital to deliver their children. The policy was intended to improve the perinatal mortality and is still in effect today. While living in the bush, three out of five women were involved in assisting or delivering another woman's child. Of the men interviewed, three of the five had delivered either their own children or grandchildren.

There were 9 out of 10 participants who described themselves as participating in the Catholic religion, with the other participant describing himself as Pentecostal. All participants were receiving government benefits, which total approximately $900.00 per month. All of the participants still participate in some activity from their traditional past. These activities include: living outside the settled community in a bush camp throughout the year, hunting and trapping, fur trading, collecting wood and water, skinning and tanning of hides, creating gloves, slippers, or moccasins out of hides, intricate beadwork, quilting, and teaching of the past traditions to the younger generations.

Table 1

Description of Sample (n=10)

Characteristics of the sample	
Female Participants	5
Male Participants	5
Average Age of Participants[1]	77 years
Age Range of Participants	66-95 years
Cree spoken as first language	10
Range of births per female participant	2-11 births
Total number of births for female participants	29 births
Number of births in the bush	19 births
Number of births in Moose Factory hospital	10 births
Number of male participants with childbirth experience	3
Number of Catholic participants	9
Number of Pentecostal participants	1
Participant continues to engage in some traditional activities:	10
Hunting, Trapping, Fishing, Skinning/Tanning Hides, Fur Trading, Hand Crafts	

[1] Some participants were not certain of their exact date of birth, as all original written documentation kept by the missionaries had been destroyed by fire.

There were also nine secondary informants who met informally with the researcher to discuss various aspects of the data collected, the community, and the people. Some of these discussions were deliberate, but others were not planned and occurred spontaneously during daily activities or community events. The secondary informant interactions were more broad in nature and were not necessarily directly related to the research question. These informants were a generation younger than the elder, key informants and spoke English fluently as a second language, so that translation was not required during communication. The secondary informants were able to confirm incidents, practices, beliefs, or life stories as told to them by their parents or elders. Often they had lived through the same stories that had been told by a key informant, except that they had experienced the relevant time as a child. Secondary informants were used for verification of data and this triangulation of sources added to the completeness and truthfulness of the data obtained (Morse & Field, 1995). Deriving information from a variety of perspectives and people, subjects the acquired knowledge to continuous testing and reconfirmation within the environment and serves to increase the validity of the findings (Muecke, 1994).

In qualitative research, the number of participants is based on the richness of data obtained and how accurately the participants portray the full context of the culture, as well as answering the research question. Many qualitative researchers use the principle of saturation, which occurs when themes and categories in the data become repetitive and redundant and no new information arises with further data collection (Germain, 1993; Polit & Hungler, 1999). It is at this point that the sampling is stopped. Morse (1989) believes that saturation is a myth and that given another group of informants studying the same phenomenon, new data may be revealed. In this study of cultural practices, some categories became repetitive with subsequent participants. Yet with each participant came

new revelations that enlightened the researcher even more on another subject or theme. It is believed that this researcher could have interviewed many other elders and gleaned new perspectives on subjects adding even more richness to the data. Sampling was not stopped due to a saturation effect in this study. Time was of the essence and a decision was made that adequate data had been gathered to describe, in context, the history of the traditions.

Procedure

Pre-Fieldwork

Researchers planning to work in Native communities must be aware and sensitive to the issues for this population. Research into Native health should benefit both the researcher and the community. It is mandatory that a partnership exist from beginning to the end of a project (Macaulay, 1994). Community assent is the first step in the research process, prior to proceeding with any other planning. This study on traditional practices related to pregnancy and childbirth was presented to the regional and local health authorities by the investigator, via telephone and a written preliminary outline of the study to the appropriate authorities. The investigator received community and regional assent to embark on this study, which confirms the value of the issues underlying the purpose for the research (Appendix C and Appendix D). The agreement of the Chief and Council to proceed with the proposed study indicates their acceptance of the identified needs as a priority facing this community today.

Following community assent, a proposal for the study was submitted and accepted by the Queen's University Research Ethics Board (Appendix E).

Fieldwork

Data Collection. The first phase of interviews took place in Attawapiskat during the months of August and September, 1997. Upon arrival in the community, the researcher spent one week speaking with many community members and leaders, elders, and health care providers to inform them of the details of the study and to request them to think about who they may consider to be appropriate potential participants. After discussions with approximately 32 community members, a list was compiled of 22 potential participants. "It is fascinating how a community or village knows who are key and general informants and will help to identify these persons when they want accurate information" (Leininger, 1985, p. 48).

The next step was to hire an interview translator. The choosing and preparation of the interview translator included ensuring that this individual was a respected and trusted member of the community. The person for the position needed to be knowledgeable of the culture and community members, and needed to help identify whether potential informants would be capable and willing to share detailed, experiential information about the phenomenon (see Appendix F for job description). The interview translator that was hired, had all of these qualities and was further able to advise whether potential informants would be able to critically examine experiences and their own response to the situation. The interview translator was an invaluable part of the research team. The interview translator was informed of the principles of confidentiality, by the researcher and asked to sign a form to maintain the confidentiality of the participants and of the information acquired during the interviews (Appendix G).

Of the potential participants, 10 community members were approached by the research team translator either by telephone or a personal visit. The credibility of the chosen participants was enhanced by the fact that these key informants had been

mentioned at least two or more times by various community members, sharing their personal thoughts with the researcher on potential participants. The translator briefly outlined the study including a) purpose b) research team members c) research question and d) what would be involved for the participants. They would then be asked if they would be interested in voluntarily participating in the research study, and informed that they may withdraw at any time if they are not comfortable participating. A copy of the information sheet and consent form (Cree and/or English) was left with the potential participant (see Appendix H and Appendix I). If they agreed to participate, an interview time was set up with the researcher at a convenient time for all involved. At the beginning of the interview, the study was re-explained and the opportunity was given to answer any questions. A written consent was obtained from most participants, however some preferred to consent verbally. As a culture based in oral tradition, this form of consent is appropriate. Notations were made on an assigned written consent form that the participant had chosen this method, and the researcher and interview translator witnessed in writing that a verbal consent had been obtained.

During this phase, eight interviews were accomplished. Four female and four male participants were interviewed over this period. One potential participant who was approached was not well enough to be interviewed and another potential participant initially agreed to an interview, but subsequently had a change of mind. The other eight participants agreed and the interviews took place in their home environment. All interviews were conducted in Cree, through the same translator. All participants agreed to have their interview recorded on tape for the accurate retention of data.

The translator shared with the participants that the interview would require approximately one hour of their time, with a possible follow up interview in the future. Historically adept at storytelling, the participants guided the length and preferred depth of the interviews. Some elders signaled that their knowledge base and desire to share was

exhausted after an hour, while other interviews lasted for three hours at the request of the participant.

Interviews were semi-structured with the researcher having a subject list to follow during the interview (Appendix J). Sample questions and focusing probes were open-ended to encourage description of the lives and experiences of the participants (Appendix J). Each of the main questions of the semi-structured interview, specifies an area but lets the interviewee choose what is important to talk about (Rubin & Rubin, 1995). To take a close look at cultural meaning, the researcher would ask for life experiences, stories, or illustrations to help to focus on a theme. Preliminary data analysis occurred in the field, that helped to steer the direction of each subsequent interview with regards to the emerging data.

The second set of interviews occurred during the month of March, 1998. This data set included a total of five interviews. One male and one female participant were interviewed for the first time. One of the new participants had been identified during the initial community consultation regarding potential informants in August 1997. This individual had been recommended by five community members as a potential participant with specific knowledge in this area. It was very difficult to arrange time with this elder, as the individual had many obligations and activities to attend. The other new participant was mentioned by another participant as a network or snowball sample.

Another participant that had been interviewed during the first round of interviews, was able to complete a personal description of the past times in three subsequent interviews during this data collection set. This participants' ability to provide background data on so many aspects of life was enriching. After some initial hesitation, it was the participant's request to tell the stories. According to the participant, it would take three days to teach of the past, so accommodations were made to ensure this did occur.

A storytelling circle was organized as an activity to benefit the elders that live permanently in the hospital. This idea was developed as an opportunity for these elders to socialize with community elders and enjoy sharing memories from the past. It also served as a technique for member checking and assessment of the data to ensure the researcher would accurately translate the informants' perspective. It would also help to avoid misrepresentation of the context (Krefting, 1991; Morse & Field, 1995).

There were seven hospital in-patients who attended the storytelling circle which was held in the hospital day room for easy access. Three community elders attended, two of which were participants in the study. The other attendee was a visiting sibling of one of the elder participants from the community. The two hour session included direct discussion of childbirth in the past and an open invitation to share memories from the past. The session served to consolidate and confirm some knowledge that had been obtained during participant interviews. It was also a successful social interaction for all the elders who attended.

Table 2

Description of Participants in Storytelling Circle

Participants in Storytelling Circle	Number
Hospital Patients	7
Male	1
Female	6
Community Elders (Key Informants)	2
Community Elder (Sibling of a Key Informant)	1
Researcher	1
Translator	1
Total storytelling participants	12

Field notes were taken during the interviews by the researcher and immediately after each interview, a debriefing session between the researcher and the interview translator took place. These sessions allowed clarification, elaboration, and further observations to be made regarding each interview. The field notes were not verbatim, but highlighted the comments, ideas, or topics that were of interest and pertinent to the research question. Field notes were also reviewed by the researcher alone, after each interview, and extended to include the interviewer's thoughts or expansion of ideas. Field notes taken during an interview usually contain half or less of the actual content and therefore need to be reviewed carefully (Miles & Huberman, 1994). The taped interview was listened to,

within 24 hours after the interview, for further field note expansion. In contrast to the standards of grounded theory, neither rigour in documentation nor auditability of decision making trails are required of a focused ethnography (Muecke, 1994). Muecke (1994) explains that the general principle of ethnographic fieldwork is the recording of field notes and the existence of a logical consistency in the development of the interpretation, and that the logic is rooted within context of the people being studied. There were three sets of field notes for this study. The first set of notes was written during the actual interview. The second set of notes was dedicated to researcher and/or translator thoughts and ideas, post interview. This included the time immediately after the interview, and also ongoing during the fieldwork phase. The third set of field notes was developed upon completion of the actual fieldwork phase. These notes followed observations, thoughts, interpretations, and development of conceptual ideas surrounding the interviews, transcriptions, verifications, notes, journals and historical documents that formed the database. These analytic field notes were repeatedly rethought, reread, and reworded and eventually pieced together to form the ethnographic description of Chapter 3.

A personal journal was also maintained regularly by the researcher and included monitoring of daily activities, subjective thoughts or feelings about the events, and (self) identification of potential bias if applicable.

A personal data sheet was completed for each participant (Appendix K). A letter/number code was assigned to each participant and this was the identifier code for that person throughout the study. Corresponding audiotapes were labeled with the appropriate letter/number code and all related study material was kept in locked storage boxes. Names and other identifiers were not used in connection with the participants, to maintain confidentiality.

Data collection also included the use of historical documents obtained from various sources that were specific to the community of Attawapiskat. Triangulation of data

sources can maximize the range of data that will contribute to a more complete understanding of the phenomenon being studied (Krefting, 1991; Leininger, 1994).

Table 3

Historical Documents used in Data Collection

Document Title	Author
Foodways in a Muskeg Community: An Anthropological Report on the Attawapiskat Indians	John J. Honigmann (1961)
West Main Cree	John J. Honigmann (1981)
Historical Notes on the Village of Attawapiskat, James Bay, Ontario	Father Rodrigue Vezina O.M.I. (1978)
Historical Notes on the Village of Attawapiskat, James Bay, Ontario 2nd Edition	Father Rodrigue Vezina O.M.I. (1997)
Manitu, Power, Books and Wiihtikow: Some Factors in the Adoption of Christianity by Nineteenth-Century Western James Bay Cree	John S. Long (1987)
Narratives of Early Encounters between Europeans and the Cree of Western James Bay	John S. Long (1988)
Primitive Man Quarterly Bulletin of the Catholic Anthropological Conference Vol. VI Nos. 3 and 4 July and October, 1933	Rev. John M. Cooper (1933)
Labour Among Primitive Peoples	George J. Engelmann M.D. (1882: Reprinted 1977)

Reciprocity. Ethnographic research should involve a reciprocal or mutually beneficial relationship (Germain, 1993). In order to broaden the trust between the researcher and the community, it can be helpful for the researcher to engage in some volunteer work during the fieldwork phase of the study. Community members will note a sincere interest in the well being of the community as evidenced by the researcher's willingness to participate in aspects other than the research. It symbolically puts energy back into the community in return for the time and effort afforded to the researcher by the community leaders and the participants of the study. The researcher volunteered with two services during the first phase of fieldwork, including the police services and home visiting of breast feeding and postpartum mothers with the community health program. These experiences also helped to acquire "back stage" knowledge on general community issues and concerns and to see how young mothers today experience childbirth in comparison to the stories being shared by the participants from many years ago

Data Analysis

Loftland (1971) describes the results of the analysis in qualitative research as an explicit rendering of the structure, order, and patterns found among a set of participants in relation to the specific research question. The aim is to provide the vividness of "what it is like" with an appropriate degree of economy and clarity. The analysis of a social setting includes analyzing a static event and placing the social phenomenon on a continuum for critique, ranging from microscopic to macroscopic (Loftland, 1971). Spradley (1980) confirms that the ethnographer must forever keep in mind that research and analysis proceeds on two levels at the same time.

Upon return from the field, the taped recordings were transcribed by a professional transcriptionist. The transcriptionist was informed of the issues of confidentiality and

asked to sign a confidentiality clause to maintain confidentiality of the participants and of the information within the tapes (Appendix L). After the tapes were transcribed, the researcher listened to each tape at the same time as reviewing the transcripts. The researcher was able to fill in gaps or correct any items that the transcriptionist was unable to clarify. Only someone who had been present during the interviews, such as the researcher, was able to complete this task of final editing of the transcripts. Prior to the initiation of the formal process of data analysis, an audit translator, bilingual in the Cree and English languages, reviewed the tapes to verify the accuracy of the translation provided during the interviews. The audit translation was done in the presence of the researcher and changes were made to clarify some translated passages. Muecke (1994) outlines in an evaluation of ethnographies, that in cross-language situations, measures must be taken to ensure a common interpretation of meaning across languages.

Coding is the central process of the data analysis. It is the transformation of raw data into a format for processing and organizing (Polit & Hungler, 1999). A code is a label assigned to a meaningful unit (Germain, 1993). A manual, rudimentary analysis of the first eight interviews, using the field notes and written transcripts, yielded 17 different codes, with an average of five to six items per code (see Appendix M for codes). Similar or related items were written onto a recipe card. Each recipe card was given a code label that described the group of items condensed on one card. This initial, manual-style coding was followed by the use of computer assisted coding to provide further structure to the content analysis. Coding and recoding procedures over different time periods, increases the dependability of the study (Krefting, 1991).

The software program entitled Non-numerical Unstructured Data-Indexing Searching and Theorizing (NUD-IST™)was used to facilitate the content analysis. After coding the first eight interviews within NUD-IST™, a total of 21 codes had emerged (see Appendix

M). Of these 21 codes, 4 new codes emerged in addition to the 17 codes retrieved manually with field notes and recipe cards.

The next step in the process included printing out the raw data for each code and colour coding similar items within a unit. This helped to separate out and organize the data into various divisions. The colour codes of raw data and a graphic representation of the coding were presented to the thesis supervisor and committee for review. The committee members were all experienced in qualitative methods, and posed questions and ideas that helped the researcher gain insight into the beginning analysis and further data collection objectives. Peer examination with impartial colleagues can be considered another way of increasing the credibility of the research findings (Krefting, 1991).

The next five interviews and the storytelling circle were entered into the NUD-IST™ program for coding. In addition to the 21 codes identified, 4 new codes emerged. Each time new codes emerged, all interviews were recoded. The codes are outlined in Appendix M.

Codes were then compared and grouped into categories of similar codes. This resulted in five categories as seen in Table 4. The five categories were the preliminary data sets that eventually evolved into the primary cultural themes. The code "changes" tends to recur and fit into all categories. This code begins to illuminate the two different worlds through which the participants evolved and adapted. Four other codes were dropped from further analysis as the supporting data were too limited to interpret.

Table 4

Grouping of Codes into Categories

Category	Codes Collapsed into One Category
Category 1	Prenatal Care, Birth Practices, Types of Deliveries, Parenting, Stories, Changes
Category 2	Relationships, The Elders, Family, Changes
Category 3	Traditional Foods, Medicines, Teachings, Changes
Category 4	Seeking, Dwellings, On a journey, Places, Survival, Changes
Category 5	Spiritual Life, Feelings, Humour, Consequences, Changes

After initial coding, clustering and categorizing had delineated some patterns, further theorizing structured the data into five themes. In this study, five themes emerged from the data to provide the context of the meaning of childbirth for the participants in this Cree community. The five themes are the culmination of a building process, beginning with specific acts, activities, or practices occurring during pregnancy and childbirth, which when ordered, are grouped into constructs. A construct begins to build the elements of individual experiences into an inclusive category of relationships and meanings with a common thread (Leininger, 1991). Similar or related constructs then merge to form an abstract or conceptual mode, which is the basis for the formation of a cultural value. In this analysis, there are five cultural values identified, corresponding to

and represented by the five themes that emerged from the data. These themes or cultural values represent a part of a larger system of values and are not meant to represent the total value system within this culture.

CHAPTER 3

Results

The results of this study will be described within the context of a cultural system of survival surrounding the event of childbirth. The analysis revealed a tri-level process which begins with the description of the basic acts, activities, practices, and beliefs of childbearing. These elements of culture care practices are grouped into similar constructs, which are the structural links from the elements to the conceptual level of cultural values. The conceptual model is presented in its three evolutionary stages at the forefront of this chapter. The conceptual model provides a cognitive map facilitating comprehension of the thematic development. Following the presentation of the conceptual model, each of the five themes symbolizing a cultural value, will be presented with the supporting descriptive data.

A Conceptual Model of Childbirth in a Cree Community

One examines the small details of the culture and at the same time seeks to chart the broader features of the cultural landscape and reveal its significance within the cultural framework. The conceptual model of childbirth in this Cree community is an attempt to organize the data utilizing Loftland's (1971) concept of a micro and macro analysis. The static event is the childbirth event in the Cree community, including pregnancy, labour, delivery and care of the newborn. The conceptual model highlights the microscopic range of analysis which includes the observable elements of the event, the culture care practices, as the base for the development of the model. Further along the continuum of analysis is the macroscopic range which includes the abstractness or global meaning of the event, as viewed by the researcher through the voices of the participants.

A conceptual model of the cultural value system and the process of the development will be outlined and graphically described. These cultural values exist to meet the ultimate goal of survival within a particular unique environment. The values represent only a snapshot in time, given the specific time and place in historical development of the participants' lives, and the social, political and economic factors in effect at the time the snapshot was taken. As all these factors change with time, it can be viewed that the cultural values also exist in a dynamic state with the various forces acting upon them.

The five themes that emerged from the analysis of the childbirth event are representative of the primary intracultural values for this culture. These themes or intracultural values represent a part of a larger system of values and are not meant to represent the total value system within this culture. After coding and categorizing delineated these patterns and themes in the data, further theorizing structured the data into a tri-level process, with the behaviors exhibited during the childbirth event (from pregnancy to newborn care) as the basis for the development of a cultural value system.

Culture Care Practices: Elemental Level. There are three levels to the cultural value system that emerged through the research process of the childbirth event in the Cree community. The first level of the process includes the basic elements of the event which are the acts, activities, and practices that are uniquely related to pregnancy and childbirth in this community. These activities and practices are centered around self-care, or care provided by others for the mother or baby. Care (caring) is defined as the behaviors which are essential for well being, health, healing, growth, survival, and for facing disability or death (Leininger, 1993). The elements are building blocks for theme development and represent the diversity or range of cultural realities within a specific group. At the elemental level, the focus is on the uniqueness of the individuals' journey. Each activity or belief may have a different meaning for each participant and it is this difference among the people that is important to acknowledge. We cannot look at a

culture globally, without knowing the intricacies of the inside. The whole process has to be examined, or we do not do justice for the understanding of the people. Care practices initially seem to occur randomly with no obvious connection or pattern, other than they do occur during one specific event. The basic elements within the childbirth event are shown in Figure 1.

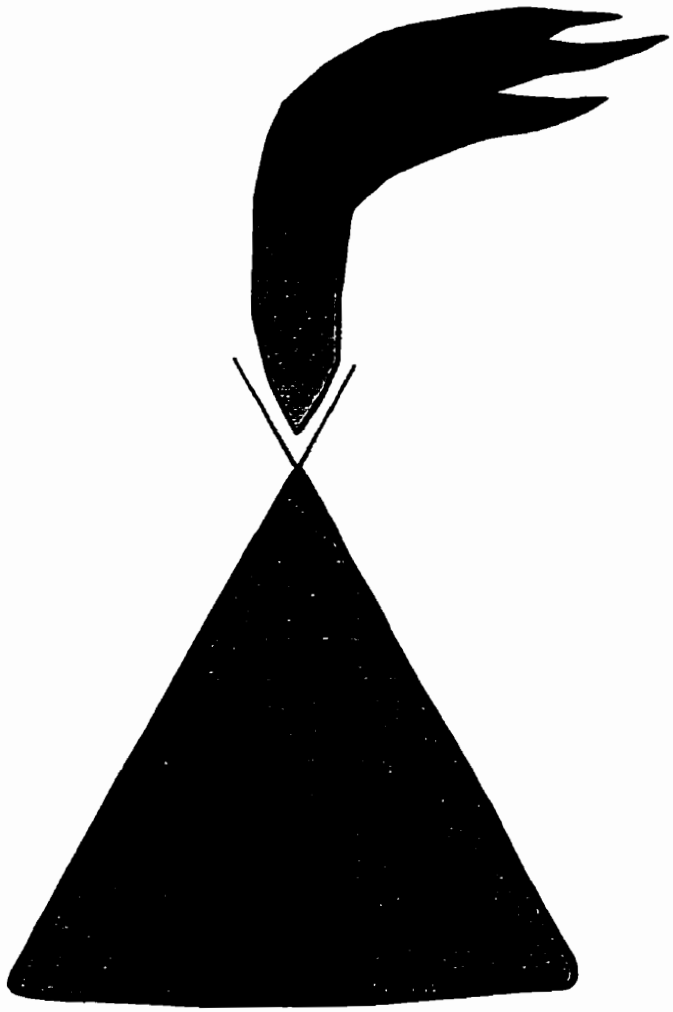

Figure 1. The basic elements of childbirth consists of acts, activities, and practices of care that are linked by the relationship of each element to an isolated or static event.

Cultural Value Formations: Patterning Level. Patterning of these seemingly random occurring elements begins in the second level of the process. The second level of the process consists of several constructs. A construct begins to build the elements of care into an inclusive category of relationships and meanings with a common thread (Leininger, 1991). The constructs can then be grouped together as cultural value formations, which further define the specific relationship that exists between the concrete activities and the abstract value system that is evolving within a culture. The patterning of elements into constructs, and subsequently into value formations are shown in Figure 2.

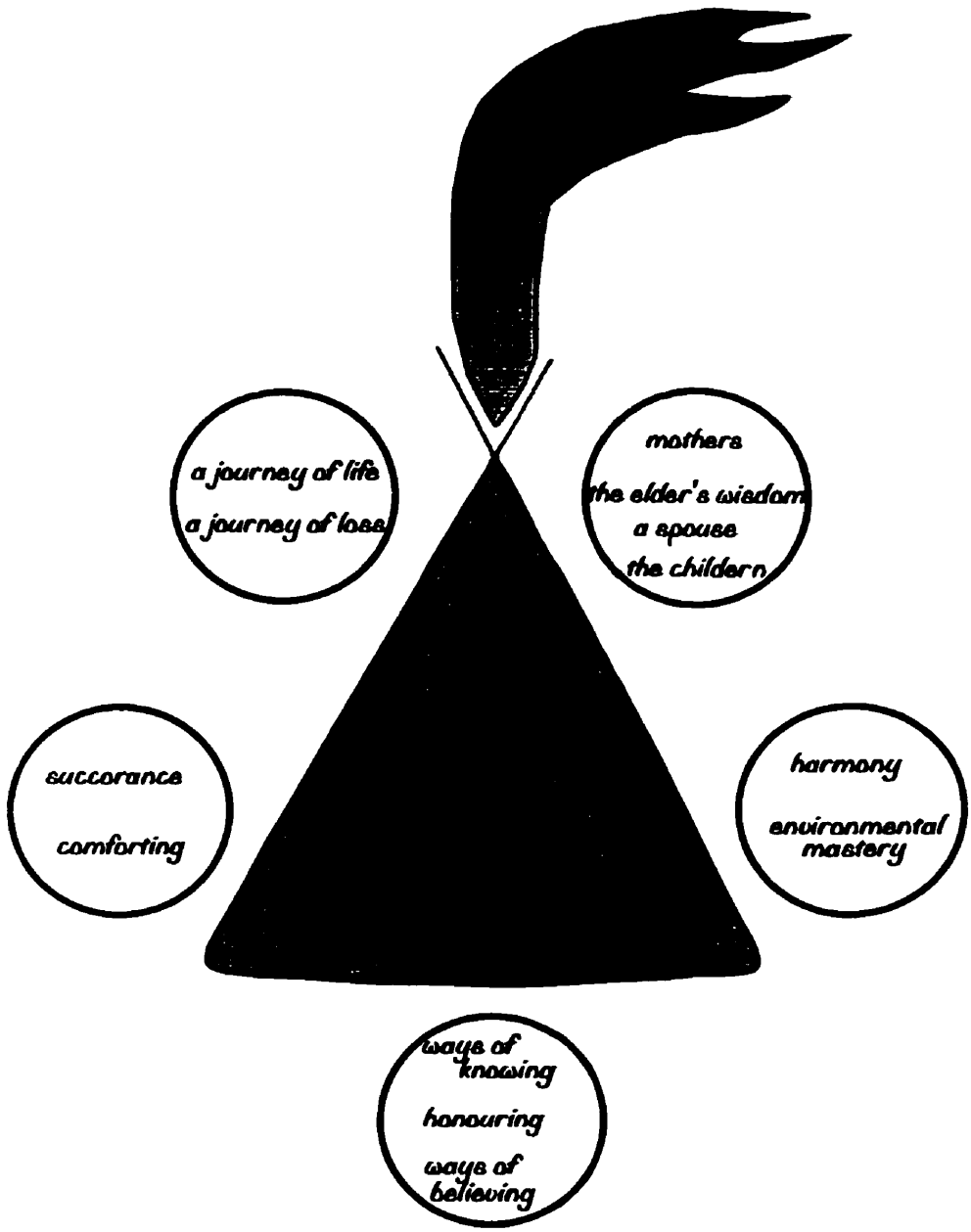

Figure 2. The process of patterning the basic elements of the childbirth event into constructs and cultural value formations begin to delineate the essence of a single cultural value, which creates part of a system of values that surround a particular event within a culture.This second level of the process outlines the gathering of birth activities and practices into a formalizing pattern.

Cultural Values: Theme Development. The third level of the process ties the constructs and value formations together and results in five major themes. The five themes represent individual cultural values expressed during the childbirth event and include the following: (a) on a journey, (b) the holistic family, (c) interconnectedness, (d) a spiritual nature, and (e) caring/sharing. This value system has evolved to achieve the fundamental goal of survival. It is the strong presence of a critical need for survival that ties together all levels and elements of the value system. Together, the three levels of the process constitute a cultural value system. Any cultural value system varies with the cultures' history, geography, language, social needs and community development, political forces and economic influences, which constitute the uniqueness of the very basic elements of an event. The three levels of the process culminate in a conceptual model of a cultural value system as viewed through the childbirth event. This value system has evolved over hundreds of years and will continue to evolve as the activities and birth practices change with time. These cultural values are not meant to represent all the cultural values in this society, but are the key values identified in the childbirth event that emerged during this study. Together they form the basis of survival for this group of First Nations people living in an unforgiving environment. Survival has always been the ultimate goal. The tri-level process of the development of the cultural value system is graphically represented in Figure 3.

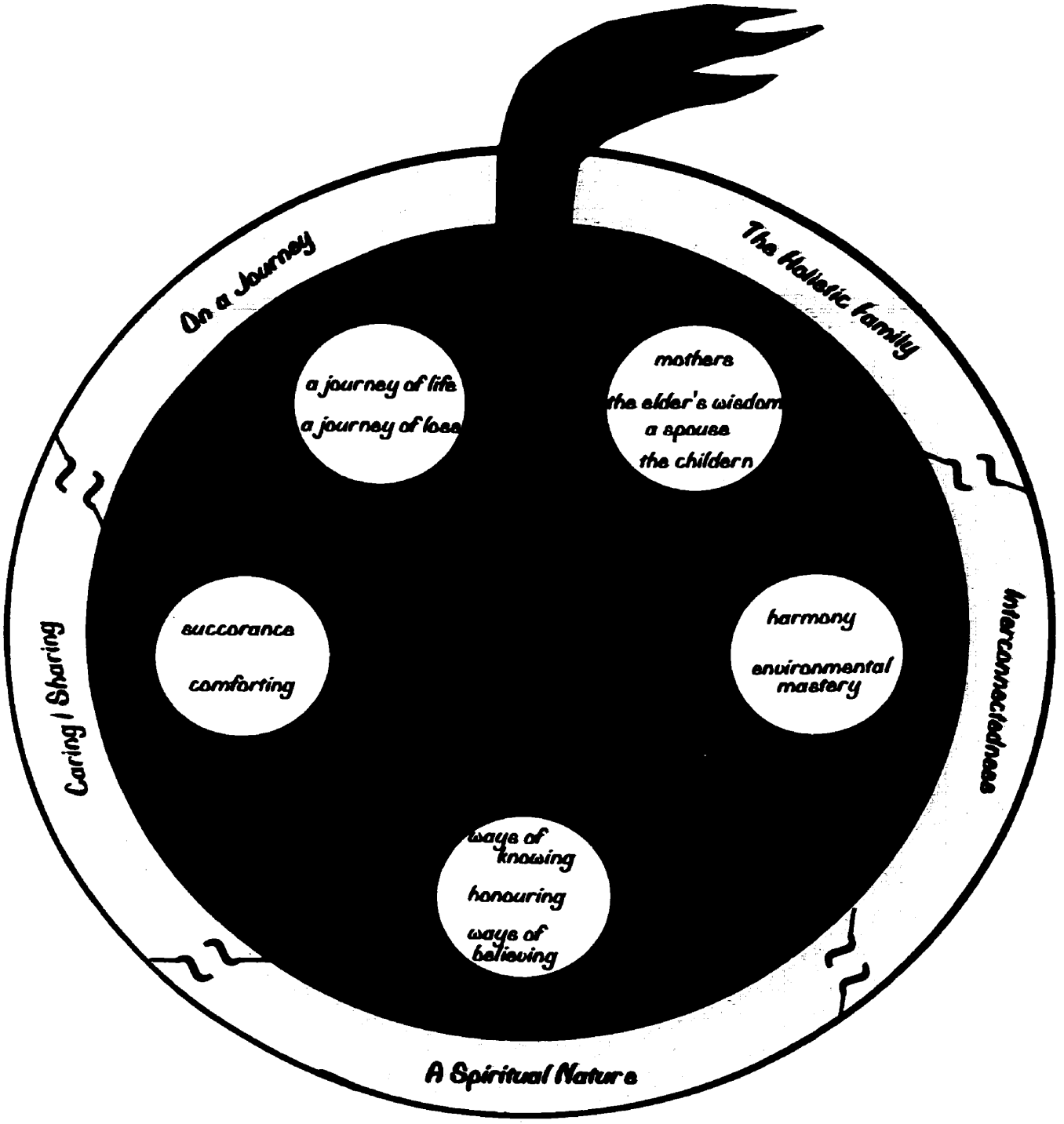

Figure 3. A conceptual model of a cultural value system as viewed through the childbirth event. This model is a tri-level process, beginning with the identified basic elements of care for mother and baby, with the patterning and building of these elements into five key values that are part of a cultural value system guiding the behaviors required for survival in this unique environment.

The conceptual model presents the results in a condensed, graphic format to enable the reader to understand the macroscopic or global nature of the childbirth event. The microscopic level of inquiry into the culture, is represented in the following five themes that emerged from the data and that represent the cultural values. Each theme outlines the range of experiences of the participants during their personal childbirth events or events that they have participated in with other family members. Their stories provide a rich cultural description of historic events.

Theme 1: On a journey

Journeying or continuous traveling was central to the existence and growth of a family and permeated every aspect of life including pregnancy and childbirth. This theme was interwoven throughout the entire fabric of reality in the lives of the James Bay Cree participants. It was not only a daily reality to journey to obtain food, water and wood, but a cyclical occurrence that took families from place to place, forever seeking the next supply of fundamental, life-sustaining materials. It is a journey in the literal sense and a figurative sense for the Cree First Nations, as a people and as a race. The journey may have some similarities to other First Nations people in Canada and around the world, but no man's journey is ever the same. It is a right of humanity for any group of individuals to be recognized for their own unique journey. This is the journey of pregnancy, childbirth and life of the Cree people from the west coast of James Bay.

This particular journey had but a single path and a single goal, which was survival. Anywhere, and at any time along this path, a person may experience the struggle to live, or the harsh reality of loss. This path was one shared by all the people of this region, but each person experienced life and loss to varying degrees and very much in their own way. In childbirth, life and loss often came hand in hand, with the loss of mother or baby or both.

On a journey of life. To comprehend how this journeying lifestyle affected pregnancy and childbirth, one must view the picture of daily life on James Bay and how survival, through the journey, shaped the lives and roles of the man and the woman. The participants stories detail their journey for life, often described as a constant search for the place where wildlife for food and a supply of wood were plentiful.

Fish was a main staple of the diet and prior to net fishing, the woman or man built a fish dam in certain areas of the river to trap the fish (Vezina, 1997). Net fishing was more commonly used by the participants, with much time and effort required to create and maintain the nets. Both sexes were involved in fishing, but often the men would be out hunting larger game and the fishing was left to the woman's responsibility. A woman's journey included spending many hours trapping small game closer to the camp, which mainly consisted of rabbit and muskrat. The women took great pride in their trapping abilities, and often had to sustain the family for extended periods on small game and fish while the husband was journeying for larger game. The women and children would also spend a good part of the day gathering wood for warmth and cooking.

In the participants experiences of survival they often spoke of the constant need to search for food. The prime larger game hunted for food by the men were moose, caribou, bear, beaver, and muskrat. Herbivorous animals were preferred for eating, but in times of starvation carnivorous animals were eaten as well. The odd seal or whale that found its way to the area were not used for human consumption, but given to the dogs for food. For each particular animal, the hunter would extract all the edible parts of the animal very carefully. Some animal parts were not palatable, but in destitute times all parts of animals were eaten. One male participant remembers: "If you talk about a deer, we would eat everything, even the intestines." Fat stores on the animal were highly regarded and widely used in food and drink preparation. Eventually, furs including beaver, otter, fox, mink, rabbit, and marten were traded at the post for staple foods such as flour, oats, lard, tea,

and sugar. The trappers journeyed to the trading post to exchange their furs for food. These foods had become basic in the diet of the Cree people since the arrival of the trading post.

Some participants told of their elders' stories of using bows and arrows for hunting. Most participants could only remember personally using crude firearms for hunting, which would have been traded for furs at the trading posts. Even with firearms, hunting moose often involved long stretches of chasing the animal through the bush to get close enough for a shot. This attests to the high level of physical exertion and strength required for the journey for life.

Journeying distances in the summer months was hampered by the soggy muskeg and made hunting and trapping more difficult. Originally, homemade canoes or rafts were used on rivers. These homemade crafts were bound together with a certain kind of tree root, and required a great deal of skill to maneuver in tidal waters. Later on people were able to acquire commercially made canoes from the Hudson Bay Company. The only other means of transportation was walking. Often during the summer, families would come together in the village surrounding the trading post, for trading purposes, social contact, and sending children off to residential school in the fall.

Families often incorporated dog teams for travel from one place to another, which helped when moving camps frequently. Some motorized inventions were introduced in the lives of the participants. Items such as skidoos and boat motors certainly aided in overall efficiency, speed, and ability to haul larger loads.

> It's really amazing...Right now I'm using a skidoo to go to my cabin. Now in the olden days, we used to travel by dogs, dog team, to go from one place to another. I find this really amazing to use the skidoo...And also... it's really nice to have these things that go faster, like for the canoe you have a motor. In the olden days, we used to paddle from place to place. (A female, elderly, participant who spends much of her life at a bushcamp)

There is no doubt that some of these technologies gained through contact were beneficial for the people in their lives of constant journeying. The participant's amazement at the capabilities of the skidoo and motor for the canoes, may indicate just how recent these items may have been introduced into the culture.

As journeying occupied much of a family's time and efforts, little time was spent on establishing permanent dwellings. A dwelling may consist of a temporary shelter made of branches of trees for a short stay, a wigwam, and eventually the canvas tent. The wigwam was like a teepee and was used for longer periods of stay. It was covered with moss during the warmer months and in the winter, coniferous branches and snow kept a wigwam insulated from wind and cold. Up through the center of the wigwam, a hole was made to allow for smoke release and fresh air. There was often a pipe structure placed through the hole to protect the wigwam.

The various migratory birds, such as the goose, were most significant in the diet of the people and in general affected their lifeways. As the birds would begin to fly south in the early fall, families would journey to the plentiful, coastal hunting grounds. A change in seasons would bring about yet another new journey. With the approach of winter and the subsequent freeze up of the water systems, families would move on to favoured areas for trap lines and wintering. This usually meant that after the geese had proceeded south, the family would move inland for protection in winter and the increased availability of wood.

Many factors played into the successful journey of life. Along with the basic necessities to maintain life such as food gathering, hunting, and creating shelter, a family attended to the procreative customs shared through generations by the elders. These customs evolved to help ensure successful regeneration and the continued existence of the people. One cultural practice encouraged a high level of maturity for young men and women to achieve, before starting their own family. During this period of maturation,

young people would acquire the appropriate skill and knowledge needed, prior to setting off on a life with a new partner.

> In the olden days, a young man was supposed to be 20 years old, and the girl was allowed to be 20 years old. That's the time they would allow the 20 year old to be able to parent and make a family... A father would be 20 years old or 30 years old before you could be with a woman. That's the reason they told their kids, if they wait for a few years, that way you would have a stronger mother or your child will be taken care of. That's what the elders taught them. (An elder male participant)

This belief indicates that maturity was valued as a life-sustaining quality. The harshness of the environment and the difficulty of the life demanded a strength in character, which often only comes with time. For if a young couple were to venture out prematurely, they would not survive the land and its unforgiving nature. If the age of the potential parents was 20-30 years, the chances of survival were improved, as the man and woman had ample time to learn their roles and skills and accept responsibility for a family. Even within this preconceptual phase of a man/woman relationship, the land is guiding them.

Noting and following the natural behaviors within the environment served to strengthen their ability to survive.

> A long time ago they were saying that during the 12 months, there's only one month where you're supposed to do something. Like September is the month where deer mate. That's the only month they're supposed to mate. That's what they told me. They noticed that, so that's what they followed. (An elder male participant)

Some participants expressed a connection of the higher conception rates in the fall, to the relative safety of birthing a baby during the warmth of spring, as opposed to the frigid temperatures of winter.

> ...one of them was a little boy. It was too cold when they delivered and I guess the little one froze. (An elder female participant)

Honigman (1961) also notes that the births occurring in late spring, indicated a higher frequency of conception in the fall. The fall always brought about a new and much anticipated journey, after a long summer of limited food supply. The arrival of the

migratory geese, signaled a period of a plentiful and highly regarded source of food, accompanied by the resultant psychological and physical benefits. These positive benefits in turn contributed to the physical ability and desire to procreate at this particular time in the fall. The migration of the geese initiated a journey of the people not only to obtain food, but also supported the creation and cycle of life.

Birth spacing was also viewed as a valuable method to promote the survival of the family along the journey of life. A child was observed to be less vulnerable to the elements of life between the ages of three to five years, thus the optimal birth spacing was at least three years.

> That's how the elders taught...like they were taught that when the child was three to five years, they were very strong in health...And when the child was five years old, he was really very intelligent. And the child wasn't very spoiled like, and the mother had an easy way of tending him...That's why the elders, a long time ago, told their generation to have three years in between or five years in between...the child would grow stronger and it would be easier on the mother and the family. (An elder male participant)

The pregnancy and child birthing process was observed to put a mother at risk to a certain extent as well, and gave the concept of birth spacing more credibility. An elder male participant contrasts the present day birthing practices of some women having yearly deliveries, to that of his generation, that encouraged three to five year birth spacing. This male participants' perception of birthing appears to indicate that lacking the appropriate spacing is detrimental for the mother and the children.

> If she's having kids every year, this is why the mother is not so strong...I think that's why the mother is not feeling so well, like she's not strong, because of the child bearing so near, like every year...Every year she has a child, so that's how they're easily sick...And it's very hard for the mother, because she's already had this child and she's having another one, so it's very difficult to attend to the first one and the second one. It's kind of hard for the mother.

Along the path to survival, barely a missed beat or pace of foot could be observed on a family's journey in the event of childbirth. With a life centered around a constant seeking of food, birthing often took place during a time when the family was on a

journey. Many of the participants described women who were on a journey, and would stop, build a fire and a makeshift shelter and give birth. Only several hours may pass before the family, with the newborn wrapped in rabbit skin, were on their journey again. A female informant summarizes: "My mom always says after they have their baby, we still were traveling." The birth of a newborn was part of the physical journey to search out food and water and also part of the greater human journey, the survival of the family and a people.

> The story I heard was during a journey, and this lady is about to deliver. They build around a fire, they put some branches of the tree down and that's where this lady delivered her baby. Long time ago the delivery wasn't long, like it was short. Then they would just keep on their journey afterwards. (An elder male participant)

> I heard that this woman was all by herself and she delivered her baby by herself and it went very well. At times I would think about this, how she made it, and it sounds very incredible...They were traveling, they were moving. The family was moving. And she was going by canoe, but along the way she stopped and maybe she was having pains. So that's how she was all by herself. And the family soon arrived in Attawapiskat and when she wasn't there, they knew that she was somewhere still out there. So they went to look for her and they saw her and she already gave birth. So they brought her here...And whenever she would be asked to tell the story, that's the story she would tell. The woman is still alive and (the daughter). (An elder male participant)

One difficulty to overcome on the journey was keeping a newborn confidently safe, warm and accessible for feeding throughout a journey. The first place created for the baby was a pouch and/or a tikkinagan, which were tools to allow the journey to resume.

> They used the fur of a rabbit... they made this pouch where they put their babies after they were born. The ladies would make them before delivery and then some would make their tikkinagan... the one you carry on your back. Some would have this made before. (An elder female participant)

A tikkinagan was a wooden carrying device that the baby was put in for traveling and rested on the back of the mother. This further substantiates a culture that was centered on journeying as a lifestyle, as the first item for a newborn at the beginning of life, was an implement to allow for journeying to continue.

The diversity of experience within this culture begins to surface on a closer look at the childbearing event. Many families did not make special arrangements in the event of an upcoming birth, yet continued on a given journey. While other families made a concerted effort to ensure that the birth would occur in a dwelling that was already prepared, and often with experienced women around to help during the delivery. "On a journey we only sleep in one place when someone was pregnant. We only sleep in one place till they delivered." One participant explains the role of his own mother who often shared her wealth of experience of birthing with others. Many considered her a midwife. "Yes, my mom used to help. That is the only reason we were camping in a group, so we could help with a mother's delivery."

Many factors can be attributed to the differences of behavior during this time. It may have been a preference for the family to have the social contacts or expertise of a mother, an elder or a midwife within distance to assist with the delivery. In this case, they would settle near the members who would be assisting. Another factor may have simply been that there was an option available, as the food, wood and water were plentiful in the area at that particular time, and thus allowed the family the flexibility of remaining for a longer time in one place for the birth.

On a journey of loss. The life was difficult in the past. In order to survive, families had to find their food. In many instances along their journey, they experienced loss. Starvation and hardship were widespread at certain times in the history of the participants. Some participants expressed relief and thankfulness with the assistance in obtaining food and the lifestyle changes that were brought about by contact with traders, missionaries and government agencies. An elder female participant explains: "We used to have a hard harsh, difficult life before the government came." This theme recurred with other participants.

> Now is a lot easier. Ya it got easier. Ya he had some supplies. Before this government thing, it was really, really difficult. It was very hard to understand because we usually look for food, for two days without eating. Very hard. (An elder female participant)

> Recently, we have those stuff at the store. Way back then we used to suffer. Like we had to find food in order for us to survive. It was hard in those days...like she was talking about this old man, he came to look for food and on the way he fell down and died. Cause he was starving. (An elder female participant)

This was the beginning of the dichotomy that existed for the First Nations people; a hard, often desperate journey was superficially resolved through the assistance of non-Natives. Yet at the same time, the skills and value systems that were entrenched in the culture and life cycle, began to be degraded and fragmented by the actions and consequences of the very people who arrived to this land with gestures of help. Given the new visitors ethnocentric perspective, along with a sense of duty to advance their own agenda, their best intentions to improve life conditions of the people ended in cultural destruction. Not all the participants acknowledged the dichotomous nature of contact. Some participants remained in a "thankful" mode towards the non-Native entities, remembering only the hardship followed by relief. In Honigman's (1961) study of foodways in Attawapiskat, he states the people expressed no cherishing of traditions, or any fond memories back to the past. They only recount tales of hunger and hardship from which they are happily free (Honigman, 1961).While other participants recognized and verbalized the tragedy of loss throughout the entire culture, vis-a-vis these new contacts.

> ...and the white men, as soon as the white men came they took away our power he says. That's why now we are so poor, and whites are more prosperous. (An elder male participant)

> I used to snare rabbits. I was really good at trapping. (Participant laughs) Even snaring a beaver or setting a trap for an otter, I was really good at it...I stopped doing this when I received my cheque. (An elder female participant)

The participant expresses pride and self esteem in her past skills and abilities. Her life tasks, earned through skill and masterful technique, was her being. When it was replaced by a social assistance cheque, it negated the need for the life's task of hunting, and drastically affected her individual being.

> To this day, I still, while I was sitting at home, I would say to myself...I should be out in the bush. I should have never stopped living in the bush. Just stay there. I remember, I think about that all the time. (An elder female participant)

To comprehend the vastness of the concept of loss and its effects on the psychological well being of the men and women, it is important to explore their experience and the extent of loss generally in life. It is only with the broader view of loss that it is conceivable to understand loss during pregnancy and childbirth. In understanding the extent of loss throughout their lives, the people's phenomenal ability to cope is recognized.

Cyclical famines caused tremendous hardship and loss.

> If people were starving they would eat those, the stools of a caribou or moose. They would put this in water and they would eat it if they were starving. (An elder male participant)

> That year he only said, that year when they were starving all over the area. Even the north. For instance, Fort Severn, it's a really wide river...There were five people, they could see the town, Fort Severn, from where they were staying. They wanted to reach Fort Severn but they could not make it. The river was, the top water runs over the ice...And being cold and weak...they couldn't make it. (An elder male participant)

There were several factors that could explain the scarcity of food in the area. In the environment there exists a natural cycle of animal populations, which vary for different species from 7-10 years. These natural cycles were drastically affected by the influx of the fur trade and resultant overtrapping and depletion of certain species (Honigmann, 1961). Vezina (1997) also notes that starvation, during the years 1934-1936, was the result of a great flood that destroyed all small animals in the bush for miles around. There

were two other documented floods of 1950 and 1966, that apparently devastated the settlement of Attawapiskat, and probably affected the animal populations as well.

One participant tried to bring the concept of starvation to a personal level, by creating an experience of his past reality.

> If we go on living out in the bush and we had, we have nothing to bring with us, just a little bit of flour, sugar, tea, and the three of us are hunting. One of us would be able to kill something, to bring in something. And because of the food being too small , we can't eat a lot, the three of us. It's too small. There won't be any left. So one week later, there's the only food we had. So one week later you're loosing some weight, cause you're not eating as much. It's like being ill, you're weak. It's like you're just about to die, because we don't have nothing to eat... Yeah, so that's why I said starvation is really bad. For instance, myself, when I was a child, I tasted the starvation like that. My mom was the one woman alive then, because when I was a child I lost my dad. I bet nobody would understand right now, cause he didn't taste how it was like. For myself, I understand.

Many families lost members due to the harsh climate of the environment, which was most difficult to constantly endure.

> There was a really, a blizzard...That's where I lost my mom and also my sister-in-law. And the sister-in-law kids, two of her kids. They were frozen. They were found beneath the snow...and we, we survived the blizzard, my sister and my brother, but the rest didn't survive. (An elder female participant)

Through their stories of loss, one can begin to conclude that tremendous coping mechanisms have evolved within the fabric of the culture. Having these coping mechanisms ingrained in the development of the individual, by living through such loss in the natural environment has certainly played a role in the abilities of the people to survive the imposed loss of recent years.

The journey through time brought about more change and loss. Initially, the change in diet to include goods from trading posts, was welcomed. It was easily obtained and may have been the only source of food intake during times of scarcity. Today, some of the elders believe the loss of traditional, primary food sources has genuinely affected the health and lives of the people. With the loss of traditional food intake, came the loss of strength and ability for an individual to function.

> The strength is from the wild animals. They used to eat those every day. They would eat moose, rabbit, all kinds of wildlife form the bush. Nowadays, we hardly eat those things, just once in a while, so we keep loosing this energy...In those days a man was really strong and had a great energy. He can do anything he wanted to. But now, a person is not as strong, and easily gets sick. (An elder male participant)

Again, a dichotomy existed; the strength came from the wildlife, yet they experienced much weakness from starvation when animals were scarce. Furthermore, with the arrival of the non-Natives, the reality existed that the food introduced to save the people from starvation, was now making them sick.

> Once, as soon as we bought stuff from the store, the food, that's when our, you know, started to get weaker...For instance, he blames it on the store. When the store came in contact with the Natives, they had those kinds of supplies from, for instance Carnation milk... (An elder male participant)

> Right now, you heard that these kids now, they don't breastfeed. They only give their kids the Carnation stuff from the cow. So these kids act like animals. If you breastfeed, the baby it's really fine...but the kids with Carnation are really lazy. That's what I found. (An elder male participant)

Other losses that were experienced as the direct result of contact with non-Native entities, included the loss of the family unit as it had always existed. Abruptly, the collective agencies sent to "help" the Indians, decided that educating the children in religious life would enlighten them and assimilate the people to Christianity and the ways of the non-Native society. The summer trip to the trading center now meant replenishing food supplies, social contact, and relinquishing their offspring to a foreign culture and existence.

> The only time we came into town was when our kids were supposed to go to a school. And that's where we send them out to Fort Albany, to residential school, and we didn't see them for a year. (An elder female participant)

A female informant remembers:

> In Fort Albany there was a boys' side and a girls' side. They never used to put us all together. We were separated from the boys. We only see the boys in school, when we go to school, in the class.

The childbirth event usually associated with positive growth and family celebration, often presented families in the past with further loss of life. At the beginning of a new life, miscarriage was a time of fear and unknown for many women.

> When I was like, I was doing these snowshoes, putting those... when it happened. I didn't realize I was miscarrying. I didn't know anything about it. But I noticed I start having a lot, lots of clots and I didn't tell. I didn't tell no one, anybody about it. I don't know if I lost a baby, so many clots when it happened.

The labour and delivery of the childbirth process was noted to be the most critical time for both mother and baby. Childbirth often took lives, leaving the rest of the family feeling great loss and helplessness. An elder male participant shares his loss: "I lost my wife when she delivered. She had twins. One is alive right now, that's my son...the other twin died with the mom."

Few interventional methods were shared by participants in regards to childbirth. With the resources available within the environment very little could be done, for example, in the event of hemorrhage. "Just, I guess, just a few of the women died of hemorrhage...Yeah, when the baby born, she bleed and bleed and they wouldn't stop."

Climatic conditions also set the stage for loss during childbirth. "Cause I remember one story we were told...as soon as the baby came out it was so cold and there was a storm. It just froze."

Loss took on a different form for this female elder participant, who experienced loss of spousal support during childbirth for an unknown reason. "...The first four my husband helped me, but the last one I did all by myself...There was nobody, just me...My husband was in the house but he didn't want to help me."

As a mother, one of the important responsibilities was to teach her daughters about pregnancy and childbirth. One mother expresses her loss of this lifetime role with her own daughters.

> No, I didn't have a chance to say anything to my girls because they passed away. One was twelve and the other one was nine months and the other one was five. So I didn't have a chance to tell them anything. [The children all died from various undetermined illnesses: possibly pneumonia and one of them couldn't eat or swallow... "She had a blockage."]

During the lifetimes of the participants, the balance between life and loss was drastically tipped in favour of loss. A strength for coping with loss evolved indelibly into the collective psyche of the Cree people through their historical relationship with the land. In more recent times, when paternalistic assimilation and racist practices by the dominant society further extended the loss to include the cultural value and belief systems of the Cree people, the enormity of this phenomenon should have wiped out the Cree First Nations people from global existence. The fact is they remain, and their journey which encompasses both life and loss in a worldview, is essential to explore within the culture.

Theme 2: The Holistic Family

In this Cree community, the life stories of the participants exemplified the holistic nature of the family. Family members took on all the necessary social and support roles to allow for survival of the groups. They did not strive for individual success, but for the maintenance of the family unit. This integrated whole(family) had a reality independent and greater than the sum of its parts. Yet the individual was in no way diminished by the centrality of family, for the individual was an integral part of the family, and the ability to function as a family unit was the essence for survival.

The elements of care for family members during pregnancy and childbirth are categorized into the following constructs: (a) mothers, (b) the elders' wisdom, (c) a spouse, and (d) the children.

Mothers. For many of the participants, their mother or mother figure played the major role in the teachings and activities during the pregnancy and childbirth experience of the young women. The knowledge and wisdom of mothers gained throughout their life

experiences of childbearing was to be passed down through their daughters. Mothers were considered to have a level of expertise simply because of their own experience. They passed along guidelines for prenatal care, including nutrition, exercise, and all the way through to delivering the baby. "Mother was the teacher in those days. She taught us...she was the one who delivered."

> In the family, my mother, that's the one who told us, who taught us everything....I was just a young girl when I had my first baby and I had help from my mom. She was the one who looked after me, told me how to feed or how to dress....The first thing I learned was breastfeeding, and how you cloth them, dress them warm especially in those days. (An elder female participant)

Mothers cautioned their daughters not to eat too much fat or too much food in general. It was believed that by consuming meats with too much fat would not be good for the pregnancy. One elder female participants remembers: "They only ate...they had the usual kind of food that they had, but not to eat lots of it." Limiting high fat meats was commonly accepted as a prescriptive practice to ensure a healthy mom and baby: "Yes. Like the first three months, meat with lots of fat in it. Not to eat it."

Exercise was a daily part of living and included traveling to traplines, fish nets or to collect wood or water. These activities were part of daily routine and considered acceptable and necessary levels of activity for pregnant women. This level of activity kept them in excellent physical condition.

> Not to eat the fat, mostly the fat. In order for a lady to have a safe delivery, she was told to walk a lot. So that way it would be easier for her delivery. That's how much I know. (An elder male participant)

However, there was a limit to how much activity women were to engage in during pregnancy. They were warned not to exceed this acceptable level or there may be serious consequences. For example, if a woman worked too hard the baby might die inside, resulting in a stillbirth. One elder female participant stated, "...if they were working too hard, that's the reason they had miscarriages."

> The only thing I would tell them is it's good for you to work, like the housework. But to lift something heavy is not very good for you.... The only thing I heard was if the woman is working too hard, they say the baby tired too. (An elder male participant)

Therefore, exercise was viewed as both a prescriptive practice required for health, but also a restrictive practice that could have negative effects if experienced in excess.

One male participant makes a comparison from the past to present regarding the health of women and their activity levels.

> Like last, in the past, used to travel a lot but now just stay in town and ladies just sit around and not doing anything, just sitting around....They used to move a lot. Also the blood is not circulating well. Just sitting around. In those days we used to walk long.

It was often that the pregnant mother did not live with her own mother and there was a network of other women who would step into the role of mother as teacher or midwife during this critical time. This network of women included grandmothers, mothers-in-law, sisters, or simply other women living in the same area. An elder female participant describes the network: "The mother or mother-in-law and if there is no mother staying with the [pregnant] mother, the other ladies that is with the group, they would deliver." One elder participants' grandmother warned her of the consequences of not adhering to birth spacing techniques: "My grandmother...she used to tell me if you keep on having babies, it's going to be a more difficult time for you. The more babies you have."

The networking of women together through this time of pregnancy and childbirth serves to display the importance that other women played in the lives of new mothers. It is exactly this special relationship between women and sharing of knowledge through experience, that midwifery care is now making a return to the forefront of health services offered today. It is recognized again, that this special bond between women is a major support system for some in achieving a personally satisfying pregnancy and birth.

The Elders' Wisdom. The wisdom and knowledge of the elders were highly regarded. Early on in life, children would sit with the elders and listen to their stories. The

stories were a form of teaching. The "trials" and "truths" surrounding critical events, such as childbearing, were passed on by the elders who spoke from experience. The participants in the study told of how their elders participated in their lives and what they meant to them. Some participants expressed their own views, as elders of today on pregnancy and childbirth.

The elders took part in selecting a spouse for their relative and they looked for distinct characteristics in a prospective partner.

> In the olden days the elders, that's what they did. Look for a man who's really, he works well and he can work, work, like he can do anything. That's what they were looking for in a man. And the woman, they wanted a woman to know everything a woman should know like sewing or doing the outside chores or animals. (An elder male participant)

The participants confirmed that the elders would share their knowledge and ideas on acceptable behaviors to the younger people. The elders often would reinforce beliefs told to a young pregnant woman by her mother. This seemed to further substantiate the existence of prescriptive codes of behavior for a woman in pregnancy. One participant explains: "that if a mother was working too hard and being pregnant, the baby wouldn't be moving a lot. That means the baby was tired because the mom was working too hard."

> Yes, we were told about pregnancy, especially the women. The woman is told really how to take care of herself....And also the male, the husband is supposed to look after his wife while she is pregnant. (An elder male participant)

The elders knew how difficult it was to have too many children close together. "...that's why the elders, a long time ago, told their generation to have three years in between or five years in between (children)."

They would share their knowledge of the actual childbirth with others, so in turn, others would be able to help in the delivery of a child. Young people would listen to the stories and learn, and this is how the knowledge and wisdom was passed along.

> With the second wife I delivered two of them....The elders told me how to do it. That's how they usually did it a long time ago. They would tell you things even then. (An elder male participant)

> I was really afraid when I had this delivery. This non-Native lady I was with, she held this baby up high as soon as he came out and this baby didn't cry. She didn't make a sound and this lady just let the baby, let him down and I, it was my turn. I took the baby and I wiped around its mouth and I blew. I blew some air in and the baby started crying. That's how my husband taught me. My husband was told by his, by his mother or grandparents if the child is, doesn't cry you do things like this. (An elder female participant)

In the event that there was not a mother or experienced woman available in the event of a delivery, an elder (male or female) was the one to help a young mother during this time. One elder male participant shares his birthing story.

> My daughter in law, she was about to deliver. But I had a daughter with me, the one who passed away....She said she couldn't do it. Since then I have been delivering babies. I delivered my grandson.

As the stories and teachings of the elders were held in great esteem, their unique perspective held much power with the people. The elders tell of the only way to feed a baby in the past was by breastfeeding. Not only did they recognize the nutritional importance of breastfeeding, but they also acknowledged the development of an emotional bond between the mother and the baby that was a very strong and beneficial bond. They believed that breastfeeding served to enhance and strengthen the family unit. One elder male participant connects breastfeeding with the positive development of emotional bonding with the mother or parents. Nurturing through breastfeeding was one of the main ways of maintaining a highly functioning family unit. Without breastfeeding, the bond does not fully develop and results in problems with family functioning.

> So now that's why the kids nowadays are so, they're not so, like at peace at home. They'd rather the mom is not there or the father is not at home. They feel lost instead of at peace. It's not a peaceful atmosphere at home. And that's where the year of 1950, a mother would breastfeed her child instead of the bottle....And for someone breastfed, it's really true that they love their mom, their mothers. They really love their mother. But now we look at today, the kids are different. They don't love their parents as much, like breastfed [children]. And they're unhappy. That's where the problems arise for the child....He was saying that the elders, like himself, they would talk about, among themselves and they find that it's very different now than it was in the olden days. (An elder male participant)

Furthermore, one male general informant expresses the idea that his community of people are suffering today an "emotional illiteracy," from the change in practice from breastfeeding to bottle-feeding compounded by maternal deprivation due to the residential school system (F. Wesley, personal communication, August 18, 1998).

The elder participants indicate that changes are going on in the family, and that together with other factors, has served to negatively affect the family. These elders partially link the breakdown of the family unit to a previous cultural norm of breastfeeding that no longer (or minimally) exists in the community. The elders have connected past parenting practices such as breastfeeding, which helped to ensure the continuity of the family as the central, holistic unit. They view the children of today as suffering long term negative repercussions from the changes in some childbirth practices that have evolved over time.

A male elder participant confirms this way of thinking and further expresses that a return to the old ways would help to rebuild the strength of the family again.

> The elders, like myself, they would talk about, among themselves. They find it is very different now than it was in the olden days....To make the family stronger, I suggest breastfeeding, or waiting years between children. To return to the old ways. I heard this also from the elders.

A Spouse. The spouse of the parturient mother played a significant and participative role in childbirth. As the elders taught well, the male had a responsibility to ensure his pregnant spouse was well cared for during this critical period of pregnancy. There were circumscribed moral obligations of a man towards his wife, particularly during pregnancy. "The male is supposed to look after his wife while she is pregnant." It was important for the man to ensure the safety of his wife and child during pregnancy. This highlights the importance of the childbearing woman in the society. Childbirth was considered a critical time in the development of the family and thus appropriate protective factors were employed in this transitional period. This group of people valued

the growth and development of family and instilled further mechanisms to promote life over loss. Close to the birth time, a spouse did not engage in usual hunting activities which may have kept him away for days or weeks. One female participant explains: "Like your birth time, the father won't go away. He stayed with his wife."

If there was a mother or mother-in-law close by, the spouse would take a supportive role in the birth, which included comfort and physical contact with the labouring woman. He may also assist the mother figure in the delivery of the baby by completing tasks to prepare for the baby's arrival. However, if an experienced maternal figure or elder lady were not available to help in the delivery, then the father was responsible to ensure the safe delivery of the baby and the mother. "Yes, if a lady is about to deliver, they would...some lady to come and help. If there is no one, then the father had to do it."

Most of the male participants had delivered either their own children, or a child of a relative. These men expressed pride in their knowledge and capabilities to provide support and expert care to their wives at this time. Safety was a high priority and knowledge of simple but effective strategies on birthing of children had been passed on to the young man, to ensure some preparation for delivery of a baby if required. A male participant shares his experience.

> I was the one who delivered her (his wife's) baby. So I am telling you that the elders, long ago taught very well in the olden days. I delivered three. I learned that from my grandmother, telling me what to do.

Regardless of preparation, this experience was often scary and distressing for the spouse and his wife.

> I delivered twice. The first time I was really scared. I was just scared. I was afraid the child might die or something. The second time I was feeling better about it. I wasn't scared. (An elder male participant)

It was evident in the participants stories that emergencies did occur in which the spouse was helpless to intervene. For women who bled excessively during delivery, there was little anyone could do. One female participant explains two of her deliveries: "That's

the two children I had when I got sick. Lost lots of blood from childbirth. My husband delivered."

Overall, the various roles of the spouse were supportive and highly participative in the childbirth event. The range of scenarios involved a social network of experienced mothers or midwives with the spouse in the assisting and comforting role, to a very simple social interaction of birth, between the spouse and his wife.

The Children. Children hold a special place in Aboriginal societies. The early years were spent playing, learning and helping their mother with chores around the camp, such as gathering wood and water. A lot of time was spent beside a parent or elder, learning the tasks that they would one day be responsible for. A female elder describes one relationship : "I remember, my grandparents, grandmother, used to go out setting traps for the muskrats. I would go with her and also bring in wood on our back." Children would learn at a young age, mainly by watching family members doing their work.

Similarly, children were exposed to childbirth events at a young age. Although they were not involved directly with the delivery, most were staying in the home or tent during the delivery. Little if any explanations were given upon the arrival of a new sibling. "We never did say anything to them, just let them stay in the house when I was delivering." It appeared to be a trend that the kids would stay in the vicinity of the birth, but remain indirectly involved.

Upon arrival of a newborn, some parents may have attempted to explain the baby to the siblings through a legend. According to one legend, the baby came out from within a tree stump. This explanation would satisfy the curiosity of the young minds, and at the same time reconfirm for the children, their own relationship and connection to the land.

Theme 3: A Spiritual Nature

The spiritual nature of the Cree participants included traditional ideas and beliefs that existed before contact, and also a strong belief in Christianity. Few participants were able

to tell of life before the missionaries arrived and began their teachings. Some were able to remember stories that had been told to them and that encompassed the essence of their indigenous spirituality.

Ways of Knowing. The participants' expressed ways of knowing that were not consistent with objective, concrete methods of knowing that today's scientific world demands. There was acknowledgment of extended abilities of knowing that existed in relationships. These ways of knowing were crucial nearing the time of childbirth. A female elder participant explains the role of her spouse in preparing for childbirth: "He used to stay with me. And somehow he knew when the time was happen to deliver and he came and stayed with me." Women and men tended more to listen to their inner self.

> And also in the olden days, the mother know exactly when her child[would be born] gave birth. But today you don't know exactly when to have the child. The time my wife was pregnant, and these missionaries, some of them were nuns, they were really good in medicine and the sister...this sister came by to our house and my wife told them she would have her baby anytime now, but the sister didn't believe. She says 'No way' (laughter). So six hours later her child...[was born]. So I was the one who delivered her. (An elder male participant)

Women were known to have exceptional or instinctual ways of knowing through their breasts.

> ...A lady, any lady had this power, like if she breastfed this child and the left breast she would have an achy kind of pain, she knew that someone she knew isn't happy or sick far away from where she is. And the right one, it's for like she knows this person is happy...but the feeling she has within her breast...this person she knows is feeling okay. That's how they used to know these things, the ladies who breastfeed.

Other participants noted that this power was within any woman, not necessarily only those who breastfeed.

Through dreams, the people were able to learn many things about themselves and their futures. They would listen to what the dreams were bringing to them and believed in them. Dreams also brought the ability to know what was going to happen in the future. It was felt by one participant that some people still had the power of dreams.

Several participants acknowledged that before the missionaries arrived, some members of the group had a special power. People with this power could learn everything and could foresee the future. This special power was often initially recognized during a time when young boys and girls would engage in a traditional practice at the age of 9 or 10 years. A young person was expected to go out to a wooden platform built in isolation and stay there for three nights. Some experienced the power while for others, nothing came to them. Those with the special power were viewed as leaders or potential leaders. They were considered strong, essentially good, and mortal, yet they possessed a spiritual power that helped to know the future, and guide others. They were also able to fight and conquer the Windigo, which was an entity, spiritual, but in the image of man, that caused fear and death amongst the people.

The participants expressed the feelings of being stripped of their powers and strength by the non-Native persons, particularly the religious affiliates.

> Before the missionaries came, we had this power. Like we could do anything. Some of the people had this power and they could do anything with it. But as soon as the missionaries came, they lost it. Like they were told, it's devils.
>
> Yeah, even, he says, even the priest, like the missionaries or the Anglican minister...he would during, when gathering the people in the church, he would talk about this breast feeling that the women had, the feeling, or in dreams. And they came and he would tell them you're doing the ...the witchcraft thing and they'd turn away from their (beliefs)....So
> they don't listen to themselves anymore.

Their spiritual ways of knowing were soon forced into a repressed psyche, that began a new life now cheated of the art of listening to the inner self.

Ways of Believing. The participants lived only during the times of the missionaries presence in the area. It was the Anglican priest who introduced this group of people to Christianity. The Anglicans were followed by the Catholic priests. It is well documented in history and through the participants' stories, that the missionaries were overt in their attempts at assimilation and fervent denial of the Native spirituality. A photocopy of a

spared prayer book that existed in Attawapiskat in the early 1900's was shared by a community member (Appendix B). Within the translation provided, it is evident the intent of the religious missionaries. According to the community member, these prayer books were confiscated and destroyed by being burned in the 1950's, by the Missionary Oblates of the Roman Catholic Church (F. Wesley, personal communication, August 18, 1998). These assimilative practices by the church and condoned by the government at the time, resulted in fears of talking about their past belief systems and spirituality. With an abrupt cessation of utilizing their own ways of knowing and believing, along with the immediate adoption of the Christian church beliefs and practices, there remains little knowledge and desire even to talk about the spirituality of the people in the past.

The resulting Christianization was reflected in practices of childbearing. Miscarried babies were buried underneath the ground. The baby was sprinkled with blessed holy water and people gathered to pray for the baby.

In the case of a live birth, the midwife or whoever delivered the baby would be the one to baptize the baby. They were often afraid that the baby may die, so they did that right away.

Honouring. A newborn baby was cherished, honoured and marveled. People were very excited upon the arrival of a newborn and it was usual practice for the baby to receive its name just prior to or right after delivery. The name was given to the baby often by the person who had delivered. It was considered a special honour to name the baby. Occasionally, special family members other than the one who delivered the baby, were given the honour of naming the child. Again, it was recognized that outcomes in labour were not always favourable, so sometimes the baby was given his/her name prior to delivery. "I had a difficult delivery and they named the baby while I was, during labour."

The placenta held an honourable place in the childbirth beliefs and practices. It was recognized as a life giving entity, to be respected and honoured. To show the appropriate respect for the placenta, it was to be hung from a tree wrapped in a cloth, some distance from where they were living. It was the elders who insisted on the special treatment of the placenta and it was important to ensure that it would gradually disappear by hanging it in a tree. In this place it would be kept away from animals that might otherwise interrupt the intended process of a slow degeneration. "They honour this placenta. Like, they let it go gradually."

As the baby was considered to have received life and to have lived "with" the placenta for nine months, after the delivery the family was obligated to now take care of the placenta and ensure that it was hung in a special place in a tree. It was usually the midwife, or person who delivered the baby that found the place for the placenta after the birth was completed. The legend told by the elders is that if something is dead you would bury it beneath the ground. For the one under the ground, he would no longer be a part of this world and would never reappear. The special place for the placenta, by hanging it in a tree, enabled the perpetuation of life and rebirth to occur. One male elder participant stresses the special status of the placenta and his own actions in a more recent delivery of his grandson.

> Ya, I did the part that they did in the olden days, they hanged it from a tree. That's what I did when I delivered my grandson. But I heard stories like today when the woman deliver the baby, the placenta they just throw it away in the garbage. That's what I heard. Way back they used to, they didn't do that, just throw it away. They put it in a special...when the lady delivered, this cloth, they used to wrap it around the placenta and they hanged it...They honour this placenta. Like they let it go gradually. They let it go.

The placenta seemed to take on a distinct entity on its own, almost separate from the body, and with its own abilities to function independently from the body. It may be that the initiation of the labour process was thought to be caused by the placenta. The complexity of the belief in the status of the placenta was further observed by one

participant who stressed that it was the placenta that had the ability to push out a stillborn child. "I heard this once, this lady lost a stillborn and somehow the placenta pushed the baby out."

Another legend surrounding the special status of the placenta is as follows: " They were told that if you don't keep the placenta in a safe place, the baby will always cry. That's what they used to tell us."

Theme 4: Caring/Sharing

The Cree people expressed a great sense of community in daily living and this was observed in their behaviors of sharing and caring for others in need. To help others was a principle of a system of ethical behavior that existed to promote the survival of the larger group.

Succourance. Help given in time of need was characteristic of relationships between families and extended families. There were no defined boundaries governing the kind or extent of help given in time of need. Whatever was needed was offered, if possible. There was a trustful nature of the people that was the basis for such openness in sharing of themselves and caring for others. This was evident from the initial contact between First Nations and European settlers. Trigger (1985) clarifies that in the beginning of Native-White relations, the European entry into the land and subsequent flourishing of their social structure, could never have happened without the cooperation and trustful, sharing nature of the Native groups. The initial traders were totally dependent on the Natives' knowledge of the land, the resources, and their survival skills. The open trustfulness with which the Europeans were received in this land, still remains a principle of ethical behavior today, at least among their own people.

Pregnancy and childbirth was a time when succourance is readily remembered in the stories of the participants. Some women were known for their extended experience in childbirth and were often giving of their knowledge and practical abilities to a woman

upon delivery of her baby. These women were considered lay midwives in their own right. It is important to note that the midwife came only upon delivery and was not deliberately a participant in sharing of knowledge during pregnancy. "If a lady is about to deliver, they would get some lady to come and help." As this concept of needing help does not come into existence until delivery, it further serves to confirm the belief that pregnancy is a natural phenomenon of health, and not illness, that occurs in nature, as with all life on the land. Historically, the state of pregnancy has never been a time for intervention or need and this may be significant in the evolution of Native Cree women's collective thoughts today, regarding pregnancy and a need for formal prenatal care. One female elder participant discusses her experience with two particular women, who were considered midwives in that area: "Just on delivery. They came by to see me when it was time for me to deliver."

It is found in the Cree culture, that lactating women other than the postpartum mother, would take the new baby and breastfeed him/her. It may have occurred in the event of maternal death or illness, and often during the first few days of colostrum production by the new mother.

> They breastfed. If it happens the lady who just delivered, and if her breasts are not ready or leaking milk yet, and there is another lady who is breastfeeding in the meantime, they give the baby to the other lady. That is what they used to do. (An elder male participant)

> The other lady feed the baby...Yeah. Yeah. That's what happened to my mom. She was only 14 when she had (her son), my eldest brother. She was saying that she didn't have any milk in her. There was two families that were living with them, and there was (another mother) who breastfed my brother. Till my mom, till the milk came. (A general informant)

Another male general informant supports this knowledge of the ultimate sharing of life giving nutrition for vulnerable infants: "Within that family unit, if one mother got sick, then breastfeeding would be carried out by the sibling or other healthy family mother."

Through loss or other needs, succourance came from the need for survival and behaviors were expressed with no obligations attached. It was a behavioral norm that originated among Native people as the group survival was valued over an individual's needs. Sharing in this manner was simply a part of the Native way of life and was never regarded as a requirement. Brant (1990) adds that beyond the function of ensuring group survival in the ever present threat of starvation, it also served as a form of conflict suppression by reducing the occurrence of greed, envy, arrogance and pride within the group. Conflict suppression was required to promote harmony and is enshrined as a principle of behavior in Native culture.

Comforting. Caring through comforting others was evident during the childbirth process. Participants did not detail the use of any medicines, herbal or otherwise, that were used during childbirth for pain. Comforting and supporting the labouring mother was the prime coping mechanism for dealing with the intensity and pain of labour and delivery. These roles were typically filled by the spouse or the maternal figure attending the delivery.

> I was so scared and he used to wrap his arms around me and he was...Sometimes when I remember about it, it brings me a smile. Just the first pregnancy was like that...(An elder female participant)

> When I was about to deliver I cried. She (grandmother) used to comfort me and told me 'don't be scared'...She comforted me and said if you cry, the baby won't come out. (An elder female participant)

Other individuals in the community were also comforting to mothers in times of need: "One time she says I was really unhappy and I miscarried and this bishop came along to comfort me and told me not to be too sad."

Theme 5: Interconnectedness

The interconnectedness of the people to the land and the environment is evident in all aspects of the participants' stories of their lives. This relationship to the land has two

distinct constructs formulating this cultural value, which includes harmony and environmental mastery.

Harmony and balance pervaded the lifestyle of the Cree of James Bay. That man was an integral part of nature and not a dominator or conqueror of the land was evident in the behaviors manifested by these First Nations people. Their intimate knowledge and long-standing relationship with this particular area has enabled them to develop a mastery of the environment. This mastery is expressed through survival techniques and a complexity of skill evolving as the means to achieve the ultimate goal of survival. Together, through harmony and environmental mastery, the people are one with the land, and could not be considered in separate form.

Harmony. The journeying nature of the existence of the people was a natural state, which ensured an harmonious balance with the environment. All actions and behaviors of the Cree people were intuitively executed to maintain a consistent whole, free from discord, within their immediate and greater environment. Discord resulted in the disturbance of the inherent or innate state of nature, and every effort was made to avoid or redirect this discordant state. They stayed in one place as long as the land could support them and them moved on. This represents a mutually beneficial relationship with the land to which the people were a part of and intimately connected.

Native infants are slipped into a rabbit skin lined bag and slung on the mothers' front or back out into the wilderness, for their first journey into the outside world. This journey occurs sometimes hours or only a few days after birth. This tends to confirm the interconnectedness to the land.

During pregnancy, the teachings of the mother or elders would stress a balance between working and rest for the pregnant woman. Excessive heavy lifting of work was viewed as having a detrimental affect on the fetus. Women were expected to complete their daily responsibilities, but were warned that too much work or heavy lifting could

tire the baby and result in miscarriages or stillbirths. Participants expressed that today the pregnant women are not active enough and this also breaks the balance of the relationship between mother and baby, and causes negative outcomes.

During labour, a woman would participate in activity while she felt able to do so. The labour process was balanced by the need to enhance the baby's descent through movement, activity and gravity, with the need for a woman to rest with the onset of heavy contractions. "I guess they never stop walking around, till they have the pain and then they just keep moving around. The way they were doing it, they were sitting...or squatting."

There were several positions that were mentioned used during childbirth. Sitting or squatting with the back held by a support person or structure and also lying on one side were the preferred positions for delivery. "Not lying flat. Like they were sitting up." "I had very easy deliveries. I only had pain for a few hours. And I was really lucky that they all came out alright."

Dr. George Engelmann (1882), an obstetrician, published his work on childbirth practices of primitive peoples.

> It certainly appeared as if the ordinary obstetrical position of to-day must be an unnatural one.... I deem it a great mistake that we in this age of culture, should follow custom or fashion so completely, to the exclusion of reason and instinct, in a mechanical act which so nearly concerns our animal nature as the delivery of the pregnant female.... In this purely animal function instinct will guide the woman more correctly that the varying customs of the times. (p. 5)

Engelmann not only found the methods of primitive peoples interesting, but above all instructive on the teachings of obstetric practices. He specifically studied what he termed the "Red Indian" management of labour and delivery and felt that ethnology could be beneficial in the development of medicine.

Breech babies were often recognized in utero prior to birth when an experienced midwife was involved. It was known that a breech presentation of the baby would not

promote the best or most harmonious labour, delivery and outcome for mother and baby. In some cases, attempts were made to externally turn the baby into the correct or head first position, which was considerably less risky for the outcomes of the mother and the baby. "...especially when you have a breech. My mother used to say they just turned the baby. From the outside."

In cases where a mother laboured and delivered in the breech position, patience and expertise were evident.

> Once I heard the foot [came first]. The baby was alright. This lady who was delivering, she knew what to do. The baby got stuck in his waist and couldn't come out, so somehow this lady, the midwife, she pulled the baby so slowly, and got hold of him. (An elder female participant)

In the event of an intrauterine death, efforts to prevent an imbalance in nature within the woman's body, certain actions were expected to occur. A woman would listen to her body and know if fetal movement had ceased and that the likelihood of the baby being alive was slim. The natural course of events usually took place, with the spontaneous onset of labour and delivery of the dead fetus. "When the baby was ready to come out, that's when it came out. But stillborn."

In the event that nature did not take its due course, the knowledge was there that this situation may present as a threat to the mother. One male participant explains what may occur in this situation.

> Somehow, when they wanted the child to come out, what they did was put water inside and somehow the baby comes out...The water from the river and the water should be luke warm, not too hot, not too cold, in between.

The water may have had some salinity content, as the salt, tidal waters of James Bay entered the river system to mix with fresh waters. This may have been the one interventional approach that was reasonable to engage in, as the risk to the mother of a retained stillborn fetus for an extended period was greater than implementing such an intervention. This intervention is similar in theory to a relatively recent biomedical

intervention, the saline induction of labour for purposes of ending a pregnancy that is not viable or for other reasons. This method in today's medical world has been surpassed by the development and refinement of pharmacologic agents used to stimulate labour for induction.

No other tools, instruments or objects were used in the birthing event, "just the hands." The birthing hands, instinct, and reason were the necessary tools needed at birth. At times the expertise on the part of the male or female assisting the mother with the delivery was a part of the process, but it was generally not the definitive requirement. Whether male or female birthing hands, or the hands of the birthing mother herself, reason and instinct always accompanied the process. This points to a balance or harmony with nature that enabled the people to face life and death situations with equal ease and a balanced approach as during other acts or events in their lives.

In the case of a retained placenta, which can often cause excessive bleeding and death for the mother after the baby has been delivered, these three essential ingredients were again the necessary tools. The ability to rely during these times on instinct and reason, shows the essence of an interconnectedness with the balance of nature and following a belief system that is based on the natural state of affairs.

> I don't know how (she) did to make it come out. Just push here... [points to the top of where the uterus would be externally on the abdomen], move it around and then it came out. But it took a couple of hours. I thought we were going to loose her at that time, cause the placenta couldn't come out.

Engelmann (1882) summed up his observations as follows:

> The obstetric practices of Primitive Peoples, past and present, are[similar] to our own, and yet although crude, how far in advance in many points-- in all such in which simpler means, the hands and external manipulations will answer. The womb they never enter, instruments they have none, but as far as general treatment and external manipulations will reach their management is wonderful, and we will find much to study, to imitate and to develop. (p. xviii)

Environmental Mastery. This construct reveals the intimate knowledge of the environment and the level of skill complexity that the people had acquired. Trial and error over time had provided them with the tools to comprehend their world and enable them to survive. This mastery is expressed through technical expertise and a creativity in utilizing what existed naturally within the environment to benefit their lives in many ways, particularly during the critical period of new life.

With loss of life during childbirth being a constant threat, alternative methods of nourishing a newborn were developed in the event that the mother died during birth. The first choice for feeding an infant in this situation was certainly another lactating mother, who was in the group. This was not always a possibility and other ways were found to sustain the new life. As fish was a staple in the adult diet, it was also utilized as a primary source of nourishment for babies who were without a mother.

> He has a story about this lady giving birth and she died, but this little one survived and somehow, they didn't know what to do about. They had this really , they had two ways of feeding the child. He says they had this from a fish. I don't know if you ever noticed, inside the intestines of the fish, there's like a balloon type, there's a balloon sac. That's what they used to feed the baby. They punched a hole at the end of this sac. There was no milk, that was before. There was a story from an elder, way back, she used this sauce from fish or from meat. But there is another kind of part of a fish...it's like a bead, looks like beads, the eggs. They were boiled in water and this white liquid becomes white. That's what they used to feed the baby. (An elder male participant)

Another way of feeding the baby in the event that the mother was not alive, was to use other parts of a rabbit as an implement to feed the baby. These parts had to be safe, effective, and palatable enough to satiate an infants' instinct for sucking.

> They would use this rabbit ear or rabbit foot. They would wash it really well, then they would dip it in gravy or milk and they would dip this and they would put this in the baby's mouth....They had no milk but just the meat gravy or fish, like, boil fish in water and use that water. (An elder female participant)

This method was also used if a breastfeeding mother was having difficulties with milk production, or just after delivery before the milk came in. As noted earlier, colostrum

which is the premilk substance that is produced by the breast in the first days post delivery, may not have been valued as an appropriate nourishment for babies and thus mothers would use this method for feeding the baby.

Newborns were dressed in furs, particularly rabbit fur pouches which were not only the warmest and softest for the child, but were preferred for the naturalness in contact with the tender skin of the baby. Mothers used moss in the fur bags or pouches to keep both the baby and fur dry from urine and excrement. The moss used for this purpose of modern day diapering, was a specific type of moss that only occurred in certain locations in the area. A mother or older sibling needed the knowledge of the various mosses in order to retrieve the appropriate one, as not all the mosses were beneficial to the infant. In some cases, the wrong kind of moss could cause skin irritations or worse for the baby. Locating the moss could be a time consuming project in this muskeg area, particularly during the winter time of solid ice, covered by layers of deep snow. But locating it was only the start of a whole process entailed in preparation of the moss for use with a newborn. The moss was meticulously cared for in preparation, to ensure it would be the most comfortable for the baby.

> In those days we didn't have any diapers, but now we have, you know, Pampers. But in the olden days they used to have this moss. They would dry it there. It was really hard to find this type of moss. They hanged it to dry, then they put, they underneath the baby they would put it as a diaper. But against the skin there'd be a cloth...it was really difficult, especially during the winter... And to find it. It has to be a special type of moss. Otherwise, if you miss this and take it as a moss then your baby will be having problems....He was describing the way of finding this special type of moss. There's three types, he says. And he finds this in swampy type of land, you know, water, wet. All muskeg anyways, he would find this. Like in those, and when there's no snow, it's really easy to find this type of moss. Like if you go out and step on it, if it goes down that means it's really good. And in the winter when you were looking, if you wanted to look for this type of moss or type of root, he uses this pick with the pointed end, so you go in the muskeg land. You just go pick in the snow. If it goes down, that means that's the type....Where they find this, the woman would cut it in squares like, and bring it home and use it for putting in her bag. (An elder male participant)

A female general informant shares her own experience as a child, helping her mother find and prepare the moss for use with younger siblings:

> They were using the moss. Do you know how they were doing it? They were putting that, I used to help my mom clearing the thing, moss, and she used to put it in the hot water, boil it and then she used to put it in the cloth and ...wring it out and then she used to spread it in the clean cloth to dry it up and then she used to clean them with, you know, little sticks, in between. She used to clean them up and put it in the bag. You know those flour bags they were using. She used to wash those and put that in there. And then, when they were using it, she used to put a piece of cloth on top of it....I used to look for it under the snow. We used to pick or kick the snow away. and then we used to, they knew where to find it. That's where they went and looked for it, but sometimes before the freezing time, they used to go up and put it, hang it in a tree to dry it up... I used to help my mom (get the moss ready) for winter. But sometimes there's little bugs in there, that why she was putting it in the hot water, to kill them. And also when you hang it in the tree, the air clean it....Ya, it's just special, its special kind of, you don't use just any. I could show you. I always see it whenever I go for a walk.

This indeed was a process that took much time and energy on behalf of the family members just to simply ensure that the baby stayed clean and dry in its warm environment. With the climate as harsh as it was in the winter, any continual dampness on the skin of a newborn or infant could certainly mean a more rapid loss of body heat into a hypothermic state. The complexity of care for a newborn to ensure survival is somewhat revealed in this extensive process of moss gathering and cleaning for use as a diaper.

Another important item that was used in caring for the newborn was a powdery substance for skin care.

> She was talking about when they didn't have any baby powder back in the olden days. So after the baby born, they had this stuff...it's a very rotten, rotten stump. It's like a brownish, looks brown. Inside the stump. It's used as a powder. I used this rotten, rotten stump and we gathered this and we...it goes to , like a powder...It's not from any kind of tree. There's a special kind of a tree. It's a rotten. It looks rotten, but if you check carefully there's a part of a stump, there is a part of it that's really, really powdery. (An elder female participant)

The participant explained that it was a certain type of a tree that was old and had fallen down, where they would find the powdery material. She specified that the powder was used on the baby's bottom, similar to a baby powder or cream that would be used today.

However, it was also used on the umbilical cord after delivery and until the cord fell off. As infection would have been one of the primary threats to health for all, especially newborns, it is possible that this powdery substance provided some anti infective benefits for the baby. The people were well aware that the umbilical cord required special attention prior to drying up and completely closing off, and this natural substance was known to facilitate the process, and perhaps even lessen the risks to the health of the infant.

Participants shared their knowledge of folk medicines that were available in this particular environment. These were limited to some plants that were used for healing open sores, small or large cuts, to certain animal parts or oils that could be used in healing of skin and/or respiratory problems. There was only one participant that was aware of any indigenous medicines used during pregnancy or childbirth. In the event that the baby was thought to have died in utero, the woman was given something to drink that was believed to induce labour and delivery of the dead fetus.

> They deliver them. The mother was given something to drink. They knew the baby was...that was her mothers' story. They give her something to drink for her in order to have the baby come out. She [her mother] didn't mention what kind of drink. (An elder female participant)

The root of a certain plant was stripped of its leaves, and boiled in water and then placed topically on an area to relieve pain. During childbirth however, participants did not express any use of plants or animals medicinally, for pain relief. Female participants spoke of the pain of childbirth as "something they had to go through." Most felt that the pain they experienced was only for a short period of time, as labours were noted to be relatively short in duration. This in part, they felt to be due to the high levels of physical activity that women were involved in on a daily basis, which resulted in conditioned bodies well prepared for the strength and energy needed during childbirth.

In the general sense, it appears that pain was accepted as a part of the daily struggle for life. One participant shared a story of an elder who self amputated an injured finger which he deemed not treatable by himself, while out hunting. He knew that if he left a badly injured finger attached it would become infected, leading to more serious consequences. He was aware and willing to achieve the best outcome, which would be obtained if the finger was removed "surgically," allowing for cleansing and facilitating healing.

Overall, the participants experiences are full of details that reflect the mastery of their environment. Mastery at this level has evolved from generations of experimenting, failing, succeeding, and the passing on of specialized knowledge to allow others to succeed and survive. Survival through the interconnectedness with nature was not possible without a strong history of a universal philosophy of teaching/learning within the family.

Summary of Results

The theme development and the conceptual model provide a generous insight into the lives of the participants, with respect to childbirth and their ongoing struggle for survival. These findings suggest a rich, cultural behavioral system of lifeways and caring for the woman and her child.

CHAPTER 4

Discussion

This intracultural exploration of values surrounding the childbirth experience provides a contextual representation and a unique insight into the Cree peoples' past lifeways. This chapter will compare and contrast the past care practices as told by the participants, with the childbirth practices of women in present day Attawapiskat. Present day care practices are described by the researcher, as general knowledge acquired through professional practice. The similarities and diversities between the past and present day practices may contribute to extending the knowledge base for health care professionals today, and serve to increase understanding of the culture (Leininger, 1994; Morse & Field, 1995). This intracultural examination provides a venue for reflection of ones' own culture and may provide further definition or confirmation of the conceptual model and the five cultural values that emerged from the data of this study. The five cultural themes will be discussed in relevance to the importance to nursing. The implications for future research and some limitations of the study will be acknowledged. Finally, plans for the dissemination of the results will be outlined and a conclusion will complete the final chapter of this research study.

The Cultural Themes and the Importance to Nursing

On a journey

In the past, journeying was central to the existence and growth of the family. Their beliefs of childbearing were not only practical, but logically sound in promoting the health, well-being and survival of the mother and the baby. The connection to their land was so strong that the basis of their fertility and procreative behaviors was based on the

land, the seasons, and the vulnerability of the people in relation to this environment. Today, the people do not need to struggle to the same extent or journey consistently, in order to survive.

As birth spacing was once a behavioral norm, critical in promoting the survival of young children in a harsh environment, it no longer holds the same relevance within a static, settled community. Birth spacing, a traditional way of maintaining family size for the benefit of each individual child and the whole family, was an essential survival technique in the past. Today, family planning options are available through the hospital and are chosen by young women in a manner similar to mainstream society in the south. There is evidence that young people engage in family planning, using contemporary methods or past traditional methods. Others may use a combination of these methods, while others may use neither.

In the past, there was a defined, expected pattern of events that needed to occur prior to the childbirth event being realized. This included the maturation and development of a skill set of both young men and women. These acquired survival skills were part of life's graduated event structure. The more prepared the young couple were, the greater the chance of survival for the child and the family in future generations. The high value placed on bearing children was evident in their ways.

The structure for behavioral codes was based on the need to survive in a gruelling environment in the past. Now there is not a need for, nor an expectation, of young people to achieve or follow a structured event system prior to beginning a family. As lifeways and event patterning changed quickly over the past 40 years, so to have the procreative customs. Young people no longer have to delay childbirth in order to gain the skills needed to survive within the environment. This may be a factor as observed in the high rates of adolescent and young adolescent pregnancy that is occurring in First Nations communities today.

The Holistic Family

In the past, mothers fulfilled the main role of teacher for pregnancy and childbirth. All information was obtained within the family. Today, there is an expectation by the professional staff working in the community and many community members, that pregnant women attend prenatal clinics for all care and information regarding pregnancy and childbirth. In many cases, the Westernized health care system has taken over the influence that family used to have on the birthing experience, for families today. As technology detaches childbirth from its social mooring of mother as teacher and mentor, it has further fragmented a culture strongly based on maternal wisdom and intuition.

Further research is needed to determine how much value women today place on the teachings received from the professional services and whether there remains a network for sharing information about pregnancy and birth within the community. If so, this network needs to be acknowledged and incorporated into a meaningful system of caring and sharing, as existed in the past.

This perspective of the centrality of family is difficult for the health care provider, usually a cultural "outsider," to appreciate. To add further complexity to the caregiver-client relationship, the dominant society holds an opposing ideal that supports the concept of individualism, in a health care system that remains authoritative in orientation.

With the pharmacologic development of advanced nutrition in formula for babies in the 1940's, mainstream society moved from breast to formula feeding with the approval of the medical community. Formula became the first choice over breastfeeding for many women in the developed world. Native communities in Canada eventually followed this trend of choosing formula over breastfeeding, but this swing occurred decades after the initial formula revolution. With advances in the scientific knowledge of the nutritional and immunologic benefits of breastmilk, the seventies and eighties saw the pendulum

begin to swing back to breastfeeding in the non-Native world. It is a still an ongoing issue for health care providers, as one of the primary reasons women stop breastfeeding in today's society, is that they feel the baby is not getting enough milk or that the milk is not strong enough to fulfill the nutritional requirements of the baby (Wright, Naylor, Wester, Bauer, & Sutcliffe, 1997). This perception still poses health promotion challenges to overcome in mainstream society.

Breastfeeding, in the Cree's past, was strongly viewed as a link to maintaining healthy families through the prime nutritional and emotional bonding qualities. In Native communities, such as Attawapiskat, the pendulum has just begun to swing back towards breastfeeding as the primary choice for infant feeding. Breastfeeding is at a critical point of rediscovery in this community. Health care professionals caring for women in Attawapiskat are an integral and vital part of the process of recreating an historical, traditional practice that may have extensive positive effects for this growing community. This is one area where the Western biomedical, model of care and the Cree's rich history and knowledge of breastfeeding their children can combine to provide a culturally congruent model of teaching and care for today's women and children.

A Spiritual Nature

Reverence towards the placenta in the past ensured that the placenta was treated with honour and respect. The life that the placenta helped to create was highly valued, and the connection of the placenta to new life served to bring a spiritual nature to childbirth. As with many Native cultures, the Cree culture in the past used to return the placenta to their environment, signifying the spiritual relationship with the land.

During childbirth in today's Cree society, the medicalization of birth instituted a process that all women must deliver their baby in a southern hospital, with surgical capabilities in case of an emergency. Even if a woman has an unplanned delivery in her home community of Attawapiskat, the placenta is considered and treated as biological

waste and disposed of according to waste protocols. For women that deliver their babies in Moose Factory or further south, the placenta would take on no further significance other than waste material. Further research is required to identify if women today value their past traditional practice of placental ceremony. Health care providers would be in a prime position to help rejuvenate the traditional spiritual practice of honouring the placenta during childbirth.

Interconnectedness

The life stories and experiences of the study participants revealed an inherent naturalness of the event and cultural meaning of pregnancy and birth. Similar to Navajo mothers, Cree mothers in the past believed strongly that pregnancy was a natural event, and that prenatal care should not be in a hospital where the pregnant woman may encounter sickness or death (Satz, 1982). It is possible that extensive knowledge of herbal or folk medicines for the childbirth time has either been lost or that there was only a limited development of medicinal agents used during this time. It seems unlikely that the knowledge of folk medicines in childbirth was lost, as many participants still remember many folk cures for a variety of ailments and situations other than childbirth. This may indicate that pregnancy and childbirth has been historically viewed as the natural part of the life cycle, for which interventional techniques by cultural design, were not well developed.

In Attawapiskat today, women attend a clinic in the hospital for care during pregnancy and postpartum. Often the focus of care is based on an illness model as opposed to a state of wellness. This may be due to several factors including a high rate of high risk pregnancies in the community, nurses lacking expertise in obstetric care, and the geographic isolation that limits accessibility to higher levels of emergent care. A repatterning of caring practices may be an alternative to a present illness based model of care, which may be more meaningful to the people.

Jordon (1978) studied birth in four cultures and her recommendations call for a mutual acceptance of both the biomedical and indigenous systems of care. She states that the authoritative knowledge of cultural members must be legitimized within a community in order to justify the behaviors of the people.

Future Research

A further or complete study of intergenerational groups in this Cree community could be done to understand how the traditions have been transmitted through time, and to understand women's commitment to both traditional and contemporary teachings. Any program that is intent on changing or improving the health status of Aboriginal people, has to affect all the primary factors that are driving the events, acts, activities, beliefs and practices.

Limitations of the Study

"The goal of qualitative research is not to produce generalizations, but rather in-depth understandings and knowledge of particular phenomena" (Leininger, 1994, p. 106). Transferability or external validity occurs when the study findings fit other contexts and still preserve the particularized meanings as judged by readers, or when readers find the report meaningful in terms of their own experience. (Germain, 1993; Krefting, 1990). The results of this study are a description of a unique cultural situation and may or may not be transferable to another context or phenomenon. Thick description and verbatim quotations have been provided in the methodology and results chapters of this study and will help the reader decide the transferability of the study findings.

The study participants were interviewed in their primary language, which was different from that of the researcher. When translation is involved in transmitting messages or information, there is the possibility of mistranslation or misinterpretation during the two-way translation. Measures were taken to attempt to increase the consistency of the translated context but these measures are limited in accuracy.

The researchers' own cultural background serves as a limitation in the study as it is different than the culture being studied. Even with the efforts to maintain trustworthiness of the data, it remains that the data are being received, analyzed and theorized through the cultural perspective of the researcher. Critics may argue that in essence, the study is an outsider's perception of the emic or insider's unique worldview, as told through the participants' life stories.

Dissemination of Results

The findings of this study will be presented to the Attawapiskat board of health services and the regional health board located in Moose Factory. Included with a copy of the thesis, will be a summarized report of the main findings of the study. The Chief and Council of Attawapiskat will be consulted as to how members feel that the study results should be shared with the community members in a way that would be meaningful. The researcher would like to meet with other interested Attawapiskat leaders, such as the Local Education Authority, to determine creative ways to share the findings with the young people of the community. The local library is located in the school and this is an ideal place for the study, to ensure accessibility to all.

With a spirit of mutuality, the responsibility for sharing and passing on the data and final results rests with the people of Attawapiskat and the researcher. The community leaders and members will be consulted as to their preference of sharing the study findings

with the larger community of First Nations peoples, through agencies such as the Assembly of First Nations in Ottawa or the Native Nurses Association of Canada. It is important that health care professionals have access to such rich, cultural description and the study will be provided to the James Bay General Hospital and Medical Services Branch of Health Canada, who are the main employers of nursing professionals in the area. The study and summarized report will be provided to the Queen's University medical and nursing programs, which have cross-cultural, clinical placements in Moose Factory and other communities in James Bay. This study can be utilized as a cultural orientation tool for students and staff, prior to arriving into the communities.

Conclusion

The findings of this study provide a rich description of the cultural practices and beliefs during pregnancy and childbirth within this Cree community. As many of the elders with traditional knowledge are completing their life cycle, there is a small window of opportunity left to document these historical data. For some young Aboriginal people, this knowledge may be one of few connections to their cultural roots. For non-Native health care workers, it can only help in facilitating cultural awareness and developing relationships based on mutual respect. By seeking insight into the experiences of the cultural groups in the health system, it will help to inform both First Nations peoples and professionals, for program development and the creation of a culturally sensitive system of health care.

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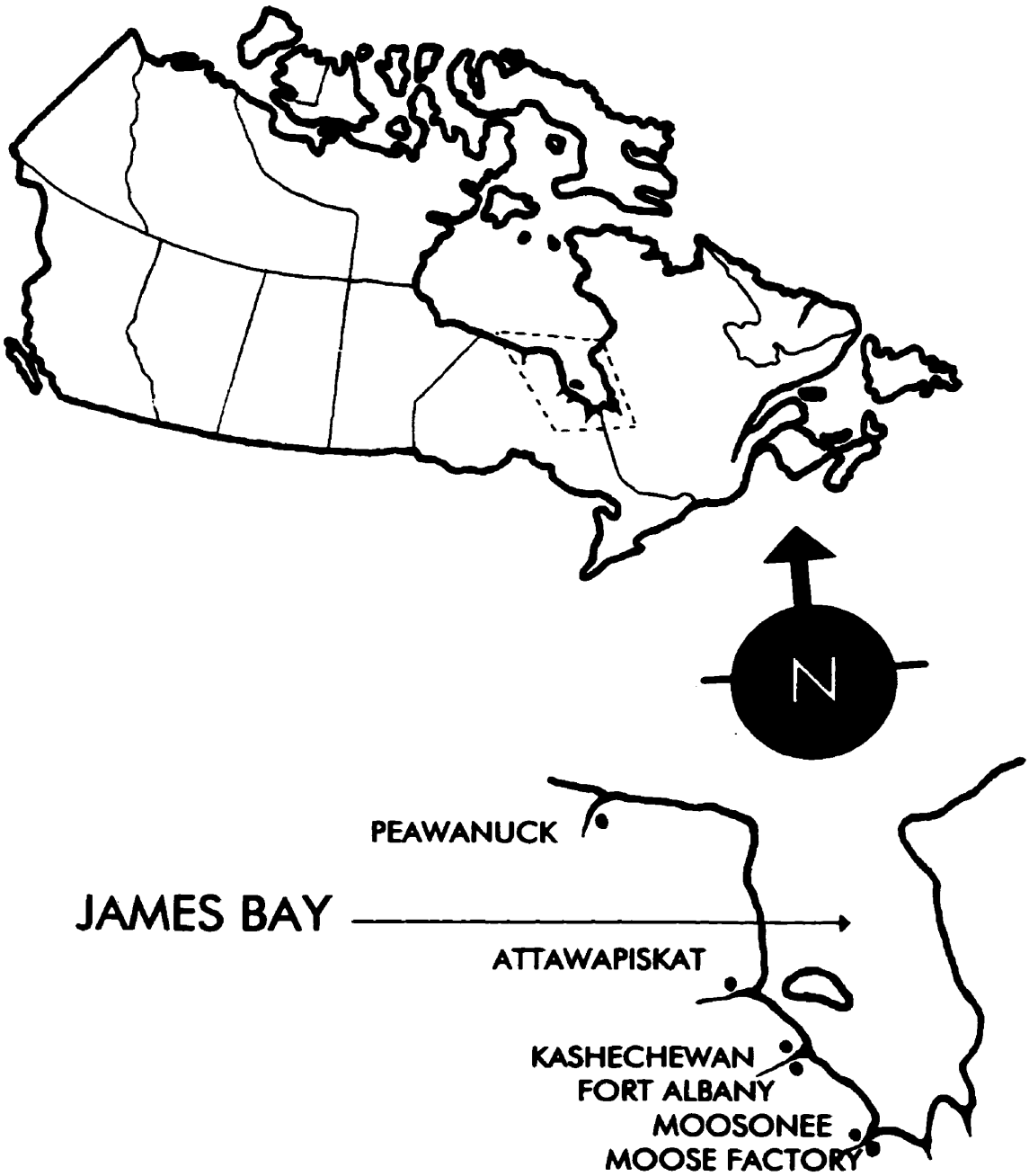
Appendix A

Map of Canada and James Bay Region

MAP OF CANADA
AND JAMES BAY REGION



Appendix B

Translated Prayer Books

(1910, 1924)

ALPHABET

DES CARACTERES SYLLABIQUES

POUR LA LANGUE OTCHIPWÉE

∇ e	△ i	▷ o	◁ a	
∨ pe	∧ pi	> po	< pa	· p (final.)
∪ te	∩ ti	⊃ to	⊂ ta	· t (final.)
٩ ke	ᑭ ki	ᑯ ko	ᑲ ka	· k (final.)
ᒧ ts-he	ᒋ tshi	ᒉ tsho	ᒐ tsha	– tsh (final.)
ᑌ ne	ᑎ ni	ᑏ no	ᑫ na	· n (final.)
ᓴ se	ᓯ si	ᓰ so	ᓱ sa	· s (final.)
ᒐ che	ᔅ shi	ᔆ sho	ᔇ sha	· ch (final.)
ᐁ re	ᐃ ri	ᐅ ro	ᐋ ra	· r (final.)
ᒣ le	ᒪ li	ᒧ lo	ᒪ la	· l (final.)
ᒣ me	ᒥ mi	ᒧ mo	ᒪ ma	· m (final.)
ᔦ ie	ᔨ ii	ᔭ io	ᔪ ia	
∨ pwe	∧ pwi	> pwo	< pwa	Il en est de même pour toutes les autres syllabes.
∨ pwe	∧ pwi	> pwo	< pwa	

L. J. C. & M. I.

PRIÈRES, CATÉCHISME

CHEMIN DE LA CROIX

ET CANTIQUES

A l'usage des Sauvages de Fort Hope
de Martin's Fall's et de New Post

ᐅᑎᐯᐃ ᐊᐢᒥᑎᑫᐃᐧᐊᐣ ᑲᐧ ᐊᐢᒥᑎᐯ

Par P. Léon Lalime O.M.I.

MONTRÉAL
LIBRAIRIE BEAUCHEMIN Limitée
79 rue St-Jacques

1910

16.—ᑭᖏ ᒪᓂᑐ ᐅᑦ ᐃᖃᑯᓂᕐᐃᖃᓕᓐ.

D. ᑎᐱᖏ ᖃ ᑎ ᓭᑲᓐᑕᓭ- ᐊᓐᐃᐊ ᑭᔪᑯᓐ ᑎ ᐃᖏ-?

R. ᑲᐃᓐ ᑎᐱᖏᓭᑯᓐ, ᐃᑎᓐᑕᑯᓭ ᑲᔭ ᑲ ᓭᑲᐊᓐᑕᓭ- ᓭᓐᑲ ᑎ ᑌᐧᐯᔪᓐᑕᓐᑦ, ᐧᑲᔾᑦ ᑲᔭ ᑎ. ᑲᖃᐧᐅᓐᑕᒥᓂ- ᑭᖏ. ᒪᓂᑐᓐ ᐅᑦ ᐃᖃᑯᓂᕐᐃᓂᓂ.

D. ᐊᑎᓐ ᐅᓐᑕᓭᓂᓂᑭᓐ ᑭᖏ ᒪᓂᑐ ᐅᑦ ᐃᖃᑯᓂᕐᐃᖃᓕᓐ?

R. ᒥᑕᓭᓂᓂᐊᓐ.

D. ᐊᑭᓐᑕᓐ ᑕᔪ ᑭᖏ ᒪᓂᑐ ᐅᑦ ᐃᖃᑯᓂᕐᐃᖃᓕᓐ?

R. ᒥ ᐃᐧᐅ: "ᐅ ᐯᔭᑯ- ᑭᖏ ᒪᓂᑐ ᑭ ᑲ ᑭᖏᒪᓂᑐᐧᐅᓂ ..... " page X.

D. ᕿᑯᑎᓐ ᑕᔪ ᐃᖃᑯᓂᖃᓐᓇ ᑭᖏ ᒪᓂᑐ ᓂᑕᐸ ᐅᑦ ᐃᖃᑯᓂᕐᐃᓐ ᐧᐅᓐᑎ?

R. ᑎ ᑌᐧᐯᔪᓂᒪᓐᓇ ᑭᖏ ᒪᓂᑐ, ᑎ ᐊᐯᓂᒧᑐᓐᑕᐧᐊᓐᓇ, ᑎ ᖁᑭᐊᓐᓇ ᐅᓂᓭᑯᑯᐅᔪᓐᓇ, ᐧᐃᓐ ᐱᑯ ᑭᖏ ᒪᓂᑐ ᐅᓐᑎᑕ ᑎ ᑭᖏᒪᓂᑐᐧᐅᓂᓐᓇ.

D. ᕿᑯᑎᓐ ᑕᔪ ᑲ ᐅᓐᑎᐃᖃᓐᓇ ᐧᑭᖏ ᒪᓂᑐ ᓂᑕᐸ ᐅᑦ ᐃᖃᑯᓂᕐᐃᓐ ᐅᓐᑎ?

R. ᑭᑦ ᐅᓐᑎᐃᑯᓐᓇ: ᐁᑲ ᐁᖅᒥᐊᐧᐊ- ᑲᑭᖃᓐ ᐅ ᒪᑎ ᐃᔪᑕᐧᐃᓂᐧᐊᓐ, ᒪᑎ ᒪᓂᑐᑲᓭᐧᐃᓐ ᐅᑎᑲ, ᑯᖏᐸᓐᑕᓐᐧᐃᓐ, ᒪᑎ ᑌᐧᐁᐃᑲᓐ, ᒪᑐᑎᐧᖏᓐ, ᒪᑎ ᒪᑯᖏᐧᐃᓐ ᑲᔭ.

16. __ God's laws

D. Are we worthy to be baptized and go to heaven?

R. No. we are not worthy. Person baptized is required to be a strong believer and trust God to keep his word of law.

D. How many are there of God's laws?

R. There are ten.

D. Could you read God's law?

R. Here it is: " Only one God, you are to behold him as a loving God....." page X.

D. What are we commanded to do with God's law in the beginning?

R. To believe in God, to have trust in him, to love him with all our heart. We are required to believe only to God himself.

D. What is God telling us not to do by his law in the beginning?

R. He told us not to: If we are not christian, all acts are sinful, evil practices such as, shaking tent, drumming , sweat lodge and sacrifices.

APPROBATIONS

Sur la demande du Rév. Père F.-X. Fafard, O. M. I., *missionnaire des tribus sauvages de la Baie d'Hudson, et supérieur de la résidence d'Albany. Nous approuvons le livre ayant pour titre:* Catéchisme de Persévérance, *en langue crise, caractères syllabiques, pour l'usage des sauvages des Postes d'Albany, Severn, Martin's Falls, etc., etc. (Baie d'Hudson et Baie James), et Nous permettons qu'il soit livré à l'impression.*

† N.-Z. LORRAIN.
Evêque de Pembroke.

Pembroke, 25 mars 1899.

A la demande des Pères Oblats de la Baie James et sur leur rapport très favorable, Nous approuvons cette nouvelle édition du (*catéchisme de l'exercérance*, en langue crise, publié par le Révérend Père F.-X. Fafard, o. m. i., en l'année 1899.

Des gravures nombreuses et très expressives ont été ajoutées au texte ancien. Nous les approuvons aussi.

Nous demandons au Sacré-Coeur de Jésus par la Très Sainte Vierge Marie, que, dans sa miséricordieuse bonté, Il daigne accorder à cette deuxième édition la plus grande diffusion possible, afin que ce Catéchisme soit un aide puissant pour amener au bercail toutes les brebis errantes de la Baie James et de la Baie d'Hudson.

Donné à Hearst, Ontario, le 1er février 1924

† JOSEPH HALLÉ.
Evêque de Petrec.
Vicaire Apostolique de l'Ontario Nord.

CATÉCHISME

DE

PERSÉVÉRANCI

EN LANGUE CRISE

CARACTÈRES SYLLABIQUES

Pour l'usage des Sauvages des Postes d'Albany, Severn, Martin's Falls, etc., etc.

Baie d'Hudson et Baie James.

1924

IMPRIMERIE L'ACTION SOCIALE, LIMITÉE,
103, rue Sainte-Anne,
QUÉBEC

APPROBATIONS

Sur la demande du RÉV. PÈRE F.-X. FAFARD, O. M. I., *missionnaire des tribus sauvages de la Baie d'Hudson, et supérieur de la résidence d'Albany, Nous approuvons le livre ayant pour titre:* **Catéchisme de Persévérance**, *en langue crise, caractères syllabiques, pour l'usage des sauvages des Postes d'Albany, Sarern, Martin's Falls, etc., etc., (Baie d'Hudson et Baie James), et Nous permettons qu'il soit livré à l'impression.*

† N.-Z. LORRAIN,
Evêque de Pembroke.

PEMBROKE, 25 mars 1899.

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Donné à Hearst, Ontario, le 1er février 1924.

† JOSEPH HALLÉ,
Évêque de Pétrée,
Vicaire Apostolique de l'Ontario Nord.

1924 - Translated Version from Cree.

What is that when reference is being made to God as godly? It is when we praise him for having created us and for having supreme power over us.

Is God the only one that should be mentioned as being all powerful?

Yes because he has created and has power over everything. That is why it is blasphemy when one partakes in the shaking tent,* drums or otherwise worshipping and placing all hopes on satan.

THIS SHAKING TENT DO INVOLVE

*VISION QUEST ALSO - CHECK THE FOLLOWING PAGE

Is Jesus Christ godly? Of course since Jesus is God.

Is he thought of as god because he became man? Yes because there is only one Jesus. His body, his heart and his hands are of God.

Who was the first to break that law?

He who makes his god in the image of the devil by paying homage to the sun, to the stars, to the idols, he who drums, participates in shaking tent ceremonies, evil chanting, evil feasting, evil pipe ceremonies and sweetgrass all these things are of the devil. There is evil in being selfish, being greedy, in fornication as you are more in love with your sinful ways than being in love with God.

If you are sick, if you are starving, if you are depressed or if you are in need call upon God as He reigns over everything. The devil can only do evil things.

Is the wearing of religious artifacts worshipping graven images?

No! These are worn so that you may remember Jesus and his suffering and dying on the cross and his love for you.

Is one doing good when one rejects and lies about religious artifacts?

It is very bad! Because he who rejects these religious artifacts also rejects Jesus who died on the cross. He who rejects Jesus will also find himself rejected when he dies.

* VISION QUEST - INTERPRETATION OF DREAMS OR THE DREAMING MIND, LUCID DREAMS, SPIRITUAL & - INNER LIGHT - HEALING POWER WITHIN ONESELF.

TRANSLATED
(ONE COMMIT A MORTAL SIN WHO DOES VISION QUEST)

ᑫᐧᑲᐩ ᐊᓂᒪ ᐁ ᑭᓭᒪᓂᑐᐧᐁᑕᒥᐠ ᑭ=
ᓭᒪᓂᑐ?

ᐁᐅᐧᑲᓂᒪ ᐁ ᑭᐢᑌᑕᒪᐠ ᐁᓯ ᐅᓯᐃᑕᐠ
ᓀᐢᑕ ᐁᓯ ᒪᐧᐊᒋ ᑎᐯᑕᒥᑕᐠ.

ᑭᓭᒪᓂᑐ ᓇ ᐱᑯ ᐃᑌᑕᒪᑲᓂᐧᐊᐩ ᑭᒋ
ᑭᓭᒪᓂᑐᐧᐁᑕᒥᐠ?

ᐁᐁ; ᐧᐁᓴ ᐧᐃᓚ ᐱᑯ ᑲ ᐅᓯᑖᐠ ᓀᐢᑕ
ᑲ ᑎᐯᑕᑕᐠ ᒥᔨᐧᐁ ᑫᐧᑲᓇ. ᐁᐧᐊᑯ ᐁᒋ
ᓇᐢᐱ- ᑭᒋᐸᐢᑕᑐᑕᐠ ᐊᓇ ᑲ ᑯᓴᐸᒋᑫᐠ *
ᑲ ᑌᐧᐁᐃᑫᐠ, ᓀᐢᑕᐱᑯ ᐊᔦᐢ ᑲ ᒪᒋᒪ= HEALING MEN
ᓂᑐᑲᔨᐠ; ᐁ ᐃᑐᑕᐠ ᐊᐢᐯᑕᒧᑐᑕᐧᐁ ᒪ=
DRUMMING ᒋᒪᓂᑐᐧᐊ ᓀᐢᑕ ᐸᑯᓴᑕᒣ.

ᑭᓭᒪᓂᑐᐧᐁᑕᑯᓯᐧ ᓇ ᒋᓴᐢ ᐠᓇᐢᐠ?

ᐁᐁ; ᐁ ᑭᓭᒪᓂᑐᐧᐃᐠ ᒋᓴᐢ.

ᑭᓭᒪᓂᑐᐧᐁᑕᒪᑲᓂᐧᐊᐩ ᓇ ᐁ ᐃᑕᑕᐧᐃᐠ
ᒋᓴᐢ?

ᐁᐁ; ᐊᑕ ᐁ ᑭᓭᒪᓂᑐᐧᐃᐠ, ᓀᐢᑕ ᐁ
ᐃᑕᑕ ᐃᐠ, ᐯᔭᑯ ᒋᓴᐢ, ᐁᐅᑯ ᐅᒋ ᑭᓭ=
ᒪᓂᑐᐧᐁᑕᑕᐧᑲᓂᑕᐧᐊ ᐃᔭ, ᐅᑌᐃ, ᐅᒋ=
ᒋᐊ.......

ᐊᐧᐁᓇ ᑲ ᐧᐊᓂᑐᑕᐠ ᐊᓂᒣᑕ ᓂᐢᑕᐠ
ᐅᓚᓯᐧᐁᐧᐃᓂᑕ?

ᐁᐅᐧᑲᓇ 10 ᑲ ᒪᓂᑐᑲᑕᐠ ᒪᒋᒪᓂᑐ ᐊ
ᐊᐧᐊᓴᓴ, ᑭᓯᑭᐱᓯᐧᒪ, ᐊᐯᑯᓭ, ᐅᓯᒋᑲᓇ
20 ᑲ ᐸᒋᑕᐠ ᑌᐧᐁᐃᑲᓂᑕᐧ, ᑯᓴᐸᑕᒧᐧᐃ=
ᓂᑕᐧ, ᒪᒋᓂᑲᒧᐧᐃᓂᑕᐧ, ᒪᒋᒪᑯᓭᐧᐃᓂᑕᐧ,

ᒪᒋᐱᐧᑕᐧᐃᓂᑕᐧ, ᓀᐢᑕ ᓯᓯᐧᑲᓂᐸᐧᐊᒧᐧᐃ=
ᓂᑕᐧ. ᐧᐁᓴ ᐁᐅᐧᑲᓂᐃ ᒪᒋᒪᓂᑐ ᐅᐠ
ᐅᓯᑕᐧᐃᐩ 30 ᑕᑕᓴᐠ) ᒪᓂᑐᑫᐧ ᐊᓇ ᑲ
ᓴᓴᑭᓯᐠ, ᑲ ᑲᓴᑭᒥᐠ, ᑲ ᓂᑕᐱᓯᐧᑲᑎᓯᐠ;
ᐧᐁᓴ ᐊ ᐊᓯᑌ ᓴᑭᑕᐧ ᐅ ᒪᐯᑎᓯᐧᐃᐩ
ᐃᐢᐱᐧ ᑭᓭᒪᓂᑐᐧᐊ

ᑭᐢᐱᐩ ᐊᑯᓯᔦᐧᑫ ᓀᐢᑕᐱᑯ ᑲᐧᐊᑲ=
ᑌᔦᐧᑫ, ᑭᐢᐱᐩ ᑲᐢᑫᐧᓂᑕᒣᐧᑫ ᓀᐢᑕᐱᑯ
ᐧᒪᓀᓯᔦᑫ ᓇᑐᑕᒪᐃᐠ ᑭᓭᒪᓂᑐ ᐊ ᑲ
ᒪᐧᐊᒋ ᒥᑐᓂ ᑎᐯᑕᑕᐠ ᒥᓯᐧᐁ ᑫᑲᓇ;
ᐁᑲ ᐃᓚ ᒪᑲ ᒪᒋᒪᓂᑐ ᑲ ᑲᐢᑭᑕᐠ ᐱᑯ
ᐁ ᒪᓇᑕᓂᑕᐧ.

ᒪᓂᑐᑫᐧ ᓇ ᐊᓇ ᑲ ᑭᑭᐢᑲᐧᐊᐠ ᒋᐸ=
ᔭᐱᐢᑲ ᓀᐢᑕ ᐱᑯ ᑯᑕᑭᐊ ᐊᔭᒥᐁᐧᐃᓂ
ᑫᐧᑲᓇ?

ᓇᒪᐃᓚ, ᐱᑕᒪ ᓇᒪᐃᓚ ᒪᓂᑐᑲᑌᐧ
ᒋᐸᔭᐱᐢᑲ ᐱᑯ ᐊᐸᒋᐁᐧ ᑭᒋ ᑭᐢᑭᓯ=
ᑐᑕᐧᐊᐠ ᒋᓴᓴ ᐅ ᐧᑲᑕᑭᑕᐃᓂᑕᐧ, ᐅ
ᓂᐱᐧᐃᓂᑕᐧ ᓀᐢᑕ ᐅ ᓴᑭᐃᐧᐁᐧᐃᓂᑕ ᑭ=
ᓚᓇᐧ ᐅᒋ.

ᒥᓱ ᑐᑕᐠ ᓇ ᐊᓇ ᑲ ᐊᑕ ᐁᑕᒪᐠ ᓀᐢᑕ
ᑲ ᑭᓚᐢᑭ ᐊᑕᒧᒪᐠ ᒋᐸᔭᐱᐢᑲ?

ᒪᒋᑐᑕᐠ; ᐁᓴ ᐊᓇ ᑲ ᐊᑕ ᐁᑕᒪᐠ
ᒋᐸᔭᐱᐢᑲ ᐊᑕᐧᐁᑕᒣᐧ ᒋᓴᓴ ᒋᐸᔭᑎᑯᐠ;
ᐊᐧᐁᓇ ᒪᑲ ᐁᑕᐧᐁᑕᒪᑫ ᒋᓴᓴ ᐅᑕ
ᐊᐢᑭᐠ ᑲᑕ ᐊᑕᐧᐁᑕᒥᑯ ᐳᓂᐱᒪᑎᓯᑌ

Appendix C

Community Letter of Approval

Attawapiskat First Nations Health Services

Phone: (705) 997-2186 Fax: (705) 997-2116

ATTAWAPISKAT FIRST NATION

P.O. Box 248
Attawapiskat, Ontario P0L 1A0

22 June, 1997

Ms. Sandra Kioke
6-104
17 VanOrder Drive
Kingston, ON
K7M 1B5

Dear Ms. Kioke

I would like to congratulate you on your decision to further your education, and undergoing research toward a Masters degree at Queens University. Your area of research is quite interesting, maternal child health, a topic that would certainly be worthwhile to our Health Care professionals working in the community and on the coast.

Your letter, outlining your research has been well received, and on behalf of the Chief, Ignace Gull, and the Councillors, as well as our Health Board, I would be more than interested in having you back in the community for completing your thesis research and renewing acquaintances. Once you arrive in Attawapiskat I would be happy to assist in any way possible. Again congratulations, and good luck!

Sincerely,

A/ Steven Hannah
Executive Director

cc Ignace Gull, Chief
Mike Okimaw, Chairman

Appendix D

Regional Letter of Approval

Weeneebayko Health Ahtuskaywin

Weeneebayko Health Ahtuskaywin

Administrative Office
P.O. Box 664
Moose Factory, Ontario
P0L 1W0

Tel.: (705) 658-4930
Fax: (705) 658-4917

June 11, 1997

Sandra Kioke
6-104
17 Van Order Drive
KINGSTON, Ontario
K7M 1B5

Dear Ms. Kioke,

Your letter was presented at the Weeneebayko Health Ahtuskaywin Board meeting of May 28, 29th.

The Board supports your research initiative provided that permission is obtained from Attawapiskat in the form of a BCR and the copies of your research be retained by the Health Planning Office of the Weeneebayko Health Ahtuskaywin.

If you have any future questions, please call our office.

Thank you.

Sincerely,

Fred Hunter
Chief Executive Officer
Weeneebayko Health Ahtuskaywin

c.c. Mike Okimaw, Attawapiskat WHA Board Member
Reg Louttit, Attawapiskat WHA Board member

Appendix E

Research Ethics Board Review Approval

Queen's University Health Sciences

QUEEN'S UNIVERSITY HEALTH SCIENCES & AFFILIATED TEACHING HOSPITALS RESEARCH ETHICS BOARD REVIEW APPROVAL

Queen's University, in accordance with the "Guidelines on Research Involving Human Subjects, 1987," prepared by the Medical Research Council, requires that research projects involving human subjects be reviewed annually to determine their acceptability on ethical grounds.

A Research Ethics Board composed of:

Dr. A.F. Clark	**Associate Dean, Medical Research Services Faculty of Medicine, Queen's University Director of Research, Kingston General Hospital (Chair)**
Dr. B. Appleby	**Community Member**
Dr. L.E. Dagnone	**Professor, Department of Emergency Medicine, Queen's University**
Dr. S. Irving	**Psychologist, St. Mary's of the Lake Hospital**
Dr. K. James	**Associate Director, National Cancer Institute of Canada Clinical Trials, Queen's University Associate Professor, Community Health & Epidemiology**
Professor E. Kauffman	**Assistant Professor, School of Nursing, Queen's University**
Dr. J. Low	**Professor, Department of Obstetrics and Gynaecology, Queen's University and Kingston General Hospital**
Dr. J. Parlow	**Assistant Professor, Department of Anaesthesia Assistant Professor, Department of Pharmacology & Toxicology, Queen's University**
Professor P. Peppin	**Associate Professor, Faculty of Law, Queen's University Associate Professor, Department of Family Medicine, Queen's University**
Dr. W. Racz	**Professor, Department of Pharmacology & Toxicology, Queen's University**
Dr. M. Schumaker	**Professor, Department of Religious Studies, Queen's University**
Dr. S.J. Taylor	**Bioethicist, Faculty of Medicine, Queen's University and Kingston General Hospital; Assistant Professor, Department of Family Medicine, Queen's University**
Dr. G. Torrible	**Community Member**

has examined the protocol and consent form for the project entitled **"Revisiting the Past – Discovering Traditional Care and the Cultural Meaning of Pregnancy and Birth in a Cree Community"** as proposed by S. Kioke and R. Maloney of the School of Nursing at Queen's University and considers it to be ethically acceptable. This approval is valid for one year. If there are any amendments or changes to the protocol affecting the subjects in this study, it is the responsibility of the principal investigator to notify the Research Ethics Board. Any adverse events must be reported to the Chair within 48 hours.

for A Clarke — July 23/97

Chair, Research Ethics Board — Date

ORIGINAL TO INVESTIGATOR - COPY TO DEPARTMENT HEAD- COPY TO HOSPITAL(S) - P&T - FILE COPY

NURS-067-97
97-07-14

Appendix F

Personnel Job Description
Translator

Responsibilities/Requirements of the Translator

1. The translator may also be referred to as the Interview Translator.

2. Individual must be knowledgeable about the community members and the community of Attawapiskat .

3. Individual must be able to speak Cree and English fluently and have experience in translating.

4. Individual must be able to translate and prepare the consent form in Cree syllabics.

5. Individual should have knowledge of the prenatal and birthing experience within the community.

6. The translator will initially approach possible volunteer participants to explain the study to them and to request participation. If the person agrees to participate, the principle researcher, Sandra Kioke, will then approach the participant to further explain any parts of the study that need clarification and to obtain written or verbal consent. The translator will be required to translate all of the researcher/participant interactions. Each participant will be given the choice of having the interview(s) in Cree or in English. Yet the translator will be requested to participate in all interviews, including those in English, in case clarification of terms or concepts is required. Complete participation will also help the translator to get a sense of the study as a whole, and may enhance meaningful contributions by the translator as part of the research team.

7. The translator will be requested to maintain field notes to be included in the study.

8. The translator and researcher will meet immediately after each interview for a debriefing session. A review of the interview and the field notes will take place at this time.

9. If the participant chooses not to be tape recorded, the translator and researcher will keep notes throughout the interview and further develop field notes immediately after the interview.

10. The translator will participate in the two focus groups to translate from English to Cree and back when required.

11. The work of the interview translator will be reviewed and audited by another experienced translator to ensure credibility and reliability of translations within the study. If the auditor identifies any areas that are felt not to be accurate, the interview translator must work with the audit translator to arrive at an accurate translation agreed upon by both translators.

12. The translator must agree to maintain the confidentiality of participants throughout the process of the study. The translator will be requested to sign a form maintaining confidentiality of the participants and all information expressed by participants during the study.

13. The translator may be requested to confirm themes, concepts or content with participants after data analysis has been completed.

Personnel Job Description
Audit Translator

Responsibilities/Requirements of the Audit Translator

1. Individual must be able to speak Cree and English fluently and have experience in translation.

2. Individual main responsibility will be to listen and audit all tape recorded interviews to ensure the credibility and reliability of all translated dialogue.

3. Individual must identify any areas that they feel are not accurate and work with the interview translator to arrive at an accurate translation agreed upon by both translators.

4. The audit translator must agree to maintain the confidentiality of participants throughout the process of the study. The audit translator will be requested to sign a form maintaining confidentiality of the participants and all information expressed by participants during the study.

Appendix G

Confidentiality Clause

Translator

I, ***translator's name*** , will participate as a translator for the study carried out by Sandra Kioke as part of her Masters thesis at Queen's University. The study involves seeking out the traditional practices, beliefs and values of pregnancy and childbirth in the Attawapiskat area, prior to the time of a hospital based system of care. I have been briefed on the ethics of confidentiality and agree to maintain all participants and data in a confidential manner.

_____ _____

Signature of Translator Date

_____ _____

Signature of Investigator Date

Appendix H

Information Sheet and Consent Form

Cree Translation

Consent to partipate in the study

ᓂ ᓇᐦᑯᒧᓐ ᒋ ᐐᒋᑕᔮᓐ ᐅᒪ ᑭᔅᑭᓄᐊᒪᑫᐧᐃᓐ

ᓂ ᑭ ᐊᔨᒥᑕᒪᑯᐧᐃᓐ ᓀᑖ ᓂ ᑭ ᓂᐱᐦᑌᓐ ᐅᒪ ᓇᑕᐁᑭᔅᑫᑖᒎᐧᐃᓂᐤ ᓀᑖ ᓇᐦᑯᒧᐧᐃ ᒪᔨᓇᐃᑳᓐ ᐅᒪ ᑭᔅᑭᔅᑭᓄᐊᒪᒉᐧᐃᓐ᙮

ᑭᐧᐃᑕᒪᑲᐧᐃᓐ ᓀᑖ ᐧᐋᑐᒋᑲᑌᐤ ᐅᒪ ᑭᔅᑭᓄᐊᒪᒉᐧᐃᓐ᙮ ᓄᒪᑫᐤ ᓀᑖ ᑭᒥᓂ ᑳᐧᐃᓐ ᒋᒪᒥᑐᓀᑕᒪᓐ ᐅᒪ ᑭᔅᑭᓄᐊᒪᒉᐧᐃᓐ ᓀᑖ ᒋᑲᐧᑫᒋᑫᒧᔮᓐ ᑭᐦᒋᐦᐱᓐ ᑖᐧᐁᑕᒪᓂ᙮ ᑭᒥᓂᑳᐧᐃᓐ ᓀᑖ ᒋ ᑲᐧᑫᒋᑫᒧᔮᓐ ᑲᐧᑫᒋᑫᒧᐧᐃᓇ ᑭᓇᐦᑫᐧᐋᔅ ᐃᑳᐧᐃᓐ ᑳᐃᔅ ᓇᐁᑕᒪᓐ᙮ ᓂ ᑭ ᓂᐱᐦᑐᑌᓐ ᓀᑖ ᐁᑳ ᒋᐧᐃᒋᑕᔮᓐ ᐅᒪ ᑭᔅᑭᓄᐊᒪᒉᐧᐃᓐ ᐃᔅᐱ ᒪᑳ ᐱᒎ ᒋᐸᓂᑕᔮᓐ ᒧᓇ ᐧᐋᒍ᙮ ᐊᔨᐦ ᑳ ᐃᑭᓐ᙮ ᓂ ᓂᐱᐦᑐᑌᓐ ᓀᑖ ᐁᑳ ᒋᐧᐃᒋᑕᔮᓐ ᐅᒪ ᑳᐃᔅ ᑎᐸᒋᒧᔮᓐ ᓀᑖ ᐧᐃᔨᐦ ᒋᑲᓇᐧᐁᒋᑲᑌᒋᐦ᙮ ᓂᓇ ᐱᑎᐧᐁ ᓂᒪᔨᓇᐅᑎᒫᓐ ᐅᑕ ᓇᐦᑯᒧᐧᐃ ᒪᔨᓇᐃᑳᓐ᙮ ᓂᑳ ᐅᑎᑎᒫᓐ ᓀᑖ ᐅᒪ ᐯᔭᑯᔨᐦ ᓇᐦᑯᒧᐧᐃ ᒪᔨᓇᐃᑳᓐ ᓂᓇ ᐅᒋ ᓇᑕᐧᐃᒋᑫᒪᓂ᙮ ᑭᒋᐦᐱᓐ ᐊᔨᐧᐊᓂ ᑲᐧᑫᒋᑫᒧᐧᐃᓇ ᓀᑖ ᒍᑕᑭᔨ ᑫᐧᑳᓇ ᐅᒪ ᐅᒋ ᑭᔅᑭᓄᐊᒪᒉᐧᐃᓐ ᑳᔨᒥᐋᐤ ᔅᑕᓇ ᑭᐧᐊᑫ ᐅᒪ ᐊᑭᑕᒉᐧᐃᓐ 997-0000᙮ ᑭᒋᐦᐱᓐ ᐊᔨᐧᐊᓂ ᑲᐧᑫᒋᑫᒧᐧᐃᓇ ᓀᑖ ᒍᑕᑭᔨ ᑫᐧᑳᓇ ᐅᒪ ᐅᒋ ᓇᑕᐧᐁᑭᔅᑫᑖᒎᐧᐃᓐ ᑭᔅᑭᓄᐊᒪᒉᐧᐃᓐ ᑳᔨᒥᐊᓐ ᐊᓇ ᔅᑕᓇ ᑳᐧᐃᒋᐃᒍᐦ (ᐊᓕᑕ ᒪᐊᓂ) ᑐᑯᓄᐤᑫ ᑳᓂᑳᓂ ᑐᑯᓄᐤᑫ ᐃᓃ ᐊᑕ Queen's University ᐁᑕᐱᓇᐁᐦ 613-545-2668᙮ ᑳ ᐃᔅ ᐊᔨᒥᓐ ᓀᑖ ᐅᑭᒪᓂ ᑳᐃᔅ ᐊᐱᒋᐦ ᐁᑭᔅᑫᑕᑭᐦ ᐅᒪ ᑳᐃᔅᓇᐧᐃᔨᓐ ᐅᒪ ᐅᒋ ᑭᔅᑭᓄᐊᒪᒉᐧᐃᓐ, ᑭᒋᐦᐱᓐ ᐊᔨᐧᐊᓂ ᑲᐧᑫᒋᑫᒧᐧᐃᓇ ᓀᑖ ᒍᑕᐦ ᑫᐧᑳᓇ᙮

By signing this consent form I am agreeing to participate in this study.
ᐁ ᒪᑭᓇᐅᑎᓂᕆᔨᐣ ᐅᒪ ᓇᐢᑯᒧ.ᐃ ᒪᑭᓇᐃᒪᐢ ᐁ ᓂᐠᑲᔨᐢ ᑭ .ᐃᑦᑕᔨᐢ ᐅᒪ
ᑭᓱᑭᐊᒪᓪᓚ.ᐃᐢ ×

ᐁᒪᑭᓇᐅᑎᓂᓪᓚ 6.ᐃᑦᑕ ᐁSᑭS6'

Statement of the investigator / translator
▬▬ᐢ 6ᐃSᑎ<ᑦᒧᑦᐢ ᐅᑯ 6ᓇᑕ.ᐃᑭᐢᑫᑦᑫᐠ ᓇᐢᑕ 6ᐃᑌᐢᑕᒪᕐᑫᐠ

ᓇᐢ ᓂᐃᓇᐢ .6ᔭᐢ' ᑭᑎ<ᑦᒧᒪᐢᑕ.ᐃᓇᐢ ᐊ.ᐃ 6.ᐃᑦᑕᐠ ᑕᑌ .ᐊ ᐃS
ᓇ<ᑦᑕᑐᓂ.ᐃᐠ ᐅᒪ ᓇᑕ.ᐁᑐᑦᑫ.ᐃ ᑭᐢᑭᓱᐃᐊᒪᓪᓚ.ᐃᐢ ᐃᑐᑐᒧ.ᐃᑐᐠ
ᐁᑦᐢᑎᑯSᒧ.ᐃᑐᐠ × ᐁᑭᑦᓇᐅᑎᔨᐠ 6ᐃSᑭᐢᑫᑕᒪᐠ ᐊ.ᐃ 6.ᐃᑦᐃ.ᐁᐢ
ᒧᑐᑭᒧᑕᒧ.ᑫ ᑦᒧᑐ.ᔭᐢ' .ᐊᐃ.ᑌᒪᒪ6ᐠ ᐅᒪ ᑭᐢᑭᓱᐃᐊᓪᓚ.ᐃᐢ ᓇᐢᑕ
6 ᐃS <ᑯᑭᑐᑦᐠ, ᑫ ᐃS .ᐃᑎ.ᐁᒪᒪ6ᐠ ᓇᐢᑕ ᐊ.6ᑦᑭ.ᐃᓇ ᑫ
ᐊSᑦ<ᐠᑭ ᐅᑯ 6.ᐃᑦᐃ.ᐁᑕᐠ ᐅᑎᐠᐢ ᑭᐢᑭᓱᐃᐊᒪᓪᓚ.ᐃᐢ ×

ᐁᒪᑭᓇᐅᑎᓂᓪᓚᐠ 6ᓇᑕ.ᐁᑭᐢᑫᑦᑫᐠ ᐁSᑭS6'
Signature of investigator ▬▬▬ date
ᐁᒪᑭᓇᐅᑎᓂᓪᓚᐠ 6 ᐃ.ᑌᐢᑕᒪᕐᑫᐠ ▬▬▬ ᐁSᑭS6' ▬▬▬
Signature of Translator ▬▬▬ date

Appendix I

Queen's University
School of Nursing

Information Sheet and Research Consent Form

...Revisiting the Past...
Discovering Traditional Care and the Cultural Meaning of Pregnancy and Birth in a Cree Community

Sandra Kioke BScN RN
Master of Science student at Queen's University School of Nursing

You are being asked to participate in a research study carried out by Sandra Kioke as part of a Masters thesis. The purpose of the study is to describe the traditional values, beliefs and practices surrounding the pregnancy and birth experiences of Cree women from your community of Attawapiskat. Sandra Kioke, with the help of ***translator's name,*** will read through this information and consent form with you and describe the study in detail. Questions that you may have will be answered at any time.

What is the aim of the study ?

The purpose of the study is to learn, understand and describe the traditional practices and beliefs of pregnancy and childbirth of the Cree people of the Attawapiskat area. These related experiences are considered the traditional practices that existed *before* the hospital was built and established as the center to receive health care. The information will be gathered from some community members of Attawapiskat who are willing to share their experiences and knowledge of traditions and beliefs surrounding pregnancy and childbirth from the past. This experience may be your own, or of someone you helped during their pregnancy or childbirth. The information is being gathered for three reasons 1) to document the unique history of the people of Attawapiskat in the James Bay area 2) to use the knowledge as a way of teaching young, Cree people about their own history and to help non Native health care providers to understand the culture and people of James Bay and 3) to seek out the possibility of using the knowledge of cultural care and traditions within the model of prenatal care in place in the community today.

A total of 7-8 community members will be interviewed in the study, all who will have some knowledge that they are willing to share of pregnancy and birth practices from the past.

The Chief and Council are aware of the study and have agreed to allow the researcher to proceed with the study in the community of Attawapiskat. The Chief and Council, on behalf of the community, are considered partners in the research process and will be kept informed of the progress of the study. The Chief and Council along with participants will participate in the decision of how to return the results of the study to the community in a meaningful way. The Regional Health Board located in Moose Factory is also aware of the study and has agreed that this is a worthwhile project for the region.

What is involved?

You will be asked to participate in at least two interviews of approximately one hour in length. Both the investigator, Sandra Kioke and the translator ***translator's name*** , will be present for the interviews. The interviews will be tape recorded and will take place in your home or another location that may be preferable for you and the interviewers. Notes may be taken by the researcher and translator during the interview. There will be a group interview with three or four of the participants together. This will be an informal discussion to further understand the traditional childbirth experience, and to explore the group ideas on preserving the traditional knowledge for future generations. The idea of using traditional knowledge with health care of today, will also be addressed at the individual and group interviews. The interviews and group sessions will take place over a period of three months.

Risks and Benefits

The interviews will examine your experience and your response to situations, beliefs, values and traditions surrounding traditional care during pregnancy and birth. Some of these memories may be positive but some may be stressful or painful for you. At any point that seems difficult for you, Sandra will ask you if you want to move on to another topic or stop the interview.

There is some evidence that sharing your knowledge of Cree traditions may be helpful to the future generations in learning about their culture. It has also been shown in some Native cultures, that returning to some of the traditional ways brings a sense of pride and healing to the people. This may in time positively influence the level of wellness of the community.

Voluntary Participation

Participation in the study is voluntary. You may decide to withdraw at any time and for any reason without any consequences and in no way will affect your medical care. Consent to participate in the study will be an ongoing process for each interview or part of the study. For example, prior to the beginning of each interview or group session you will be asked if you are still interested in continuing to participate in the study.

You will be asked to sign a consent form in Cree or English after you choose to join in the study. You will receive a copy of the consent form for your own information. If you do not wish to sign a consent form however, you may choose to give your consent verbally only. This is also a valid way to agree to participate in the study.

Confidentiality

The audiotapes, notes and transcribed interviews will be strictly confidential. The researcher , interview translator, audit translator, and faculty advisor are the only people who will listen to the taped interviews. These tapes will be coded with a letter/number, so that the researcher is the only one who can identify the person and tape. The interview tapes will be transcribed from tape to paper by the researcher, Sandra Kioke. The transcripts will have a coded number corresponding to the tape. The consent forms will be kept in a locked safe. The tapes and transcripts will be stored in a locked file separately from the consent forms. Upon completion of the study, the data will accompany the researcher to Kingston where they will stored in a locked enclosure in the Queen's School of Nursing.

The translator and the audit translator will be asked to sign a Confidentiality Clause prior to the start of the study. This clause outlines their agreement to maintain all participants and data in a confidential manner.

Due to the small size of the community and that many people know each other very well, there is a possibility that you may be recognized in the final thesis paper, by the telling of a certain life story that other community members may be aware of . Therefore before any final writings are completed, participants will be given the opportunity to review and clarify information . You may choose not to have that information included at this time. Your name will not appear in any written material or in any published form whatsoever.

Consent to participate in the study

I have read and understand the information and consent form for the study. I have had the aim and the process of this study explained to me. I have been given sufficient time to consider this information and to seek advice if I chose to do so. I have had the opportunity to ask questions which have been answered to my satisfaction. I understand that I may choose not to participate in this study or withdraw at any time, with no affects resulting from my decision. I understand that I will not be identified by name in any written report and that the study records will be kept in a confidential manner.

I am voluntarily signing this consent from. I will receive a copy of this consent form for my information. If I have any questions or concerns about the study, I may contact Sandra Kioke at 997-0000. If I have further questions or concerns about this research study, I may contact Sandra Kioke's Faculty Advisor, Rita Maloney, RN, M.Ed., or the Dean/Director of the School of Nursing at Queen's University at 613-545-2668. I may also call the Band Office and speak to the Chief or Council members who are aware of the study, if I have concerns or questions.

By signing this consent form I am agreeing to participate in this study.

_____ _____

Signature of Participant **Date**

Statement of the Investigator/Translator

We have carefully explained to the participant the nature of the above research study in ____Cree____English. We certify, that to the best of our knowledge, the participant understands clearly the nature of the study and demands, benefits and risks involved to participants in this study.

_____ _____

Signature of Investigator **Date**

_____ _____

Signature of Translator **Date**

Appendix J

Subject Areas for Semi Structured Interview [1]

Traditional beliefs, practices and values related to pregnancy/childbirth

1. Personal life story
2. Lifestyle, Activity and Nutrition during pregnancy
3. Teachings related to pregnancy, birthing and motherhood
4. Beliefs about the baby in utero / after delivery
5. Family Roles
6. Traditional midwives
7. Health/Illness
8. Decision making during pregnancy, labor and delivery
9. Complications during pregnancy, labor and delivery
10. Seasonal Influences
11. Birth setting
12. Legends
13. Spirituality
14. Value of Traditional Beliefs
15. Renewing Traditions

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1 Not all subject areas may be used in a single interview.

Sample Questions and Probes for Semi Structured Interview

General Questions

1. Can you teach me a legend that was passed on to you about pregnancy or childbirth?

2. Tell me a story about the life of a woman who was pregnant before the hospital was built.

3. Describe for me what the typical diet was for a pregnant woman.

4. Tell me how traditional practices affected your life in the past. Today?

5. What happens when something goes wrong during pregnancy?

6. How typical is it for a woman to seek advice during pregnancy?

7. If I were pregnant for the first time and you were my close relative, what would you tell me to do to have a safe and meaningful pregnancy and delivery?

8. If I were pregnant for the first time and you were my close relative, what would you tell me not to do to ensure the healthy and safe arrival of my baby?

9. As the father of the baby, what was going through your head as your wife went into labor and you were the only person for miles around?

10. As the spiritual leader of the community, describe for me a ceremony that you would initiate if a pregnant woman came to you during pregnancy.

11. How typical was it for you to attend the deliveries of women in the surrounding community?

12. If I were pregnant for the first time, describe for me the care you would give during pregnancy and delivery.

13. What would happen when a woman did not follow the advice you gave her.

Sample Focusing Probes

1. Could you give me an example of some of the illnesses that occurred during pregnancy?

2. You mentioned that you always tried to have your babies in the summer. Can you tell me some of the reasons for this being your preferred time?

3. You mentioned that as the spiritual leader, it was your responsibility to choose the name for the baby. Could you give me an example of how the baby's name was chosen?

4. You mentioned that you helped your wife deliver your three children during the winter. What were some of the difficulties that arose during this time?

5. Could you give me an example of community events that occurred surrounding a pregnancy or birth of a child?

6. You mentioned that many women preferred to have you present during the delivery. Can you tell me some other people that would typically be involved at this time?

7. Could you give me an example of some important traditions that you feel should be passed on to the women and families today?

8. As the community leader today, give me an example of how you would like to see the traditional knowledge of childbirth preserved and/or used in the future?

9. If there was one thing you could take from the past traditional lifeways and implement it into today's care of pregnant women, what would it be?

Appendix K

Personal Data Sheet

1. Participant Number _____

2. Age _____

3. Sex _____

4 Family Size _____

5. Family Member Roles _____ _____
   _____ _____ _____
   _____ _____ _____
   _____ _____ _____
   _____ _____ _____

6. First Language _____
   Second Language_____
   Other Languages _____

7. Sources of Income

   Hunting and Fishing _____
   Employed _____
   Social Support _____
   OAS _____
   Other _____

8. Yearly Income

   $0- 9,999 _____ $20- 29,999 _____ $40- 49,999 _____ don't know _____
   $10- 19,999 _____ $30- 39,999 _____ refused _____

9. Where did you attend school? _____

10. Grade completed? _____

11 Race

   Cree _____
   Ojibway _____
   Oji-Cree _____
   non-Native _____
   Other _____

12 Status Indian _____
Non status Indian _____

13. Religion

Catholic_____
Pentecostal_____
Anglican _____
Native Spirituality _____
Other _____
None _____
Refused_____

14. Where did you spend most of your childhood?

On Reserve _____
Bush _____
City _____
Boarding School_____

15. Total Number of Pregnancies? _____
Number of Pregnancies pre hospital _____
Number of Pregnancies in hospital _____

16. Did you deliver any of your children in the bush? _____

17. Did you assist anyone else in delivering their baby? _____

Appendix L

Confidentiality Clause

Transcriptionist

I, ***transcriptionist 's name*** , will participate as a transcriptionist for the study carried out by Sandra Kioke as part of her Masters thesis at Queen's University. The study involves seeking out the traditional practices, beliefs and values of pregnancy and childbirth in the Attawapiskat area, prior to the time of a hospital based system of care. I have been briefed on the ethics of confidentiality and agree to maintain all participants and data in a confidential manner.

_____ _____

Signature of Transcriptionist Date

_____ _____

Signature of Investigator Date

Appendix M

List of Codes

Codes that emerged after all interviews and storytelling circle had been completed.

1. Family
2. Birth practices
3. Teachings
4. Places
5. Prenatal care
6. Traditional foods
7. Dwellings
8. Never
9. Types of deliveries
10. Consequences
11. Medicine
12. Relationships
13. Contradictions
14. Spiritual life
15. Conflict
16. Parenting
17. Stories
18. Seeking
19. Changes
20. Feelings
21. Survival
22. On a journey
23. The elders
24. Age
25. Humour