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Peyakohewamak—Needs of Involved Nehiyaw (Cree) Fathers Supporting Their Partners During Pregnancy: Findings From the ENRICH Study

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Abstract

We sought to understand the needs of involved *Nehiyaw* (Cree) fathers who supported their partners during pregnancy. We used qualitative description and a community-based participatory research approach. We carried out in-depth semi-structured interviews with six *Nehiyaw* fathers. Four also participated in photovoice and follow-up interviews. All data were content analyzed qualitatively. Fathers felt they had to support their partners and overcome challenges resulting from intergenerational colonial impacts (residential schools particularly) by reclaiming their roles and acknowledging the pregnancy as a positive change. Providing support was possible through their own strong support system stemming from family, faith, culture, and a stable upbringing with positive male role models and intact *Nehiyaw* kinships. Perinatal programming did little to include fathers. Attempts to improve perinatal care and outcomes should allow more inclusion of and support for Indigenous fathers through genuinely incorporating into care traditional culture and Elders, families, flexibility, cultural understanding, and reconciliation.

Keywords

community and public health; culture, cultural competence; fathers, fathering; masculinity; marginalized or vulnerable populations; pregnancy; resilience, resistance, qualitative, community-based participatory research, Alberta

Peyakohewamak in the *Nehiyaw* (Cree) language can be translated as "family." This term was chosen deliberately for this article by Elders from our research partnership community. The overall aim of our continued partnership is to support pregnant mothers within the community. To do this, our Elders were adamant from our earliest meetings that male partners would need to be included, understood, and given a voice that is finally heard. From the perspective of our Elders, *peyakohewamak* captures both our intent and findings described within this article.

Background, Objective, and Overarching Approach

Well-known gaps in perinatal health between Indigenous and non-Indigenous populations have been thoroughly described in North America and beyond (Oster, King, Morrish, Mayan, & Toth, 2014; Shah, Zao, Al-Wassia, Shah, & Knowledge Synthesis Group on Determinants of Preterm/LBW Births, 2011). Regardless of ethnicity, maternal anxiety and stress during pregnancy can have lasting negative health effects for offspring (Ding et al., 2014). Quantitative evidence suggests that strong support networks during pregnancy are protective against some adverse pregnancy and developmental outcomes (McDonald, Kehler, Bayrampour, Fraser-Lee, & Tough, 2016). Previous qualitative work with Indigenous women also illuminates the clear need for enhanced support networks during pregnancy; their partner was often cited as the most critical support person (Oster, Mayan, & Toth, 2014; Tait Neufeld, 2014; Wiebe, Barton, Auger, Pijl-Zieber, & Foster-Boucher, 2015). However, the roles and identities of many Indigenous men in relation to masculinity, fatherhood, and family have been disrupted through major historical harms, including residential school policies and practices[1] (Andersen, Swift, & Innes, 2015;

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Ball, 2009; Ball & Moselle, 2015; Mussell, 2005). Moreover, there is very little research on the perspectives of contemporary Indigenous fathers, particularly during pregnancy.

The objective of this study was to qualitatively explore the needs of Indigenous *Nehiyaw* men who are considered role models and involved fathers, as they provided support to their partners during pregnancy. We used community-based participatory research (CBPR) for our approach, which depends on an experiential and participative-knowing epistemology (Holkup, Tripp-Reimer, Salois, & Weinert, 2004). Through partnerships, CBPR aims to include community members as experts and ensure culturally and/or socially appropriate and sensitive research that is both relevant and equitable (Wallerstein & Duran, 2006). The theoretical underpinnings of CBPR suggest that research drawn from an outsider-expert perspective is typically inadequate in addressing community concerns (Holkup et al., 2004). Respectful CBPR with Indigenous communities can lead to community-owned and sustainable benefits (Kyoon-Achan et al., 2018). CBPR acknowledges that community members best comprehend their own experience and carry knowledge and skills that are vital for effective research aimed at benefiting communities (Wallerstein & Duran, 2006). This study was part of an ongoing CBPR project carried out in partnership with the community of Maskwacis, Alberta. Maskwacis is a rural community with a registered population of 16,004. The community is approximately 90 km south of Edmonton, Alberta, within Treaty 6 area of Canada. Our ongoing collaboration with Maskwacis is one branch of a large overarching multisectoral research program called ENRICH, which focuses on improving maternal health in the province of Alberta.

Method

Based on previous research relationships and a community-voiced need for improved pregnancy health, we developed a CBPR collaboration. Initially, R.T.O. (first author) spent approximately a year and a half engaging the community to build and expand relationships and trust, hear from community members (including women of childbearing age), and understand the context in which pregnant women live. Next, a Community Advisory Committee (CAC) was formed that included university-based researchers, community members, Elders, and staff from both the community and surrounding off-reserve health/social services departments. Through regular meetings, the CAC provided guidance, advice, and decision making to all involved and at all stages of the research project.

To understand fathers within the community, we used qualitative description and photovoice, with CBPR as the overarching framework. Qualitative description is often utilized when an initial descriptive summary of a phenomenon is needed (Neergaard, Olesen, Andersen, & Sondergaard, 2009). Qualitative description stays close to the words of participants and produces rich and straight descriptions with "low-interference" data interpretation (Sandelowski, 2010). This approach results in a description of the experiences of participants in a language similar to their own (Neergaard et al., 2009). Qualitative description fit well with the wishes of the CAC, who decided it was imperative for the direct and genuine voices of the men included in the study to be portrayed. The CAC also felt that a descriptive summary of men's needs and experiences while supporting their partners could spur future, more theory-based research in this area.

Photovoice was used to promote dialogue during data generation. Photovoice is a form of participant-driven photography that aims at empowering those who live in conditions of marginalization; it is often utilized in conjunction with CBPR (Liebenberg, 2018; Wang & Burris, 1997). Having participants share and discuss their own photographs can increase comfort, shared power, autonomy, and trust during the research process. Photovoice has been shown to be effective in engaging with young fathers (Sopack, Mayan, & Skrypnek, 2015) and Indigenous participants (Castleden, Garvin, & Huu-ay-aht First Nation, 2008).

Sample

From the beginning of our partnership, the CAC wanted to highlight the many strengths and positive aspects of the community, rather than focusing on the deficits. Therefore, we sought out a particular sample of adult *Nehiyaw* fathers (18 years or older) from the community who were considered role models and involved fathers. We used a combination of purposeful and snowball sampling techniques. The CAC suggested potential participants who were approached and who in turn suggested other potential participants. A range of involved fathers were sought with respect to marital status, age, employment, education, and cultural orientation (traditional vs. nontraditional).

Data Generation

The data were generated from September 2015 to April 2016. One of the authors (G.B.) is of *Nehiyaw* descent, is a father, and is a member of the community. G.B. became involved in the project initially as a research assistant, progressed to a Master's student, and generated all of the data in collaboration with the participants. In-depth one-to-one semi-structured interviews were conducted in English; interviewers prompted participants to discuss their perceptions of support during their partner's previous pregnancy.

The interviews lasted between 30 and 60 minutes, and were audio-recorded and transcribed verbatim. After the first round of interviews, the fathers were invited to take part in a photovoice project. Participants were asked to provide photographs (new or preexisting) of things, people, or places that address what it means to be a supportive partner during pregnancy. A second round of interviews discussing the importance of participants' photographs in relation to the study objective were carried out, audio-recorded, and transcribed.

Data Analysis

Data generation and analysis proceeded concurrently. R.T.O. and G.B. collaboratively analyzed the data using qualitative content analysis (Mayan, 2009) and Atlas.ti qualitative software. Interview transcripts were read and re-read separately by R.T.O. and G.B., highlighting persistent concepts and underlying patterns. R.T.O. and G.B. met to collaboratively group together highlighted sections in categories. The categories were similarly read and re-read, then described thoroughly, and draft findings were written. R.T.O. and G.B. also met to consider the categories together and identify any common threads. Preliminary findings were then presented to and discussed with the CAC and members of the research team in a series of meetings. During these meetings, feedback and collaborative discussion helped refine the categories and findings and diminish redundancy. Data generation and analysis finished when no additional information or insight emerged and when the categories were well defined.

Ethics

We obtained community approval from key stakeholders and Elders. The CAC provided ethical counsel and helped the research move forward in a culturally/community appropriate manner. We also obtained approval from the University of Alberta Research Ethics Board, which adheres to the Tri-Council Policy Statement–2 on Research Involving the First Nations, Inuit, and Métis Peoples of Canada (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2014). We jointly developed a research agreement with the CAC outlining the purpose, overall approach, roles and responsibilities, research methods, ethical issues, dissemination strategies, and data co-ownership. We built capacity within the community whenever possible, such as through hiring of community members, ensuring research expenditures occurred locally, and returning the findings to community.

An information letter detailing the study was reviewed with participants, who provided written informed consent prior to interviews. Participants were asked not take photographs of anyone other than family members or friends they knew personally. Participants were also asked not to reveal the names or any private details of the lives of family members or friends in photographs without their permission. Individuals who agreed to have their photographs used signed photo release forms. Photovoice participants were re-engaged throughout the entire study and beyond to allow autonomy in the use of their photographs (Creighton et al., 2018). Specifically, we sought permission for all dissemination activities that utilized their photographs.

Rigor

We achieved strength and rigor by relying on the CBPR process, frequently seeking advice from the CAC, and adhering to the approaches of authenticity, credibility, criticality, and integrity of data collected (Milne & Oberle, 2005; Whittemore, Chase, & Mandle, 2001). Authenticity meant paying close attention to the voices of participants and was reached by purposeful sampling, participant-driven data generation, and accurate transcription. Credibility meant capturing and portraying a truly insider point of view; it was reached by researcher reflection on the believability of the results and CAC review of the findings. Criticality meant being questioning of one's work and was reached by reflection on the critical appraisal of decisions made throughout the research process and the inclusion of the CAC in every step of the research. Integrity meant honesty and probity; it was reach by peer review, participant follow-up, and reflection on researcher bias.

Both R.T.O. and G.B. kept reflective personal journals throughout the entire research process to allow for reflection and critical appraisal. R.T.O. paid particular reflexivity to the role of being a non-Indigenous father and researcher interpreting the voices of Indigenous men. Reflexivity for R.T.O. thus helped ensure that the principles of CBPR were relied on throughout and that the authentic voice of the participants was put forth. G.B. reflected more specifically on his own journey of becoming a father in the community, which helped ensure that a *Nehiyaw* and community-appropriate context was applied throughout. Finally, each participant was provided with a draft of the findings and invited to provide feedback and alternative interpretations to enhance trustworthiness and provide an occasion for further empowerment for the participants; three provided such feedback.

Results

Six fathers took part in an in-depth first interview, and four of the six took part in the photovoice project, for a total of 10 interviews. A total of 42 photographs were

submitted and discussed in the second (photovoice) round of interviews. At this point, saturation was reached. The average age of the participants at the time of the first interview was 31 years (range: 23–42 years) and the average number of children per participant was 2 years (range: 1–3 years). At the time of data collection, all of the participants had some postsecondary education (four held a bachelors degree), and five of the six were employed. Three of the participants were married, one was in a common-law relationship, one was engaged, and one was single. All the fathers shared rich and personal reflections related to their partner's most recent pregnancy. Although their stories were unique, there were many similarities in their perceptions, which are detailed in the following categories: *Pregnancy Is an Opportunity, Fathers Need Support Too*, and *Fathers Need to Be Included*. Photographs that were agreed by the participants and the CAC to be particularly compelling and relevant, and that matched the categories, are included and described in the results.

Pregnancy Is an Opportunity

Each of the fathers felt above all during the pregnancy that they had to be there to "support," "love," "honor" (respect), and "care" for their partner in any way necessary. Providing support was the most extensive theme mentioned. Supporting was a means of showing love, respect, and care for their partners and growing child. This support included doing more of the household and family duties such as cooking, cleaning, financial planning and providing, childcare, driving, decision making, appointment reminders, and heavy lifting, all to "make it easier for her." The fathers felt a fierce sense of responsibility to provide support and highlighted the need for their own patience, calmness, and adaptability. Encouraging and modeling healthy eating and physical activity for their partners during the pregnancy was also a key aspect of support. Some fathers viewed attending prenatal appointments when they could as imperative to supporting, in addition to educating themselves on how to have a healthy pregnancy and being prepared for raising a child.

For some, supporting additionally included encouraging spiritual and mental health via traditional ceremony and cultural practices (described in further depth in *Fathers Need Support Too*). Through both their understanding of traditional *Nehiyaw* pregnancy and their closeness with their partners, the fathers were very aware of the need for their partner's psychological and emotional health (and its impact on the growing fetus). Thus, they took active steps to stay positive, communicative, and attentive, and to encourage their partners every day throughout the pregnancy. As one participant described,

> I just acted as a support in her pregnancy. If she needed help I would help her . . . Tried to make sure I was always there because, pregnant women it's a very emotional time for them. So just being physically there to support them I think is really important. It's probably one of the most important aspects if you're able to support them because stress can cause a lot of harm on the mother and the child . . . I really wanted to make sure I was active and involved and present every day.

All the fathers maintained that being a supportive partner during pregnancy in their community was extremely challenging. They talked of being "scared," "stressed," "intimidated," "nervous," "emotional," and "worried." Juggling their role as a supportive partner with providing financially and/or attending school or university was a commonly mentioned difficulty. This juggling act was made even more difficult by being surrounded with ongoing social dysfunction, grief, and trauma, coupled with "unemployment, high addictions rates, poverty, and lack of opportunities." Underlying causes for these challenges were frequently discussed, such as the disruption in learning parenting skills and the role of Indigenous fathers within relationships and families as a result of colonization. Child welfare policies, collective oppression and marginalization, cultural genocide, and loss of land were described as major colonization impacts. However, the ongoing intragenerational trauma resulting from residential schools was the most frequently discussed impact of colonization. One participant noted,

> Nowadays there are a lot of single mothers. Fathers are expected to play a financial role and not really a raising a child type of role. I think because they're not really taught how to be fathers in the first place. There's a big lack of traditional knowledge there, especially on the part of the male. I think its stemming out of residential schools where the fathers don't really know what their role is supposed to be. Residential schools took away those traditional teachings and implemented basically a father's role is just to put food on the table. And of course, there's a lot more to the role than that.

To overcome these challenges and be a supportive partner, all of the participants felt they had to accept a lifelong change in their roles as men and view the pregnancy as an opportunity. For some, this was perceived as sacrificing their own needs. However, being present and supporting their partner was portrayed by all as a choice that changed their life for the better. For instance, several made the point that they chose not to abandon their partners during the pregnancy, as some men in the community have done. Ultimately, the fathers felt the pregnancy offered them an opportunity to reclaim their roles and identities as *Nehiyaw* men, which had been damaged as a result of ongoing colonization. In fact, several of the fathers were determined to break the intergenerational cycle of

Figure 1. "I am exposing them to cultural events, I try to expose my children to the language, Cree language. I try to tell stories about the land and try to get them to see the world through the lens of a Cree person, and as much as I can I make sure they use correct terms. I make sure they use, and I try to explain the world to them from, a Cree perspective. Like my dad did." This photo is being published with consent from the participant.

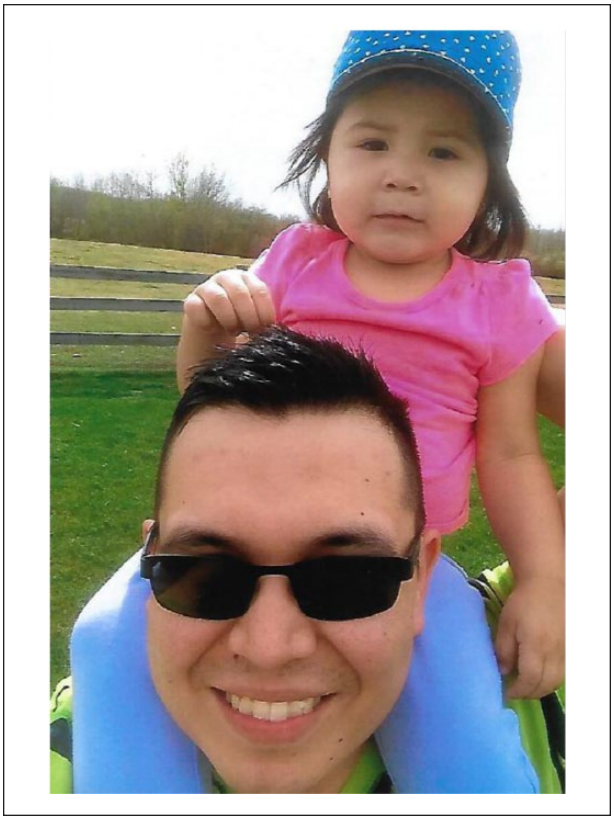

Figure 2. "When I carry her on my shoulders like that, that's her favorite way to get carried . . . It makes me not useless. I feel like I'm doing a good job. Even though I'm unemployed and what not, I feel that I'm doing what I'm supposed to be doing right now. I'm where supposed to be. Obviously being an important person to somebody that needs you, being needed, it gives me purpose." This photo is being published with consent from the participant.

colonization within their community by passing on their culture, kinship roles, and *Nehiyaw* family systems to their own children (Figure 1).

Overcoming challenges also meant embracing the positive impact on their lives of becoming a father. All the participants felt that despite the challenges, the overall pregnancy experience was enjoyable and "the biggest blessing," marked by feelings of their own happiness, enthusiasm, and excitement. Consequently, many viewed the pregnancy as a new beginning, a time for learning and change, and an opportunity to better themselves:

> I started to try and love myself as much as I could because I know if I can't love myself then I couldn't love them. So I really started to take care of myself . . . it's really changed the purpose of my life.

As with their experience during the pregnancy, many of the fathers appreciated their new and reclaimed roles after pregnancy as a leader, a mentor, a protector, a caregiver, a companion, a role model, and a teacher. For instance, some participants found a renewed sense of purpose and identity from being a father (Figure 2).

Fathers Need Support Too

The participants credited their own dedicated support system for their capacity to support to their partner during pregnancy, overcome challenges, and reclaim their roles and identities as men. There was a prevailing notion of "the more support the better." Without support, all of the fathers felt they would not have been able to realize their role: "When someone's coming from that background and doesn't have a lot of support and stability in their own life, it's really kind of unrealistic to expect them to be able to provide that." Often the fathers looked to their supports to just talk, take breaks, discuss problems, seek advice, and de-stress (often through enjoying sports). Family members were fundamental to support systems,

Figure 3. "So, this is actually during the labor, and I think from my standpoint I did well . . . I had my mom in there too, and my sisters, and she had her mom there, and then my brother and his wife were in the waiting room. And that's one of the things I like is I grew up like that. We just have that connection, all of us. When someone is going through that phase in their life, they are there. I was glad to have them there." This photo is being published with consent from the participant.

Figure 4. "The road narrows into the distance and I think that is how life is: you don't really know what is in the distance, it's kind of unpredictable. But I think that with the belief in the Creator the rainbow shows that there is light out there, you just got to trust your instincts, walk that path, the red road they call it, and you just got to have faith in the Creator and that's how life is . . . I did a lot of praying during the pregnancy, and I felt my component was to involve my prayers into my wife's pregnancy to make sure that the baby comes out healthy." This photo is being published with consent from the participant.

and many of the men described relying on the strength embedded within *Nehiyaw* family kinship systems. For example, while explaining how he could help his partner during the labor process, one participant linked this to the support of his family (Figure 3).

Growing up within a stable *Nehiyaw* family structure and home life was often described as a reason why the men considered themselves able to be good partners and fathers. They acknowledged learning from positive examples of a healthy relationship set by from their parents and other family members, as one participant made clear:

> A lot of that boils down to your own personal philosophy, your own personal belief system and how you view the whole structure of the family . . . I had that kind of stable environment and I was taught that marriage is sacred.

Having their own fathers and other strong male role models (uncles, grandfathers, cousins, Elders, etc.), present and involved in their childhood and upbringing was an important contributor in their own sense of identity and responsibility as a *Nehiyaw* man.

Another significant source of support that some the fathers drew from was a connection to traditional *Nehiyaw* culture (Figure 4). They felt it was essential to the health of their partner, their baby, and themselves during the pregnancy. A connection to traditional culture helped the participants by providing knowledge and guidance on how to live their lives, a sense of identity and belonging, healing, social support and cohesion, and strong morals and teachings (love, respect, and relationships, among others). Important cultural activities mentioned included attending sweat lodges and ceremonies (belly button ceremony, afterbirth ceremony, *Nehiyaw* naming ceremony, among others), smudging, attending powwows and other community events, traditional dancing, hunting and harvesting off the

land, respecting and being on the land, learning and singing traditional songs, sharing stories, and utilizing moss bags for their infants. Often the fathers looked to community Elders for cultural advice and ceremony. The following poignant quote reveals the importance of culture:

> You need it (culture) there to exist the rest of your days . . . Whether you are going to live a good life or not, I think having ceremony there is really important. It's like having a bullet proof vest . . . I don't have to go too far to see it. "points outside" Everything is over there, you see the sweathouse. I feel safe. I feel safe when everyone is there. I just feel that no matter what, it gives you that leverage in-case something goes wrong you'll always have that culture to fall back on.

Some of the fathers sought out support from other religions/faiths in addition to traditional *Nehiyaw* culture. Although these particular fathers felt they understood their traditional culture well and recognized its importance for the community at large, they received spiritual support from other sources. That being said, their underlying reasons for seeking spiritual support were very similar to those who engaged solely in traditional culture during the pregnancy: They felt their faith provided strength, life direction, a sense of identity and belonging, social support, and moral guidance, all of which were deemed important for the health of their family, partner, and growing child.

Fathers Need to Be Included

Although the fathers often felt inclusion and support from within their own families, kinships, and communities, they acknowledged that the pregnancy and prenatal care also take place within the western world and health care system. All of the participants described varying degrees of exclusion during the pregnancy. Prenatal classes especially were described as a missed opportunity to include and provide additional support that fathers need to overcome the many challenges they face. Prenatal classes were not geared toward Indigenous men, lacked traditional cultural components of pregnancy and fatherhood (such as the importance of ceremony, kinship roles, and responsibilities of men), and lacked relevance to fathers-to-be:

> I think that the prenatal classes are quite scientifically based. I felt that it was really lacking in regards to Indigenous culture and basically a real turn off to wanting to attend in the first place . . . The Indigenous men are basically sitting there and they are listening to this, but they are not really being taught skills that are going to benefit them to be fathers. It's more or less about what the mother is going to be going through, and how to assist the mother. But how do you assist the father to understand, basically on his first engagement with a child, how to do things?

Although community programming directed at men is available, some of the participants felt that programs or support groups focused specifically at fathers-to-be were needed within the community or nearby. They hoped for the development of support groups during the pre- and postpartum periods. Some of the men also suggested augmenting existing supports (beyond prenatal classes) that were in place for expecting couples to be more inclusive of fathers-to-be.

The fathers had mixed feelings about the perinatal care they and their partner received during the pregnancy, but certainly felt there was room for improvement and enhanced inclusion for men. All of the fathers believed that trusting communication and sincere relationships with health care providers were necessary for effective care. On one hand, some of the fathers described having received excellent support and care from the health care providers they encountered. They described not experiencing cultural insensitivity or discrimination throughout their partner's care. In contrast, cultural insensitivity within the health care setting was encountered by others and was a deterrent to some couples to engaging the health care system and thus a deterrent to fathers receiving knowledge and support during the pregnancy: "There's a lot of animosity toward the health care system because of some of the treatment that we've received . . . There seems to be a different level of treatment towards First Nations people."

Whether fathers experienced cultural insensitivity depended in part on the individual care providers they encountered. Several of the participants acknowledged and applauded recent attempts to incorporate Indigenous culture in health care settings (such as using *Nehiyaw* language for signage in hospital). Others felt their health care providers were not open to Indigenous approaches to health, such as traditional medicines and ceremony, and lacked the necessary cultural understanding and humility to work with Indigenous women and men. Integrating Elders and Indigenous male-to-male supports within prenatal clinical settings were strategies that the men felt would enhance the cultural understanding of health care providers and consequently the inclusion of men. They felt such support could also help "fill in the gaps that are often missed in men" and ensure that knowledge is passed down:

> Access or talk to an Elder, that would be nice. To get an interpretation of what a pregnancy is and what the cycle is through an Indigenous perspective . . . I mean that's how the community works to support each other. You build community by support systems, and having an Elder to teach a young man about being a father that's what you want in a community because that's what we are missing in the clinics.

Perinatal care is most often accessed outside of their community, and the fathers talked at length about reconciliation

being a means to further include Indigenous men and ultimately fostering supportive fathers-to-be. Some of the fathers were reluctant to travel to neighboring towns for care or support due to a town-to-community relationship they described as "tense," "complex," "full of positives and negatives," "xenophobic," "racist," "ignorant," "rude," "unequal," and in some instances, "hateful." Rather than focusing on the negatives of this relationship, some of the fathers hoped for more reconciliation and cohesion between their community and surrounding non-Indigenous communities and for opportunities to strengthen relationships, camaraderie, and understanding as equals. Reconciliation specifically referred to righting the wrongs of historical harms and the resultant intergenerational trauma brought about by government policies such as residential schools. Ideas for reconciliation to ensue included more communication and discussions "to break down these walls of division and stereotypes and racism." Some also suggested hosting more planned events between both communities such as powwows, as well as sports, farming, cooking, and music competitions. Continued revamping of the education system to include Indigenous knowledge and history was mentioned as a critical means of improving relationships at the community level. Mutual understanding, collaboration, and partnerships were also thought to lead to better relationships:

> If we truly want to a healthy relationship between First Nations and Non-First Nations, it's having a mutual respect. Don't think you're coming to the reserve to save us, rather work alongside and say, "what can we do help you guys, and how can we make things more effective for the people we serve?" versus saying "this our way, you're going to do it, and you're going to like it." So yeah, it's just having that mutual respect and also having the environment to be able to challenge one another in a healthy way. Sometimes when we don't understand where each other is coming from, we jump to assumptions and we kind of set ourselves at odds.

Discussion

We aimed to capture perceptions of role model and involved *Nehiyaw* fathers in providing support to their partners during pregnancy and of their needs as expecting fathers. To our knowledge, ours is the only study that has focused specifically on perceptions of Indigenous men *during pregnancy*. It has important implications for those involved in perinatal and maternal care. Our findings suggest that pregnancy is a chance for *Nehiyaw* fathers to rise above negative colonial impacts and reclaim their roles within families and communities. To be there for their partners in a meaningful way, *Nehiyaw* fathers themselves need to be supported. Key features of father's support networks were family and maintaining a connection to faith and traditional culture, as was having a stable upbringing centered on *Nehiyaw* family systems and consistent and positive male role models.

Perinatal care programs, which have typically been mother-centric, need to provide more opportunities to include fathers. Genuinely incorporating traditional culture and Elder support, flexibility, cultural understanding, and reconciliation into perinatal care approaches may help support and include Indigenous men, ultimately improving outcomes for pregnant Indigenous women and infants. The implications of our research are in line with several of the health-related Calls to Action from the recent Truth and Reconciliation Commission (Truth and Reconciliation Commission of Canada, 2015), specifically Call to Action 18 (acknowledging that current Aboriginal health is a direct result of colonization and of previous government policies, including residential schools), Call to Action 22 (recognizing the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders), and Call to Action 23.3 (providing cultural competency training for all health care providers and health care students).

The benefits of fathers being involved in their partner's pregnancy and child's upbringing have been linked to appropriate utilization of maternal health services, improved pregnancy outcomes, decreased risk of postpartum depression among women, and better educational, behavioral, and developmental outcomes in children (Comrie-Thomson et al., 2015; Ramchandani et al., 2013; Steen, Downe, Bamford, & Edozien, 2012; Yargawa & Leonardi-Bee, 2015). Contemporary advances in epigenetics have even shown the health of fathers-to-be prior to conception contributes to the future health of offspring (Stuppia, Franzago, Ballerini, Gatta, & Antonucci, 2015). Thus, the capacity of fathers to support their partners is a key aspect of perinatal care, as is the overall health of fathers. A qualitative meta-synthesis of the views on and experiences of men with prenatal care in high socioeconomic settings found fathers cannot effectively provide support to their partners unless they themselves are sufficiently supported (Steen et al., 2012). We found that *Nehiyaw* fathers relied on support from their families, culture, and community to excel in their role as a partner, but their experiences were not free of challenges. One of the primary challenges to providing partner support during pregnancy that was suggested in our study was the ongoing impacts of colonization on *Nehiyaw* men's sense of identity and roles within families and communities. This is in line with qualitative research in British Columbia that examined Indigenous fathers support groups and suggests that insecurities in being a father ultimately stem from loss of culture and ensuing loss of identity (Manahan & Ball, 2007).

A number of scholars have written extensively on Indigenous men's masculinities, roles, and identities, clearly elucidating how historical and cultural traumas have had devastating generational and intergenerational effects (Andersen et al., 2015; Ball, 2009; Ball & Moselle, 2015; Mussell, 2005). For instance, many Indigenous men are not only traumatized, shamed, and in search of their own identity, but less equipped with necessary relationship and parenting skills (Andersen et al., 2015; Ball, 2009; Ball & Moselle, 2015; Mussell, 2005). Residential schools in particular have been recognized as a key impact of colonization that continues to wreak havoc in Indigenous communities and families. The residential school system was a federally run network of boarding schools that was operational for approximately a century and administered by Christian churches. The system was framed as an assimilation approach but was an attempted cultural genocide and, arguably, actual genocide. Indigenous children were forcibly removed from their families and robbed of their culture and traditional languages; many experienced severe physical, mental, and sexual abuses (Truth and Reconciliation Commission of Canada, 2015). The long-term effects on residential school survivors are multifaceted and have been shown to have intragenerational impacts among descendants of survivors (Truth and Reconciliation Commission of Canada, 2015).

A recent thematic analysis of key Indigenous and non-Indigenous stakeholders (such as maternal and child health workers and men's group facilitators) in Australia suggests that services must work to empower Indigenous men particularly through dealing with shame and lack of confidence around parenting (Reilly & Rees, 2018). Our findings and those of others (Ball, 2010; Carter, Lapum, Lavallée, Schindel Martin, & Restoule, 2016; Reilly & Rees, 2018) suggest that supporting the reestablishment and continuation of traditional Indigenous kinship roles, especially positive male mentors during childhood and throughout life, is vital to overcoming residential school and colonial impacts by stabilizing men's sense of identity and allowing for learned fatherhood to follow.

Developing and evaluating programs to fill in the gap for father support, such as Elder mentorship opportunities in the perinatal care setting and community-based support groups for fathers-to-be, may help in supporting Indigenous fathers and require further study. Such programs have the potential to move beyond the unique challenges that Indigenous men encounter due to ongoing colonization and historical trauma, by building off existing resilience and cultural strengths within communities. For instance, the Yaba Bimbie Men's Group in Australia, developed in response a high prevalence of suicide in the community, has implemented community-run programming to promote cultural identity and a sense of belonging among boys and men (McCalman, Baird, & Tsey, 2007). Qualitative findings suggest improvements at the personal level, such as a greater sense of direction, needs, and willingness to ask for help, and a potential beneficial impact on suicide rates (McCalman et al., 2007).

A growing body of research indicates that fathers not only need to be supported but also need to be informed, included, and respected throughout the pregnancy and beyond (Kowlessar, Fox, & Wittkowski, 2015; Poh, Koh, & He, 2014; Steen et al., 2012). Many men, both Indigenous and non-Indigenous, feel removed and distant from the pregnancy process, which is predominantly focused on women (Ball, 2010; Kowlessar et al., 2015; Reilly & Rees, 2018). A prevailing theme we found is that although *Nehiyaw* fathers wanted to be involved in their spouse's pregnancy, they often felt alienated during the perinatal care experience. Our findings and the work of others suggest that health care providers and organizations could shift perinatal care programs to leverage support from Indigenous fathers and include them and their family in this programming (Ball, 2009, 2010; Carter et al., 2016; Kowlessar et al., 2015; Manahan & Ball, 2007; Poh et al., 2014). Exciting and promising interventions to include men in pregnancy are underway in Canada, such as Dads in Gear (Bottorff et al., 2017) and the Father Friendly Initiative (Gervais, de Montigny, Lacharité, & Dubeau, 2015), yet those focusing on the specific and unique realities of Indigenous men are scarce and needed.

To ensure that clinical processes and related perinatal programming are more inclusive of Indigenous fathers, renewed and more robust efforts for cultural safety are necessary. Our findings add to a plethora of research calling for enhanced cultural sensitivity and understanding in care settings, especially perinatal care (Heaman et al., 2015; Oster et al., 2016; Oster, Mayan, & Toth, 2014; Tait Neufeld, 2014; Wiebe et al., 2015). The needs expressed in our study for building improved communication and sincere relationships with health care providers, incorporating Indigenous culture and language into care practices, and providing more accommodating care approaches mirror the opinions of other Indigenous fathers (Ball, 2009; Reilly & Rees, 2018), perinatal health care providers (Darroch & Giles, 2016; Oster et al., 2016), academics (Varcoe, Brown, Calam, Harvey, & Tallio, 2013), and Indigenous women themselves (Heaman et al., 2015; Oster, Mayan, & Toth, 2014; Tait Neufeld, 2014). Specifics on how to incorporate Indigenous culture into care and how to provide more accommodating care approaches will be community/population dependent and thus require active engagement, partnerships, collaboration, and mutual learning with Indigenous patients and communities. Community-driven approaches to enhance cultural sensitivity that are

embedded within Indigenous culture, rather than those derived from western models, require future study and evaluation.

There are limitations to our study. We specifically sought out fathers who were deemed involved fathers and positive role models in their community to highlight strengths within the community. The perspectives of other fathers, perhaps those who are most vulnerable, were not captured. There may be contradictory views, but the tight agreement within our group is encouraging. Any transferability of our findings to other Indigenous populations must be approached with caution, given the uniqueness of individual communities.

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Note

1. Literature on the historical harms to Indigenous populations, including residential schools, exists for those seeking more information (Bombay, Matheson, & Anisman, 2014; Gracey & King, 2009).

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