NAVIGATING LANDSCAPES OF CARE: PATHWAYS TO PERINATAL WELL-BEING FOR YOUNG PEOPLE LIVING IN THE WIDZIN KWAH WATERSHED IN NORTHERN BRITISH COLUMBIA

by

Kelsey Chamberlin

BASc., Quest University Canada, 2018

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS
IN
INTERDISCIPLINARY STUDIES

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

June 2024

Abstract

Rooted in an anticolonial and community-informed approach and drawing on determinants of health frameworks, my research asked: How do young people experience perinatal well-being in rural, northern, and Indigenous geographies? My research took place in the Widzin Kwah (Bulkley-Morice) watershed and used qualitative inquiry and a methodology of weaving. Data was analyzed through a process of tracing and weaving threads (akin to iterative thematic analysis) to identify patterns and generate a woven and place-based research tapestry that integrates participants' lived experience and expertise with broader scholarship and literature. I also used self-reflexive journaling and member checking as methods of accountability and iterative learning. I present my research findings as a woven tapestry that documents ways young folks' well-being during pregnancy, birth, and early parenting is borne and enlivened by landscapes of care within and beyond the Widzin Kwah watershed. To close, I take the tapestry off the loom and offer reflections on generative possibilities for collectively working toward reproductive justice for young people living in northern BC.

Acknowledgements

Over the past three years, I have come to know and understand the generation of knowledge as deeply relational. My own learning and the knowledge produced in this thesis arise from the generous gifts of time, love, and wisdom from many peoples and places. Many of these teachings are acknowledged through the academic convention of citation to indicate whose ideas I am referencing; I am indeed grateful to many scholars in near and far places who inform my work and whose names are embedded within this thesis. Many others are invisibly woven throughout these pages; their teachings are no less informative or important to my learning and the production of this research. To these people and places, I offer my deepest gratitude.

To the land: Tabi misiyh to the waters, mountains, forests, soils, and critters of the Widzin Kwah watershed who raised me and hold my heart. Snachailya to Lheidli T'enneh Territory who provided a home away from home as I started this journey. Haw'aa and huy chexw a to Haida and Sḵwx̱wú7mesh lands whose coastal ecologies planted the original seeds for this research.

To my mum: My first home and teacher. Your artistic soul, love of beauty, and resistance to patriarchy taught me to see the world with impermanence and through deeply felt intimacies of land, birth, life, and death. Your all-too-short life is woven into this thesis and form the roots of my own love of art, weaving, and tending to birth and death as acts of resistance.

To my dad: My champion and unwavering supporter. Your intellect, romantic heart, and anything-is-possible attitude oriented me towards life-long learning with an open heart and humble mind. You showed me how to take the road less traveled, to trust in community, and to build kin beyond blood. Your wisdom, love of water, and too-early departure catalyzed my life of wayfaring across academic silos, through landscapes and waterways, and beyond convention.

To Widzin Kwah and The River team: You welcomed me home and taught me that water is life. Your collective love of land, art, and community showed me the foundations of well-being in the headwaters of Widzin Kwah that cascade through the valley. You taught me to use my gifts to honour and uplift the original caretakers of this place that I am wildly fortunate to call home.

To my academic mentors: Drs Sarah de Leeuw, Margot Parkes, Jessie King, and Maï Yasué, thank you for modeling how to think across discipline, ask questions that evade neat-and-tidy answers, and dream alternative futures grounded in community, land, and connection.

To my Witsuwit'en mentors and friends: Tabi misiyh to We'es Tes Sandra Martin Harris, Kilisët Violet Gellenbeck, Sleydo' Molly Wickham, Helen Harris, Kayla Mitchell, and Dianna Johannsen. Your generosity and teachings are woven throughout these pages. I am endlessly grateful to have come to know you. Ndzï c'izu', you have kind hearts.

To my kin and community: My refuge, solace, and joy. Your love, support, and nourishment held me through the ebbs and flows of this research. You ground me and teach me collective care. Thanks especially to Ali, August, Miriam, Brian, Nick, Ingrid, Jeff, Kaila, Kelly, and Aidan for feeding me and sending words of encouragement as I hunkered down to write this thesis.

Table of Contents

List of Tables

List of Figures

List of Acronyms

ACRJ – Asian Communities for Reproductive Justice

BC – British Columbia

DKFC – Dze L̲ K'ant Friendship Centre

NWCDC (or **CDC**)– Northwest Child Development Centre

SCSA – Smithers Community Services Association

FNHA – First Nations Health Authority

GP – General Practitioner

HCSP – Health Care or Social Service Provider

IFOT – Indigenous Focusing Oriented Therapy

MCFD – Ministry of Children and Family Development

NICU – Neonatal intensive care unit

NSDP – Northern Society for Domestic Peace

NYSHN – Native Youth Sexual Health Network

OB/Gyn – Obstetrics and Gynecology

POC – Person/People of Colour

POP – Pregnancy Outreach Program

REB – Research Ethics Board

SisterSong – SisterSong Women of Color Reproductive Health Collective

UNBC – University of Northern British Columbia

USA – United States of America

WHO – World Health Organization

WKW – Widzin Kwah Watershed

YP – Young Parent

YPS – BC Young Parents Study

Chapter One – Introduction: Sitting Down at the Loom

...if medicine is story and story always rests in place, perhaps it is time to speak and learn stories of and in place. - Aldred et al. (2021, p. 13)

In this thesis, I weave together place-based knowledge about pathways to perinatal well-being for young people living in so-called northern British Columbia (BC).[1,2,3] My motivations to enact this research arise from my own lifetime of living and growing amongst the diverse geographies at the centre of my study, along with a desire to further catalyze community-driven energy to better support young people who live, grow, and raise their children here. This thesis documents embodied knowledge of people with lived experience and expertise from the Widzin Kwah watershed in northwest BC. My hope is that this study offers grounded, generative, and critical entry points for thinking about ways that young folks' well-being during pregnancy, birth, and early parenting is shaped by landscapes of care in some of the rural and Indigenous geographies of northern BC. In this chapter, I invite you to sit down with me at my loom as I introduce my research question, the rationale for asking this question, and my relationships to the people and places at the centre of my research. I close by providing an overview of the remaining chapters, which together form my woven research tapestry.

1.1 – Community-Informed Research Questions

In the fall of 2020, prior to the outset of this research, I heard about community plans for a new supportive housing program for young mums and birthing folks in my hometown of

[1] I consider young people as folks in their teens or early twenties. See Section 1.2 for further clarification.
[2] Perinatal refers to pregnancy, birth, and the first year postpartum.
[3] I use the term 'so-called' to make visible ongoing discursive violence of settler colonialism in this region, the majority of which is unceded territory of numerous First Nations. For brevity, I do not use 'so-called' consistently in this thesis, but I do, from time to time, return to the term to signal that BC is not a fixed colonial state.

Smithers, a rural community in northern BC.[4] Given my experience as a doula supporting young families, and knowing that northern BC has the highest rates of early-age pregnancy in the province, I was thrilled to hear about community energy to support young folks navigating pregnancy, birth, and early parenting. I reached out to the organization, Northern Society for Domestic Peace (NSDP), behind the housing project to learn more. At the time, NSDP had been awarded a contract from BC Housing to construct six town-house style apartments where young mums and birthing folks could live for up to two-years while receiving comprehensive health and social services through an integrated supportive housing program. After learning about the proposed program, I pitched an idea to the Executive and Program Directors at NSDP: what if my master's thesis research could help inform and support the aims of the program? The seed of my research project was planted.

During the unfolding three years of this research, NSDP opened their doors to young people navigating pregnancy, birth, and early parenting. While my research is deeply inspired and informed by NSDP, and our shared goal of supporting the well-being of young pregnant and parenting folks, the scope and focus of my project grew and morphed as further inspiration was gained through numerous pre-research community engagement conversations with people who live, work, and raise children across northern BC. As I share in Chapter Two, I engaged dozens of folks in informal conversations to gather input on the development and design of my study. These conversations revealed a hunger for emplaced research that uplifts holistic well-being of young folks and attends to the realities of life lived in rural, northern, and Indigenous communities. Some of these conversations also revealed a tension that would persist throughout

[4] At the time, I had recently moved home to northern BC and was working as a doula and frontline anti-violence support worker, roles that situated me to become aware of this proposed program.

my study: the continued provision of health and social services for Indigenous peoples by settler-colonial organizations and non-Indigenous providers. That said, my conversations with NSDP also revealed deeply felt awareness about these tensions that were heightened at the time because of the recent deaths of six Indigenous people at another BC Housing facility in Smithers operated by a different community-based non-profit organization (Follett Hosgood, 2021; Ninow & Kraneveldt, 2022).

Bearing all this in mind, I sought to develop a research project that could support the aims of NSDP while also attending to broader conversations and local priorities to transform opportunities for young pregnant and parenting folks living in rural, northern, and Indigenous communities. The primary question at the heart of my research was thus:

> **How do young people experience perinatal well-being in rural, northern, and Indigenous geographies?**

Flowing from this guiding research question, my research sought to:

1) **Explore the relevance of research and practice emerging in mostly urban and southern geographies within rural and northern contexts.**
2) **Develop emplaced knowledge on ways health care and social service providers and organizations can support perinatal well-being of young people.**
3) **Explore possibilities for cultivating reproductive justice in northern BC.**

The following section provides a brief rationale for my research question and goals, which I expand upon in Chapter Two.

1.2 – Rationale

In British Columbia, young people living north of the 53rd parallel are three to four times more likely to become pregnant than their peers in the rest of the province (Figure 1). Despite this reality, little is known about experiences of these young people who become pregnant and raise their children in northern BC. One notable exception is research from the BC Young Parents Study (2013-2018) that examined early-age parenting in two cohorts, one in Greater Vancouver and one in Prince George, the largest city in northern BC. I introduce the handful of studies emerging from this work in Chapter Two, which provides a small window into experiences of young pregnant and parenting people in northern BC (Carson et al., 2017; Chabot et al., 2010; O'Brien et al., 2018; Shoveller et al., 2011). To the best of my knowledge, there is no dedicated research exploring early-age pregnancy and parenting in northern BC outside of the relatively urban geography of Prince George. Further, little research explores perinatal well-being of young folks living in rural contexts (except see, Archibald, 2004). As research elsewhere shows, young people navigating the perinatal period face a host of challenges and barriers to well-being during this time.

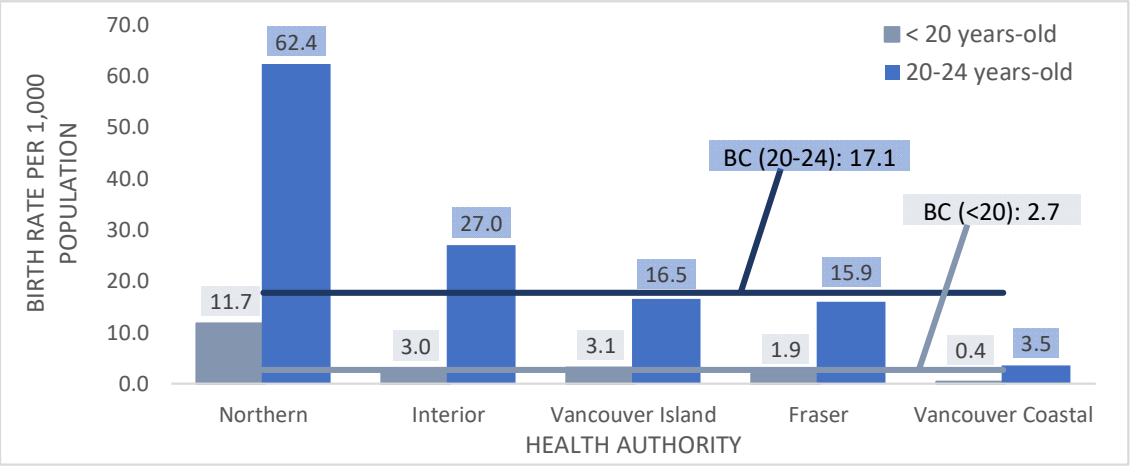

Figure 1. Early Aged Birth Rates in British Columbia. Birth rate per 1,000 population for assigned female at birth under 20-year-olds (light) and 20-24-year-olds (dark) by regional health authority.
Data: Perinatal Services BC (2023) and Statistics Canada (2021).

Before turning to some of these considerations, I ought to articulate a few nuances of 'young people' navigating pregnancy to parenting at an 'early age.' In this research, I consider young people as folks in their teens and early twenties. While experiences within each age category differ substantially, their health, social, and economic realities emerge from a "continuum of risks and intervention opportunities that starts in the younger group" (Kinghorn et al., 2018, p. 1). This continuum refers to the developmental period of adolescence, which is not easily demarcated by chronological thresholds. Some literature calls for adolescence to include young people up to 24-years-old (from typical thresholds of 19-years-old) to better reflect variable and expanding transitions into adulthood (Kinghorn et al., 2018; Sawyer et al., 2018). However, the World Health Organization (WHO) suggests delineating between "adolescence" (10-19), "youth" (20-24), and "young people" (10-24) to establish consistency and to acknowledge the reality that "what 24-year-old wants to be called an adolescent?" (WHO, n.d., para 4). Beyond the WHO, there is general agreement on the need to consider functional definitions of biopsychosocial readiness for adulthood rather than strict chronological age categories. This aligns with perinatal health research, health care, and programming for young people, which often demarcate an upper age-range of 24 (for example: Dion et al., 2021; Mathias et al., 2021; O'Brien et al., 2018; Shoveller et al., 2011; St. Mary's Home, 2018). In my research I define 'young people' as being from the onset of puberty and up to age 25, while also considering dynamic and variable experiences throughout this developmental period.

Existing research highlights disproportionate burdens of adverse physical, social, emotional, and financial consequences for young folks navigating pregnancy, birth, and early-parenting. Compared to older adults undergoing the same life cycles, young people are at increased risk for preterm birth, anemia, and hypertension, and their infants are at increased risk

for low birth weight, being small for gestational age, and neonatal and infant mortality (Dion et al., 2021; Fleming et al., 2012). Young people are also more likely to be precariously housed, financially insecure, attend fewer prenatal appointments, smoke cigarettes during pregnancy, and experience higher rates of abuse, depression, and anxiety (Al-Sahab et al., 2012; Dion et al., 2021; Perinatal Services BC, 2023). Intersecting factors related to poverty, intergenerational trauma, racism, and mental health contribute to higher incidence of early-age pregnancy (Boulet & Badets, 2017; Dion et al., 2021; Ganchimeg et al., 2014). In colonial Canada, there are also structural and cyclical relationships between young people involved in child "welfare" systems being more likely to become pregnant at an early-age and subsequently be at risk of family policing, which disproportionately impacts Indigenous young people due to overrepresentations of Indigenous children and youth in care (Caldwell & Sinha, 2020; Ordolis, 2007).

In BC, there is no disaggregated data to reveal differences in pregnancy rates across various socio-cultural locations and identities. Data elsewhere shows higher rates of early-aged pregnancy amongst First Nations, Inuit, and Métis young people living in colonial Canada (Boulet & Badets, 2017; O'Donnell & Wallace, 2011). These trends align with a study by Shoveller et al. (2011) in Prince George, along with social service providers in northern BC who state they see greater proportions of Indigenous young people navigating pregnancy to parenting compared to their non-Indigenous counterparts.[5] As many Indigenous scholars and leaders have long noted, data related to health and social disparities of Indigenous peoples has done little to redress inequities (Smylie et al., 2006). The exact rates of pregnancy and parenting experienced by Indigenous young people are therefore not as important as noting the need for culturally responsive and Indigenous-led models of support. Given the burden of adverse perinatal

[5] Personal communication with M. Brouwer (Oct 31, 2021) & B. Young (Nov 5, 2021).

outcomes experienced by young people and higher rates of early-age pregnancy in northern and Indigenous cohorts, place-based and action-oriented solutions are critical to consider.

In looking towards solutions, it is necessary to understand the mechanisms that contribute to adverse outcomes. Despite long-standing rhetoric to the contrary, there is a growing consensus that it is *not* young peoples' relative age or racialized identity that puts them at risk. Rather, it is the upstream structural and contextual forces of their lives (i.e., determinants of health) that put them at risk of the risks (Eni & Phillips-Beck, 2013; Reading, 2018; Shoveller et al., 2011). In reference to teenage pregnancy in the United States, Rich-Edwards (2002) expounds on this phenomenon, stating, "with appropriate control for economic background and educational attainment prior to pregnancy, it appears that the life trajectories of teen mothers are little altered by becoming mothers in their teens" (p. 555). Similarly, inequities and ill health experienced by Indigenous peoples are not due to an innate quality of Indigeneity, but rather, the legacy and ongoing impacts of settler colonialism (Allan & Smylie, 2015; Reading, 2018; Turpel-Lafond, 2020). In the same vein, it would be illogical to assume that young people living north of the 53rd parallel are more likely to experience pregnancy because of some innate quality of northerly latitudes. Rather, as a growing consensus suggests, it is the structural and contextual forces within particular places that contribute to such disparities and impact young peoples' ability to keep themselves well (Dawson, 2017; Eni & Phillips-Beck, 2013; Finestone & Stirbys, 2017; Rich-Edwards, 2002; Shoveller et al., 2011).

Another determining factor in the experiences of young people are pervasive and deeply engrained moral imperatives associated with early-age pregnancy and parenting. For example, a study by Dion et al. (2021) found that while academic literature and health care providers most often prioritize adverse risks, poor outcomes, and inequities, young people overwhelmingly

prioritize feelings of judgement and stigmatization as the most significant challenge they face during pregnancy and early parenting. This research aligns with resistance to the discursive quagmire—fueled by mainstream media and Euro-colonial class-based definitions of success and age-appropriate choices—that construct teenage pregnancy as a "crisis of epidemic proportions" (Hans & White, 2019, p. 694; also see, Chabot et al., 2010). For Indigenous young people, the stigma associated with childbearing at a young age can be entangled with experiences of anti-Indigenous racism and sexualized and misogynistic tropes of young Indigenous women (Hubbard et al., 2020). That said, these narratives can also be accompanied by cultural valuation of birthing new life within Indigenous communities, which for many is a profoundly political act of regenerating populations decimated by colonization. (Devries & Free, 2011; Ordolis, 2007; Smylie, 2014). Collectively, these narratives plays significant roles in how young people construct meaning of their situation and negotiate decision-making during pregnancy, birth, and early-parenting (Cense & Ganzevoort, 2019; Eni & Phillips-Beck, 2013).

While the determining conditions of inequities, ill health, and negative experiences are important to understand, my research is not intended to further describe inequities and ill health—a process increasingly referring to as deficit-based research or a kind of "trauma industry" (Clark, 2016, p. 2; also see, Tuck, 2009). Rather, this research turns to the determining conditions of *well-being* for northern and Indigenous young people who live and raise their children here.[6] Further, the purpose of this research is not only to describe place-based

[6] My research centres on northern and Indigenous young people living in northern BC, bearing in mind that not all northern young people are Indigenous and all Indigenous people with whom I engage live in northern BC. Further, I use the term Indigenous to consider experiences of First Nations and Métis peoples within my research, both of whom are distinct and constitutionally recognized groups of peoples with their own histories and relationships to colonial Canada. Given that the 2021 census indicates 0.1% of people living in northern BC identify as Inuk, my research does not include Inuit experiences of early-aged pregnancy and parenting, which are unique to that of First Nations and Métis young people (Archibald, 2004; Boulet & Badets, 2017; Statistics Canada, 2021).

determinants of perinatal well-being, but to move these knowledges into action. My research is thus motivated by an applied and action-oriented approach to develop place-based knowledge to further catalyze community energy sparked by NSDP's new program for young pregnant and parenting folks. As such, my research transpires in the local context of Smithers and surrounding area within the Widzin Kwah watershed. These places are also my home. The following section situates myself and my relationships to the peoples and places at the centre of my work.

1.3 – Relationality

Being in the position to write and produce knowledge about others is a great privilege. It is also a very powerful position to be in. As Madeleine Kētēskwew Dion Stout, of the Cree people from the Kehewin Cree Nation writes, "…those who are in positions of power and influence, must present with a *mihkwakākan,* a human face rather than a mask" (Dion Stout, 2018, p. 68). With this in mind, I want to offer something of myself. Locating myself, and my relationships to this research is important because "what we learn from stories, how we interpret them, and the influence they have on us depends upon who we are when we hear them" (Kovach, 2021, p. 164). Sharing my relationships to this research is thus a multipurpose endeavour to make visible who is producing this knowledge, where it is being produced, and to make clear the assumptions that shape how I approach this research.

First and foremost, I am writing this story *not* as a disinterested and distanced researcher. Instead, I identify as deeply invested and embedded in the places where I enacted this research. I am a local northerner. I was born and raised in the Widzin Kwah watershed and call this place home. Writing from this location, then, brings me to Aldred et al. (2021) who ask: "What would happen if people with the power to write about rural, remote, northern, and Indigenous peoples and places did so not from a distance, but from *here*?" (p. 12, emphasis added). While I take this

provocation as motivation to lean into the process of writing this story as a local researcher from *here*—this place is not singular. Rather, it is filled with peoples and places of diverse identities, cultures, and experiences of the world. Further, it is the ancestral and *never* ceded homelands of Witsuwit'en and Gitxsan Nations whose territories, governance structures, and cultures have borne unbelievable burdens of violence and harm enacted by settler occupiers who, like myself, also share legacies of "a long and bumbled history of non-Indigenous people making moves to alleviate the impacts of colonization" (Tuck & Yang, 2012, p. 3).[7] Researching within this context thus requires me to situate who I am and how I think, my relationship to these places and my research, and my responsibilities because of it.

I was raised within the rural areas of the Widzin Kwah watershed, and I am the first in my genealogical lineage born in northern BC. My ancestral ties are to England and Scotland with multi-generational colonist legacies in various places throughout the settler colonial states of Canada and the United States. My atheist yet somewhat spiritual parents, particularly my father, raised me to develop a critical and curious mind. He instilled my proclivity for questioning the status quo and moving beyond *what* I know to question *how* I know, which somewhat broadened the largely Euro-Western ways of knowing taught to me within my public and private grade school education. As I moved through post-secondary education in southern parts of the province, I was emersed in interdisciplinary, anti-oppressive, and Indigenous-led land-based learning opportunities that opened my mind (and body) to liberatory pedagogies, critical paradigms, and Indigenous philosophies that deeply inform the way I make sense of the world.

[7] At the outset of land claims in the 1980s, the spelling, Wet'suwet'en, was first written down for use in *Delgamuukw (& Gisdaywa) v. British Columbia*. Since then, the Distinctly Witsuwit'en Orthography was developed and accepted by Hereditary Chiefs, which updated the spelling to *Witsuwit'en*. The Office of the Wet'suwet'en maintains the original spelling for consistency in legal and Land-use contexts. In this thesis, I use Wet'suwet'en when referring to legal and Land Sovereignty contexts and Witsuwit'en for all other references/contexts.

Learning on the land and in community sparked my growing interest in the indivisibility of human well-being and that of lands, waterways, and nonhuman beings.

I returned home to the north with a newfound curiosity on intimate relationships between land, place, and well-being, which formed an undercurrent to my work as a full spectrum doula and anti-violence worker in several communities across the north.[8] As a person who has never given birth or parented children, this work deeply informs my understanding of pregnancy, birth, and postpartum, and especially that of young parents and families. This work, along with involvement in various community-based projects, catalyzed the focus of my personal and professional trajectory towards abolishing systems and structures of power that continue to produce burdens of poor health and inequitable opportunities for those of whom live with/in bodies and places deemed abnormal—i.e., people who are: gender and sexually non-conforming, neurodivergent, disabled and/or fat, experiencing poverty, living with addictions and/or mental illnesses, racialized as Indigenous, Black, or a Person of Colour, without residency or citizenship, young or elderly, and living in rural, remote, northern, and/or Indigenous communities. The richness of many relationships to people who live with/in variously 'abnormal' bodies and places, including my own, continues to teach me the profound gifts of community, shared experience, listening deeply, trusting others, and reciprocity. These lessons and gifts underpin my orientation towards my research.

The way I approach and enact this research is further influenced by two entangled aspects of my personal life, which are important to articulate, at least, in part. Numerous experiences of late, including the Covid-19 pandemic, brought to the fore my deeply felt sense of place within

[8] Full spectrum doulas provide emotional, physical, and spiritual support for all outcomes of pregnancy, including labour and birth, the postpartum period, abortion, miscarriage, infant loss, and adoption.

the Widzin Kwah watershed, along with embodied realizations of how my well-being is tightly tethered to living, growing, and grieving in this place. Many gracious and generous teachers (of all varieties) in my life have also brought to the fore an acute awareness of myriad ways my land/place-relationships, and subsequent well-being, are built upon legacies of settler colonialism in unceded Witsuwit'en Territory and colonial Canada. Though I feel a profound sense of connection to these lands and waterways, "Indigenous peoples are those who have creation stories, not colonization stories, about how we/they came to be in a particular place – indeed how we/they came to *be a place*" (Tuck & Yang, 2012, p. 6). My personal journey of reckoning with my continued complicity in settler colonialism informs and co-exists alongside my desire to enact ethical and anticolonial research that reduces harms inherent to working within institutions, like the University of Northern British Columbia (UNBC), built upon Euro-colonial foundations.

In the first semester of my master's degree at UNBC, a catalyzing moment brought a renewed practice into my life that informs and shapes how I make sense of and enact my anticolonial orientation within my personal life and this thesis—that is, weaving. One of my professors, and subsequent Supervisory Committee Member, Dr Hadiksm Gaax Jessie King of the Gitxaała Git Lax M'oon (people of the salt water) from Lach Klan (Kitkatla) and Ireland/Scotland, encouraged our class to lean into our personal and individual connections to our research; to find meaningful ways to bring your full self into your research, which is especially important when working with Indigenous peoples and communities as a non-Indigenous researcher. My attention was captured by an assigned paper by Ryder et al. (2019), in which the authors developed a research methodology rooted in principles of weaving to blend Indigenous and Western ways of knowing to create a research interface best suited to the research study and context. I was drawn to the use of weaving as methodology because my

mother was a prolific weaver and I hold fond memories of her love for weaving: sitting at the loom together while she wove stunning fabrics; snowshoeing around our home to harvest willow that we later wove into baskets; and drying my hands on her handwoven tea towels that have survived these many years since she died.

After completing my first year of classes at UNBC in Prince George, I returned to the Widzin Kwah watershed to enact this research and reconnect with home and community. Sparked by these memories of weaving, I set out on a wild goose chase to find my mum's old loom that my dad sold to someone in the community about 20 years prior. While my search ended when I learned it had been sold to someone whose name was long forgotten, the endeavour reconnected me with many of my mum's old friends from the now defunct Spinners and Weaver's Guild, one of whom generously gifted me a floor loom that was gathering dust in her garage. I quickly fell in love with the art and practice of weaving, which became a critical space of reflection and distraction from the demands of completing a master's thesis. Moreover, in learning how to weave at the same time as learning how to do research, I came to know these two practices as being wonderfully akin to one another.[9]

In bringing weaving into my research, metaphors abounded: my research wove together multiple disciplines to inform my thinking, multiple methodologies to inform my methods, and multiple peoples' stories to answer my research question. However, I use weaving as more than an analogy or helpful metaphor within this research—although it is that too. As I introduce

[9] Weaving practices are incredibly diverse and can refer to numerous modes and scales of production. My weaving practice emerges from lineages of weavers using looms to create handwoven textiles using yarn spun from plant and animal fibres like cotton, silk, flax, and wool. While weaving at its most basic refers to the ancient and unchanged method of interlacing warp and weft threads, hand weaving practices are distinct from that of highly industrialized commercial weaving that produces mass quantities of textiles and goods on globalized scales (Albers, 2017).

below, the practice of weaving forms the backbone of my thesis structure and I use a methodology of weaving to guide how I enact this anticolonial research. My hope is that by sharing how the practice of weaving helped me learn how to do ethical and emplaced research, it may also provide an intuitive and inviting lens to demystify empirical research that is too often kept hidden behind the ivory tower gates of academia. Further, my hope is that by deploying the art and practice of weaving as a research tool, I can produce something that is perhaps much more emotionally resonant for you who sat down at the loom with me.

1.4 – Overview: Weaving Lesson

This first introductory chapter represents sitting down at the loom, the primary tool of many weavers around the world. The loom provides a structural frame to interlace fibres together to create woven textiles (Figure 2a). In Chapter Four, I share a representation of my research that I wove on my floor loom. In my research, the loom is also to be understood as analogous to the structures and infrastructures of colonialism, capitalism, and racism that my research is enacted within. As Michelle Murphy (2018) states, "No single being on this planet escapes entanglements with capitalism, colonialism and racism, even as their violent effects are profoundly concentrated in hotspots and hostilities" (p. 121). Imagining the loom as representative of oppressive forces bearing down upon all life is fitting given that weaving, looms, and textile practices have been the target of colonial and imperial control, domination, exploitation throughout history (e.g., Haraway, 2016, p. 86-93; A. T. Lin et al., 2023). That said, the loom holds wonderous potential for creating otherwise possibilities of living within "entanglements of becoming, and unbecoming, with others and infrastructures, as a project of future making" (Murphy, 2018, p. 121). Thus, as I sit down at the loom to weave a research tapestry oriented towards becoming, unbecoming, and future making, I am acutely aware that

such endeavours cannot escape the grips of capitalist, colonial, and white supremacist hegemonic forces. Nevertheless, I tether these forces to my foundational weaving tool, the loom, to excavate their omnipresent, yet often invisible, tendrils that bear down and shape the lives of young people living in rural, northern, and Indigenous geographies.

In Chapter Two, I wind the warp threads onto the loom, the long vertical fibres that form the backbone of a woven textile, which must be carefully arranged on the loom with proper tension to produce a well-balanced textile with structural integrity (Figure 2b). In this research, the warp consists of two fibre sets: background scholarship and literature, and my research setting—the nested geographies of northern BC and the Widzin Kwah watershed.

In Chapter Three, I draw upon weaving as an active and creative practice that lends itself well to the art and practice of qualitative research. I developed a methodology of weaving that theorizes the relational, messy, and generative ways of knowing and doing that informed my research methods, including: conversational land-based interviews, self-reflexive journalling, member checking, and tracing and weaving threads (akin to iterative thematic analysis). In this chapter, I also share ethical considerations and introduce the participants who contributed to this study, whose lived experiences and expertise form the weft yarn of the research tapestry—the horizontal fibres woven over-and-under the warp.

In Chapter Four, I weave weft into warp to create a weft-faced tapestry that represents my findings and discussion (Figure 2c). Weft-faced textiles are typically thick and dense, with the warp threads hidden beneath tightly packed and prominent weft threads; a technique often used to create rugs or tapestries. I use this weaving method to uplift and highlight participants' voices, while weaving and integrating their words alongside relevant scholarship and literature.

In Chapter Five, I conclude my thesis by taking the tapestry off the loom, an exciting stage of weaving that still requires some finishing touches to tidy up loose ends (Figure 2d). I summarize and share reflections on my research findings, discuss limitations of this research, and offer possibilities for building pathways to perinatal well-being for young people who live, grow, and raise children in northern BC.

Figure 2. Introduction to the Loom & Weaving: (2a) The Loom; (2b) The Warp; (2c) Weaving; (2d) Taking the Tapestry Off the Loom.

Chapter Two – Background & Context: Warping the Loom

our frames are not frames nor are they works
they are the movement of forest and relations through mind hand and spirit
they shape our minds around themselves
bring it into organic functioning sometimes retroactively
fashioning themselves into us through our co-optation of them as words

- Peter Cole (2006, p. 32)

Warping the loom is a somewhat tedious task that requires attention to detail to carefully construct the backbone of the textile. Each thread runs through the hands of the weaver to align the warp in order and with good tension. The warp, while structurally sound, is far from ridged; it requires movement and flexibility—too much tension and a thread will break. I take inspiration from Peter Cole, of *St'át'imc* and Celtic ancestry from *Xáxtsa7* (Douglas First Nation), in the epigraph above as I co-opt the task of warping the loom for the purpose of situating the context of my research within background scholarship and my research setting.

As I warp the two sections of this chapter together, in good order and tension, I offer them as the framework for my research tapestry. In the first warp section (Section 2.1), I begin by charting relevant literature on perinatal well-being, determinants of health, and reproductive justice frameworks that inform my research. I also trace considerations on youth-specific approaches to health care and social service delivery. The second warp section (Section 2.2) traces the contours of my research setting and the nested geographies of northern BC and the Widzin Kwah watershed. While these two warp sections provide foundational structure to my research tapestry, the bounds of each section are malleable and flexible; they bleed into one another and, at times, are in tension with one another. As I introduced in Chapter One, such points of tension persisted throughout my study. Tension, however, provides structural integrity for the textile, which I hold and lean into with care, without which the threads may break.

2.1 – Background Scholarship & Literature

2.1.1 – Perinatal Well-Being

Perinatal well-being refers, quite simply, to well-being throughout the perinatal period. While the perinatal period is easy to define (i.e., pregnancy, birth, and the first year postpartum), well-being tends to elude a neat and tidy, all-encompassing definition. In the 1948 constitution of the World Health Organization, health is defined as "a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity" (1946, p. 2). This definition clearly links health to broader concepts of well-being and not simply the absence of disease. Mainstream Euro/settler colonial health care systems and providers, however, remain tightly wedded to biomedical understandings of health focused on disease, mortality, and morbidity prevention (Josewski et al., 2023; Murphy, 2015). Further, approaches to health and well-being enacted through the field of Western medicine maintain largely individualistic understandings of well-being that fail to capture deeply emplaced and relational dynamics of individual and community well-being. As de Leeuw et al. (2018) illustrate:

> Indigenous peoples in Canada, and indeed around the world, have known for a long time something that non-Indigenous scholars, health care professionals, and decision makers are only recently embracing. Namely, that the well-being of individuals and communities is linked to much broader dynamics than typically assumed by the individualistic, biomedical approaches to health that have long dominated non-Indigenous medicine. (p. xxi)

In this research, I consider perinatal well-being as something that cannot be fully understood or realized within the narrow lens provided by individualistic and biomedical understandings of health. This is *not* to say that biomedical knowledge is not important, valuable, and life saving. Rather, the unfettered ascension of biomedicine as the epitome of health fails to attend to broader social, cultural, economic, ecological, and geographic determinants that produce widely varying health outcomes for people who live with/in bodies and places deemed

'abnormal'; outcomes that are unfair, avoidable, and remediable (de Leeuw et al., 2018; Dion Stout, 2018). Expanding the scope of health to one of well-being as a starting point to make some of these dynamics visible.

Well-being is generally posited as a multi-dimensional construct involving physical, social, cultural, spiritual, psychological, economic, and environmental domains (García-Moya & Morgan, 2017; Rootman & O'Neill, 2017; WHO, 2021). Well-being subsumes health and draws attention to broader dynamics including, equitable distribution of resources, quality of life, fostering resilience, finding meaning and purpose, and creating conditions that underly a state of thriving (Parkes, 2020; WHO, 2021). Well-being also dovetails with Indigenous perspectives on health and wellness that centre on holistic well-being that includes physical, mental, emotional, and spiritual domains (Smylie, 2014). Well-being discourse and analysis, however, can uphold problematic assumptions about what it means to be 'well' and conversely, definitions of 'ill-being,' particularly through an over reliance on individual psychological and emotional indicators (McLeod & Wright, 2016). Further, as McLeod and Wright (2016) ask: "To what extent does the focus on wellbeing, vis-à-vis older concerns with welfare, detract from what are the actual social [and material] determinants of wellbeing and the need to address those – not least of which is enduring social disadvantage" (p. 13). As McLeod and Wright indicate, the broader social and material determining conditions of well-being must be considered, rather than purely biomedical and individual approaches.

Given the unique nature of pregnancy, birth, and postpartum, I turn to two approaches to well-being during this developmental and transitional period of life. First, I draw on a model put forth by Wadephul et al. (2020) that considers perinatal well-being as "a dynamic and subjective individual experience consisting of physical/embodied, affective and psychological/cognitive

elements, which can be both positive and negative" (p.10). While Wadephul and colleagues also consider how perinatal well-being exists within broader, complex, and multi-faceted environments, this definition remains rooted in an individualized Euro-Western perspective that is unsuitable for considering young Indigenous people whose health and well-being must be considered within Indigenous philosophies and approaches to care. I therefore also turn to Dr Janet Smylie of the Métis Nation of Ontario who shares:

> For many Aboriginal peoples, birth is considered a community event that is celebrated and is perceived to strengthen the web of relationships between extended families and the local natural environment. Ensuring that the physical, mental, emotional, and spiritual needs of pregnant women and breastfeeding mothers are met has always been a family and community priority…This community level investment in maternal and infant health and well-being was recognized as foundational to social well-being and cultural continuity. (2014, p. 1)

As Smylie shares, perinatal/maternal health and well-being of an individual is nested within webs of relationships to family, community, culture, and the natural environment. Further, well-being also includes spirituality, and is inseparable from social and cultural well-being, aspects not captured by Wadephul and colleague's definition.

In my research, I consider perinatal well-being as a complex and holistic phenomenon involving physical, emotional, mental, spiritual, and relational elements that are inseparable from kin, community, culture, land, and place. While I consider individual experiences of perinatal well-being, my research is oriented towards broader determining forces of well-being that are too often subsumed by individualized and biomedical approaches.

2.1.2 – Determinants of Health

It is increasingly accepted that a range 'upstream' factors determine health and well-being (Aalhus et al., 2018; Greenwood et al., 2018; WHO, 2021). Charlotte Reading (2018), of Mi'kmaq and French Acadian ancestry, provides an illustrative metaphor that draws on

Indigenous ways of knowing to envision determinants of health as parts of a tree. The most visible, obvious, and proximate determinants of health can be thought of as the crown of the tree, the leaves and branches, or the *social* factors directly related to experiences of health and well-being. For example, income, education, employment status, age, gender, and sexuality, among others are frequently considered within 'social determinants of health' frameworks, which are indeed correlated with numerous health outcomes including perinatal and neonatal outcomes of young parents (Aalhus et al., 2018; Dion et al., 2021; Fleming et al., 2012). As Reading offers, social determinants of health are influenced by more intermediary forces—the trunk of the tree—such as health care, education and justice systems, social welfare, labour markets, and, from Indigenous perspectives, ceremonies, kinship networks, and language. These factors are further influenced by underlying distal, or root forces that form the historic, ideological, cultural, political, and economic foundations underpinning well-being—the roots of the tree.

Looking to roots of the tree brings into focus myriad ways that broader socio-cultural and structural forces met out ill/health to some bodies and places and not others. For example, much needed attention is being afforded to the reality that, in the context of Canada, settler colonialism continues to produce disproportionate burdens of poor health for Indigenous peoples, which arise in some of the most acute and harmful ways for Indigenous women and birth givers (Finestone & Stirbys, 2017; Simmonds, 2017). Prior to colonization, however, Indigenous peoples maintained good health that was supported by sophisticated knowledge systems and practices, including knowledge to support childbirth and holistic well-being throughout the perinatal period (Greenwood, 2019; Jongbloed et al., 2023; Morin, 2016; Smylie, 2014). Colonial policies have and continue to profoundly disrupt the use and transmission of such knowledges through paternalistic and oppressive policies such as residential schools, the 60s and millennium scoops,

birth evacuation, forced/coerced sterilization, community relocation and deterritorialization, and suppression of governance structures and cultural practices (Finestone & Stirbys, 2017; Simmonds, 2017; Smylie, 2014).

In similar ways, the risks and consequences of early-age pregnancy and parenting, while *associated* with factors like age, educational attainment, and income, are determined further upstream—or, in the roots of the tree. For example, research by Shoveller et al. (2011) showed how sociocultural conditions and policy structures, like aging out of youth income supports, conflicting policy agendas, lack of subsidized childcare, and various other structural forces put young parents "at risk of risks" (p. 1372). As these authors suggest, interventions designed for young pregnant and parenting folks ought to move beyond ameliorating negative impacts in the 'here-and-now' (like housing and finishing high school) to address the structural 'ecosystem' of economic, social, and political forces that reinforce multiple and overlapping inequities. While widening the aperture of social determinants of health to consider broader root forces is revealing, and considered herein, I also turn to bodies of scholarship that attend to the determining role of geography and the closely related concepts of place, land, ecology, water, dirt, and other such nonhuman beings and materialities.

Extending Readings tree metaphor, health and well-being is further determined by *where* the tree is planted. To think of health geographically is to acknowledge that where and how people live matters (de Leeuw, 2018; Hazen & Anthamatten, 2019). Place and space are central concepts that make up the "stuff" of geography, with less intimate spaces being imbued with meaning to become emotionally resonant places (Cresswell, 2008; de Leeuw, 2018; Tuan, 1977). Much as a house becomes a home, the lands and waterways bound between 53 and 60 degrees north become known to many as northern BC. Spaces and places are far from neutral or passive

backdrops upon which life unfolds (de Leeuw, 2018; Tuck & McKenzie, 2015). Rather, spaces and places are active and determining forces that shape human life, and, in turn, are shaped and transformed by human activities, behaviours, and systems of being. While place and space are key concepts within this research, I turn specifically to geography, which tethers place and space to things like territory, land, dirt, terrain, topography, landscape, and water.

There is a long and textured history of thinking about relationships between human health and geography. Much of this scholarship and literature arises from Eurocentric traditions focusing on *spatial* considerations of how diseases and pathogens spread across time and distance, which typically positions physical environments as threats or vectors of harm and gives rise to fields like epidemiology and disease ecology (Hazen & Anthamatten, 2019). Over time, health geographers asserted increased attention to *structural* aspects of people-place relationships like social, economic, and cultural contexts, and more recently, *critical* questions about power, ethics of care giving, and accessibility of health and health care. Building on such traditions, there is burgeoning scholarship focused on ways "care and care relationships are located in, shaped by, and shape particular spaces and places that stretch from the local to the global" (Milligan & Wiles, 2010, p. 736). This work gives rise to several concepts like 'care-ful geographies,' 'care ecology,' 'therapeutic landscapes,' and 'landscapes of care' (Bowlby & McKie, 2019; Gesler, 1992; Kearns & Milligan, 2020; Milligan et al., 2007; Milligan & Wiles, 2010). My research is informed by such scholarship, especially that of Milligan & Wiles (2010) who advance 'landscapes of care' as a conceptual framework to understand how practices of care within various spaces and places shape experiences of health and well-being—that is to say, how social, economic, and political contexts and hegemonic forces determine health and well-being through care-based relationships.

Despite arising from the field of geography and using of lexical devises like ‘landscape’ and ‘ecology,’ much of this scholarship fails to account for things like dirt, terrain, water, weather, and other-than-human creatures. Paired with the rapid and prolific ascension of *social* determinants of health in policy and research, geographic investigations into health frequently eclipse fundamental and non-negotiable determining forces of all life (de Leeuw, 2018; Josewski et al., 2023; Parkes, 2011). The work of Indigenous geographers, health researchers, and leaders pushes against such tendencies and advances understandings of people-place relationships that, when appropriate, “are [stories] best told by Indigenous peoples who have access to ancestral knowledge systems, names, connections, and spirituality” (Añonuevo et al., 2023, p. 202). Further, as Josewski et al. (2023) argue, the continued privileging of social determinants of health risks “re-entrenching deeply colonial ways of thinking about and providing health services for Indigenous people” (p. 5). Thus, while turning to people-place relationships may be important and revealing for all people, for Indigenous peoples, place and land are far more than ‘important’ and ‘revealing’ concepts.

Moreover, attending to the health determining forces of land and place for Indigenous peoples requires far greater attention to matters of Indigeneity than I have afforded thus far. In the context of Canada, and this research, the term Indigenous refers to First Nations, Métis, and Inuit peoples who are distinct and constitutionally recognized groups of peoples with their own histories and relationships to the lands and places that are colonially known as Canada. Indeed, Indigenous peoples around the world are distinct from one another and deeply tethered to very specific places: there is no singular Indigenous identity and experiences of Indigeneity are diverse and widely varied. Nevertheless, many Indigenous peoples hold commonalities that give rise to global movements and unifying language to describe shared experiences of colonization,

denial of sovereignty, imperial domination, and collective struggles to retain "social, cultural, economic and political characteristics that are distinct from those of the dominant societies in which they live" (United Nations, n.d., p. 1; see also Tuhiwai Smith, 1999). While many settler populations and communities lay claims to lands and, at times, 'indigenous' identities by way of occupation extending over multiple generations, as Linda Tuhiwai Smith (1999), of the Māori iwi Ngāti Awa and Ngāti Porou from the east cape of northern Aotearoa, writes, Indigenous peoples have no other ancestral, linguistic, or cultural homeland to reference: Indigenous genealogies and kinship networks are borne *of place* (see also: Coulthard, 2014; Deloria et al., 2001).

In turning to the determining conditions of Indigenous peoples' health, Indigenous scholars and leaders, along with their non-Indigenous allies, advance the need for Indigenized determinants of health frameworks (e.g., Greenwood et al., 2022). From these perspectives, land and place becomes far more than 'important' or 'revealing' concepts. As scholar Glen Coulthard (2014) of Yellowknives Dene First Nation writes:

> [I]t is a profound misunderstanding to think of land or place as simply some material object of profound importance to Indigenous cultures (although it is this too); instead, it ought to be understood as a field of 'relationships of things to each other.' Place is a way of knowing, of experiencing and relating to the world and with others; and sometimes these rational practices and forms of knowledge guide forms of resistance against other rationalizations of the world that thread to erase or destroy our senses of place. (p. 60-61)

Further, land and place, while inseparable from Indigenous ways of knowing and being, are understood as animate forces that matters and exists in their own right—as something *more than human* that exists beyond and in spite of 'social' experiences of 'human-being-ness' (de Leeuw, 2018; Simpson, 2014). Driven by these worldviews, Indigenous determinants of health frameworks move beyond Euro-colonial preoccupation with social determinants of inequities

and ill-health, towards approaches rooted in land and place—as both 'material objects of profound importance' *and* ways of knowing, experiencing, and relating to the world.

In this vein, Josewski et al. (2023) point to the inherent connections between re-inserting land *back* into Indigenous health and well-being and the "landback" movement, stating that:

> Landback is a literal, material, ground-bound statement, and it is inseparable from the bodies (the human beings, the people) who are calling for it. Landback. Landback. Landback is about health and wellbeing. Landback is embodied. Landback is felt, lived, and experienced. Landback is mental and physical and spiritual and emotional survivance and health. Landback recognises that deterritorialization, or the forcible removal of Indigenous people from land and territory, has been fundamental to the Euro-colonial project of nation- and state-building; deterritorialization has had and continues to have resonant and devastating impacts on Indigenous mental health and wellness, which is why it is important…to look toward the earth…To territory, which might be stolen and occupied. Toward the ground. Toward the small, the all-too-often overlooked. (p. 3)

As I endeavoured to enact within my research, matters of perinatal well-being for Indigenous young people cannot be abstracted from the ground-bound, material, literal lands and places from which Indigenous health and well-being arise. Moreover, as I return to below, justice-oriented questions of birth, babies, and bodies, to which I ascribe my research, cannot be asked without attention to dirt, water, soil, territory, and the fundamental need to "get Indigenous Lands back into Indigenous hands" (NDN Collective, 2021).

First, however, I briefly turn to complementary bodies of scholarship, collectively regarded as 'ecosystem approaches to health,' that further informs how I consider and operationalize determinants of health and well-being within my research. This scholarship, such as ecohealth, planetary health, and socio-ecological approaches to health promotion, emerges in response to the persistent artificial divides between social and environmental health factors (e.g., Parkes, 2011, 2020; Ratima et al., 2019; Redvers, 2021; Richard & Gauvin, 2017). While this scholarship varies in scope and focus, it converges on shared interests to "understand the health

of people, animals, and ecosystems in the context of social and ecological interactions" (Horwitz & Parkes, 2019, p. 4). Much of this work builds upon and includes Indigenous approaches to health discussed above, though it is not always oriented towards Indigenous peoples and communities (Parkes, 2011). Further, and in somewhat similar ways to the above-mentioned fields of care ecology and landscapes of care, ecosystem approaches to health are endowed to groundwork laid by life sciences on ecosystem health that advanced principles of integration, interconnectedness, interdependence, and nestedness (Parkes & Horwitz, 2009). That said, the integration and adoption of ecological principles within health-related fields is often selective and embroiled with romanticized notions of landscape, nature, and the like (Horwitz & Parkes, 2019; Parkes & Horwitz, 2009).

In response to this tendency to overlook the contextually specific and situated nature of ecosystems, Parkes & Horwitz (2009) posit water and watersheds as both figurative and literal vehicles to understand systemic contexts of well-being. In this way, Parkes and Horwitz respond specifically socio-ecological approaches to health promotion that, despite drawing on 'ecological' principles, tend to overlook the importance of trans- and cross-disciplinary exchange and failures to reflect fundamental features of ecosystems—principally, water. As Parkes and Horwitz highlight, water is a principal organizing feature of land and human life—its distribution and movement is intimately related to geography and it is highly determining of human settlement (Parkes & Horwitz, 2009). Further, as Parkes and Horwitz offer, water's flow through the landscape offers an intuitive analogy to link 'upstream' and 'downstream' activities that determine health and well-being. Much in the way Reading (2018) links the leaves, trunk, and roots of a tree to proximate and distal determinants of health, watersheds offer a useful analogy to understand how upstream activities flow and cascade downstream in cumulative and

compounding ways to determine health and well-being. Moreover, watersheds, river basins, and sources of fresh water hold immense cultural, biophysical, political, spiritual, and social significance, especially within Indigenous worldviews (e.g., Olson, 2012; Sanderson, 2008). Returning to health geography's focus on *where* and *how* people exist in space and place can be extended to consider that "where we are and who we are is related to water access, flows and cycles in a manner that embraces both environmental and social determinants of health and demands socio-ecological perspective" (Parkes & Horwitz, 2009, p. 97).

With all this in mind, I ground my research in the Widzin Kwah (Bulkley-Morice) watershed. Below, in Section 2.2, I trace the multiple, overlapping, and nested geographies through which water flows from mountain peaks and creeks into Widzin Kwah—the river (*kwah*) named in Witsuwit'en for its clear, blue-green waters (*widzin*). For Witsuwit'en, *t'oh* (water) and Widzin Kwah hold cultural, economic, political, and spiritual significance that is tethered to *yintah* (land/territory), where for generations Witsuwit'en "have been born, lived, and died in [these] homelands. They have bathed and cleansed in the lakes, rivers, springs, and waterfalls" (Martin Harris & Añonuevo, 2022, p. 4). Widzin Kwah, colonially known as the Bulkley and Morice Rivers, is also a deeply determining force that reverberates through many domains of settler life throughout the valley. I use the Widzin Kwah watershed as the setting of my research in which I consider social, structural, ecological, geographic, and Indigenous determinants of health and well-being for young people who live and their raise children here. While these frameworks inform how I understand the upstream determining forces of health and well-being, I also moor my research to reproductive justice movements that advocate for reproductive possibilities rooted in community, place, land, and collective flourishing.

2.1.3 – Reproductive Justice

The lives of young folks navigating pregnancy, birth, and early parenting exist within and are shaped by broader reproductive politics and possibilities. Most acutely, young people face a slough of alienating parables about morally problematic early-age pregnancy and parenting (Chabot et al., 2010; Hans & White, 2019). The so-called 'crisis' of teenage pregnancy arose from changing socio-economic conditions in late 20th century Anglo-American contexts where delayed childbearing became desirable in order to obtain higher education and well-paying jobs, particularly for those in privileged vantage points (Hans & White, 2019; Linders & Bogard, 2014). Increasingly (neo)liberal agendas emphasized individuals' accountability to the State and inscribed regulatory laws, policies, practices, and social norms to maintain control over reproductive bodies (Brown et al., 2013; Linders & Bogard, 2014). For young people, these political and economic agendas constructed discourses of 'risky behaviours' that render certain activities and choices—especially related to sexual activity—as putting youth 'at-risk' of being a "threat to themselves and a potential threat to the social and health (and hence moral) orders" (Brown et al., 2013, p. 333). The construction of risk and risky behaviours of young people intersects with stereotypes of young pregnant and parenting people as racialized, hyper-sexual, urban resident dependent upon social welfare, which together inscribe 'the problem' of early-age pregnancy deep within Anglo-American thinking (Brown et al., 2013; Cense & Ganzevoort, 2019; Hans & White, 2019).

The long and troubled history of problematizing early-age pregnancy and parenting and broader politics of reproduction are beyond the scope of this research. That said, I introduce this context to clearly state that my research *does not* view early-age pregnancy and parenting as a social problem that needs to be ameliorated or prevented. Rather, I orient my research towards

the contexts and conditions of young peoples' lives that shape and determine experiences of well-being as young folks navigate one of many possible reproductive possibilities (i.e., to have children), to which I ascribe no judgment as either 'bad' nor 'good.' In turning towards the conditions and contexts of young peoples' lives, I am deeply informed by decolonial feminists reproductive justice movements led by women of colour, queer and trans folx, and young Indigenous people who have long resisted privileged versions of reproductive politics.

Reproductive justice frameworks resist and exist beyond Euro-colonial, white feminist, and heteropatriarchal notions of reproductive rights and individual choice. Advocacy by organizations like Native Youth Sexual Health Network, Asian Communities for Reproductive Justice (ACRJ), and SisterSong Women of Color Reproductive Health Collective (SisterSong) advanced notions of reproduction beyond individual responsibility and choice-making towards opportunities for survival and flourishing rooted in *community.* ACRJ and SisterSong offer a definition of reproductive justice that provides a starting point for how I consider reproductive possibilities of young pregnant and parenting folks in my research:

> [R]eproductive justice is the complete physical, mental, spiritual, political, economic, and social well-being of women and girls, and will be achieved when women and girls have the economic, social and political power and resources to make healthy decisions about our bodies, sexuality and reproduction for ourselves, our families and our communities in all areas of our lives (ACRJ & SisterSong, 2005, p. 1).

While my research focuses on young people who *do* have children, these experiences exist within broader reproductive possibilities and the human right "maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities" (SisterSong, n.d., para 1). Turning to notions of 'safe and sustainable communities' moves reproduction beyond the individual and towards the foundational starting point of "the affirmative making of the conditions that support collective life" (Murphy, 2018, p.

109). Reproductive justice is therefore tightly enmeshed with environmental justice movements, and the health of the lands, waters, and nonhuman beings, as well as social and community structures that influence food systems, family and community policing, housing, education, employment, and environmental destruction: there is no reproductive justice if you cannot drink the water (Murphy, 2018).

Reproductive justice frameworks provide a mooring point for how I make sense of possibilities of well-being for young pregnant and parenting folks living within the Widzin Kwah watershed, which I take as inseparable from community well-being and that of the lands, waterways, and nonhuman beings with whom life is collectively affirmed in this place. In doing so, I am deeply informed by the work and leadership of Wet'suwet'en and Indigenous Land defenders who continue to resist settler colonial resource extractive projects threatening collective life and opportunities for flourishing within the Widzin Kwah watershed. I also hold many lessons from Indigenous folks within and beyond Witsuwit'en Territory who generously taught and continue to teach me about the indivisibility of people, land, place, and collective flourishing. That said, my position as a white settler who occupies unceded Witsuwit'en land and numerous sites of privilege undoubtedly influences my thinking and doing in ways that are incommensurable with such decolonizing politics and ethics. In contending with this ongoing tension, I further ground my orientation to this research within Indigenous reproductive justice and birthing sovereignty frameworks.

As part of the above-mentioned reproductive justice movements, the Native Youth Sexual Health Network (NYSHN) has advanced Indigenous-specific priorities and viewpoints on reproductive possibilities for young people in the settler colonial contexts of the USA and Canada. Their leadership and advocacy moves beyond sexual and reproductive health narratives

of shame, stigma, and risk towards justice, transformative resurgence, cultural safety, art, resistance, harm reduction, self-determination, and interconnected bodies, lands, and communities (NYSHN, n.d.). Founding director of NYSHN, Erin Konsmo, self-described Métis Prairie queer and member of the Métis Nation of Alberta, describes reproductive justice as:

> Reproductive justice to me means having my cycles as a woman being connected with the cycles of nature, it means having that connection be strong and healthy. It means being able to make decisions over that health including when and if I have children, the ability to make decisions to not follow full term with a pregnancy. It also means having the ability to sit and listen to my kookum (grandmother) tell me in her own indigenous language (which she lost) with my feet in the dirt and hands planting seeds how my reproductive system is interconnected with the earth. It is not some foreign white concept written on cleaned up white paper, it is poetry, beautiful and real. Beautiful with my feet in the dirt. (in Danforth, 2010, n.p.)

Konsmo's perspectives, among others, inform how I consider and make sense of well-being for young Indigenous pregnant and parenting folks within this research. Further, given my focus on the reproductive experiences of those who *do* have children, my research is also informed by the Indigenous birthing sovereignty movement.

Indigenous birthing knowledges and practices around the world have persisted and survived despite profound and continued disruption, suppression, and erasure by Euro-colonial and imperial domination (Lavell-Harvard & Anderson, 2014; Tait Neufeld & Cidro, 2017). In the context of colonial Canada, many Indigenous communities and collectives are re-asserting sovereignty over Indigenous birth and the revitalizing traditional birth knowledges through Indigenous midwifery and birth worker practices (e.g., Churchill et al., 2020; Cidro et al., 2018, 2021; Hayward & Cidro, 2021; Tabobondung, 2017). However, many of these programs are focused in urban areas (e.g., Ekw'í7tl doula collective in Vancouver and Seven Generations Midwifery in Toronto) or the far north (e.g, Inuulitsivik midwifery service in Nunavik). There are currently no formal Indigenous birthing practices or collectives in northern BC. However,

that does not imply a lack or absence of Indigenous birth work, knowledges, and practices (e.g., see forthcoming work by Erickson, 2020). In the context of the Widzin Kwah watershed, Witsuwit'en and Gitxsan knowledges of birth and the perinatal period have and continue to be practiced by generations of birthing people. Historically, for example, Witsuwit'en used plant medicines to control postpartum bleeding, timed births to coincide with mild Spring weather, and shared various responsibilities for raising children through Clan-based kinship networks (Morin, 2016). Contemporarily, Indigenous birth doulas are revitalizing cultural and spiritual birth practices within and beyond Witsuwit'en contexts (personal communications, H. Harris, 2022).

Such practices are part of broader movements of Indigenous resurgence that exist beyond and in spite of dominant white settler and Euro-colonial society. As several Indigenous scholars state, Indigenous resurgence occurs "on our own terms, without the sanction, permission or engagement of the state, western theory or the opinions of Canadians" (Simpson, 2011, p. 17–18; also see: Alfred, 2009b; Coulthard, 2014). As Finestone and Stirbys (2017) further illustrate, Indigenous birth resurgence "does not occur in opposition to the settler state and its desires or values; it stands alone and involves the resurgence of ceremonies and practices that, at their core, assert the futurity of Indigenous peoples by honouring the very first environments—the mother's womb" (p. 177). In this research, I work to situate Indigenous experiences within sovereign, self-determined, Indigenous perspectives that maintain and assert Indigenous futurity.

Moreover, I orient my research towards that to which I am implicated and responsible: the harms of settler coloniality and white feminism. Specifically, I resist the tendency to prioritize the reduction and amelioration of risks and rates of early-age pregnancy and parenting. Instead, my research prioritizes reducing and ameliorating the harms caused by systems, structures, and ideological foundations that put young people 'at risk of the risks.' In this way, I

moor my orientation to decolonial and queer feminist perspectives that resist individual notions of responsibility, choice, and risk, and instead, turn towards cultivating conditions that support well-being of young people.

2.1.4 – Young Peoples' Health

My work is theoretically grounded in literature on perinatal well-being, determinants of health, and reproductive justice frameworks. Given my goal of supporting NSDP and local community-based priorities with practical and applied approaches, I am also informed by growing bodies of research and literature that advance possibilities of integrated models of care and youth-specific approaches to health care and social service delivery, which I provide a brief overview in this section. Following this, I trace the small body of research with young parents in Prince George that provides starting points for thinking about perinatal well-being of young people living in northern BC, after which I turn to the contours of my research setting that lies beyond this relatively urban geography.

Integrated & Youth-Specific Programs:

Integrated and youth-specific approaches to care are emerging as promising approaches to reduce barriers to service, particularly for harder to reach populations (e.g., Hetrick et al., 2017; Mathias et al., 2021; Rutman et al., 2020; Rutman & Hubberstey, 2020). However, little research explores integrated approaches for young people navigating pregnancy, birth, and early parenting (except see, Fleming et al., 2012). In this secetion, I trace literature on integrated approaches for two separate populations relevant to my research study: 1) pregnant and parenting folks (of all ages), and 2) young people accessing services through Foundry BC.

Integrated approaches to care vary in their relative degree of collaboration, underlying philosophy, and physical design. Integrated models of care are referred to as 'team-based,'

‘wraparound,’ ‘collaborative,’ ‘co-located,’ ‘under-one-roof,’ ‘multi-service,’ among other such names, which typically share common goals of increasing access through greater collaboration between traditionally siloed health and social service. That said, integrated models maintain flexibility to adapt to local needs and evolve “within their historical, philosophical, cultural, fiscal and political contexts” (Hetrick et al., 2017, p. 15). In a review of eight multi-service perinatal substance use programs, Rutman et al. (2020) found that, while being connected to a range of health care and service providers was important, “how this is operationalized is not as important as the fact that women made a positive attachment with a health care provider” (p. 12). There are nevertheless important characteristics of integrated approaches to consider.

Across Canada, there are several integrated programs for folks navigating the perinatal period. Such programs wrap multiple health and social services around people rather than expecting them to navigate numerous institutional barriers (Cailleaux & Dechief, 2007; Nathoo et al., 2013). These approaches focus on supporting parent-child dyads by blending social services, primary care, and mental health care services (Hubberstey & Rutman, 2020; Marshall et al., 2005; Nathoo et al., 2013). For example, Rutman et al. (2020) emphasized that the lives of parents and children cannot be easily compartmentalized into traditional service delivery structures and funding models, which underscores the value of integrated approaches to “meet the wide range of women’s material and social needs and to address barriers to service” (p. 12).

In the province of Ontario*, St. Mary’s Home and Young Parent Outreach Centre* is a long-standing multi-service program that provides housing, drop-in, and outreach services for young pregnant and parenting people. In a matched cohort study, Fleming et al. (2012), found that while young people accessing this program had higher rates of smoking and substance use, they also accessed first trimester prenatal care earlier, attended prenatal classes most often, had

higher rates of group B strep screening, increased gestational age at delivery, and lower relative risk for low-birth-weight infants and preterm delivery. These authors attribute these positive obstetric and neonatal outcomes to increased access to early and regular prenatal care and comprehensive social services. While firmly rooted within risk-oriented perspectives, this study provides insight into ways that increased opportunities and access to integrated and youth-specific health and social services can improve outcomes for young pregnant and parenting folks.

In BC, Foundry (est. 2015) provides integrated health and social services for young people (12-24) throughout the province, operating on a model of equal partnership between young people, their families, and service providers (Foundry BC, n.d.). Young people can access integrated primary care, mental health and substance use, sexual health, and various social services at brick-and-mortar centres in 25 communities throughout the province, with 10 more centres forthcoming, and through their virtual service network established during the Covid-19 pandemic (Foundry BC, n.d.; Zenone et al., 2022). Proof of concept research by Mathias et al. (2021) shows Foundry's integrated model to be especially effective for increasing access for youth marginalized by mainstream services, including gender and sexually non-conforming folx, those self-identifying as non-White, and those with insecure housing. Further, this research emphasizes the importance of integrated youth-specific services as a reliable, trusted, and accessible approach that attends to unmet needs of young people through both virtual and brick-and-mortar settings (Mathias et al., 2021; Zenone et al., 2022).

Literature arising from Foundry BC and other integrated models of care provides several starting points for thinking about opportunities within the Widzin Kwah watershed. However, this research arises almost exclusively from urban centres with applications in small, rural, remote, and Indigenous communities yet to be explored. That said, there are similar programs in

other BC communities outside the richly resourced landscapes of the Lower Mainland and Greater Vancouver Area from which to draw. Two programs of note, Archway Young Parents Program and Harmony House, are located in Vernon and Prince George, respectively, each of which provide transitional and supportive housing for pregnant and birthing parents and their children. While no documented literature evaluates or explores their program models, personal communications with these programs revealed the critical services they provide, which focus on meeting basic needs like housing, food, clothing, transportation, and connecting people with a range of health and social services (personal communications, M. Brouwer, 2021). There is a gap in current literature and a need to explore the application of integrated approaches for young pregnant and parenting people living in northern, rural, and Indigenous communities.

BC Young Parent's Study

Existing published research on perinatal experiences of young people in northern BC emerges from the relatively urban setting of Prince George, and in one case, includes participants from Quesnel (O'Brien et al., 2018). This literature arises from the Young Parents Study (YPS) led by Jeannie Shoveller (2013-2018), which explored experiences of young parents (15-24) accessing a variety of health, education, and social services in two cohorts, one in Greater Vancouver (57 participants), and one in Prince George (76 participants). Findings from this research generally align with my discussion of background literature up to this point and are integrated throughout. A few notable findings, however, point to some ways young parents' experiences are shaped within rural, northern, and Indigenous geographies, which I trace here.

Of particular relevance to my research are findings from a subset of the YPS that examined experiences of 'aging out' of various State-provided education and income supports for young parents (Shoveller et al., 2011). These authors found that arbitrary timelines and age-

restrictions of State programs, along with conflicting policy agendas and problematic narratives of early-age parenting created overlapping and compounding barriers for young parents to access necessary supports and services. Further, living in Prince George, compared to Greater Vancouver, created additional barriers due to fewer available resources and the chronic and worsening lack of affordable housing. As these authors note, Prince George is 'home' to many young people who "migrate from other more northern and more rural communities to access maternity care and other specialized forms of health care, to give birth to and to raise their children" (Shoveller et al., 2011, p. 1359). Indeed, Prince George serves as an economic, health, and social service hub for much of northern BC, including the Widzin Kwah watershed. Given the exacerbated housing crisis and increased strain on health and social services in the wake of the Covid-19 pandemic, structural and systemic factors present in the YPS can be assumed to be heightened beyond the comparatively resourced and urban context of Prince George.

In similar ways, another subset of the YPS compared how young parents negotiate information practices for infant/child feeding between the Prince George and Greater Vancouver cohorts (O'Brien et al., 2018). These authors found that young parents in Prince George received little professional assistance to navigate infant/child feeding as compared to young parents from Greater Vancouver where there were more opportunities for support from labour and delivery nurses, primary care providers, and lactation consultants. The lack of professional support in Prince George led young parents to rely more heavily on informal support from friends and family "with varying degrees of success" (O'Brien et al., 2018, p. 618). Thus, as also indicated by Shoveller et al. (2011), the availability of health and social services may be a significant determining factor of perinatal well-being for young people in rural and northern communities.

Finally, an additional finding of note emerges from a subset of the YPS exploring birth story narratives told by young parents (Carson et al., 2017). As the authors describe, Indigenous mothers in this study more commonly voiced fears of child apprehension by Ministry of Children and Family Development compared to non-Indigenous mothers. While the authors do not attribute this finding to the Prince George cohort, the majority of Indigenous participants lived in Prince George (27 compared to 4 in Greater Vancouver). Given that approximately 35% of First Nations people in the province are located in northern BC, and as other research shows, concerns of child apprehension are likely to be particularly salient for Indigenous young people in in this context (e.g., de Leeuw, 2016; Kobayashi et al., 2014).

The YPS and other research on integrated and youth-specific health and social service delivery provide important starting points for thinking about perinatal well-being of young folks living in rural, northern, and Indigenous geographies. Principally, this literature speaks to the role of structural, systemic, and institutional factors in creating enabling (or inhibiting) conditions for young people to access necessary health and social services, which may be especially challenging in resource limited rural and northern contexts.

2.2 – Research Setting

My research lands in the Widzin Kwah watershed on the leeward edge of the Coastal Mountains in northwestern BC (Figure 3). Widzin Kwah flows north-northwest through Witsuwit'en Territory from its headwaters in Widzin Bin (Morice Lake) through the wide fertile basin known locally and colonially as the Bulkley Valley. Widzin Kwah drains into the Skeena River in Gitxsan Territory, where several Upper Skeena communities are located. The Widzin Kwah watershed and the communities, lands, and waterways from mountain peak to valley bottom are nested within broader physical geographies of the Skeena Watershed, the Coastal

Mountains, and the Wester Cordillera region of North America. The watershed is also nested within broader social, economic, cultural, and political geographies of so-called British Columbia, and the settler colonial nation-state of Canada. Before turning to the Widzin Kwah watershed, where my research lands, I first situate some of these broader geographies.

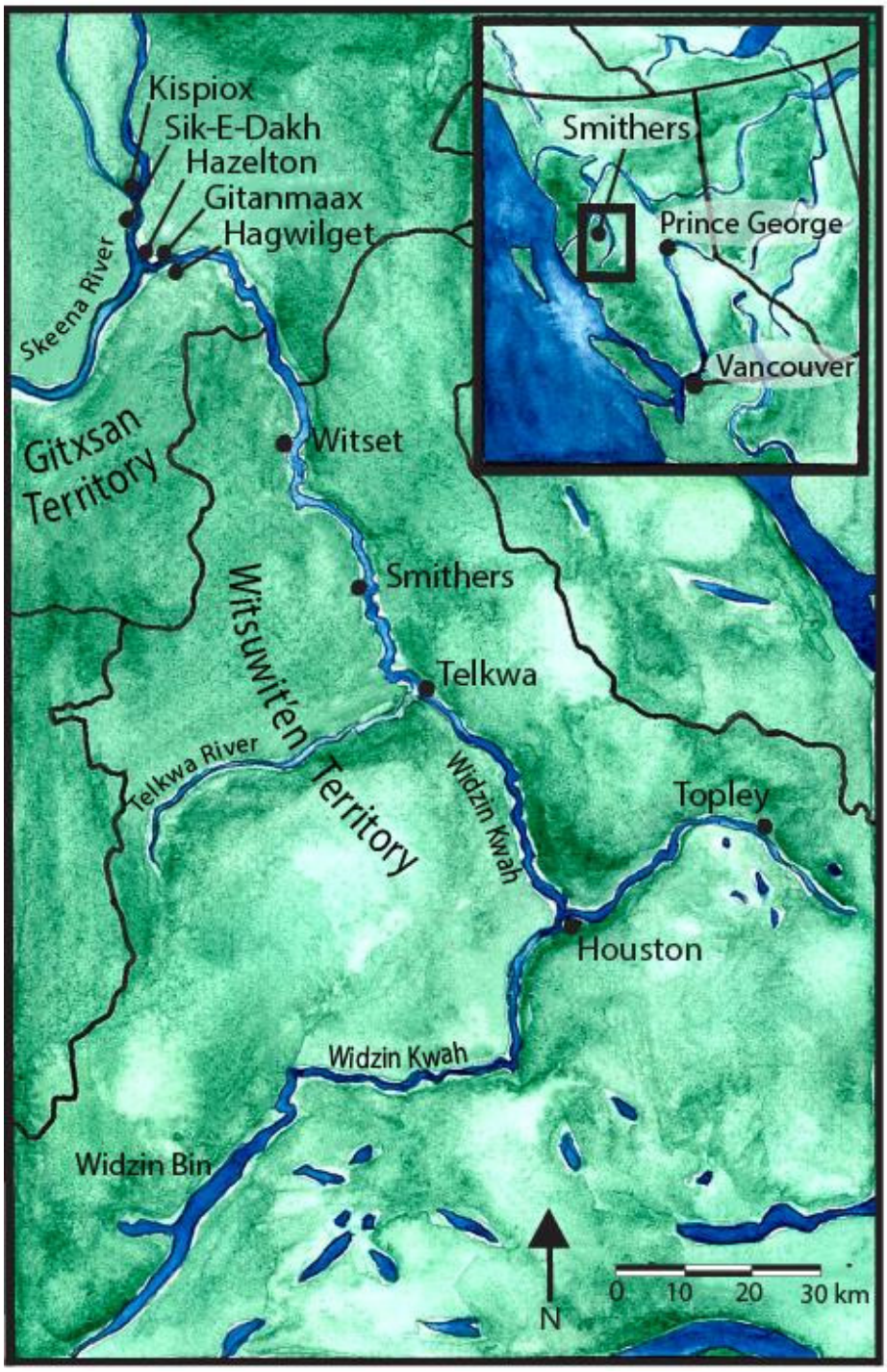

Figure 3. Map of the Widzin Kwah Watershed. (Own Work)

2.2.1 – Geographies of Northern BC

Bound between the 53rd and 60th parallels of latitude, the region known as northern BC is primarily defined by the boundaries of Northern Health, one of five regional health authorities in the province. Of the regional health authorities, Northern Health serves the smallest population spread over the largest geographic area, with roughly 300,000 people dispersed throughout dozens of communities across a landmass the size of Ukraine. The population of northern BC includes 52,138 registered (status) First Nations people whose languages, cultures, and identities are borne and rooted in this place, along with approximately 20,000 people who are Métis, non-status First Nations, Inuit, and/or of multiple Indigenous indentities (FNHC et al., 2022). Over 200,000 settlers,whose ancestors come from all corners of the world, also call this place home. Together, the residents of northern BC comprise seven percent of the total BC population and live throughout vast landscapes that make up 64 percent of the provincial land base.

These landscapes are also home to an abundance of nonhuman beings and a diversity of ecosystems—from coastal rainforests to boreal forests and alpine tundra, from sea level to 4,000-meter mountain tops, and along countless streams and rivers flowing back to the Pacific Ocean. The landscapes of the north are multiple: they are stunningly beautiful and rich with abundance; they are polluted and stripped of natural resources; they are the traditional, ancestral, and unceded homelands of numerous First Nations; they are the discursive and material product of historic and ongoing settler colonialism; and they exist beyond the confines of coloniality. This place is far from singular and efforts to describe and understand the lives and well-being of people living here must be rooted in these multiple, conflicting, and messy geographies.

While many of the communities across the north share descriptive characteristics such as rural, remote, and northern, their similarities might only converge on their distinctiveness from

more urban and southern centres. Prince George, the largest city in northern BC, is home to 75,000 people, with six other settler communities having populations over 10,000 people, and the remaining 20 setter towns ranging from a few hundred to a few thousand people (PHSA, 2019). There are 55 First Nations communities, along with many more seasonally occupied sites of harvesting and cultural activities (FNHC et al., 2022). The diversity of settler and Indigenous geographies across northern BC cannot be understated. As de Leeuw et al. (2012) describe, the shifting, complex, and asymmetrical articulation of historic and ongoing colonization in northern BC creates "tense geographies of different social, cultural, economic, and political powers and unstable boundaries, borders, laws, policies, and sociocultural protocols, although continually resisted, still persist" (p. 905).

The most pronounced boundaries and asymmetries can be seen through varying degrees of remoteness and access to settler and First Nations communities. Settler communities are primarily located along paved and well-maintained highways, whereas many First Nations communities are located along gravel resource roads or in places only accessible by barge, boat, or bush plane—weather permitting (FNHA et al., 2013). In many ways, the ideological, legal, and physical manifestations of colonialism "literally and figuratively mapped Indigenous peoples out of British Columbia and onto Indian reserves" (de Leeuw, et al., 2012, p. 905). However, many First Nations people live off-reserve, with approximately two thirds of First Nations people living in urban settings 'away from home' (BCAAFC, 2022; FNHA et al., 2013).

Asymmetries between communities can also be seen through varying intersections of rurality, remoteness, and northerly latitude. The BC Ministry of Health (2016) distinguishes between rural, remote, and urban based solely on population. However, in making sense of material differences between rural and remote, the 'coffee index of rurality' provides a useful

and intuitive metric, as Roger Pitblado (2005) offers, “You know that you are rural if there is no Starbucks or Second Cup…you know that you are remote if there is no Tim Hortons” (p. 165). Indeed, functional definitions of rurality and remoteness ought to extend beyond purely population-based metrics to consider availability of services, among other such factors, including northerly latitudes, which intersect with rurality and remoteness in various ways. As many across this region and beyond are documenting, people living in rural, remote, and especially northern geographies experience poorer health outcomes as compared to folks living in urban and southern areas (Aalhus et al., 2018; Aldred et al., 2021; Galbally et al., 2023).

Residents of northern BC are no exception and experience some of the poorest health outcomes in the province. Compared their southern counterparts, folks living north of the 53rd parallel experience shorter lifespans, increased rates of cancer, respiratory and cardiovascular disease, and substance use, poorer mental health, and children living here are more likely to die before their first birthday, experience injuries leading to hospitalization, and be apprehended by Ministry of Children and Family Development; inequitable outcomes that are experienced by Indigenous peoples in even more pronounced ways (Aalhus et al., 2018; Northern Health, 2016). While such outcomes can be immediately attributed to harsh climates, vast distances between communities, poor transportation systems, unstable housing, high food costs, and limited services, the health-limiting potential of these factors are determined further upstream, most significantly by asymmetrical articulations and ‘boom-bust’ cycles of resource extractive economies, regionalization, and neoliberal restructuring (Aalhus et al., 2018; Aldred et al., 2021; Shandro et al., 2011).

First Nations across the north have sustainably harvested and traded resources from the land within and between Nations for millennia (e.g., Morin, 2016). The post-war period of settler

colonial ‘province building’ brought rapid growth and capitalist resource extraction to northern BC that continues to produce uneven and cumulative impacts to through recurring ‘boom and bust’ cycles of resource development (Markey et al., 2008; Shandro et al., 2011). Further, while core-periphery resource flows from northern hinterlands to urban core centres continue to strip the north of resources and opportunities for wealth and health accumulation, increased regionalization since the late 1980s has brought decision-making and economic control back from the core to the periphery (Benoit et al., 2002; Fyfe & Payne, 2020). Nevertheless, health care planning across the region of northern BC continues to be challenged by optimizing service delivery for low volume communities spread across vast geographic distances (McGregor et al., 2005; Parkes, 2016). Paired with neoliberal restructuring, health and health care services across the north are plagued by numerous challenges related to distance, recruitment and retention, and funding (Hanlon & Halseth, 2005; Ryser & Halseth, 2017). While many domains of health care are affected by such dynamics, perinatal services across the north are some of the most pronounced (Grzybowski et al., 2009).

Long distance travel to access health care services is a ubiquitous feature across much of northern BC, with emergency services and perinatal care presenting some of the most acute challenges (Grzybowski et al., 2009; McGregor et al., 2005). Currently, planned perinatal care is available in only 11 of the 26 settler communities and specialist services are only available in four (i.e., pediatrics, obstetrics, and gynecology). Beyond publicly funded perinatal care services, various health and social services are provided by numerous non-profit community health organizations and private practice providers, the availability of which vary greatly between communities (de Leeuw, 2016; Shoveller et al., 2011). Youth-specific services are largely unavailable in rural and remote communities across the north; Terrace and Prince George have

Foundry centres, with three slated for development in Burns Lake, Vanderhoof, and Quesnel, and none in the Widzin Kwah watershed (Foundry BC, n.d.).

To paint the geographies of northern BC as defined purely by extraction, disease, and lack would be an incredible disservice and profound misattribution of the rural, northern, and Indigenous geographies, which are equally, if not more so, defined by abundance, well-being, relationships, and strength. While undoubtedly challenged by geography and depleted ecosystems, northern BC is filled with networks of human and nonhuman beings with deep ties to place and community. I witness and participate in continued trade networks within and between Nations and communities, with fatty ocean fish being canned around kitchen tables and exchanged for interior moose and alpine huckleberries. As I wrote this thesis, coastal cedar bark woven into regalia was danced to the drum beat of stretched moose hides at Hobiyee, where Nations from across the north gather in Nisga'a Territory to celebrate the arrival of eulachon to K'alii Aksim Lisims. Across the north, Indigenous and settler communities alike support young people as they learn and grow in these diverse and nested geographies.

2.2.2 – Widzin Kwah (Bulkley-Morice) Watershed

Landing in the Widzin Kwah watershed (WKW), my research is rooted in place. I delineate the bounds of my research setting here for two reasons. First, as I discussed above, I draw on Parkes & Horwitz (2009) use of watersheds as physical, literal, and figurative frameworks to understand systemic, geographic, and ecological determinants of young peoples' well-being during pregnancy, birth, and postpartum. Second, this watershed closely reflects the social and material boundaries for folks living in the surrounding area for whom Smithers forms a central economic, social, and health-services hub.

The Widzin Kwah watershed extends from the rolling hills and farmland surrounding the towns of Topley and Houston, to the wide river basin surrounding the communities of Telkwa, Smithers, and Witset, where the mountains extend skyward and the valley constricts as it winds into the Coastal Mountains and the Upper Skeena communities of Gitanmaax, Hagwilget, Sik-E-Dakh, Kispiox, and the Hazeltons (Figure 3 & Figure 4). Approximately 21,000 people live in the WKW, 1,050 of whom are between the ages of 15-24 (Table 1). Around 250 babies are born here each year, about 90 percent of whom are born in Smithers and 14 percent of whom are born to 15 to 24 year olds (Perinatal Services BC, 2023). Racialized identities vary throughout communities in the WKW with approximately 23 percent of folks being Indigenous, 4 percent People of Colour, and 73 percent white.

Table 1. Widzin Kwah Watershed Community Profiles. Notes: Data compiled from census subdivisions within each Local Health Area; Estimated births determined using birth rates per 1000 population for assigned female at birth 15-24 year olds in Northern Health Authority; People of Colour (POC) includes 'Visible Minorities' as per Statistics Canada (2021). **Data**: Perinatal Services BC (2023) & Statistics Canada (2021).

Local Health Area	Total Population	Female Population (15-19)	Estimated Births (15-19)	Female Population (20-24)	Estimated Births (20-24)	Indigenous	POC	White
Smithers Town	5,378	150	1.8	120	7.5	10%	9%	81%
Smithers Rural	7,660	215	2.5	170	10.6	16%	2%	83%
Houston	3,888	120	1.4	80	5.0	16%	5%	79%
Upper Skeena	3,862	125	1.5	70	4.4	60%	2%	38%
Widzin Kwah Watershed	**20,788**	**610**	**7.1**	**440**	**27.5**	**23%**	**4%**	**73%**

Figure 4. Lower Widzin Kwah Watershed. Photo: Brian Huntington (used with permission).

The Witsuwit'en and Gitxsan Nations, whose territory includes and extends beyond this watershed, share long and entangled histories tightly tethered to the flow of Widzin Kwah, among many other waterways that have supported human and nonhuman life in this area for millennia. Every year, the return of the salmon and the flush of summer abundance brings Witsuwit'en and Gitxsan families to the banks of the river and into the mountains to tend to family berry patches and traplines—activities guided by laws and kinship systems that govern and have always governed how lands and resources are used and managed (Hoffman & Joseph, 2019; Martin Harris & Añonuevo, 2022). For example, work by Gislason et al. (2018) shares an integrative framework of healthy lands and peoples practiced within the Widzin Kwah watershed and rooted in Witsuwit'en voices, ways of knowing, and governance and legal systems.

Indeed, the rivers and waterways of the WKW are an ever-present feature of Witsuwit'en and Gitxsan lives, histories, and cultures in this area. As the late Gisdewe Alfred Joseph of the Witsuwit'en from Hagwilget recalled in an interview with Ross Hoffman (2019):

> Funny, the first thing I remember, I never forgot, was the sound of the river. 'Cause everywhere I went it was the same, you know. We used to visit my uncle in Telkwa. He lived by a river and I was very young. I'd hear that water and same at Morice – we lived by Morice River. My grandfather had a cabin on the mouth of Owen Creek. So it's the same sound everywhere, down here, where I fish around the eddies. I guess that's a sound I'll never forget, eh, the first sound of water flowing. (p. 9)

Historically, trade and travel routes followed Widzin Kwah from the Skeena River into the northern interior plateau, forming vital economic, cultural, political, and social connections between North Coast and Carrier Nations (Morin, 2016). While the paving of Highway 16 makes travel within and between various Nations easier, the road winds beside Widzin Kwah along the same trails traveled in this area since before time itself. The lands and waterways of the Widzin Kwah watershed have and continue to support flourishing livelihoods and good health of Gitxsan and Witsuwit'en families, communities, and Nations (Gislason et al., 2018; Hoffman & Joseph, 2019; Luu Giss Yee, 2023; Martin Harris & Añonuevo, 2022; Morin, 2016).

Since the arrival of European settlers, Witsuwit'en and Gitxsan livelihoods, cultures, governance structures, and lands have experienced great upheaval. While some of the first encounters with European colonists occurred as early as 1823, the turn of the 20th century brought influxes of settlers supported by State-sponsored settlement schemes and enticed by prime agricultural lands tilled by Witsuwit'en and Gitxsan families for millennia (McCreary, 2018). To make way for primarily Dutch and Swiss settlers, Witsuwit'en and Gitxsan families were dispossessed of their lands and displaced onto Indian Reserves, often named for the Indian agents and Catholic priests who presided over the paternalistic and oppressive policies to manage and control Indigenous populations now considered wards of the State (McCreary, 2018;

Shervill, 1981). The names of prominent colonial figures inscribed throughout this region offer telling stories of settler colonial entitlement, occupation, and erasure of the rich and textured histories of these places. Three of these settlers hold particular relevance to this research study.

In 1866, the first white settlers arrived in Gitanmaax, at the mouth of Widzin Kwah, to survey the Collins Overland Telegraph Line and establish a communications link between North America and Europe via Siberia/Russia (McCreary, 2018; Shervill, 1981; Village of Hazelton, n.d.). While the project was abandoned less than a year later, the settler work parties re-named the lower portion of Widzin Kwah as the Bulkley River, after the project's lead engineer, Colonel Charles S. Bulkley, a British colonist who never set foot in this valley. A few decades after the telegraph line was abandoned, Father A. G. Morice, who surveyed and mapped the WKW to facilitate colonial settlement and development, inscribed his name upon Widzin Bin (Morice Lake), the upper portion of the Widzin Kwah (Morice River), and the Witsuwit'en fishing village of Witset/Këyikh Wigit (IR Moricetown 1; McCreary, 2018). Roughly a decade later, Sir Alfred Waldrom Smithers, the Grand Trunk Pacific Railway company chairman, re-named Dzilh Cin' ('base of the mountain') after himself; in 1913, the swampy land at the base of the mountain was cleared and the village of Smithers was incorporated in 1921 (Shervill, 1981).

While the names Bulkley, Morice, and Smithers mark only three expressions of settler coloniality in this region, their legacy exemplifies the disparate and shared histories that shape the context of my research. Most visibly, the omnipresent name 'Bulkley' is imprinted in the maps, minds, and lives of the peoples and places central to this research who live in the region known locally and colonially known as the Bulkley Valley. For example, every baby born at the Bulkley Valley District Hospital have Colonel Bulkley's name inscribed upon their birth certificates, including my own. This is but one example of discursive and material processes of

settler colonialism, along with ever-present Witsuwit'en and Gitxsan resistance, that shape and structure opportunities for health and well-being throughout the WKW, which are a central focus of this research project.

As mentioned above, boom-bust cycles of northern resource extractive economies, settler colonialism, and neoliberal restructuring and regionalization shape health and health care services across northern BC. These dynamics at the regional scale are mirrored within the WKW, with Smithers forming an intermediary service hub for the surrounding communities. Further, increasing neoliberal austerity contributes to health and health care extending beyond publicly funded services to include vast arrays of allied health professionals, non-profit community health organizations, and community and social programs that provide health-related services through public and private funding streams (Bowlby & McKie, 2019; Catherine et al., 2019). As others are increasingly documenting, neoliberal health reforms and continued outsourcing of public health services to private and non-profit sectors contributes to deepening burdens of poor health meted out to marginalized peoples and places like those living in the WKW (Benoit et al., 2010; Bowlby & McKie, 2019; Lee et al., 2021; Singh Kelsall et al., 2023). As with regional patterns, these dynamics produce inequitable and disproportionate burdens of harm experienced by the lands and lives of Witsuwit'en, Gitxsan, and other Indigenous folks living here (Greenwood, 2019; Luu Giss Yee, 2023; Ninow & Kraneveldt, 2022).

In contrast to some of the larger communities in northern BC, there are no dedicated health or social service programs outside of the public school system for young people in the WKW, except for the new supportive housing program operated by NSDP. Young people navigating pregnancy, birth, and early parenting access the same health and social services available to people of all reproductive ages. The formal landscape of available health care and

social services related to the perinatal period in the WKW involves at least five separate provincial Ministries, the First Nations Health Authority (FNHA), Wet'suwet'en and Gitxsan First Nations Governments and five colonially imposed Band Councils, ten non-profit community health organizations, and dozens of private businesses or individuals who provide various allied health care services (e.g., doulas, counsellors, etc.; see Appendix I). This laundry list of organizations—containing a mix of public and private funding, management, and accountability—gives birth to complex webs of formal services that young people might access throughout the perinatal period.

The Northern Society for Domestic Peace (NSDP) represents one of the ten non-profits that provide various health-related services young people may access. Beyond the new supportive housing for young people, NSDP's services are not exclusive to the perinatal period, nor to young people. However, NSDP is working to develop integrated and collaborative service delivery to reduce barriers and increase access to necessary services for young folks living in the supportive housing program. Given the above discussion on the value of integrated and youth-specific services, and NSDP's desire to develop such approaches, a key focus of my research is to explore the potential and possibilities of collaborative, integrated models of care within the WKW. Further, in my early conversations with NSDP, the program Director expressed priorities related to developing program policies to balance the needs of young folks and operational considerations, as well as navigating community tensions between Indigenous and non-Indigenous organizations that were heightened in the wake of the deaths of six Indigenous people at another BC Housing-funded program operated by Smithers Community Services Association (Follett Hosgood, 2021; Ninow & Kraneveldt, 2022).

While the structural contexts of non-profits and various other health care and social services within the WKW are a central part of my research, the aperture of my research extends to broader landscapes of diverse and divergent ecological, geographic, cultural, political, economic, and social geographies. I orient my research questions and priorities to the broader contexts of young peoples' lives in these rural and northern geographies in large part because of the many informative conversations I had during my pre-research community engagement, which I discuss in the following section. It is also important to note that my orientation to the determining forces of well-being is also informed by my own lived experience of living and growing up here, which is deeply informative of how I know and understand the contours of my research setting in the WKW.

2.2.3 – Pre-Research Community Engagement

As I developed my research questions and study design, I engaged approximately two dozen people within and beyond the WKW to informally seek their input on the purpose and design of this research project (for an anonymized list of contacts, see Appendix II). Between September 2021 and March 2022, I spoke with health care and social service providers who support young parents in various roles, as well as several community members and individuals with lived experience of pregnancy, birth, and parenting at an early age. These conversations revealed a hunger for emplaced research that considers holistic well-being of young folks and attends to the realities of life lived in rural, northern, and Indigenous communities.

Many of the considerations raised by folks I spoke with centred on experiences of judgments and stigma, as well as numerous factors related to social determinants of health. For example, most people I spoke with mentioned the impacts of stigma and negative interactions based on judgements of early-age parenting and anti-Indigenous racism. People also spoke about

factors related to lack of affordable housing, inadequate food, and inability to buy necessities of life. However, people also spoke to geographic intersections with such challenges like limited resources and opportunities in communities across the north and the difficulty of accessing services because of limited transportation options. Several folks noted the absence of youth-specific services and supports in most of the smaller rural and remote communities. A few people also spoke to the socio-cultural context arising from prominent Dutch and Christian Church communities, from which anti-choice and patriarchal rhetoric emerges (i.e., billboards in the community; Figure 5).

Figure 5. Billboards in the Widzin Kwah Watershed.

As I introduced above, some of these conversations revealed a deeply felt tension about continued provision of health care and social services for Indigenous peoples by settler colonial organizations and non-Indigenous providers. That said, everyone I spoke to expressed excitement about the prospect of a dedicated housing program with integrated services for young pregnant and parenting folks. Nevertheless, several people also brought up concerns emanating

from broader conversations about anti-Indigenous racism in health care, and the recent deaths of six Indigenous people at Goodacre Place, a supportive housing program funded by BC Housing and operated by Smithers Community Services Organizations (SCSA).

In the wake of these deaths, which occurred over the span of one year, the Dze L̲ K'ant Friendship Centre (DKFC) in Smithers issued a press release that expressed SCSA and Goodacre Place was not providing culturally safe care and support for Indigenous residents (DKFC & BCAAFC, 2021). In response, BC Housing and the Aboriginal Housing Management Association initiated an independent review conducted by two third-party consultants, one of whom was Indigenous (Ninow & Kraneveldt, 2022). The release of this review coincided with the timing of my pre-research community engagement and the development phase of my research design. While the review by Ninow & Kraneveldt (2022) was conducted by other people, their findings and the unfolding conversations arose within several of my pre-research community engagement conversations. Further, their findings included direct input from community members that were deeply informative of the 'community-informed' aspects of my research, which I therefore consider here.

With guidance from a Review Steering Committee (undefined), Ninow & Kraneveldt (2022) conducted a series of interviews with people in the community, including those with lived experience of homelessness and residency at Goodacre Place, as well as service providers and community partners, and Indigenous and settler community leaders. Ninow & Kraneveldt concluded there was no clear linkage between the service provision practices of SCSA and the deaths. However, they did highlight a few dynamics in the community that are significant to my research. Mainly, the review highlighted pervasive anti-Indigenous racism in the community and the health care system and lack of understanding about cultural safety in the housing sector. They

also highlighted deep fracture between service providers in the Smithers area, especially between SCSA and DKFC who often compete for funding, which has led to division within the community and negative impacts to Indigenous clients who access services at both organizations. The report shared an expressed need by the community for healing between service providers that will likely require third-party mediation. Further, this review pointed to challenges of collaborative models of care when community organizations like SCSA are not a part of the 'circle of care' and thus are not aware of confidential, and potentially life saving, health information.

Taken together, the priorities of NSDP, along with considerations raised in my pre-research community engagement, revealed a hunger for emplaced research that attends to the realities of young peoples' lives here in the WKW. Further, these conversations pointed to several key factors relevant to perinatal well-being, including relationships with health care and social service providers, culture and cultural safety, and the health-enabling and health-limiting possibilities of rural, northern, and Indigenous geographies. As I turn to next, I designed my research study around these priorities and developed my methodology to enact this research in a good way.

Chapter Three – Methodology & Methods: Weaving as Method/ology

...it matters what ideas we use to think other ideas. - Donna Haraway (2016, p. 12)

Up to this point, I have used weaving as a metaphor to structure my thesis. In Chapter One, I introduced the loom and the practice of weaving as analogous to my research process. In Chapter Two, I warped the loom with the background scholarship, literature, and context, which form the framework upon which my research builds. However, in my research, weaving is not only a representational or metaphorical concept. I also use weaving *as* my methodology to theorize, analyze, and construct my research tapestry. This chapter shares my use of weaving as methodology and how it informed my research methods and meaning making process.

3.1 – Weaving as Methodology

As many note, it is important to select a methodology with "the best fit" for a given research question, scope, and context (Chilisa, 2019; Patton, 2015; Tuck & McKenzie, 2015; Wilson, 2008). Given that my research investigates young peoples' experiences of perinatal well-being in rural, northern and Indigenous geographies, I saw qualitative and interdisciplinary inquiry as necessary starting points to grapple with what are inevitably complex and holistic experiences. Further, given persistent coloniality embedded in Canada's health care system that continues to (re)produce rural, northern, and Indigenous ill-health, my research is rooted in an anticolonial orientation that works to unsettle normative colonial habits of thinking and doing (Añonuevo et al., 2023; de Leeuw & Hunt, 2018). Enacting anticolonial praxis requires my approach to be rooted in place and tethered to the lands and people who live here, along with the multiple cultures, worldviews, experiences, and identities of this place. In navigating these multiplicities and intercultural space as a novice researcher, I turned to my own practice of

weaving, which I knew to be capable of telling a story involving interwoven ideas, values, worldviews, and experiences rooted in place.

Creative and arts-based methodologies, such as weaving, offer transparent and more emotionally resonant ways of sharing the implicit and explicit assumptions, values, and beliefs in the development and enactment of research (de Leeuw et al., 2017). As weaver/researcher Hinekura Smith (2019), of the Ngāpuhi from Te Rarawa Aotearoa articulates:

> How we engage in art practice, how we plant a garden or mother our children have 'methodology' to them, informed by our experiences and knowledge, values and beliefs, societal influences, and so on. In our artistic practice, as in research, we test theories and materials, we discuss problems, we may seek out 'expert' advice or consult literature. We make mistakes, reflect, review, adapt, and innovate in order to learn from our experience and make positive change for the future (p. 3–4).

I am informed and inspired by several scholars who, like Hinekura Smith, adopt methodologies of weaving in the research realm (e.g., Haynes et al., 2022; Humphrey et al., 2023; Ryder et al., 2019; Smith, 2019; Tachine & Nicolazzo, 2022).

Emerging from critical and Indigenous paradigms, creative arts-based method/ologies such as weaving are increasingly common in empirical research working beyond conventional modes of positivist and colonial knowledge production (de Leeuw et al., 2017; Seppälä et al., 2021). The practice of weaving has also been used to portray hybrid methodologies that draw upon multiple ways of knowing and doing (e.g., Haynes et al., 2022; Ryder et al., 2019). Such approaches offer possibilities for ethically integrating and working 'in the space between' disparate worldviews and knowledge cultures (Bhabha, 1994); for example, 'third space methodology' (Moquin, 2007); 'Two-Eyed Seeing' (M. Marshall et al., 2018); 'researching at the interface' (Durie, 2004); 'ethical space' (Ermine, 2007). I turned to my practice of weaving to articulate how I navigate the intercultural terrain in the WKW and make visible the

assumptions, values, and beliefs underpinning my research. As de Leeuw and colleagues (2017) highlight, however, "deployment of humanities-based frameworks and impulses must not be taken up without careful and critical analytical reflection" (p. 153). In what follows, I endeavour to carefully and critically share how I used weaving as methodology to enact anticolonial research through relational, messy, and generative ways of knowing, being, and doing.

3.1.1 – In-Relations

Weaving, much like researching, is never solitary. Rather, it is deeply relational and always connected to the lands, waterways, and more-than-human beings with whom I collectively create. When I sit at the loom, I sit in the company of fibre-producing plants that offer their unique texture, strength, and pliability. I sit in relation to the animals who share their fleece to keep a wearer warm and to the soils, creeks, and rivers that make it all possible. At the loom, I am in the company of weavers through time as my hands trace the same motion of interlacing warp and weft made for tens of thousands of years and I am in the company of whomever I am weaving for: interlacing their dreams and desires into the pattern I create. These are but some of my co-creators who sit at the loom with me as I weave together textiles of ideas, textures, and desires. In setting out to enact anticolonial research in relation to people and place, I turned to my practice of weaving to bring into focus those of whom I created this research tapestry with and for. As qualitative research and weaving are both particularly poised to do, I sought to enact research that "[creates] threads where we recognize and feel more deeply that we are in relations with life and the world around us" (Tachine & Nicolazzo, 2022, p. 2).

I begin in relation to the lands, waterways, and other-than-human beings at the centre of my research. I begin here because matters of human health and well-being are too often abstracted from the lands and waterways with whom all life depends (Aldred et al., 2021; Parkes

& Horwitz, 2009). Moreover, I want to bring to the fore the indivisibility of dirt, water, ecology, terrain, critters, and *people*. This non-negotiable reality, however, is something I am continually working to excavate from my cartesian-steeped brain and integrate into embodied knowing. My weaving practice is one such way I am working to remember this somewhat commonsensical truth. I am also grateful for many gracious and generous teachers who share their embodied knowledge of relationality from Indigenous worldviews. In this research, I use weaving to remind myself of the intrinsic relationality between young peoples' well-being during pregnancy, birth, and early parenting and that of the lands, waterways, and other-than-human beings within and beyond the Widzin Kwah watershed.

I hold this as especially true for Indigenous young people with whom I engage throughout this research. Relationality, and more specifically, kinship, with more-than-human beings and lands is deeply embedded within Indigenous ontologies. For example, Melissa Nelson (2017), Anishinaabe/Cree/Métis/Norwegian ecologist of the Turtle Mountain Band of Chippewa Indians, draws attention to "the fact that we [humans] are living animals in sensuous interaction with the material fabric of life that provides us with everything we need to survive" (p. 234). Nelson writes specifically about Indigenous peoples' territorial attachments and ancestral connections to place that underpin ethics of kinship, reciprocity, community, and belonging with the more-than-human, which ultimately underpin possibilities of (Indigenous) survival and regeneration. As with Nelson, many Indigenous and non-Indigenous scholars, artists, activists, and leaders are (re)turning to the deep interconnectivity of humans and other-than-humans to (re)imagine possibilities of multispecies flourishing (e.g., Haraway, 2016; Loften et al., 2023; Lupton et al., 2023). My research responds to these urgent calls to refuse human exceptionalism

and anthropocentric worldviews that deny humans' deep entanglement with more-than-human elements and forces.

I gesture towards lands, waters, and other-than-human beings of the WKW in my research in several ways. First, I am undoubtedly informed by my own relationships born from my lifetime of living, loving, and grieving with my feet in the soils, rivers, mountains, and lakes here. I am also acutely aware that my relationship to this place is deeply entangled with white settler coloniality. Throughout and beyond my research journey, I am committed to unsettling and (re)building my relationships to this place in ways that reduce harms of settler colonialism. Second, I integrated several methods within my research design to gesture towards lands and waterways. I do this in several ways that I discuss further in Section 3.2, including: anchoring my study catchment in the boundaries of the WKW; drawing on Leanne Betasamosake Simpson's (2014) writing on land as pedagogy within my interviews; looking beyond individual and social determinants of health to more fully consider ecological and geographic determinants; situating experiences and expertise of Indigenous participants within Indigenous worldviews, scholarship, and voices; and critically reflecting upon my own relationships to the unceded Indigenous lands and waterways where I live and enact this research.

Researching in relation to lands and waterways is distinct from, but related to, place. Attending to place is thus another relational starting point within my methodology. I draw significantly on Tuck and McKenzie's (2015) articulation of critical place inquiry as research that "more fully considers the implications and significance of place in lived lives" (p. 1). This orientation brings place into focus as more than a neutral or decorative backdrop to upon which life (and research) happens, but rather as an interactive, mobile, and dynamic force that influences social practice and how people feel, behave, think, and act (de Leeuw, 2018; Tuck &

McKenzie, 2015). How place is experienced, understood, and practiced, however, is determined by disparate realities and social locations, which are in turn influenced by various interlocking forms of privilege and oppression (Cho et al., 2013; Ergas et al., 2021; Tuck & McKenzie, 2015). Attending to place is important in anti/decolonial research: that attendance can address "the spatialized and place-based processes of colonization and settler colonization, and works against their further erasure or neutralization through social science research" (Tuck & McKenzie, 2015, p. 19). It is critical, however, to not conflate and thus risk further erasure of the *where* of place (the physical materiality) when considering the *how* of social matters that occur in place (de Leeuw, 2018). I distinguish between relationality to lands and waterways (the where of place, discussed above) and human experiences of place, which are separate but interrelated determining forces of health and well-being (de Leeuw, 2018; Parkes & Horwitz, 2009).

As discussed in Chapter Two, I take seriously the role of place within my research and work to understand diverse experiences of this place. My methodology orients me to theorize place in a relational way, where my understanding of the places, and their role in determining perinatal well-being is a function of my relationships to the places within the WKW *and* those shared by participants within my research. For example, I am more familiar with health care and social services available in Smithers and Witset compared to Houston and Upper Skeena communities. However, I have learned a great deal more about services throughout the WKW from building new relationships in this research project. My shifting relationship to place influences my capacity to undertake place-based research.

The final relational starting point in my methodology relates to the people with whom I collaborate to co-construct this research tapestry. This research project emerged from my relationships to NSDP and many other people throughout the WKW and surrounding northern

BC communities. In this way, my research is informed by community-based research methodologies. Community-based research works to redress power imbalances in research by increasing participation and involvement of the peoples and places who are the focus of the research study (Castleden et al., 2012; Kirby et al., 2017). While community-based research varies on the relative degree of participation, greater involvement of 'the researched' is understood to produce knowledge that is more relevant and useful (de Leeuw, Cameron, et al., 2012). Achieving these goals requires meaningful attention to context and situating the development of knowledge within relationships in order to reflect the needs, concerns, and desires of people and their community (Kirby et al., 2017). Enacting highly participatory community-based research can be difficult, especially when working with constraints of institutions, which often conflicts with the need to develop long-term, meaningful, and trusted relationships (Castleden et al., 2012; de Leeuw, et al., 2012; Tuck & McKenzie, 2015).

Nevertheless, I worked to actualize principles of community-based research to produce knowledge that is relevant and useful to the communities in the WKW. However, I consider my research to be community-informed, rather than entirely community-based, for a few reasons. First, while I developed my research question and design in consideration of the expressed priorities gathered during my pre-research community engagement, I *enacted* most of this research project as a solo researcher. That is to say, beyond gathering input during my pre-research community-engagement, I did not garner substantive involvement from community members beyond those who participated in an interview. Still, I am deeply motivated to produce knowledge that is relevant and useful to the people and places at the centre of my research project. I also consider my embeddedness within these places and lifelong relationships to many people throughout the community to contribute to my capacity to do so. I also sought avenues of

knowledge translation where I could share my research with audiences within the WKW and northern BC (see Appendix III for places where I have or plan to disseminate this research).

Rooting my methodology in relations to land, place, and people is one way I work to realize my anticolonial orientation to this research. I draw on my practice of weaving to remind me of the relations that underpin this research. And while my relational endeavours are presented here in a linear fashion, they are anything but straight-forward. Rather, as my methodology of weaving embraces, they are tremendously messy, deeply entangled, and full of tension.

3.1.2 – Embracing Mess

Weaving, as with research, is wonderfully messy. My living room is full of discarded bits of wool, samples of various colour and texture experiments gone array, tangles of yarn, and scribbled notes in the margins of a tea towel pattern I modified to better suit the kitchen it was destined for. My handwoven projects are full of bumps and lumps and my selvedges (edges) are rarely straight—each time I sit at the loom, the tension of my warp and pressure of my beat are slightly different depending on the events of the day. I might weave for hours only to unweave it all and start over again with a new colour or purpose in mind. While invariably frustrating, it is within the mess, tangles, twists, and tensions that I am continually surprised—at the beauty of a new colour combination, the loveliness of a bizarre blend of textures, or the joy expressed by a friend receiving a piece made just for them despite all the mistakes I made along the way. My weaving practice reminds me of the inevitable tangles, twists, and tensions that are an integral part of the creation process, which thus forms a key part of my methodology of weaving.

Embracing mess brings to the foreground the various entanglements and tensions that inevitably arise throughout the research process. Stories about the messiness of research, however, are rare and most often hidden from published view (C. Clark et al., 2007; Nicol et al.,

2023). That said, arts-based, critical, queer, feminist, and anti/decolonial researchers are increasingly discussing the many tensions that arise in collaborative research and the messy work of researching within sites of power, hierarchy, hegemony, risk, and other such vulnerability-producing terrains (e.g., Campbell & Farrier, 2015; Clark et al., 2007; Dadas, 2016; Farrales, 2020; Meer & Müller, 2021). Indeed, there is growing awareness of the misleading idea that language and knowledge is assumed to "flow untroubled from speaker and writer to listener and reader" (Samson et al., 2022, p. 1208). Rather, flows of knowledge are multidirectional, unpredictable, and often unexpected. As Anya Dozier Enos (2017), of the Santa Clara Pueblo from New Mexico, describes such dynamics in their use of spider webs as messy methodology:

> Using the visual of the spider web to think through gathering information, how relationships and concepts interrelate and then how those ideas are shared and used, means going back and forth between how to gather information, and then how to analyze, present, and use the findings with the goal of benefitting Pueblo community. This is not neatly predictable or organized; it is the messiness of research that results in something powerful. It is the spider web. (p. 42).

As spider weaving teaches, it is within the messiness that something powerful can emerge. It is beyond formulaic, routine, and prescriptive approaches to research that transformation can occur and "the beginning of a more process-oriented, and perhaps more nuanced conversation that opens active discussion and scrutiny amongst critical friends" (Clark et al., 2007, p. 124). It is here, in the muck and mess that much of my research lands.

In Section 3.2 and Chapter Five, I discuss various challenges and tensions that arose throughout my research process. Rather than hide them from view, I share my iterative learning processes and changing priorities that emerged from research relationships that morphed throughout the three years of this research project. I deployed several strategies to navigate the messiness of my research journey and maintain its relevance and trustworthiness. First, I

developed a methodology that celebrates the inevitable mess and mistakes I would make along the way—as Leigh Patel (2022) aptly put:

> In striving for knowledge practices that create liberation while tearing down hierarchy, we will make mistakes. The mistakes are where we practice; we unlearn to make room for new learning. Any artist or athlete knows it is in practicing again and again that allows for difference to become apparent (p. xi).

To navigate and learn from my mistakes, I used self-reflexive journaling as a tool to critically reflect and unsettle what and how I write counter-narrative constructions of others given my implication in white settler coloniality and systems of power (Aldred et al., 2021; Kovach et al., 2013). I also engage in weekly discussions with a fellow master's student in which we held each other accountable to such critical reflections and worked through challenges that emerged in our research (Patton, 2015). Second, rather than perceive these challenges, tensions, and entanglements as failures or a reason to cease, I adopted an emergent and responsive orientation to changing priorities, needs, and perspectives while remaining sensitive to issues of power, ethics, and authority (C. Clark et al., 2007). In this way, my research resists the "colonial corporate conceit to suggest clear answers and tidy conclusions" (Aldred et al., 2021, p. 13) that permeates conventional academic research. Finally, I sought to harness the potential of interdisciplinary and creative approaches in holding contestation and difference and push the boundaries of currently imaginable ways of knowing (de Leeuw et al., 2017; Meer & Müller, 2021). Mess is antithetical to siloed disciplinary constraints; my research embraces the inter/multi-disciplinary and not-so-neat-and-tidy realities of life lived in place (with kids).

Embracing mess as methodology is another way that I worked to enact an anticolonial orientation to my research. As May Farrales (2020) suggests, upholding and appreciating mess within research disrupts normative colonial and capitalist logics that make sense of the world in linear, bounded, and binary ways. Not only does embracing mess unsettle normalizing research

paradigms, but it also offers an alternative and generative pathway of making sense of the world and people's lives through complexity, unruliness, and non-binary logics because, as the third and final part of my methodology embraces, refusals must also be generative.

3.1.3 – Generative Refusals

Weaving is an act of generative refusal. When I choose a new project to start working on it is undoubtedly oriented to the making of something with practical utility—be it a blanket, basket, or tapestry. I am well aware that a woven blanket, basket, or tapestry from Walmart would serve the same practical function for a fraction of the retail cost, and likely save me dozens of hours and a sore back. There might be something undefinable in the difference between mass-produced and handmade items, but indefinability makes the difference no less real. As anyone who makes or receives a handwoven blanket or basket knows, there is an entirely different feeling and significance to a handwoven item—there is something intangible yet deeply felt embedded in the collection of woven fibers. Handweaving brings the maker and wearer in closer connection to each other and to the lands and waterways that make it all possible. It refuses modes of production rooted in extraction, exploitation, and distance. Rather, it embraces creating something messy, strange, perhaps emotionally resonant, and beyond disciplinary coding or categorization. And within these practices of refusal there is time and space to pause, reflect, and imagine new possibilities and ways of being in the world.

In setting out to enact anticolonial research, weaving offered me a meaningful and creative framework to make sense of doing research that not only unsettles coloniality but moves *towards* new (and quite old) possibilities of knowledge production within the academy. As I introduced above, there are many scholars (often young, queer, or people of the global majority) using creative arts and humanities-based approaches to "turn to spaces or moments *beyond* what

has been previously imagined" (de Leeuw et al., 2017, p. 157). This movement towards and beyond is important. In theorizing pedagogies of refusal, Tuck and Yang (2014) emphasize that "refusal is a generative stance, not just a 'no'" (p. 812). Similarly, Leigh Patel offers words that resonate deeply with my own generative practice of weaving/researching:

> To be in right relation with dynamics of power, history, and futurities we need to be generative—not producing for production's sake, but generative as a form of capaciousness, as offering, as responsibility that does not seek to overdetermine the future and also recognizes responsibility as duty (2022, p. xi).

While my methodology actively refuses and unsettles conventional colonial knowledge production, it does so by turning towards an otherwise—towards knowledge produced *in relations*; towards messy entanglements and inevitable mistakes I will make along the way; and toward otherwise ways of thinking, doing, and being.[10] While many aspects of my practice of weaving inform an otherwise within my research, I trace two practices of refusal as being especially fruitful: taking time and weaving strength.

The first, taking time, occurs when I sit down at the loom and I am reminded of the pliability, flexibility, circularity, and expansiveness of time. In the most concrete terms, weaving takes time, a lot of time. It is methodical, meditative, and creates a feeling of expansive time where hours can pass in the blink of an eye. Embracing time in research allows room for unknown and unscripted possibilities to emerge (de Leeuw et al., 2017). This is especially true and necessary when "working through and in modes of inquiry relying on relationships and a deep connectivity to geography and place" (de Leeuw et al., 2017). Indeed, many are turning to "slow scholarship" and recognizing the need for in-depth, long term, open-ended research to produce sustainable systemic change (Mountz et al., 2015). Enacting my research required

[10] I take inspiration from scholars like Michelle Murphy (2015), and Amanda Tachine and Z Nicolazzo (2022) who write about 'otherwise' ways of being, knowing, and doing as projects of worlding and future making.

slowness: slowness to honour people and places living in these geographies who are engaged in time-demanding care work and high-intensity struggles against settler colonial resource extraction, all while raising families and living in connection to seasonal rounds.

Taking time was not a part of my original research design. Rather, my original (and ambitious) plan was to complete my project within the standard two-year timeline posed by UNBC. After my first year of classes at UNBC in Prince George, I moved home to the WKW to begin recruitment. I failed to realize the air of fast paced university and "urban" life I brought with me, which buttressed up against the time and space required to live in community, (re)build relationships, and survive long, cold, dark winters. I reoriented my research journey and embraced taking time as a methodological approach—I spent time attending community events, I drank tea with Elders, I worked on other projects, and I leaned into learning through relationships. While taking (slightly more) time offered generative possibilities to emerge, I still faced very real confines of time- and funding-limited institutions and demands on others' time.

While weaving reminds me of the need to take time within the research process, it also reminds me that time is nonlinear—it is flexible, circular, and infused with temporalities and materialities of pasts and futures folded into the present moment. As Donna Haraway offers, learning to stay with the trouble of the 'thick ongoing presence' requires infusing all sorts of temporalities to the here and now. In my research, I generatively refuse linear, bounded, fixed (colonial) time by learning to sit in the thick ongoing present that is "full of inheritances, of rememberings, and full of comings, of nurturing what might still be" (Haraway, 2016, p. 2). I deployed several tools to tether myself to the thick ongoing present, a present that is full of pasts and possibilities yet to come.

To start, I take seriously entanglements of histories that continuously unfold in messy, complex, and unruly ways to influence experiences of perinatal well-being in the here and now. I take care and pay critical attention to place and context—and its historical ongoingness—as a significant determining factor in how perinatal well-being is experienced. Further, as I discuss below in Section 3.2*,* I invited participants to share lived experiences of perinatal well-being at an early-age regardless of how many years had passed since they became parents. Not only are birth experiences recalled with great accuracy many years after the fact, the ways in which people make sense of these experiences throughout their lives remains important and relevant to understanding how perinatal well-being is experienced (Anderson, 2011; Lundgren et al., 2009; Simkin, 1991). Finally, I moore my research to reproductive justice frameworks, *not* as some future utopian end-state, but as ongoing practices in the here and now. In this research, I worked to sit in the messy practices and processes of the everyday here and now—the thick ongoing present—as generatively refusing neat-and-tidy, prescribed, and overdetermined (settler) futures.

The second act of generative refusal that weaving teaches is in the strength of a woven textile. Different types of weaving structure (e.g., plain, twill, basket) each rely on the quintessential method of interlacing warp and weft at right angles to each other. It is the over-under-over-under of warp and weft that produces a material that, even with the most delicate of source materials, is strong under tension (Albers, 2017). The strength of the material is determined by both the points of intersection between warp and weft *and* the spaces between. It is here, in the intersections and spaces between, that weaving demonstrates how to construct a research tapestry rooted in strength.

From the outset of my research, I committed to a strengths-based orientation in deliberate refusal of the damage- and deficit-centred gaze of normalized (colonial) research practices

(Aldred et al., 2021; Tuck, 2009; Tuck & Yang, 2014). I sought stories that might offer pathways *toward* well-being for young, rural, northern, and Indigenous parents. I set out with the explicit intention of countering the 'stories-of-sick' so often told about these very rural, northern, and Indigenous geographies (Aldred et al., 2021). As Tuck & Yang, 2014 write, turning to pain and peoples' problems as a theory of change does little more than perpetuate neoliberal notions of individualized responsibility for poor health outcomes and uphold (settler) coloniality by "making its structuring natural, inevitable, invisible, and immutable" (p. 813). Rather, strengths-based approaches represent the deliberate shift "to move from problem-focused modes of inquiry…to change-focused approaches that emphasize strength and positive images of the researched" (Chilisa, 2019, p. 181). Learning from lived experiences also requires the researcher to actively refuse feeding the trauma-ravenous settler colonial academy.

As weaving teaches, the strength of a fabric is determined not only by the intersections of warp and weft but also by the spaces between. In my research tapestry, the spaces between warp and weft are an intentional void—spaces where sacred or damaging information is *not* shared. In conceptualizing this space of refusal, I return to the spider web offered by Enos (2017):

> Looking at the space between the spider's silk and extending the metaphor, there are spaces in Pueblo research that are important but are the places completely private within each Pueblo. The importance of respecting those boundaries is vital (p. 46).

Strengths-based approaches are thus not only a deliberate shift towards strength and positive images of the research, but an active and intentional refusal of sharing private, painful, or humiliating stories. This can be a tricky balance to strike in social science research that aims to learn from equity-denied peoples whose stories are "often painful, but also wise, full of desire and dissent" (Tuck & Yang, 2014, p. 812). In my analysis, I sought to enact Tuck and Yang's (2014) discerning question: "When coding data, how do researchers enact our own refusals—

where we can take the black marker and draw lines of redaction, cut and *not* paste, delete, insert blank spaces in lieu of text?" (p. 816). As I wove together the stories and experiences of participants, I refused to share individuals' stories of trauma and pain and instead turned towards strength, desire, and well-being. My final woven tapestry is thus made not only of the tangible warp and weft but also the sacred, private, and unshared stories in the spaces between.

Embracing strong and positive understandings and conceptualization of researched subjects fundamentally requires turning towards oppressive systems, institutions, and power structures as the object of analysis. As Tuck and Yang (2014) offer, researchers must "resist the urge to study people (and their 'social problems') and to study instead institutions and power… [which is] a deliberate shift in the unit of analysis, away from people, and toward the relationship between people and institutions of power" (p. 815). In my research, I thus orient the focus of my inquiry away from individuals and towards (mal)distribution of power and the systems and structures that shape possibilities of well-being for young people living in the WKW.

My weaving practice unearthed two important and generative refusals that informed my research: taking time and weaving strength. Taken together, the relational, messy, and generative aspects of my weaving practice provide the framework of my research methodology. Principally, my methodology is rooted in anticolonial, critical, and place-based orientations and I use weaving as methodology to articulate the contours of how I theorize and enact these orientation within my research. The following section describes my research design and methods that I use to enact my methodology of weaving.

3.2 – Weaving as Method

The following section outlines my research design and methods, which are informed by my methodology. Table 2 provides an overview of my research stages and timeline. The remainder of this section describes my research design, followed by my methods of data collection and analysis.

Table 2. Overview of Research Phases and Timeline

Research Proposal Defense and Committee Approval	April 2022
Master's Coursework Complete	June 2022
UNBC Research Ethics Board Approval (E2022.0513.026.00)	August 2022
Participant Recruitment & Interviews	Sept 2022 – Feb 2023
Interview Transcription	Sept 2022 – March 2023
Self-Reflexive Journaling	Oct 2021 – March 2024
Member Checking 1 (transcripts)	March 2023 – May 2023
Data Analysis & Writing	Nov 2023 – March 2024
Member Checking 2 (draft thesis)	April 2024
Thesis Submit to UNBC	May 2024
Thesis Defence	June 2024

3.2.1 – Research Design

Research Scope

Situated within the nested geographies of the Widzin Kwah watershed and northern BC, this exploratory, qualitative research project aimed to contribute in some small way to the dearth of literature on young peoples' experiences of perinatal well-being in rural, northern, and Indigenous geographies. It is by no means a complete or authoritative assessment of how young people experience perinatal well-being in this place. Rather, it offers an introductory window into possible pathways to well-being within these specific geographies. As Tachine and Nicolazzo (2022) share, qualitative research is, at its best, "a series of introductions… through

which scholars can invite readers into careful community with possible new (and old) worlds" (p. 2).

In this way, the relative size of my woven research tapestry is representative of the scope of my research. Despite weaving this tapestry on a floor loom with the potential to produce four foot wide textiles, I chose to limit my weaving width to six inches to ensure my project was attainable as I learned how to do this style of weaving. In the same vein, I designed my research project to be attainable given my own skills and capacity as a novice researcher working within the institutional conventions of a masters-degree thesis project. Moreover, and returning to the loom as analogous to the structures and infrastructures of colonialism, capitalism, and racism that my research is enacted within, my choice to weave a relatively small research tapestry reflects the limited potential of this research project to produce substantive change within the omnipresent and oppressive forces that I metaphorically teathered to my loom. While being proportionally small, my hope is that the findings shared in this thesis/tapestry offer introductory openings into wider possibilities for building communities of practice that support young people as they become parents in rural, northern, and Indigenous geographies.

Participant Inclusion

To answer my research questions, I sought the voices of people with lived experience and expertise on perinatal well-being of young people in rural, northern, and Indigenous geographies. Participants were invited to participate if they:

1) Became pregnant and/or a parent before age 25 while living in the WKW, and/or
2) Had experience supporting young pregnant and/or parenting people as a health care or social service provider within the WKW.

Many people who participated fell into both categories; having entered health care or social service provider (HCSP) roles after becoming a parent in their teens or early-20s. I did not

demarcate a time limit on when (i.e., how long ago) participants experienced pregnancy or became parents because, as indicated above, pregnancy and birth experiences remain relevant throughout a person's life. I included HCSPs as key informants with experiential knowledge formed through interactions with young pregnant and parenting people in various settings (Patton, 2015). Given my anticolonial orientation and focus on valuing and uplifting voices of equity-denied groups, diverse representations of folks were encourage to participate through intentional distribution of recruitment materials and purposeful sampling (Kirby et al., 2017). I provide an overview of participants' characteristics below in Section 3.4 and Table 3.

Participant Recruitment

I began recruitment in September 2022 and finished in February 2023. I aimed to recruit 10-14 participants, with half being people with lived experience of pregnancy and/or parenting at an early age in the WKW, and half being HCSPs who support this population. As recommended by Patton (2015), I chose a minimum sample based on "expected reasonable coverage of the phenomenon given the purpose of the study and stakeholder interests" (p. 314). Given my purpose of documenting and exploring introductory ideas about perinatal well-being, I chose a minimum of five people in each category (10 total) to hear from a range of perspectives while allowing time for in-depth and open-ended conversations within each interview. I also chose a flexible and emergent approach to be responsive to the breadth of perspectives and depth of each interview, while also acknowledging my own capacity and time constraints (Patton, 2015).

To recruit participants, I used a combination of purposeful and snow-ball sampling methods, which are commonly used to identify key informants and people with knowledge and experience relevant to the research questions (Creswell & Poth, 2018; Kirby et al., 2017). I distributed an informative poster throughout each community in the WKW at places where my

target populations might visit including, public libraries, health care and social service agencies, coffee shops, recreation programs, schools, and community bulletin boards. I also shared the poster to my personal Facebook page and sent it via personal messenger and email to contacts identified in my pre-research community engagement and my own networks in the WKW. Building on my existing and trusted relationships as a known community member was an important part of this process to foster trust with potential participants, many of whom occupy social locations historically impacted by extractive research pursuits (Kirby et al., 2017; Kovach, 2021). Interested participants reached out to me via email, phone, and Facebook messenger. I answered questions about participating and provided a research information package and informed consent form. After confirming they met the inclusion criteria, I scheduled interviews with people who wished to participate.

3.2.2 – Research Methods

Conversational Land-Based Interviews

Between September 2022 and February 2023, I engaged eleven participants in conversational land-based interviews. Of the eleven participants, eight spoke from the perspective of having lived experience of becoming a parent before age 25, and a different but overlapping eight participants spoke from the perspective of working in HCSP roles where they support young parents. The overlapping perspectives of five participants who entered HCSP roles after becoming a parent at an early age was unanticipated but offered even greater depth and relevance to the experiences and expertise they shared. I provide an overview of participant characteristics below in Section 3.4.

I developed the interview structure and design to draw on Margaret Kovach's (2010) conversational method and Leanne Betasamosake Simpson's (2014) articulation of land as

pedagogy. Kovach, of Nêhiyaw and Saulteaux ancestry from Treaty Four, Saskatchewan and an enrolled member of Pasqua First Nation, states that conversational approaches to interviews are "congruent with the relational dynamic of an Indigenous paradigm" (2010, p. 43). Given my attention to relationality and desire to engage with Indigenous participants in a good way, using a conversational approach to interviewing felt appropriate. A conversational approach also offered an inviting way to engage participants who might feel less comfortable sharing openly within a formal or structured approach. This approach proved effective and helpful to build shared understanding between myself and participants as we progressed through the four topics of conversation informed by my research question and goals, which I describe below.

In these conversations, I also sought to engage with land in ways that tapped into "land as pedagogy" (Simpson, 2014). Given my focus on ecological and geographic determinants of health and well-being, I drew guidance from Simpson (2014), Michi Saagiig Nishnaabeg scholar from Alderville First Nation, who emphasizes the need to re-create worlds where land is both source and partner in learning, which requires "re-creating the conditions within which this learning occurred, not merely the content of the practice itself" (p. 9). Simpson describes how settlers easily (mis)appropriate and reproduce stories of land *content* while missing the wisdom of the *process* that underlies the relationship between land and Nishnaabeg or Indigenous knowledge. In setting out to explore relationships between perinatal well-being, land, and place, it was important for me to recreate the conditions and processes of learning from and with the land, rather than simply asking about the content. To this end, I invited participants to meet for an interview in a land-based setting of their choosing.

Six out of eleven participants engaged in an interview in an outdoor location that was convenient to them. Four of these participants chose to go for a walk and two chose to sit at a

picnic table in a park; five of these locations were close to rivers or creeks and all were near trees, shrubs, dirt, rocks, and non-human beings (salmon, birds, dogs, to name a few). The remaining five participants engaged in an interview in an indoor setting (2) and over Zoom (3). These interviews took place indoors/virtually due to extremely cold winter weather (-40°C), limited daylight hours, and living at too great of a distance to easily meet. Although these conversations did not take place with our feet on the dirt, land was still very much present as the cold dark northern winter seeped into our conversations in tangible and felt ways. While my land-based approach may not achieve Simpon's vision of "being enveloped by the land," (p. 9), my hope is that, in some small way, it tapped into the wisdom to be gained from meeting folks in ways that attend to land and place. In Chapter Five, I discuss the ways in which this approach was/was not successful.

At the beginning of each interview, I took time to connect with participants to build trust and establish relationships. I offered participants tea and a baked treat and began with casual conversation to introduce myself and the research project. I shared about my relationship to the WKW and the research project and my intentions, which is an important part of building relationship and common ground with research participants (Wilson, 2008). I reviewed the research information letter and informed consent form with participants and answered any questions. When participants were ready, I started recording our conversation.

In each interview I engaged participants in back-and-forth, non-linear conversation on four topics. These topics emerged from my community-informed research questions and the background literature discussed in Chapter Two. I started each conversation by defining the perinatal period for participants and clarifying that my focus is on the experiences of young people in their teens or early twenties who live in the WKW. I also offered each participant the

opportunity to sketch a mental map with paper and coloured pencils to help articulate their experiences or perspectives, a method of multisensory knowledge sharing suggested by Tuck & McKenzie (2015). Each of the participant declined to complete a mental map. One participant's child enjoyed using the colouring materials throughout the interview.

To start our conversations, I asked participants to introduce themselves, and share a little about their perinatal experience or role as a health care or service provider. Following these opening conversations, I asked asked: "What does well-being during the perinatal period look like?" After talking about this first topic, most conversations flowed in organic ways to the remaining three topics; a few required more structured prompting. The three additional topics focused on relationships between perinatal well-being, and:

1) Care relationships with health and social service organizations and/or providers,
2) Land and place,
3) Culture and culturally safe care

As our conversations naturally ended, I reviewed the four topics and asked if there was anything else I should know. I also asked: "If you were in charge of developing a supportive housing program for young pregnant and parenting people, what would be important to consider?" After our conversations, I gave participants a gift (homemade tea and $25 gift card) to show my appreciation for their time and willingness to contribute to my research. I reminded them when they would hear from me next and that they can contact me anytime with questions, follow up thoughts, or requests to retract some or all of what they shared. One participant followed up with additional thoughts via text message that I included as notes at the end of their transcript. The average interview length was 56 minutes.

After completing each interview, I manually transcribed the audio recording of our conversation. While I made every effort to translate the conversation accurately, written accounts

of a verbal conversation can never produce a perfect "verbatim" record of discourse (McLellan et al., 2003). I developed a systematic approach to prepare each interview transcript to account for patterns of speech such as pauses, crosstalk, and nonverbal modes of communication.

Iterative Thematic Analysis: Tracing & Weaving Threads

I conducted iterative thematic analysis using audio files and raw unedited transcripts of each conversation as my primary source of data. Iterative thematic analysis is the method of going back-and-forth between data and theory to reveal patterns, connections, and themes to answer the research questions (Kirby et al., 2017). Being iterative, this process is circular and involves continuous cycling between inductive (data-driven/bottom-up) and deductive (theory-driven/top-down) analysis, while leaving room for abductive (experiential/intuitive) reasoning to emerge (Kovach, 2021). I make sense of this process in two distinct, but interrelated stages: tracing and weaving threads.

Tracing threads represents the first stage of my iterative thematic analysis. I started this process in November 2023, when I began re-familiarizing myself with the interview transcripts and audio recordings after taking six-months away to work on another project. This first-pass of the data entailed re-reading (physical, printed copies) and listening to audio recordings of each conversation to develop deep and thick familiarity with participants' words. This process was reminiscent of sitting in front of a heaping pile of tangled yarn. I could see many different colours of yarn that represented participants' experiences, stories, perspectives, and ideas. I could also see various textures of yarn that represented the place-based contexts of participants' lives, histories, and futures. So began my process of tracing threads of yarn/words to identify patterns and connections within and between each conversation. As I followed the threads of participants' voices, I developed an initial set of descriptive words or phrases (i.e., codes) to represent

portions of the data. While this first pass was focused on noticing emergent patterns within and between participants' conversations (i.e., inductive), I also noticed and developed a priori codes based on my theoretical and methodological lens (i.e., deductive) (Kovach, 2021). After my initial pass and re-familiarization with participants' words, I used NVIVO software to complete the remainder of my data coding process. I modified and adapted the initial descriptive codes as I read through each conversation two to three more times. Through this intimate and iterative process, I organized the codes into broad categories of data that I started to make meaning of in relationship to the background context, literature, and voices that I warped onto my research loom in Chapters Two. This process of interpreting the data in relation to theory represents the second stage of my analysis process: weaving threads.

Weaving threads represents the interpretive stage of my iterative thematic analysis process. This is when the quintessential method of weaving came into play: where weft threads are woven over-and-under warp threads to create the final pattern and textile. This stage involved the messy and generative process of picking up and dropping threads, of making and unmaking, weaving and unweaving until I found broad themes that balanced the forceful trio of inductive, deductive, and abductive reasoning (Kovach, 2021). Where necessary, I edited quoted material from the transcripts for readability as recommended by Patton (2015). Specifically, I added additional words using square brackets to add context or clarity and I removed excessive use of filler words or phrases such as 'like,' 'umm,' and 'you know'.

Unsaid Data & Analysis

My interviews produced an abundance of data. As part of my data analysis process, I made the practical and analytical choice to leave a portion of the data *unsaid.* As I introduce below in Chapter Four, my research is an incomplete and partial picture of perinatal well-being,

and there are things that remain unsaid. The choice to leave part of my research unsaid was motivated by my research goals and methodology. The 'unsaid' is thus an analytical tool I deployed in three ways. First, I embraced the messiness of research and refused the colonial conceit to suggest clear answers and tidy conclusions. Second, I embraced the partiality of the stories told herein and worked to root the story I *do* tell within generative possibilities oriented towards systems, structures, ecologies, and geographies that shape perinatal well-being. Finally, I deploy the idea of the unsaid within my findings to shine light upon often-invisible structures and narratives entangled within the experiences and knowledge shared by participants.

Methods of Accountability

Self-Reflexive Journaling & Iterative Learning

Throughout this research project, I kept a journal to document, reflect, and account for my role and experience as the principal researcher. Engaging in a reflexive process is a tool of personal accountability for the researcher to consider dynamics and implications of power within the research process and "deliberately increase the complexity of the research process by employing an analytical approach that doubles back on itself" (Kirby et al., 2017, p. 50). Self-reflexivity moves beyond conventional (positivist) methods of taking field notes to also include and acknowledge the subjectivity and bias of the researcher and their active role in influencing the production of knowledge within the research study, which helps increase trustworthiness and relevance of the research findings (Kovach, 2021; Patton, 2015).

I started writing journal entries in September 2021 and continued this practice throughout the three years of my research project, which amounted to three physical notebooks (Figure 6). I found this practice to be most helpful in reflecting upon moments of uncertainty, times when I noticed my biases arising, and points of learning along the way. These reflections became topics

of conversation with my supervisor and my fellow master's colleague, which I then integrated into my work going forward.

For example, in my original research protocol, I planned to lead participants through a grounding exercise called 5-4-3-2-1 at the beginning of the interview. My intention was two-fold: to facilitate tuning into our surroundings and deepening our engagement with the environment around us, and to have a tool to return to if participants became activated from sharing potentially triggering or traumatic experiences. After completing four interviews, I reflected on my facilitation and the effect of using this exercise with participants. I decided to change my use of the method for two reasons. One, I realized that the structured nature of facilitating the exercise was interrupting the flow of conversation and relationship building at the beginning of the interview. Two, I realized the exercise was more suited to supporting folks when they are activated rather than at the outset of a conversation. I shifted my approach to offering the grounding exercise if participants became activated and wanted support. Of the remaining seven participants, none appeared to require this type of support.

Self-reflexive journalling was also helpful during my analysis phase when I sought to balance participants' perspectives and experiences with broader scholarship, literature, and my research goals. After each interview, I made notes on initial patterns and connections I was noticing between each conversation, which I returned to when I started the data analysis and meaning making stage. As I wrote my final thesis, I continued using journaling as a tool to reflect on how I was writing about peoples' lives in a good way. Journalling helped me integrate iterative learning into my research process and cope with the messy and nonlinear nature of learning how to do (qualitative) research.

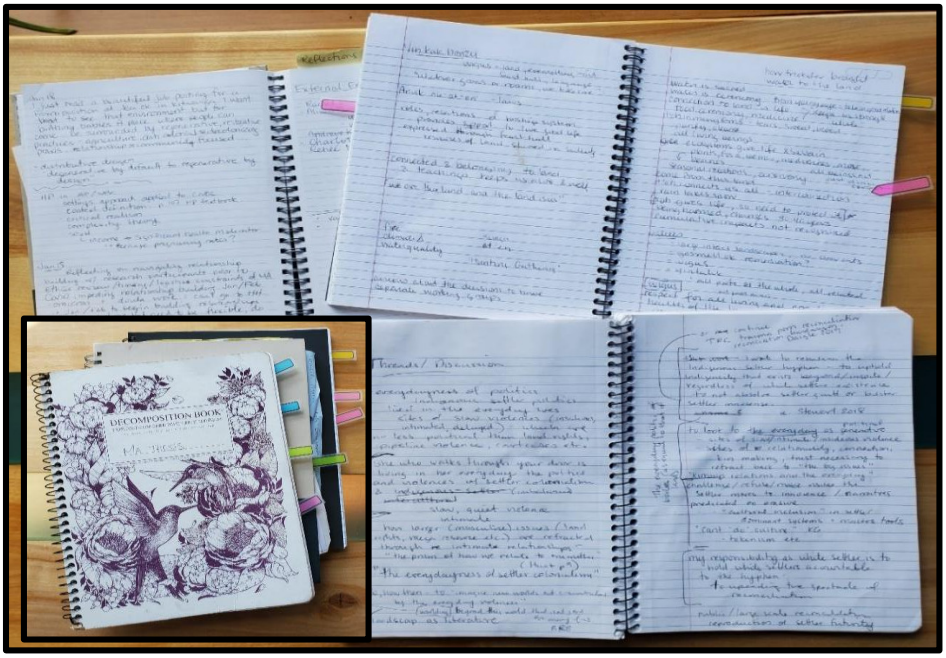

Figure 6. Self-Reflexive Journals

Member Checking

I offered participants two opportunities to engage in 'member checking,' a method to increase credibility and reduce potential harms of misrepresentation (Kirby et al., 2017; Patton, 2015). The first member checking process occurred in March and April 2023 when I returned the raw unedited transcripts to each participant along with a follow up letter to ask if they would like to change, edit, or retract any part of their interview transcript. I also confirmd participants' demographic characteristics they shared and asked participants if they would like to be referred to using their names or anonymously with a pseudonym. No changes were requested, and all participants asked to remain anonymous.

The second member checking process occurred in April 2024, when I returned a draft of my thesis to each participant, along with four community members who expressed interest in reviewing and providing feedback on my research. I invited participants to review my findings and offer their reactions or feedback, along with any requests to alter their quotes to protect their

anonymity. I also indicated that I may not necessarily alter my conclusions based on their feedback, but that my aim is to not do harm. Two participants and two community members replied in response to this member check stage, each of whom expressed excitement and praise of my work. One participant provided helpful revisions on the entire document (primarily grammatical errors), and a few comments, which I incorporated into my final thesis.

3.3 – Axiology & Research Ethics

Axiology refers to the morals and ethics that guide how research is done and for what purposes. Key questions that axiology poses are: "What part of this reality is worth finding out more about?" and "What is it ethical to do in order to gain this knowledge, and what will this knowledge be used for?" (Wilson, 2008, p. 34). In the conventional neoliberal university setting, research that includes human participation answers these questions in accordance with the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (i.e., TCPS2), which is overseen by institutional Research Ethics Boards (REB). I received approval from the UNBC REB in August 2022 (E2022.0513.026.00); I subsequently amended my REB protocol in October 2022 and February 2023. Given that my orientation to this research is rooted in deep relationships to the peoples and places with whom and for whom I enacted this research, it is important for me to articulate how I further fulfil my relational roles and responsibilities.

As I described throughout the first three chapters of this thesis, this research emerged from my relationships to the people and places at the centre of my research study. Honouring and tending to these relationships, and every relationship I build along the way has been an important priority. However, I found that maintaining relationships during the development, data gathering, and knowledge sharing phases of my research journey was easier and more intuitive compared to the data analysis stage. As I entered the analysis phase of my research, I found myself grappling

with this largely solitary process. This felt especially fraught given that I had returned from a six-month hiatus from my research while I worked on a different community-based project after completing my interviews and transcription in April 2023. When I sat back down with my data in November 2023, I had the intuitive feeling that diving into my analysis right away was not correct—I felt disconnected from my research.

To begin rekindling my relationship with my research, I returned to my methodology to re-ground myself in the orientation, values, and assumptions that would guide my analysis. During this process, I returned to foundational work of Shawn Wilson (2008) of the Opaskwayak Cree from northern Manitoba who articulates an Indigenous research paradigm, in which he proposes research as ceremony. Specifically, I was inspired by a recently published article by Margaret Hughes, Shawn Wilson, and Stuart Barlo (2023) that asked the very question I was asking myself: "[H]ow do we prepare ourselves for the process of developing new relationships with Knowledge?" (p. 509). Hughes—a white-settler scholar and PhD student of Wilson and Barlo—models their journey of enacting "research as a ceremony and develop[ing] a ritual to ground and support [their] research practice" (p. 511). Inspired by this timely article, I developed my own set of rituals to reconnect with my research and maintain good relations as I started my data analysis phase. The following are several touchstones that I practiced throughout the analysis stage of my research:

- Read or listen to the voices of those at the centre of my research—youth voices, pregnant and parenting voices, Indigenous voices, community voices, anti/decolonial voices
- Say hello to land and water every day
- Weave and remind myself of my methodology of weaving
- Write and journal—at least 15 minutes every single day
- Connect with community—talk with people, friends, and colleagues about my research

In addition to bringing me back into relation with the peoples and places in my research, these practices held me through the slow and tedious process of writing during the long, cold, dark northern winter. I turn now to the participants who generously contributed to my research.

3.4 – About the Participants

Eleven people participated in this study. These people represented a range of backgrounds and held an array of experiences relevant to my research questions. Because confidentiality in small communities is difficult to maintain, I do not share individual characteristics of each participant. Rather, this section provides a montage of the perspectives, experiences, and characteristics of participants, which emerged during our conversations and was confirmed via follow up email as per my REB amendment in February 2023.

Of the eleven participants, eight spoke from the perspective of having lived experience of becoming a parent at an early age while living in the WKW, and a different but overlapping eight participants spoke from the perspective of working in health care or social service provider (HCSP) roles where they support young parents (Table 3). The overlapping perspectives of five participants who entered HCSP roles after becoming a parent at an early age was unanticipated but offered even greater depth and relevance to the experiences and expertise they shared. Moreover, several of these participants expressed how gaps in care and/or traumatic experiences when becoming young parents in the WKW led them to take up careers where they could provide the care or services they wished they had. These folks' experiences highlight the importance of listening to and learning from people with lived experience to identify and understand gaps in service, care, and support. Their contributions to this work are invaluable.

The eight people with lived experience shared perspectives from a diversity of pregnancy and birth experiences. These included vaginal birth, caesarean birth, premature birth, miscarriage, stillbirth, infant loss, fertility challenges, hospital birth, and home birth. While no one disclosed direct personal experience of abortion, adoption, or child apprehension/family policing these experiences still emerged within some conversations. The age of participants at the time of their first pregnancy ranged from 16 to 25, and all had subsequent children after their first—some having birthed up to three children before age 25 and others having subsequent children after age 25; one participant was pregnant with their 11th child at the time of the interview. The youngest participant with lived experience at the time of the interview was 22 and others ranged from their mid-20s to mid-40s.

Eight of the eleven participants had experience working in HCSP roles, five of whom also had lived experience. One worked as a registered nurse and the rest worked in various allied health positions where they provide care and/or support to young people during pregnancy, birth, and/or early parenting. To maintain anonymity, I am not sharing specific roles because there are many positions in the WKW held only by one person, which would be easy to identify. It is worth noting that no midwives or doctors participated, and their direct personal experience is not considered in this research. None of the HCSPs worked exclusively with young parents, but rather, provided care or support to young parents as part of their practices with people of all ages. Some HCSPs were relatively new to their fields and others had experience supporting young families for several decades; one had recently retired. Some had experience working in other places and others only had experience working in the WKW. Some worked specifically with Indigenous clients and others worked with both Indigenous and non-Indigenous people.

Table 3 provides an overview of participants pseudonyms, perspectives, and racial identities. I chose land-inspired pseudonyms based on a moment or story that emerged in my conversation with each participant, which each participant had they opportunity to review. All participants were cisgender women and none disclosed sexually queer identities. Some shared experiences related to Christianity, which was the only formal religious identity disclosed. Others spoke about spirituality from Indigenous worldviews and other perspectives. Seven participants lived in Smithers, one lived in Houston, one lived in Witset, and two lived in Upper Skeena communities.

Table 3. Participant Pseudonyms & Characteristics. Pseudonym; perspective as young parent (YP), health care or service provider (HCSP), or both (YP-HCSP); and racialized identity.

Pseudonym	**Perspective**	**Racialized Identity**
Willow	HCSP	Settler of colour
River	YP	Indigenous - Witsuwit'en
Spruce	YP	White settler
Rose	HCSP	White settler
Sunny	YP	White settler
Winter	YP-HCSP	White settler
Summer	YP-HCSP	White settler
Sockeye	HCSP	White settler
Cedar	YP-HCSP	Indigenous – Witsuwit'en
Hemlock	YP-HCSP	Indigenous – Gitxsan
Rocky	YP-HCSP	Indigenous – non status First Nations & adopted Witsuwit'en

Chapter Four – Findings & Discussion: Weaving a Research Tapestry

> *It's so important to keep a mother's well-being in focus. It's something that's really tender, that you need to hold with gentle hands.* – Cedar

This chapter weaves together my findings and discussion about ways to keep well-being in focus, and hold it with gentle hands, as young people live, grow, and raise their children in the Widzin Kwah watershed (WKW). Throughout pregnancy, birth, and early parenting, young people interface with dozens of health care and social service providers and organizations, and innumerable informal sources of care and support, including family and friends, mountains and rivers, churchs and neighbours, berries and salmon, and members of the broader community, to name a few. Together, these formal and informal sources of care make up the landscapes that young people must traverse to access necessary support, resources, and connection, which, as participants in this research project demonstrated, are key factors in perinatal well-being.

As this chapter documents, some pathways throughout the landscape are well-worn and easy to travel. Others are filled with roadblocks or detours. Many young people start their travels without a map or guide to find their way. The relative ease or difficulty young people experience navigating landscapes of care is shaped by overlapping social, cultural, political, economic, ecological, and geographic factors that operate at various scales and unfold in localized ways. This chapter traces some of the ways perinatal well-being is borne and enlivened by human and other-than-human geographies that shape landscapes of care. This chapter also charts possibilities for building easier-to-travel pathways throughout landscapes of care within and beyond the Widzin Kwah watershed.

This chapter does ***not***, however, provide a complete or definitive picture of how young people experience perinatal well-being in these overlapping and nested geographies. As I noted

in Chapter Three, my conversations with participants produced an abundance of data, some of which remains *unsaid* within my findings and discussion. Broadly, the findings that I *do not* address pertain to the concurrent and inseparable journey of navigating the massive life transition of becoming a parent. Indeed, participants shared numerous ways that individual experiences of conception, pregnancy, birth, postpartum, and becoming a parent are important factors in perinatal well-being. In orienting the focus of my analysis towards landscapes of care—a practical and analytical choice motivated by my methodology—I found I was still able to attend to many of these individual experiences. That said, I would be remiss to not mention the importance of personal experiences of, for example, miscarriage, stillbirth, and infant loss; vaginal, instrumental, and/or caesarean birth; struggles with breast/chest/infant feeding; and navigating the slough of parenting/mothering discourses and expectations.

In leaving many of these stories and experiences *unsaid*, I do not wish to imply they are unimportant, undeserving of attention, or do not play a critical role in perinatal well-being. Rather, I made the analytical and practical choice to lean into the reality that one participant stated: "It's a shit show having a baby. And quite likely it's probably the same in the city…we just have fewer options" (Summer). While having fewer resource options is an important factor that I consider, this chapter moves beyond 'stories of lack' that are so often told about these northern and Indigenous geographies (Aldred et al., 2021). Instead, I uplift and centre the generative, creative, and caring possibilities that lead many to feel that "it's great raising kids in the north" (Hemlock). This chapter holds true that the human and other-than-human geographies shaping landscapes of care ought to be understood as far more than barriers to perinatal well-being. Instead, I argue for stories about the abundant sources of well-being for young people who live, grow, and raise children here. Further, while I am inspired by health geographers like

Milligan & Wiles (2010) who advance scholarship on 'landscapes of care,' my use of the term is not a metaphor: to talk about *landscape* is to talk about *land.*

The woven and place-based tapestry that is this chapter is represented in Figure 7. I designed and wove this weft-faced tapestry to represent how I make sense of my findings. Each of the four colours represent the four themes in this chapter, with the pattern representing their co-constitutive relationships to one another and the texture (visible in the shadow) representing the topography of landscapes of care; a detailed artist statement can be found in Appendix IV. As this chapter unfolds, I offer this visual representation as a reminder of the relational, messy, and generative ways of knowing, doing, and being that guided my analysis, findings, and discussion. I also offer it as a reminder that this tapestry is a snapshot in time; the stories, ideas, and approaches to care discussed in this chapter spill over and continue beyond the edges of this tapestry and bounds of these pages.

To begin with, then, I first turn to the task of mapping, route finding, and increasing connectivity amongst **'The Pathways'** (grey) to care spoken about by participants. I then turn to **'The People'** (purple) and fellow travellers who variously hinder or help young folks traversing landscapes of care. Following this, I trace the convergent and divergent ways participants spoke about '**The Places'** (blue) and all that is not human throughout the landscape. I conclude this chapter with **'The Possibilities'** (pink) shared by participants for moving beyond stories of lack and toward generative reproductive justice for young people living in rural, northern, and Indigenous geographies.

Figure 7. The Tapestry.

4.1 – The Pathways: Landscape Mapping

> *It's a little small hick logging town. But if you connect to the right resources and stuff, it can be pretty great.* – Rocky

Young people navigating pregnancy, birth, and early parenting are faced with the task of traversing landscapes made up of numerous formal and informal sources of care to access necessary support, resources, and connection. Given the emphasis that participants placed on 'navigating' and 'knowing where to go,' I draw upon concepts from geography and landscape ecology to situate features of the landscape, attend to multiple spatial scales, and offer possible routes and pathways to decrease isolation and increase connectivity. While also providing helpful analogies to understand the task at hand, I use these concepts in their most literal sense—that extend beyond human and social constructions of map making and route finding—to ground perinatal well-being in physical ecologies and geographies of place. Thus, while this theme attends to the importance of mapping, route finding, and connectivity, these processes must be understood as unfolding within specific spaces and places that are themselves active and animated forces that matter and exist in their own right.

4.1.1 – Maps & Gaps

> *Like the saying is, it takes a village to raise a child.* – River

The ethos and importance of connectedness and raising children with many helpful hands evoked by the adage above was shared by every woman who contributed to this research project. The 'village' in question, however, is built from numerous formal health care services, providers, and organizations, and countless informal sources of care from land and community that, in many ways, have been dispersed and fragmented across large, landscape level, geographic areas. As I introduced in Chapter Two, contemporary health service delivery in rural and northern

geographies continues to be structured by ongoing legacies of settler colonialism and neoliberal reforms that concentrate services in populous (settler) communities (Aalhus et al., 2018; Benoit et al., 2010; de Leeuw, Maurice, et al., 2012). Further, services include wide arrays of allied health professionals, non-profit community health care organizations, social services, and programs that provide many health-related services through various public and private funding streams. In the WKW, these forces operate at various scales to create almost paradoxical landscapes characterized by both an abundance of local services and resources, *and* persistent gaps that burden young people with necessary travel to access care, resources, support, and connection. Undoubtedly, not all young people will need or desire access to the entirety of the landscape. It is, however, important that all pregnant, birthing, and postpartum young people *can* access the sources of care they might need and that those interactions contribute to their overall sense of well-being. This subtheme maps the landscapes of care young folks traverse and points to troubling gaps highlighted by participants. As this section unfolds it may be helpful to return to the map provided in Chapter Two (Figure 3).

I begin with an excerpt from my conversation with River, a young Witsuwit'en woman whose care experiences during two pregnancies and births highlight the plethora of people and places that can be involved in one young person's journey:

> While I was pregnant with my son, my mom was the biggest support and my dad also, as a branch from my mom. Yeah, family, doctors, and counsellors too…and for my pregnancy with my daughter it was a lot of people. Public health nurses, our family doctor, counselling, Pregnancy Outreach, the doulas. And support from the midwife. … The hospital emergency [room] was also a big support…And then during the last little bit of our pregnancy we got sent to Vancouver….And that's where I had her via c-section… [and] she needed to be in the [neonatal intensive care unit]…So I was there for a few weeks until I had her and seeing an obstetrician there and then we had lots of support when we came back too… my brother and my mom and my sister [are] a big support… Oh that's another thing I forgot to add was the [Witset] Health Centre.

As this excerpt shows, young people may interface with and access support from numerous HCSPs and organizations, which can also involve travel to other places to access higher levels of care; in addition to traveling to Vancouver, River also accessed perinatal health care services in Prince George and Terrace. River received significant support from her family and later in our conversation she also spoke about the roles her House Chief and Clan played, as well as the importance of being on the *yintah* (land/territory). As with River, each participant spoke to innumerable 'informal' sources of care including family and friends, rivers and lakes, berries and salmon, and members of the broader community, among many others.[11] While I tend to some of these informal sources of care throughout the remainder of this theme, I trace the finer contours of 'The People' and 'The Places' in the following two themes (Sections 4.2 and 4.3).

Along with informal sources of care, young peoples' travels throughout the landscape are influenced and structured by a plethora of formal health care services, providers, and organizations. Together, the eleven participants who contributed to this research referenced over 50 distinct sources of formal health care services or resources (for a local list see Appendix I). Below, I trace the importance of increasing connectivity and opportunities for connection throughout this complex web of formal services that young people might, or might want to, access. First, however, I trace the *gaps* in available services, resources, providers, and opportunities for well-being highlighted by participants.

Beyond and within the WKW, health care systems face mounting strain, staffing shortages, and provider burnout in the wake of the Covid-19 pandemic (Maunder et al., 2021;

[11] I fear that distinguishing between 'formal' and 'informal' care may entrench unhelpful dichotomies and hierarchies between types and sources of care. I nevertheless maintain these distinctions to articulate differences between services or resources that are provided in some sort of formalized setting, which generally involves funding and organizational management, as compared to unpaid and non-monetized forms of 'informal' care.

Novak Lauscher et al., 2023). These challenges are magnified in rural areas like the WKW where pre-existing provider shortages became exacerbated and recruitment and retention issues deepened (Johnston & McLean, 2023; L. Smith et al., 2023). Several people in this study noted numerous "barriers that Covid has created" (Hemlock) and underscored the unfolding impacts of there being "never enough people" (Rocky) to provide services and fill positions in both public and private domains.

In the realm of non-profit community health organizations and private allied health professions, participants spoke to numerous gaps in services. Participants frequently pointed out persistent lack of available childcare and early-childhood educators, counsellors, housing, and birth, postpartum and Indigenous doulas, as well as financial barriers to access these services. Some participants also pointed to the need for more Indigenous focusing oriented therapists (IFOT), drop-in parenting and early-childhood programs, resource navigation support, early childhood development specialists, and support for traumatic experiences such as stillbirth and infant loss.[12] As one person described, "There's not enough people. [Child Development Centre], counsellors, you know that all takes time, and there's always wait lists and things like that cause we don't have enough people" (Rocky). Several folks similarly commented on long waitlists for services like autism assessments and early childhood intervention support, noting experiences like being told that "for an autism assessment it would be like two years" (Sunny). Access to 'available' resources can be further complicated by criteria to meet thresholds of severity or definitions of 'high-risk', as Rose described: "Lack of access to resources, by which I mean the resources are there, but you have to hit a certain level of severity to access them."

[12] Indigenous focusing oriented therapy (IFOT) is an Indigenous-specific approach to trauma therapy rooted in culture, land, and community. See Panofsky et al. (2023) for Wet'suwet'en perspectives and approaches to IFOT.

As research with young parents in Prince George showed, being in "rural" contexts, compared to urban areas like Greater Vancouver, can create various barriers to care and well-being due to having fewer available professional/formal resources (O'Brien et al., 2018). Compared to the WKW, Prince George is relatively urban and serves as a referral community for residents across northern BC (Chabot et al., 2010; Shoveller et al., 2011). Limited availability of resources in the WKW poses significant challenges, which is not limited to non-profit organizatsions and private providers.

In the public health domain, limited availability of primary care providers also poses barriers for young folks in the WKW. Availability of primary care is a significant issue across Canada that, again, is exacerbated in rural areas, which manifests as poorer health outcomes for people without regular access to primary care (Breton et al., 2019; E. G. Marshall et al., 2022; Roots & MacDonald, 2014). Participants, like the three quoted below, spoke to negative impacts of low primary care attachment like having to 'retell your story,' and using hospital emergency rooms for non-emergent care needs, which were attributed to 'big failings' in health systems:

> I have been working with mamas who don't have a doctor. So that continued piece of care, or having to retell your story every time is often triggering. (Summer)
>
> And even people that don't have a doctor too, having to go to the emergency room for stuff. (Cedar)
>
> People do not have physicians because they are probably very very busy [and] some huge big failings in the system. (Willow)

The primary care crisis is especially pronounced in BC "where nearly one in five residents do not have access to a regular primary care provider" (Contandriopoulos et al., 2023, p.2; also see, Breton et al., 2019; Roots & MacDonald, 2014). While attention is being garnered towards systemic solutions to address primary attachment, including the creation of centralized

waitlists—e.g., *A GP for Me* in BC—and expanding primary care options to include nurses and nurse practitioners, the implications of these solutions for young people ought to be considered.

A further consideration in mapping the landscape is the availability of primary *perinatal* care providers, which poses further challenges for young folks living here. In BC, by the time pregnant people reach 20 weeks gestation, they "choose a midwife or family physician, or in some cases an OB/Gyn to provide primary care throughout [their] pregnancy" (HealthLink BC, 2021, np). This so-called 'choice' is limited by numerous factors, including provider availability and scope of practice, which are in turn influenced by numerous administrative, regulatory, and political factors (Kornelsen, 2009; Munro et al., 2013; Stoll & Kornelsen, 2014; Thiessen et al., 2020). Of the participants who disclosed the type of primary perinatal care they received, all expressed a strong preference for midwifery care, whether they were able to access it or not. While midwifery care was strongly desired, this 'choice' is significantly limited in rural and northern communities where only 11.7% of births have midwifery-involved care compared to 27.4% of births in BC (Perinatal Services BC, 2023). Moreover, while some women in this study accessed midwifery care, there are currently no midwives practicing full-scope primary perinatal care in the Smithers area, where over 90 percent of annual births in the WKW occur (Perinatal Services BC, 2023). Primary perinatal care faces similar strain as the broader health systems; since the completion of my interviews, both hospitals with birth services in the WKW temporarily closed multiple times due to staffing shortages, requiring birthing people to travel to Terrace or Prince George (Gamage, 2023). While unexpected closures may pose temporary travel-related barriers, travel is a ubiquitous feature of accessing care within and beyond the WKW.

4.1.2 – Distance & Scale

Landscape ecologists and (health) geographers alike attend to questions of distance and travel across multiple spatial scales. Distance and travel pose innumerable challenges for rural and northern health planners tasked with optimizing service delivery—especially that of perinatal care—for small dispersed populations spread across vast geographic areas (Grzybowski et al., 1991, 2009, 2016). As people I spoke with shared, the challenges of long distances and travel to access care are relevant at multiple spatial scales: from the grocery store to the NICU.

The political economy of health care provision may always require rural populations to travel to urban centres to access specialized or higher-level care. Two participants in this study had to leave their communities in the WKW to access appropriate care. For example, as Summer described, she had to travel to Prince Rupert to access care from an obstetrician gynecologist:

> When I got married, I was actually told I would never have children, both my husband and I. So, Smithers is fairly limited in what they could do for us, so I was referred to a gynecologist obstetrician out of Rupert...Who was the only person that we had to choose from, and not necessarily the care I would have loved.

Summer further described how experiencing disrespectful and unsupportive care from this "doctor [who] wasn't invested in my pregnancy" negatively impacted her mental and emotional well-being. She also spoke about how "the amount of mental game that went into getting pregnant…took away from everything else [and] all the people that love you and support you think you're bat shit crazy" (Summer). While this participant's experience of navigating fertility challenges was unique to the young parents within this research project, it speaks to ways the limited availability and choice of specialized providers in northern BC can intersect with disrespectful and unsupportive care, which I return to in Section 4.2, as well as the role family and friends when navigating challenging perinatal journeys.

Another participant, River, also spoke about the importance of supportive family members when accessing care away from home. At various times, River was required to travel to Vancouver, Prince George, and Terrace for obstetric, pediatric, surgical, and neonatal intensive unit care. River spoke positively about her experiences with providers while accessing care away from home and described how she was lucky to have supportive family with her:

> I was lucky to have my family in Vancouver at the time…[and] my mum was able to be in the operating room with me as a support person [with] my partner. And that was a big thing because we are so far from home.

While River's travel experiences were generally positive, she faced frustrating jurisdictional challenges accessing support for patient travel through First Nations Health Authority (FNHA), captured in her observation that:

> [Witset Health Centre] helped with accommodations and gas to get to and from Vancouver. But our last emergency travel to Prince George was a little frustrating because I don't have that support from Witset First Nation anymore because I'm not on reserve and it's a little difficult to get through FNHA.

As River's experience shows, jurisdictional pathways for FNHA funding can present challenges for individuals living off-reserve despite many transformative changes brought by the advent of FNHA for First Nations health care funding and delivery in BC (Greenwood, 2019). Notably, neither Summer nor River expressed dissent at the reality of travel, but rather, the lack of choice in provider—which was desired because of disrespectful care—and challenges accessing patient travel through FNHA. Further, while these two participants shared different experiences and required different types of care, both spoke about the importance of supportive relationships (or lack thereof) while travelling and navigating challenging perinatal experiences.

Distance and travel-related barriers are not limited to out-of-community care. Locations of various services and resources throughout the WKW are distributed in ways that mirror patterns at larger scales, with the bulk of services being centralized in the most populous

community, Smithers. For example, one participant, Rocky, described how living off-reserve in a small community meant that the recent loss of a prominent Elder created a big gap in cultural knowledge and learning opportunities, for which they now "have to go [to] Smithers." Another participant, Cedar, shared that, "There was one doctor that I really, really connected with and she was in Houston and … I was willing to drive that far, [but] it's like not a lot of people have that option," which was about a 1.5-hour drive along the highway from her home community.

As Cedar points out, many young people may not have access to vehicles or driver's licenses, an issue further compounded by significant lack of public transportation options in the WKW. After reflecting on her experience of traveling to access primary care, Cedar went on to describe how lack of transportation can pose a significant barrier for young people to access programming like prenatal classes, or simply, getting groceries:

> Not everybody has vehicles and that's a big part of… not going to prenatal classes and that kind of stuff. If you have to pay somebody to drive you to get groceries… mothers just end up feeling very isolated and it doesn't feel good not having any wheels…it makes it feel like just going to town to get groceries is a huge task, especially if you don't have a vehicle, [or] if you don't have money for gas.

Similarly, another participant noted the importance of getting into town to attend drop-in programming for her first children, which she was able to because she had access to a vehicle:

> I've always lived out of town… so I have drive into town. And so it just became like not a priority as I got older and had more [children]. But at the time when I was first having babies, it was like I'm getting there, like it was worth it. (Spruce).

While Spruce was able to access programming by driving into town, many participants underscored the challenges of transportation and, like Cedar described, how isolating lack of transportation can be. As Rose similarly described:

> Having that connection to self and that grounding to be autonomous and confident and be in your well-being can be derailed especially if transportation is an issue, then you're kind of just like stuck.

Many participants, like the three noted below, similarly expressed how lack of transportation can impede opportunities for social connection, independence, and access to other-than-human sources of care:

> And then, transportation. They can't even leave their house and have a good fun meal. Like there's no skytrain … [to] go downtown and meet with people. (Willow)
>
> Travel is a big thing too. Not everybody has vehicles and that's a big barrier of not getting out and not going to the land. (Cedar)
>
> Having an opportunity to get out [to the land] actually means vehicles and stuff like that. (Sockeye)

Having access to "a reliable vehicle…that can go through the rough roads" (River) is a barrier to many land-based opportunities for care and well-being; however, as I discuss in Section 4.4, land-based opportunities close to home can help alleviate some of these barriers. That said, the consequences of transportation barriers must be taken seriously, especially given that the WKW lies along the Highway of Tears where disproportionate numbers of Indigenous women, girls, and relations continue to be murdered and go missing (O'Toole et al., 2022).

4.1.3 – Connectivity & Route Finding

> *The amount of time you can spend seeking [resources] out, sometimes then you just convince yourself you don't need it.* – Summer

Connectivity is a key principle of landscape ecology that I apply to landscapes of care through the task of route finding—that is to say, building easier-to-travel pathways for young people to connect with appropriate services, resources, and opportunities for care. Increasing connectivity is critical as many young people start their journeys without a map of the landscape or knowledge of what resources and opportunities for care are available.

For young people entering the perinatal period, many participants emphasized how "everything is new" (Sunny) and "as a new mom you you're always wondering is my child

okay?" (Spruce), which can create feelings of uncertainty about *when* it is important to reach out for support and resources. Further, young people often have no idea *what* resources are available, or what services organizations provide, like Sunny shared about Pregnancy Outreach Program (POP): "I didn't really know about POP. I dropped some stuff off there, but I didn't really know about it … [or] what they really do." Not knowing when support might be needed or what resources are available is an obvious barrier to accessing necessary sources of care and connection, which other research shows is a priority area identified by young mothers to support the well-being of pregnant and parenting youth (Dion et al., 2021). In my conversation with Cedar, she also spoke about how not knowing 'where to go' can be a barrier to opportunities for land-based care and healing:

> A lot of it is knowledge—knowledge and support. People might even like, "Well, I don't know where to go," but you can just go to like the Perimeter Trail if you're in Smithers. Or just drive right out of town and get out of the car. Or you know, like just walking down to the Canyon, the Canyon's a freaking magical place. And it could be as easy as just going to your backyard.

Not having support with the task of finding resources can pose potentially dire consequences, like Summer described, "The amount of time you can spend seeking [resources] out, sometimes then you just convince yourself you don't need it."

When seeking out appropriate resources, young people often turn to friends and family who already navigated their own journeys of pregnancy, birth, and postpartum. For example, Cedar shared that "If it wasn't for my sister that was already getting counseling done [at NSDP], I wouldn't have known that I could get counseling there or any of the other resources they had available." Similarly, Winter shared her experience of not knowing about POP, midwives, or doulas when she was pregnant at 19 and how, "you really have to go searching for them or know the right person to tell you." For Winter's first pregnancy, she did not have close friends or

family with kids or ‘know the right person’ to share information on resource and care provider options. Many young people are faced with similar challenges, as Sunny described:

> Because I didn't have any friends with kids, I had no idea what like half the resources were in town. So that's also kind of hard, especially with a first baby and especially if you're young and you just don't know. Like sometimes as you get older you just find out about these things, maybe through work or whatever.

While familial and social networks can play an important role in helping young people finding available, trusted, and appropriate resources, many young people may have limited social connections to people with children.

HCSPs are key pathways for information on ‘knowing where to go’ and facilitating connections to appropriate resources and opportunities for care. Given that every young person receives care from a physician or midwife, participants frequently suggested primary care clinics as a critical point of contact and place for ‘better advertisement’ and ‘promotion’ of available resources. As Summer suggested, having an easy-to-locate centralized list of available resources can help facilitate connection to services:

> If I want to find a daycare for my child, I phone the Child Development Center and they have a list. Well … a young mum [won’t] have a bloody clue where to go or who can help me do what. There needs to be one place you can go, that everyone regardless of who you are, what you need, has access to this like one hard fast list. For this you can go here, for this you can go here.

However, even when young people know about available resources, they may still require support to find ‘the right service’, which can be facilitated by having someone to help ‘problem solve,’ as Rose described:

> Even if you're in with that service, is that the right service? And how much time have you spent trying to get in with that service to find out that it's not the right service and then to go, well, what is the right service? So [having] somebody to help…problem solve. And … helping families access the appropriate resources. … Just that support and navigation of, “Hey, that neurologist really sucks, and I want a different one,” and helping figure that out.

Some health care or service organizations have dedicated staff or programing to support families in accessing appropriate resources. The Northwest Child Development Centre (NWCDC, n.d.), for example, operates a new pilot program, the Family Connections Centre, which serves as a "single-entry point for all developmental services for children and youth (0-19 years) and their families" (n.p.) living in northwest BC communities between Houston and Atlin and east of Kitwanga. Online resource navigation tools (e.g., Fetch BC, Pathways Medical Care Directory, Smithers Community Directory) can also be valuable tools to find available resources; however, 'having somebody' to help problem solve and figure out what resources might be needed is important to further support young people navigating landscapes of care. As participants emphasized, having HCSPs to provide referrals and do outreach are two key pathways to facilitate connections to appropriate resources and opportunities for care and support.

Providing appropriate referrals is a critical pathway for connecting young people to services and opportunities for care. Indeed, participants frequently expressed the importance of connecting young people to "as many services as I possibly can" (Hemlock) and "getting young people connected with more people and more organizations" (Cedar). Folks I spoke with also underscored the importance of HCSPs having clear understandings of the roles and scopes of other HCSPs, which requires "understanding what each person's responsibilities are" (Sockeye) and "understanding the programs" (Summer). HCSPs must also know the limits of their knowledge and capacity to provide appropriate support, which Willow modelled when she shared an example of referring a young client for extra breastfeeding support: "I have this client, she's young, I want to bring her to Anne to show her how to do breastfeeding. If I don't feel confident then I don't talk about it and I refer them."

Many people expressed that they wished doctors would provide more referrals to services better suited to providing certain types of care. For example, Cedar expressed how "I know that it would have been so much better to talk with an actual counselor instead of my doctor" when she was working through the circumstances that led to her first pregnancy. That said, Rose shared that she notices that "Sometimes I find young mums are actually encouraged more, by say family physicians, to connect with other resources… especially with young young mums, right, the teen mums." Providing referrals and creating effective collaborations between HCSPs are key pathways to perinatal well-being, which I discuss further in Sections 4.2 and 4.4.

Outreach is another key pathway to connect young people to resources, which involves meeting people 'where they are at.' Outreach is an important component of many integrated service models and is shown to improve perinatal outcomes for both the baby and birthing person (Fleming et al., 2012; Rutman et al., 2020). Many participants, like those quoted below, expressed the importance of outreach for fostering connections to resources and supporting young people 'in whatever way that means':

> Just support in whatever way that means. So, if somebody just has a baby, I don't expect them to come down, right, like just being able to support them where they're at. (Rocky)
>
> I remember like from the very beginning there were ladies that reached out to me when they knew that I was expecting a baby. They told me all the resources there were in the community. (Spruce)
>
> My middle [child] had a lot of issues with breastfeeding and stuff, and [our public health nurse] was a huge support and she'd call me and reach out until he was 18 months. And then my youngest ended up having some feeding issues as well and she just right away jumped into helping and she was amazing. (Winter)

As this last quote shows, virtual outreach and care, like connecting over the phone, can increase opportunities for connection and support. Indeed, many participants spoke to the generative possibilities of virtually enabled care, which I return to in Section 4.4. That said, face-to-face

contact is important, especially for things like breastfeeding that other research shows can be challenging for young parents who may require extra support (Erfina et al., 2019; O'Brien et al., 2018; Quosdorf et al., 2020). This was the case for several participants like Sunny who struggled with breastfeeding, and eventually switched to bottle feeding with formula, that while being a positive decision for her family, may have been avoided by receiving in-person lactation support:

> The public health nurse, they called and we're like, "Oh yeah, we're fine…we're good." But I think if they could have come—cause I felt like we were fine—she would have noticed…that like, "Hey, that latch maybe isn't awesome." But I mean, I also said that we were fine. (Sunny)

Outreach provides an opportunity to connect with young people who may not know if they need support or what resources are available. As Fleming et al. (2012) show, outreach can contribute to positive outcomes including earlier attendance to prenatal care, increased prenatal class attendance, and higher gestational age and birth weight.

Doing outreach, providing referrals, and making resources easy to find are key pathways to support young folks well-being during the perinatal period. It is also important to understand barriers like transportation and have a clear map of what resources are available and what gaps might pose challenges for young people to access the care they need. While this theme focused on understanding 'The Pathways,' the following theme charts various ways 'The People' and fellow travelers can hinder or help young people navigating pathways to care.

4.2 – The People: Fellow Travelers

As young people traverse landscapes of care, they interact with countless people and fellow travelers. This theme charts how behaviours and attitudes of others can influence young peoples' experiences and opportunities for care, support, and ultimately, well-being.

4.2.1 – Those Who Hinder

Negative interactions with people, whether it be through formal or informal sources of care, can lead young people to not reach out or acceess necessary support. Young people in rural and small communities may have few alternative options when faced with disrespectful or unsafe interactions, as Rose highlighted when speaking about young people accessing services:

> If you do access the service but that person and you just don't work, but there's nobody else, especially in a smaller rural community that can I think really be a hindrance. Cause you go, 'Well I need the service, but I really don't jam with that person, so I'm not going to reach out to them for wellness cause they make me feel like shit.'

Conversely, significant gaps can also be created in rural and small communities when key providers—who are often sought out because of their capacity to provide respectful care—leave a position or move away. For example, Cedar described how people no longer want to attend prenatal classes now that they are being run by a particular person:

> Now that Wanda moved into a different position…there's somebody that's taking over some programming. And I'm already hearing [people] don't want to go…to prenatal classes because so and so's running it … It's so sad to see [and] very, very hard in small communities.

Young people are unlikely to reach out for support or attend programming with people who, for whatever reason, engender negative feelings or emotions. As people in this study shared, judgemental attitudes and competitive behaviours are two key factors that create barriers to care and negatively impact young peoples' well-being throughout the perinatal period.

Judgemental attitudes arise from various biases and stereotypes, which can impact young people through direct interactions and anticipatory expectations. For example, participants spoke to several examples of how judgement can arise from biases like, "Oh, you're from this family, so and so" (Cedar) or from attitudes rooted in racists stereotypes about Indigenous peoples or societal judgements of early-aged pregnancy and parenting. One participant, Hemlock, who was

a student nurse at the time, shared an experience of witnessing a young teenager accessing emergency contraception at the small local hospital emergency room and receive intentionally disrespectful and judgemental care from the supervising nurse who said "a little bit of humiliation will do that girl just fine [and] be good for that girl, so that she won't keep coming in here, this is not a birth control method." Hemlock later found out this young girl had been sexually assaulted, which she understandably did not disclose to the supervising nurse. Judgemental interactions such as this can lead young people to avoid seeking out future care, which can lead to further judgement when potentially avoidable complications arise, a phenomenon captured in perspectives shared by Summer:

> I'm often seeing parents or mamas maybe not seeking out the prenatal care...So then getting a bit of pushback from GPs…in the way of, 'Well, you didn't care enough to come,' but who knows what their trauma is around doctors... and sometimes like it isn't good. You know when you've gone into labour, and you have a breech baby and things like that I've come across working with families. But nobody's really listening why they haven't come [earlier]. They are just…quick to judge. So, the fault gets laid, right. Or the blame gets laid. This would have been avoidable, or we would have known. Okay, well you didn't, so what do you do about it... and how are you going to make me feel good.

To the best of my knowledge, no research attends to the consequences of negative and judgemental care for young people in rural and small communities where alternative options are limited. In other settings, however, research consistently shows the significant consequences of young pregnant and parenting people experiencing judgemental care, including mistrust and fear of health care systems and providers, delays or hesitance to access services, and disengagement or refusal of services, which can lead to negative perinatal and neonatal outcomes (Debiec et al., 2010; Fleming et al., 2012; Harrison et al., 2017; Quosdorf et al., 2020).

In addition to previous negative interactions, young people can feel anticipatory judgement based on perceived expectations or social narratives. For example, Sunny shared how she feared being labeled as an 'irresponsible or incapable mum,' or sharing that she was not

doing well postpartum, which might lead the Ministry of Child and Family Development (MCFD) to think she 'couldn't be alone' with her children:

> I think I wanted people to think that I was prepared, that I was like a responsible and ready mom. And so I didn't really want to say like, 'I feel like I have no freaking clue what I'm doing in this' [because] maybe it would come across like I … was an irresponsible or incapable mum, right?…And like that's not how a doctor is going to feel if you can't figure out breastfeeding. But when you're going through it, it's just a lot… Like I felt like if I said I wasn't [doing] good then it would be like MCFD was going to think I couldn't be alone with my children. Which is like, you always just go to the worst place with anxiety but that was really hard.

Fear of judgement or child apprehension (whether perceived or real), and disrespectful care can create profound barriers for young people to reach out for support. Anticipatory judgement, however, is not limited to formal care. Participants, like the two below, expressed how worrying about what others might think can contribute to social isolation:

> I wouldn't even go to community events just having a little baby. I wouldn't go to Feasts or anything like that. And I feel like [that's] the expectation for new mothers, like your child's going to be loud, people are going to look at you funny or want you to leave or stuff like that. And you can talk yourself into a really tight corner really quick. (Cedar)

> [G]oing out with a little person [can feel] like a *huge huge* undertaking and [especially in the winter] like, 'Oh I don't have the right gear for them…I don't even know what to put them in, what are people gonna think.' So then just like staying inside. (Rose)

As with fear and avoidance of accessing formal care, worrying about judgement from family, friends, and community members often emerges from very real experiences.

Judgemental attitudes and behaviours from family, friends, and community members often emerges from Euro-colonial narratives of teenage and early-age pregnancy and parenting as morally problematic, which can have detrimental impacts to identity formation and overall well-being, and contribute to social isolation (Carson et al., 2017; Cense & Ganzevoort, 2019; Chabot et al., 2010; Hans & White, 2019). Indeed, a few participants spoke about experiencing judgement based on biases about early-age pregnancy and parenting, as River expressed when

speaking about types of support: “[For] teen parents, help them and not judge them. Cause there's some people that are like, ‘congratulations,’ and then other people that are like, ‘but she's a teenager and she's pregnant.’” Similarly, Winter shared experiences of judgement from family and while accessing services at Pregnancy Outreach Program (POP):

> Being 19 and pregnant was pretty tough, especially [here] there's a lot of judgment, and the family I come from brings a lot of judgment too… [And] I always felt like super judged by like the other moms in POP. Like being a young mom. Cause like when I went in there with all always like older moms.

As Winter also expressed, socio-cultural contexts within the WKW may contribute to feeling ‘a lot of judgment’ here, which for Winter emerged from her experiences of leaving the Church she attended throughout childhood and being shunned from her religious (Christian) family and community because, “I was pregnant before I got married and like all of that” (Winter). Given the large and prominent Christian community in the WKW, it is important to consider how young people situated in this socio-cultural context may experience feelings of judgement stemming from religious values.

In addition to judgmental attitudes, interpersonal interactions between HCSPs can hinder young peoples’ ability to navigate landscapes of care. Specifically, many participants spoke about a sense of competition, most often with doctors, which created barriers to effective collaboration and knowledge sharing, which, as participants expressd, are key factors in fostering perinatal well-being. For example, Sockeye described competitiveness between care providers and/or supportive people in a young persons’ life who “see each other as a threat,” and feel that the presence of one supportive person or HCSP somehow meant others could not be a part of the support circle. Others described competitiveness emerging from hierarchies of knowledge, with some HCSPs thinking “their knowledge is better” (Rose) and from ‘arrogance’:

> From my experience working with doctors, I also think [there's a] component of arrogance, that we know more than you know. You do not know what I know. You know what you know. And I know what I know. I let you do what you do [so] let me do what I do and work with me. (Willow)

As I discussed above, knowledge about roles and responsibilities of various HCSPs is critical to provide appropriate referrals and connect young people with necessary care and support.

Deeply intrenched hierarchies of medical knowledge and power are frequently cited as barriers to interprofessional collaboration and ultimately, health outcomes, especially within the perinatal period (e.g., Behruzi et al., 2017; Fahy, 2002; Noyes, 2022; Snadden et al., 2019). Participants in this study spoke about how intrapartum care spaces can be a heightened time of competitiveness between HCSPs, as Summer described:

> I have heard over and over again that the care providers, be it doctors, doulas are almost against each other. It's like one-upping each other. A doctor will sometimes undermine a doula because, well, they know better, they're a doctor…I hear that a lot [from] families… that are like, 'Is it a competition in the delivery room between nurses and doctors and doulas?' I'm like well it shouldn't be… so care providers need to quit being in competition and start getting on the same page of support.

The importance of breaking down hierarchies of knowledge and power also applies to relationships between HCSPs and young people, as Sockeye described:

> When I think about people working together in collaboration, people need to feel equal to the person that they're collaborating with as opposed to a hierarchy. And so anything that I can do to break down a barrier of seeming like some old white woman that's been you know, paid to do the job, and actually instead learn from somebody else—that's a really big deal for me.

Breaking down hierarchies of knowledge and power are important pathways to increase collaboration and connection between HCSPs and with young people accessing care. This is especially important in the context of rural and small communities with few or no alternative options. Moreover, young folks deserve helpful and supportive care from *all* people, like those I turn to next.

4.2.2 – Those Who Help

Supportive, as opposed to hindering, relationships are a key factor in perinatal well-being. When I first asked participants what perinatal well-being means to them, many responded immediately by talking about support. Initially, I did not know how to make sense of these responses as they differed from the definition of perinatal well-being as a "subjective and individual experience" put forth by Wadephul et al. (2020). While individual feelings and experiences were important, participants, like the three quoted below, spoke about support not simply as an antecedent to perinatal well-being, but as somewhat inseparable to the concept:

> I think that well-being kind of— well, I think that the centre of it is how well you're supported. (Hemlock)
>
> Is there a person in the world that actually has too much support? … I'm pretty sure too much support is not a thing… So to be able to do things that make sense for a person to get more, more, and more… I just don't think there's such a thing as too much. (Sockeye)
>
> I think having support is so huge. That would be the big one, you know, just not being alone and having hope, right? (Spruce)

As with Spruce, many folks spoke about the need for connection and 'not being alone,' which was often discussed in terms of being "the opposite of isolation" (Rose) and how pregnancy, birth, and early parenting "can be so lonely a lot of the time, especially the first year" (Sunny). Further, given the context of the forthcoming supportive housing program, some of my conversations included discussion of the 'beautiful' opportunity this type of programming could offer in terms of support and connection, as Summer spoke to:

> I'm curious to see what this program looks like. It's exciting that a mama could go through pregnancy, not scared and alone. What a beautiful thing that would be, and then the fallout of it is often a much healthier settled baby, [who] then in turn is easier to care for when a mum is young and overwhelmed.

The emphasis that participants placed on support and connection aligns with literature specific to young peoples' perinatal experiences. For example, Kazal et al. (2021) found that

networks of informal and formal support were uniquely prioritized as important by adolescent mothers as compared to adult mothers during the perinatal period. Similarly, other research shows social support is important for young parents who are navigating multiple massive developmental transitions (i.e., into adulthood, parenthood, co-parenting/partnership) while often experiencing distinctly challenging relational dynamics with family, friends, and partners, and, at times, cultural and societal expectations and judgement (Dion et al., 2021; Erfina et al., 2019; Harrison et al., 2017; Recto & Champion, 2018).

Given the pervasiveness of socio-cultural expectations and judgement of early-age pregnancy and parenting, *nonjudgemental* care and support is well-documented as important and highly prioritized by young people navigating the perinatal period (Cense & Ganzevoort, 2019; Dion et al., 2021; Harrison et al., 2017; Thompson, 2016). Participants I spoke with similarly emphasized the importance of care providers and supportive people being 'non-judgemental,' 'helpful,' 'not intimidating,' 'welcoming,' 'kind,' 'empathetic,' and 'compassionate.' Participants expressed how this type of care allowed young parents to "feel freer to talk about things" (Sunny), feel a sense of security "knowing you're not going to be ostracized or rejected" (Spruce) or that you might be turned away for being "a nervous pregnant woman" (River). As Rocky pointed out, there is a big difference between *saying* you are in a safe, nonjudgemental space and *feeling* that sense of safety and nonjudgement, as she stated: "Saying you're in a safe, non-judgmental space, they're like, "Cool." Hearing and feeling are two different things, right. So really *feeling* that I think is important." Several participants spoke about midwives as being particularly adept at providing nonjudgemental, compassionate, and supportive care.

The midwifery model of care, as compared to medical models, focuses on facilitating supportive and nonjudgemental care experiences through the prioritization of communication,

trust, equal power, and holistic understandings of health and well-being, which is especially well suited to meet the needs of young people, Indigenous people, those living in rural and remote regions, and socio-economically vulnerable people (Corcoran et al., 2017; Munro et al., 2013; Thachuk, 2007). Many people in this study expressed reverence and preference for the 'supportive,' 'holistic,' 'dedicated,' and 'compassionate' care provided by midwives who were described as 'awesome,' 'amazing,' and 'valuable.' For example, Winter shared that she chose midwifery care for her third child at age 24 and expressed how much she appreciated that the midwife "kept my beliefs sacred," which she went on to describe as "she just holds space for you and listens to you." Like Winter, three other participants similarly switched to midwifery care after receiving physician care for their first pregnancies. In comparison to experience with physician care, Cedar shared how she appreciated that her midwife always checked in on her mental health:

> I ended up going to midwives for my other pregnancies. They're amazing and they always touch in on my mental health regardless of any type of situation that's going on, even if it's like the most perfect of days. Like, "Hey, like I just want to check in with you," you know.

Two other participants who were out of scope for midwifery care also expressed their desire and appreciation for the supportive, collaborative, and 'gentle care' provided by midwives as opposed to highly medicalized care, as Summer described:

> I was never allowed to have a midwife because my pregnancies were all high risk…so that took away that collaboration piece that I wanted with a midwife and a doula and that gentle care. I had like medical care.

Like Summer, other participants also spoke about the supportive role doulas provide, especially in their capacity to provide advocacy to young people throughout the perinatal period.

In similar ways to midwifery care, several participants discussed the role of doulas in supporting young people. Research consistently shows that doula support—i.e., non-medical emotional, physical, cultural, and/or spiritual support and advocacy in pregnancy, birth, and postpartum—can improve numerous physical and psychological outcomes for birthing people, especially that of folks who experience marginalization within mainstream health care (Alexandria et al., 2023; Ireland et al., 2019; Scott et al., 1999). Several people emphasized the advocacy role doulas can play in supporting young people navigating medical hegemony and feeling "like they don't have a voice in the medical system" (Summer). Doulas, and especially Indigenous doulas, are increasingly shown to be important sources of advocacy in the face of persistent medical hegemony and obstetric violence within perinatal care that, in the context of Canada, disproportionately harms Indigenous people who experience extreme violations of bodily autonomy and colonial violences (Cidro et al., 2021; Dawson & Suntjens, 2022; Shaheen-Hussain et al., 2023). Indeed, as two women spoke about, Indigenous doulas and healers play critical roles in supporting young Indigenous people through advocacy and opportunities to bring cultural practices into young peoples' perinatal journeys:

> [Having] Indigenous doulas in the community, like I'm trying to get more people on board…[because] having cultural safe practices, even while giving birth, speaking the language, and having medicines around—like you don't need to burn sage, you can just have it around. You can have cedar boughs there with water—and all these different practices and just being an advocate for that…it makes it so special. (Cedar)

> A lot of my clients, for example, go to doulas and Indigenous healers to connect birth to their culture. Because that's a component that I do not fully understand, I have to connect them with someone who does these kinds of things, like Indigenous healing and stuff, teaching them about their culture. (Willow)

In addition to advocacy and bridging birth and culture, and as Willow modelled in the above excerpt, knowing the limits of one's knowledge and making appropriate referrals is a key practice in providing culturally safe care.

Culturally safe, relevant, and effective health care rests upon the nature of interactions with people throughout health systems, which is well-documented as a critical determinant of health and well-being (Churchill et al., 2020; Greenwood, 2019; Josewski et al., 2023). Providing culturally appropriate care can be challenging given the tightly woven and pervasive settler colonial and white supremacist structures, attitudes, and behaviours within Canadian health systems that create feelings of mistrust, disrespect, and lack of safety (Jongbloed et al., 2023). Indeed, participants shared examples of how anti-Indigenous racism and lack of cultural safety profoundly impacts perinatal well-being. Moreover, participants underscored the challenges of providing culturally relevant and safe care within systems built upon settler colonial foundations, as Rose described:

> You can't have a very white European organization go do culture with somebody…It needs to just be from the ground up. It needs to be a multiculturally inclusive environment from the get-go, not just because a family of a different culture walks in.

Further, as participants repeatedly underscored, providing access to culturally safe and effective care is not a checkbox or one-off endeavour where organizations or providers 'go do culture with somebody.' Rather, cultural safety is an outcome that can arise when people, in any caring and supportive role, are dedicated to the ongoing and lifelong process of learning how to be open, reflexive, and curious while walking alongside individuals and families with disparate cultural and paradigmatic orientations to the world.

While no one used the specific language of 'cultural humility,' many participants spoke about the importance of humble, respectful, curious, and inviting approaches to care that align with growing bodies of research and policy embracing cultural humility as an important practice for developing culturally safe systems of care (Fisher-Borne et al., 2015; Foronda et al., 2016; Tervalon & Murray-García, 1998). For example, women I spoke with described several

examples of the open, egoless, and self-reflective approaches that characterize cultural humility and attends to power imbalances that arise when working across diverse cultural values, beliefs, and practices (Foronda et al., 2016). As Rocky and Sockeye described:

> I also use a lot of my personal life in my work so people see that I'm a human being, that I've made lots of mistakes. Like I'm not telling you something because I read it in a book. We're sharing this because you need to know the information. I always kind of add in humor and be like, "Dude, like when I was 18 and my kid was like…" (Rocky)
>
> You used the word knowledge keeper. They need to be the knowledge keeper. I need to find out from this person what their idea of culture is, what their sense of culture is. I might have some things to add to that over time… So let's go back to Hug'wiljum [fish soup], maybe somebody hasn't made it before, so let's gather around and do it. But I don't tell them what their culture is or should look like. (Sockeye)

In similar ways, others also spoke about the importance of centering the young persons' desires and sense of culture, learning and growing alongside the family, and connecting to appropriate resources when necessary, as Rose described:

> Again, with like huge amounts of consent but just being open and inquisitive. Just like so many other things that you might navigate with a family, it can really help bridge that connection. And having the right questions, I feel like can be so much of it, right? Being able to talk about desires and…[asking] How do you feel connected to your culture and what ways do you wish you were more connected to your culture? Like not being afraid to have those conversations.

Being open, inquisitive, and inviting of cultural beliefs, practices, and values is especially important for Indigenous young people, for whom the Canadian health care system has remained a profoundly unsafe place, especially within the perinatal period (Churchill et al., 2020; Finestone & Stirbys, 2017; Greenwood, 2019; Johnson et al., 2022). That said, as participants also highlighted, cultural safety and humility are important for any young person whose cultural, racial, and/or ethnic identities are marginalized by mainstream health care systems.

The emphasis that women in this study placed upon cultural humility, advocacy, nonjudgemental care, and supportive relationships may arise from the specific needs of young

people. Youth-specific models of practice offer tailored approaches to care that attend to the unique needs and considerations of young people (Harrison et al., 2017; Hetrick et al., 2017; Manson & Fast, 2023). Most people I spoke with acknowledged the unique needs of young people, which several attributed to the multiple developmental transitions young people are navigating—into parenthood, adulthood, and sometimes, co-parenting or long-term partnership relationships. For example, women spoke about how young people are still 'growing,' and "sometimes graduating, getting married, and they've not had a job of their own…[and] maybe don't feel like they can stand on their own two feet" (Summer). Given the developmental stage of young people, several folks I spoke with, like the two below, shared the importance of providing guidance because young people may not know 'where to start':

> Take care of them. Embrace them. They're young… often times they don't know where to start. And it is your job, put everything away, let's start from the beginning. (Willow)
>
> [Supporting] in whatever way… that the young person defines it. Rather less how I would define it for myself, but more in how they see those things looking for themselves with some maybe some ideas ... [or] with guidance. (Sockeye)

The role of guidance is also relevant to supporting young people as they navigate relationships involving power dynamics and authority, which may be especially important in rural and small communities with limited resource availability. For example, Rose shared observations that, compared to older parents, young people may experience stronger 'fear of authority' and may not know how, or that you can, stand up to medical authority:

> Yeah, how do you do that [find a new care provider] and just knowing that you *can* do that without feeling like, "Oh who am I to request a different neurologist?" Just being like, no, this is my right. Or even knowing that—not that you want to because they're few and far between—but firing a doctor. … [Because] sometimes in the younger families that I've worked with, the fear of authority is still stronger than it would be in an older person who's had experiences…with say, moving jobs and figuring out that not everybody in that power position [or] not everybody in authority deserves your respect. And so, I think sometimes when say, for example, fresh out of high school, there's a lot of

> fear of authority still. And so not knowing [or] feeling like it's kind of like bad or rebellious or to stand up for yourself. You don't question the doctor, you don't seek a second opinion because who are you to seek a second opinion?

An experience shared by Sunny echoed this sentiment and the importance of ensuring young people know they can speak up, ask questions, or say no to care providers:

> I remember just feeling really reassured that whatever I wanted was okay, which was nice. Even down to bathing our baby. They were like, "You can do it here, you can do it home…whatever you want." …But very much [they] let me feel like I could call the shots with my baby, which was really nice. Especially since … if they would have been like, "Oh, we're going to bath your baby." I would have just been like, "Oh, ok." Like don't want to say no, don't want to be trouble, don't want to be difficult. But I found that they were really good about making me know that it was okay whatever I chose.

While this marks a positive example of respecting autonomy and choice, this is not always the case and young people may wish to receive second opinions or request alternative providers. As Rose pointed out, this is not always possible in places like the WKW where care providers are 'few and far between,' which is especially true for specialized providers like OB/Gyns and neurologists who are even fewer and farther between in rural and northern settings.

Young people navigating landscapes of care interact with numerous people in various caring and supportive roles. Participants consistently described those who help as being supportive, nonjudgmental, culturally humble, and attentive to the unique needs of young people who may require extra guidance and advocacy. Several participants spoke highly of midwives and doulas in providing this type of care. However, many structural, geographic, and financial barriers inhibit access to midwifery and doula care. Thus, while increasing opportunities for midwifery and doula care are undoubtedly important, the supportive approaches to care they provide ought to be standard practice for any caring person. As the following theme traces, people, and the supportive roles they play, are not the only sources of well-being throughout landscapes of care.

4.3 – The Places: All That is Not Human

Land is healing. – Cedar

In many ways, the previous exercise of mapping landscapes of care brought physical geography and place to the fore. Indeed, Section 4.1 traced how factors like geographic distance and terrain intersect with socio-political forces to create roadblocks to care like travel, isolation, and limited resource availability. Physical geographies, however, are far more than impediments to well-being, barriers to overcome, or passive backdrops upon which life (and well-being) unfolds. Rather, geographies, and the tightly coupled concepts of place and space, are active and agential forces that shape human life (and health) and are, in turn, actively shaped and transformed by humans (Cresswell, 2008; de Leeuw, 2018). This theme looks to 'The Places' and extends the previous discussion of landscape mapping to further attend to all that is not human—the soils and trees, rocks and rivers, and critters of all sorts.[13] In what follows, I chart participants' perspectives on relationships between place and perinatal well-being and weave together fundamental and often missing considerations within literature on landscapes of care: to speak of *landscape* is to speak of *land*.[14]

Indeed, numerous critters and plants—bears, moose, salmon, berries, hemlock, cedar, and sage, to name a few—and lands and waterways—rivers, lakes, mountains, rocks, gardens, forests, parks, and the wind and sun—play active and animated roles in the lives of young people navigating pregnancy, birth, and early parenting in the WKW. Participants shared many ways that land enlivens perinatal well-being through, for example, listening to the birds, canning

[13] I take inspiration from Donna Haraway in using *critters* to refer not only to creepy crawly varmints embedded in idiomatic imaginaries of the term but rather as synonymous with all sorts of mobile and immobile plants, microbes, fungi, animals, humans, and nonhumans.
[14] To avoid repetition, I sometimes refer only to *land*, which is to be understood as always speaking to the entirety of lands, waterways, humans, and other-than-human beings.

salmon, learning about plant medicines, being with family, enjoying the scenery, waterbirth, and activities like walking, swimming, and skating. As this theme traces, land and place are integral sources of care and well-being for young people living and raising children in the WKW.

To speak and write about land and water requires critical and caring attention to paradigmatic orientations and *ongoing* legacies and practices of settler colonialism. As introduced in Chapter Two, Indigenous paradigms—of which there are many tethered to very specific places—view *land as relations* who are inseparable from self, culture, Nation, and ways of knowing, whereas Euro-Western paradigms—that are the foundation of white settler colonial society—view *land as resources* that humans are superior from and entitled to (Alfred, 2009a; Coulthard, 2014; Josewski et al., 2023; Murphy, 2018; Sanderson, 2008; Simpson, 2014).

Given this context, it was unsurprising that, while every person I spoke with shared many ways lands and waterways influence perinatal well-being, there were distinct patterns and differences in participants' experiences and perspectives emerging from disparate orientations. When I asked participants about relationships between land and perinatal well-being, two people spoke directly to these disparate ways of knowing, being, and relating with land, noting that:

> So you're meaning more like Indigenous people only?... Do white people have that same relationship with the land, I don't know (Hemlock).
>
> I can understand that in words, but I didn't understand it in terms of Indigeneity. And that's interesting because I think that that sounds like us and them. I think that all of us absolutely do better having some connection with the outdoors. And in fact, that is definitely proven. But I understand it more and more in terms of Indigeneity and that whole connection with the land (Sockeye).

While 'all of us' may undoubtedly benefit from connections to land, white settler colonial and Indigenous ways of knowing and being shape the contours and consequences of those relationships. This theme therefore diverges into two subthemes that trace voices of Indigenous and white settler participants.

4.3.1 – Feet in the Earth: Indigenous Voices

Indigenous scholars, leaders, artists, and activists across Turtle Island and beyond have articulately traced many contours of Indigeneity that are born from and rooted in very specific lands, soils, waters, and places (e.g., Coulthard, 2014; Kimmerer, 2013; Martin Harris & Añonuevo, 2022; Simpson, 2011; Tuhiwai Smith, 2021). Participants in this study similarly spoke about the indivisibility of land, culture, place, and perinatal well-being for Indigenous young people, which primarily emerge here from the soils, mountains, and rivers of Witsuwit'en Yintah and Gitxsan Laxyip, as well as other First Nations perspectives that, while being tethered to other places, were nevertheless rooted in the dirt, water, and rocks of the WKW.[15] Further still, both Indigenous and non-Indigenous participants spoke to grounded notions of Indigeneity that assert place-specific orientations to the world that are "fundamentally rooted in land, water, and ecologies" (Josewski et al., 2023).

I ground this subtheme in a particularly long quote that traces the indivisibility of land, cultural identity, and perinatal well-being from a Gitxsan worldview. This participant, Hemlock, speaks from her lived experience of having children at an early age and subsequently supporting young parents as a care provider—experiences that are born from Gitxsan Laxyip and firmly rooted in a Gitxsan orientation to land:

> I don't know what it's like to *not* have a relationship with the land, I don't. Because ever since I was a little girl, my mum always made sure that she took us out to the land for mushroom picking, for firewood collecting, for hunting, for gathering of medicines and berries and different things, right? So I grew up like that, with my feet in the earth and connected to the land. … I've never had that lost. And I can't imagine what it would be like without that, because I feel like my systems would be a lot different. I wouldn't be near as resilient. I would have probably fell to drugs going through all the trauma that I've gone through or done something really crazy, you know.

[15] *Yintah* and *Laxyip* are Witsuwit'en and Gitxsan for land/territory, respectively.

> So, connection to the land is such an essential part of our— the essence of our being. And trying to renew that for a lot of people. Because you can't heal if you can't connect with your land. And you can't be healthy if the land is not healthy…So for the health of Indigenous folks who are well connected to the land, you'll see—not that there's any bad mums or anything out there—they're just learning, right…But you'll see that they're parenting is a lot different than somebody who does not have that connection or that cultural identity. It's stronger, it's more focused around culture. It's like the children are more resilient, respectful, whereas if you have mums that don't have that connection and you know maybe they struggle with addictions, maybe they struggle with relationships, and their children struggle as well…because of their lack of identity.

This subtheme traces three interrelated elements highlighted by this excerpt that underpin relationships between place, land, and perinatal well-being for Indigenous young people, including the indivisibility of 1) health of land and health of people, 2) land and cultural identity, and 3) land, culture, and perinatal well-being.

Many Indigenous worldviews share similar ways of being that understand the inseparability between the health of land and the health of people. As Hemlock shared above, 'you can't be healthy if the land is not healthy.' Indeed, when Indigenous peoples speak about health and well-being of people, they often talk about health and well-being of the land "in the same breath" (Lambert & Wenzel, 2007, p. 180). As scholar and health advocate Luu Giss Yee Ruby E. Morgan of the Gitxsan Nation shares, holistic community health planning requires "embracing the individuals' well-being, as well as the health of the land" (2023, p. 64). For example, Cedar shared how maintaining and restoring the health of the land is important in order to "have medicines that are clean and good to use." River, a young Witsuwit'en woman, shared how reassured she felt watching Land defenders protecting the yintah from settler colonial resource extractive projects like the Coastal Gaslink Pipeline that are being built without consent in unceded Wet'suwet'en Territory, stating that: "Watching the people who are on the yintah who are…defending our land is reassuring. It might not go our way, but at least our people are out there trying."

As Tsakë'ze (female hereditary Chief) We'es Tes Sandra Martin Harris of the Witsuwit'en Nation writes, "Wet'suwet'en belong to the Land and are sustained by the Land, and we have a duty to protect and sustain it. Our health and well-being as *denii* (people), Clans, and communities are deeply connected to the *yintah*" (Martin Harris & Añonuevo, 2022, p. 5). Considerations of perinatal well-being for young Indigenous people must also consider the health of the land, because, as We'es Tes Sandra Martin Harris also shares, "The *yintah* is a spirit-filled being and a lifegiving force: The phrase *yintah habkits* means 'all things come from the Land.' This means that all People and all Beings on the Land are interconnected and interdependent." (p. 5). Further, while the health of the yintah and laxyip are undoubtedly important for the health of people, the land is itself an autonomous and animate being that matters and exists in its own right (Coulthard, 2014; de Leeuw, 2018; Josewski et al., 2023).

While *yintah habkits* emerges from a Witsuwit'en paradigm, the idea that 'all things come from the land' is shared by many Indigenous peoples. As Hemlock, a Gitxsan woman, shared, 'land is such an essential part of our— the essence of our being,' which for her arose from her strong matrilineal ties and having 'my feet in the earth and connected to the land.' This calls to mind the words of Erin Konsmo who describes Indigenous reproductive justice as "the ability to sit and listen to my kookum (grandmother) tell me in her own indigenous language (which she lost) with my *feet in the dirt* and hands planting seeds of how my reproductive system is interconnected with the earth" (in Danforth, 2010, n.p, italics added). While Hemlock shared she 'never had that lost,' many Indigenous peoples' connection to land, culture, family, and identity have been violently eroded through processes of deterritorialization, or "the forcible removal of Indigenous people from land and territory, [which] has been fundamental to the Euro-colonial project of nation-and state-building" (Josewski et al., 2023, p. 3). As River shared,

deterritorialization 'took a toll on culture and tradition' for her family and 'being on the *yintah*' is therefore an act of reclamation of culture and traditions 'that were once taken away':

> [It's] important because Residential School took a big impact on our relatives...in my life it was our Grandpa…and that was my mum's dad. But my mum's mum also went to Miller Bay Hospital in Prince Rupert, that was also like a Residential School. And so that took a big impact. But also, my aunties were taken in the 60s scoop. And that also took a toll on culture and tradition for our family on my mom's side. And with, like I said, with the Residential Schools, most families put their kids into hiding in the bush or into camps, or on off-reserve schools. And my dad and his siblings didn't have impacts with Residential Schools, or 60s scoops. And so bringing me back to my well-being, being on the yintah is a big thing for me cause that's revitalizing our culture and our traditions that were once taken away from us.

Deterritorialization, as Hemlock and River spoke to, has and continues to produce devastating impacts on health and well-being of Indigenous women and birth givers through colonial policies directly targeting ties between women, land, and cultural identity including birth evacuation, forced sterilization, the 60s and millenium scoops, and residential schools, among others. (Dawson, 2017; Finestone & Stirbys, 2017; Simmonds, 2017). Indeed, motivated by land accumulation, the crosshairs of settler colonialism have long been sighted-in on the intimate and indivisible relationships between Indigenous peoples (especially women) and land, which has and continues to erode Indigenous health and well-being.

In turning towards land as a *source* of well-being, it is critical to centre the intimate and indivisible relationships between place, land, and cultural identity for Indigenous young people. As Hatala et al. (2020) describe, "traditional lands are the 'place' of the nation and are inseparable from the people, their culture, and their spiritual identity" (Hatala et al., 2020, p. 2). As the women I spoke with emphasized, like Cedar below, connecting to cultural identity can bring intergenerational learning and cultural revitalization, fostering a sense of purpose, pride, and ultimately, healing:

> Definitely the encouragement of sharing and learning and continuously sharing, which can bring an interest to the baby too later on for further revitalization. It really gives like a sense of purpose and gives people— like it gives me like a sense of purpose and pride— like proud to be myself and proud to be who I am. And like my family's history and feeling connected on an ancestral level is very healing.

Similarly, Willow described how, for the Indigenous clients she sees, knowing and feeling a sense of identity, belonging, and pride that comes from the land can contribute to well-being:

> And [land] comes again as one more thing, identity. What is my identity? I am Indigenous, I belong, this is my land. My identity is not drugs and pain. My identity is beauty and land and fishing and good things…It is an unconscious thing but part of where your well-being [comes from] is an identity of pride…You walk with it every day…[and] it gives you pride. It makes you walk in a certain way. Talk in a certain way. Navigate your way in a certain way. That pride is very important…it contributes to the overall well-being, right.

(Re)connection to cultural identity is an important pathway to perinatal well-being. As I discuss in Section 4.4, the perinatal period can be a particularly potent time for young people to connect with "who you are and where you came from" (Hemlock). In addition to cultivating a sense of identity, belonging, and pride, (re)connection to culture and land can enliven opportunities for perinatal well-being through cultural practices, protocols, and ceremonies.

As with cultural identity, practices, protocols, and ceremonies are place-specific and emerge from enduring relationships between Indigenous people and the lands, soils, waters, and nonhuman beings with whom genealogical kinship ties extends beyond time itself (Añonuevo et al., 2023; Coulthard, 2010; Josewski et al., 2023; Redvers, 2020). Indigenous participants shared with me several practices that may offer potential pathways to well-being for Indigenous young people navigating pregnancy, birth, and early parenting, including connecting with the land, birth and death protocols and ceremonies, being with family, and learning about medicines and language. For example, when I asked River what she did on the land that supported her well-being, she shared the importance of, "Connecting with the land, like being grounded with the

Earth and learning about medicines [and] language, what's this called and what's that called, and also being with family." Similarly, Cedar, another Witsuwit'en participant, shared the importance of teaching and learning the language and cultural practices, especially in birth:

> Being able to teach the language, having language classes, and learning and sharing about our culture, like how things were back then and it gives a lot— a big piece of self-identity and it really helps with the overall wellness of mothers. And having like cultural safe practices, even while giving birth, speaking the language, and having medicines around, like you don't need to burn sage, you can just have it around. You can have cedar boughs there with water and all these different practices and just being an advocate for that…It makes it so special.

As this excerpt shows, cultural practices, including teachings around plant medicines and connecting with the land, are spiritual practices that help people connect with and see the world through ancestral ways of knowing and through land-based languages (Armstrong, 2016; Finestone & Stirbys, 2017; Martin Harris & Añonuevo, 2022; Mussi, 2023; Simmonds, 2017).

Supporting young people and families to develop land-based healing practices are important ways to enliven perinatal well-being. Scholar Jennifer Redvers (2020) of the Métis Dënesųłiné from the Northwest Territories argues that land-based healing practices firmly situate land as a relational and active partner in the healing process for people. Developing land-based healing practices also requires understanding how community or individuals' relationships to land have been disrupted and how best to rekindle those relationships (Redvers, 2020). Participants shared many ways that care providers can support young people in remembering and learning land-based practices. For example, Rocky shared several examples of supporting young people in learning spiritual land-based healing practices, stating that:

> And really connecting people [to] like what do you turn to when you're stressed or … what do you remember from home that like grounds you. Some people it's like, 'Ohh going out down to the river.' Okay, well you can bring rocks home or you can intentionally have a shower to be like, 'Ok water, take this away,' right. Like those are the things that you can do in your home….[because] you're not going to walk through a

> blizzard [or] its slippery to go down to the river…Or your kids are sleeping or whatever, right? So there's lots of things you can do at home like that.

As this excerpt shows, land-based practices may or may not take place on the land, which can be helpful in northern climates when going to the land can sometimes be challenging, especially with kids. That said, Rocky also spoke to the importance of children and families learning about the importance of land and how spending time on the land (and water) is healing:

> And for our kids, just learning how important land is and…learning how nature helps and heals and ceremonies around that. Even just things like where you notice how you feel after a day of like being out on the water. Like you've dumped all the stress and energy, right. And getting kids to notice that, getting our families and notice that.

Similarly, Cedar also spoke about the active role land plays in being able to hold or 'take' the stress, energy, or 'everything you're carrying,' saying that: "Being able to just be out on the land and putting everything you're carrying onto the land because it can take it."

For Indigenous young people, relationships between land and perinatal well-being are inseparable from the health of the land, cultural identity, and cultural practices, protocols, and ceremonies. Cultivating opportunities to (re)connect with and learn about relationships between the health of land and health of people through cultural and land-based practices can be powerful ways to engender perinatal well-being, which as I discuss in Section 4.4, must be approached with care and respect for young peoples' worldviews, desires, and wishes. The considerations shared by participants and presented in this subtheme offer an incomplete picture of relationships between the land and perinatal well-being for Indigenous peoples. They do, however, provide several starting points to think about ways of knowing, being, and relating to land that emerge from Witsuwit'en Yintah and Gitxsan Laxyip, the never ceded territories underpinning landscapes of care for all young people in the WKW.

4.3.2 – Fresh Air & Sunshine: Settler Voices

For non-Indigenous young people, land, place, water, and critters throughout the landscape are also active and determining forces of perinatal well-being. As with Indigenous young people, the *land* within landscapes of care discussed in this subtheme is never ceded Witsuwit'en and Gitxsan Territory. The perspectives and orientations to land shared by non-Indigenous participants, however, differed from those shared in the previous subtheme. Broadly, white settler participants I spoke with framed relationships between land, place, and perinatal well-being through ways of knowing and being that view land as a (re)source of health and well-being that is usually obtained by going 'outside' and doing some sort of activity—whether it be walking, sitting, skating, or skiing.[16]

There are growing bodies of scholarship—within and beyond the perinatal health field—documenting various health-related benefits of time spent 'outdoors,' in 'wilderness' or 'greenspaces,' and through 'nature-based,' 'adventure,' and 'recreational' opportunities (e.g., Banay et al., 2017; Lackey et al., 2021; Runkle et al., 2022; Thomsen et al., 2018; Zwart & Ewert, 2022). This body of literature primarily emerges from Euro-colonial paradigmatic foundations that view land—typically understood in terms like nature, wilderness, or outdoors—as a separate entity to be stewarded *by* humans as a resource *for* humans (Lowan, 2009; Murphy,

[16] Clear distinctions existed between four white settler participants with lived experience and the other three non-Indigenous participants, two of whom are white settlers and one of whom is a person of colour. These three participants (without lived experience) occupy HCSP roles in which they frequently work with Indigenous people and communities. These participants spoke at times about relationships between land and perinatal well-being in similar ways to the findings and discussion traced within this theme. However, their perspectives *also* included conceptualizations of land-well-being relationships informed by Indigenous worldviews. Thus, while I discuss some of these three participants' perspectives here, this section primarily emerges from the perspectives of four white settler participants with lived experience of early-aged parenting, two of whom also occupy HCSP roles; based on our conversations, however, these two participants do not interact as often or frequently with Indigenous people or communities. I offer clarity on these distinctions and differences to highlight that the experiences and perspectives discussed in this section emerge from folks situated within white settler culture who may have had fewer opportunities to engage with other ways of knowing and being.

2018; Redvers, 2020). In many ways, the experiences and perspectives shared in this subtheme document ways young people living in rural and northern places may be somewhat more embedded within and interconnected to their natural environment as compared to people living in, for example, urban environments. Nevertheless, many of these experiences and perspectives emerge from viewpoints that see land as a (re)source of well-being; primarily by way of 'being outside,' getting 'fresh air' and 'sun,' or doing recreational activities to engender positive feelings and mental, emotional, and physical well-being.

I ground this subtheme within an example from one participant for whom relationships between land and perinatal well-being were not immediately obvious. When I asked Sunny if connecting with or being on the land was important for her during pregnancy, birth, and postpartum, she initially said, "I don't know. I'm not sure that it really was for us, yeah. I'm not sure that was really something for us." Following this response, I offered a reflection of an earlier experience she shared about the difficulty of getting outside, especially in the postpartum period, to which she responded:

> Yeah, once we got outside—actually, now that you say that, once we got outside it felt really good. And getting the sun on us … I never really found it before that I noticed that not having enough sun on me would affect my mood. And then we had [him] in August, and we kind of were like hold up so long, and then we finally got sun and it was like, 'Ahh.' I felt like I burst forth. When you say that— like being on the land, like being out in nature— yeah, that is really helpful. And I don't really know that I thought of it like that. But when I look back a little bit, the improvement in how we felt when we got to just be in the fresh air and outside and even just go for— or even just sit in the yard honestly. Like we sometimes took the playpen out and just popped him in the playpen and I would just sit there a little bit and have a cup of tea or something. I think I underestimated how much that helped us…[But] I remember my first son was always happy outside… And if he was cranky we baby wore a lot. We just put him in the carrier and go for a walk or put him in the stroller. And even if it was cold, just bundle him right up and he was just so— he's still like that, so happy outside… Like when everybody gets outside it's just like they're happier. And I know that if I'm [struggling], if it's too much and we go outside, I feel better… they feel better, the rest of our day looks up… I never really thought about it like that before. But yeah, that's really true.

Although her initial response might be explained purely as semantics, her unfolding realization and recognition that she 'underestimated how much that helped us' and 'never really thought about it like that before' point to the vast rupture between people and land created by Euro-colonial worldviews that deny the interdependencies of humans, lands, waterways, and nonhuman beings. What this excerpt also shows is that even when the non-negotiable basis of life is invisibilized by dominant understandings of health and well-being, land and 'being outside' was still an important source of perinatal well-being. The remainder of this subtheme traces three interrelated elements highlighted by the above excerpt that underpin connections between land and perinatal well-being shared by white settler participants, which were discussed almost exclusively in reference to the postpartum period: (1) going outside is a source of (cold) fresh air and sunshine, (2) land is a peaceful and wild place 'out in nature' that is most often experienced through (3) walking and other recreational activities, which together, can be sources of positive feelings and mental, and physical well-being. While these mark potentially beneficial sources of perinatal well-being for young people living in the WKW, I argue that aspects of these narratives are tethered to troubling logics emerging from and upholding the project of settler colonialism, which may limit collective movement toward reproductive justice.

The first feature of my conversations with white and POC settler participants was the role of northern climates, which emerged as sometimes challenging, but surmountable sources perinatal well-being. For example, Winter shared about her experience with postpartum depression and how, "it was winter at the time, so like the cold air, it just was really grounding and very helpful for my overall mental health." Conversely, Rose noted how she sees "a lot of postpartum depression lead to close doors inside, like just not going out…especially in the winter." Other white settler participants also shared the importance of getting outside in the

wintertime, like Sunny shared, “even if it was cold, just bundle him right up,” and Spruce also noted:

> Sometimes it’s like, “it’s so cold and I don't want to,” but you know once I do, I always feel way better, right? So, I don't know, that usually was the only thing really hindering me. I'd have a lot of excuses, but I'd always feel better once I was out.

Relatedly, Sunny and Spruce also spoke about getting enough sunshine as an important source of mental well-being, especially in the wintertime, which for these two participants, first arose as an important consideration during the perinatal period; as Sunny said, “And getting the sun on us and that…I never really found it before that I noticed that not having enough sun on me would affect my mood,” and Spruce similarly expressed:

> And I think the light really does affect [well-being]. And that's something that... people would say. But I’d just be like, ahh [whatever], especially when I was younger, I was just like, whatever, no way. But now I really pay attention more [to] getting the sun. Where we are, we're in the shadow for two months of the year…So getting out to where it is on those sunny days... [is] really important... for well-being and everything in the winter.

The importance and challenges of people living at northerly latitudes getting enough sunshine is by no means exclusive to non-Indigenous people; it was however only raised as a consideration by white and POC settler participants within this study. Indeed, an interesting and related anecdote from Willow, a settler of colour, speaks to the implications of northern climates and how young peoples’ needs for support may vary between summer and winter months:

> And then [the] long winter…I get really busy. December, January, February, I get the most [clients]. June, July, August, I was not sure if I’m doing my job because my clients [say], ‘I’m busy,’ ‘I don’t have to see you this week yet,’ ‘I’m going out.’ Like people do good in that [summer] time. So, it could be the weather contributes to that.

Research and health policy typically considers the importance of sunshine in terms of receiving adequate vitamin D during the perinatal period, which is well-documented to be associated with several perinatal and neonatal health outcomes including postpartum mood disorders; risks of which increase for people living above the 55th parallel like in the WKW (Heyden &

Wimalawansa, 2018; PHSA, 2018; Robinson et al., 2014; Triunfo & Lanzone, 2016). Settler participants in this study offer further considerations of ways that young people living in northern places experience and come to know the importance of receiving enough sunlight in the winter months, and the importance of getting outside even when it's cold, especially for postpartum mental wellness.

Second, in addition to climatic considerations, white settler participants most often conceptualized land-well-being relationships in terms of spending time or doing activities outside in peaceful, natural, or wild places. For example, the excerpt introduced above shows how Sunny did not immediately understand what I meant by 'land,' which she initially thought was 'not really something for us.' When I reframed 'land' to 'being outside,' she quickly made connections to several experiences of how 'being out in nature,' and 'being outside' had positive impacts on her kid(s) moods and her own postpartum well-being, which included calm moments of sitting in the backyard and having 'a cup of tea.' Other white settler participants similarly related the positive effects of being outside in natural environments to opportunity lik "be[ing] in the quiet" (Winter). Similarly, Summer described how 'being outside' was a 'place of peace' that engendered feelings of calmness and rejuvenation:

> I don't maybe look at it the same way as a lot of people but being outside is definitely a place of peace. My parents live on a lake, so I spent a lot of time just out there because, quite frankly, my baby slept outside... [He] was an August baby… so basically every day postpartum was spent outside on the lake. You know he slept in the pram I was brought home in for every day, right outside. Even when you're exhausted, being outside is calming and rejuvenating.

Another participant, Spruce, also described 'amazing' and 'awesome' feelings that arose when she fed her baby while walking in the woods, which was one of many outdoor experiences she appreciated since moving to the WKW that she described as 'just so wild and wonderful':

> I remember going for a walk after I first had my baby and being able to nurse my baby just there on the trail. I sat down on a log and nursed the baby and I'm like, this is amazing! Like I could just be here in the woods and not have anything... and just feed my baby and it was so awesome… And just a lot of being [outside] and I was new up here when I first started my family and so everything here was just so wild and so wonderful, to just be outside was the best ever.

As these examples show, opportunities to be in peaceful, natural, close-to-home, and wild outdoor environments were important sources of positive emotions and mental well-being for young parents, especially in the postpartum period.

The third, and related way white settler participants spoke about land-well-being relationships was in reference to doing some sort of activity outside. Most often white settler participants spoke referenced walking outside as an important source of well-being, along with other outdoor recreational activities. For example, in the excerpt above, Sunny described that "…if he was cranky, we baby wore a lot. We just put him in the carrier and go for a walk or put him in the stroller." Similarly, other white settler participants spoke about going for walks and doing other activities outdoors, stating that:

> Walking with my oldest is what kept me sane [because]I developed postpartum depression, as kind of expected with everything that went on. (Winter)
>
> It was wintertime so we would go out on the lake, and I wasn't ice skating, but walking on the ice. (Spruce)
>
> Yeah, walking, swimming, paddle boarding, skiing, all the things [this place] has to offer, yeah. And my whole family is outside all the time (Summer).

Later in our conversation, Summer also expressed, "I spent a great deal of my time outside because when you're born and raised in Smithers, being outside is probably a high priority for you." Given my shared positionality as a white settler born and raised in Smithers and as someone who participates in outdoor recreation, I understand this reference to dominant narratives of white settler life in the WKW oriented around many forms of outdoor recreation. The importance of walking or doing outdoor activities was by no means exclusive to white

settlers within this research project. However, the meaning and significance attributed to these activities generally differed and centred on physical, emotional, or mental well-being primarily within the postpartum period, and the idea that, as Sockeye stated, "all of us absolutely do better having some connection with the outdoors."

There is a growing body of research that examines relationships between perinatal outcomes and time spent in outdoor and natural environments. Much of this literature explores associations between 'greenspace'—typically determined through proxy measures of vegetation cover or tree density obtained through satellite imagery—and perinatal and neonatal health outcomes (e.g., Banay et al., 2017; Hystad et al., 2014; McEachan et al., 2015; Runkle et al., 2022). While results are mixed, some of this research shows positive perinatal and neonatal outcomes with increased proximity and access to greenspaces, particularly for perinatal mood disorders. These studies, however, typically take place in urban environments and may not be directly relevant to rural places where overall access to 'greenspace' is higher (Casey et al., 2016). Relatedly, though less frequently studied within the perinatal period (except see, South et al., 2021), there is a growing body of literature that explores the health benefits of outdoor activities like walking and other recreational sports, or spending time in natural or wildland settings (e.g., Lackey et al., 2021; Nordh et al., 2017; Thomsen et al., 2018; Zwart & Ewert, 2022). Informed by such studies, some health care providers are beginning to provide "nature prescriptions" to encourage people to be physically active in nature and "to capitalize on health benefits that could result" (Kondo et al., 2020, p. 12; see also, Koselka et al., 2019; Nordh et al., 2017). While these efforts mark some epistemological expansion beyond dominant biomedical approaches, and may offer important health benefits, they are embroiled with logics of human exceptionalism and extractivism that view land/nature as a resource for human benefit.

While time spent in outdoor and natural spaces can be a potent source of perinatal well-being for young people, it is important to consider underlying logics and worldviews that emerge from and uphold settler colonialism. For example, in reference to research exploring associations between greenspace and Indigenous young peoples' mental health, Hatala et al. (2020) states:

> [These] studies among general populations often advance narrow conceptions of nature, land, or environments as inanimate, secular spaces, often under the control, ownership, or care of human populations and municipal governments… [that] offers limited conceptual and epistemological frameworks to understand the broader spiritual and cultural meanings attached to land and nature, and can obscure the historical processes of settler colonization, urbanization, and Indigenous knowledges. (p. 2)

Hatala and colleagues' critique aligns with the limited conceptualizations of land-well-being relationships shared by white folks in my research that obscure processes of settler colonialism and broader spiritual and cultural significance of the lands they occupy. For example, for Summer, opportunities to experience feelings of peace, calmness, and rejuvenation while outside in a lakefront environment rested upon access to her parents' private property. What is unsaid, however, is that such private property ownership emerges from processes of settler colonization and property/land ownership of stolen and unceded Witsuwit'en Territory. Similarly, while folks shared how opportunities to do activities 'outside,' in 'nature,' and 'wild' settings can engender well-being, unsaid narratives associated with these activities are embroiled with romanticized views of 'the great outdoors' that uphold the settler colonial sate through national imaginaries of the "quintessential 'Canadian' as a lover of the outdoors" (Ho & Chang, 2022, p. 570).

Attending to underlying logics and paradigmatic orientations is critical when considering opportunities for perinatal well-being rooted in reproductive justice. This is particularly relevant in places like the WKW and other communities in rural and northern places that are increasingly turning to outdoor recreation-based tourism as strategies for economic growth and retention of

new residents, including health care and service providers. For example, Tourism Smithers' (2022) five-year business strategy promotes Smithers as an 'active all-season destination with world-class outdoor experiences' with a 'wealth of natural surroundings' where visitors come for 'authentic Canadian experiences,' including 'outdoor recreation' and 'First Nations experiences' (p. 3-16). While such strategies may attract new residents (and HCSPs), they negate the 'slow violence' of unfettered outdoor recreation and over-tourism that capitalizes on unceded Indigenous land and amasses disproportionate benefits in the hands of settler recreationalists and 'outdoor enthusiasts' (Boggs, 2016; Ho & Chang, 2022; T. Smith et al., 2023). Understanding underlying logics and narratives of seemingly neutral activities like walking, skating, skiing, and sitting upon lakefront private property is important given the uneven benefits and harms that arise from socio-cultural constructions of 'wilderness' as a place where white middle-class settlers go to rejuvenate and escape frantic urban life (Ho & Chang, 2022; T. Smith et al., 2023).

I offer these reflections not to demonize Western ways of knowing and being or suggest that white folks I spoke with intentionally participate in such narratives. I am also tightly enmeshed within troubling narratives of unfettered outdoor recreation, and I too associate time spent outside with my mental and physical well-being. What I aim to do is simultaneously celebrate the numerous ways participants conceptualized land-well-being relationships, while connecting these experiences to broader narratives and structures of white settler coloniality. Indeed, the experiences shared here offer important contributions to existing literature by showing various ways that young people living in rural and northern places come to know land, place, and geography as far more than detriments to well-being. Bearing all that in mind, I return to land and place below alongside other generative possibilities for moving beyond stories of lack and towards reproductive justice for all young folks living and raising children in the WKW.

4.4 – The Possibilities: Building Pathways

You definitely gotta get creative…we live in the north. – Rocky

Landscapes of care in rural, northern, and Indigenous geographies are dynamic and determining forces of perinatal well-being. Human and other-than-human geographies bear down on the lives of young people in ways that both inhibit and offer opportunities for well-being. As people who contributed to this research shared, there are numerous generative possibilities to support perinatal well-being for young people raising children here. In this final theme, I trace some such possibilities for 'Collaborating with People' and 'Connecting with Place' that integrate the findings and discussion shared throughout the previous three themes into possible pathways for cultivating perinatal well-being in rural, northern, and Indigenous geographies.

4.4.1 – Collaborating with People

My conversations with participants purposely explored collaborative and integrated approaches to care and experiences of young people interfacing with multiple care providers and organizations throughout the perinatal period. As I introduced in Chapter Two, integrated models of care are being actively pursued in many places and in various care settings to redress systemic strain and improve quality of care, which is shown to be highly effective for young people, especially those who are pregnant and parenting (Mathias et al., 2021; Rutman et al., 2020; Rutman & Hubberstey, 2020). Folks I spoke with emphasized the positive results that ensue from effective collaboration, as Willow eloquently described:

> I am only one step for their well-being…It's collectively as a society, as we put our hands together to give them a little, a little…You have to work collectively. I don't know everything. I don't have everything…And we produce beautiful results when we work together.

Indeed, many participants noted the need to "create multiple connections 'cause I can't be there for everybody" (Rocky). As discussed in Sections 4.1 and 4.2, perinatal well-being can arise through connections to 'more and more' supportive people and "getting connected with other organizations [to] give support that not just one organization can give" (Cedar). Creating effective collaboration is a key pathway to perinatal well-being that arose in my conversations through four generative possibilities: communication, creativity, virtual care, and community.

Clear communication is a key feature of effective collaborations. In building collaborative teams, participants emphasized the need to clearly define roles and responsibilities, develop systems for knowledge sharing that honour consent and confidentiality, and build circles of support based on the young person's specific goals, needs, and desires. I corroborate this with a particularly long excerpt from my conversation with Rose that clearly articulates features and examples of (in)effective collaboration that *all* participants also spoke to in various ways:

> [W]hen you have a team of multiple care providers…sometimes conflicting advice or conflicting suggestions can just be so overwhelming. So, if I'm a mother and I'm saying, 'Hey, I'm wondering about sleep and how to support my baby in sleep,' and I've got somebody from Thomas Robinson saying, 'Oh, you should just do what I did,' and I've got somebody else from say the Northwest Child Development Center saying, 'Here's this book,' and I've got a mother-in-law saying, 'Here's this,' and they're all part of my team and they're all talking. But to what depth are they talking? …Who's going to navigate that with them? Because then all of a sudden, you're floundering and then it's like, well, I don't really want to ask my next problem because I'm just going to feel so overwhelmed.
>
> So…[when] having so many hands at the table, really defining the roles clearly so that they're not contradicting and overwhelming for the young person…Like what's your role…and what are we sharing about what we're sharing? If I share a resource with mum are we emailing it to everybody so everybody can see what I've shared? Like where are those lines [of communication] so that it's collaborative and mums not doing the work of sorting through all of the resources. And that's not to say only one opinion matters. It's just that can be really overwhelming, especially for a parent who's dealing with anxiety or depression or any other mental health kind of thing.

> So yeah, I've seen that derailed before where you almost get competitive service providers who think their knowledge is better, and…that can be messy. Again, just thinking about…the mother's autonomy and what they're wanting… I've seen with say MCFD there's all of these things that are prescribed, or, notoriously, we talk about the hoops that need to be jumped through to get your kids back or whatever. And sometimes you need to have goals, but making [sure] it's parent centered, [with] somebody supporting the parent in identifying what their goals are…[because] I think it can be really debilitating when somebody else is setting goals from that team approach… [So] if you give a parent the opportunity to give feedback— How is this working for you? Like, even just a little survey monkey once in a while. That not only builds the confidence to know like, 'Oh, right, I'm in charge here,' it also gives feedback on what's working and what's not working.

As Rose speaks to, there is no one-size-fits-all approach to collaboration and team-based models (Hetrick et al., 2017; Rutman & Hubberstey, 2020). While increasing connectivity to 'more and more' supportive people is important, so too is developing effective collaborations that centre the young person's goals, needs, and desires, which as participants in this study emphasized, is supported through developing pathways for clear communication flowing in all directions between care providers, other supportive people, and the young person. Despite increased focus on integrated models of care within perinatal and young peoples' health, there is a dearth of research on the role of communication in such collaborations (except see, Campbell et al., 2019).

Clear communication provides a strong foundation for the necessarily creative and 'outside-the-box' collaborative work required in rural and northern settings with limited resources. Participants spoke to several creative collaborations emerging in the WKW. For example, Rocky spoke about running workshops with organizations that might have long waitlists like the Northwest Child Development Centre (CDC) as to provide initial connection to providers and answers to 'simple' questions young people might have:

> [J]ust doing some of that out-of-the-box thinking. Like okay, if CDC doesn't have time, your wait list is this long, do you have time to come in and do an hour workshop with us and get six people at once? So coming in and … introducing [them so] they already know when you call them, they have a face, right. And sometimes things are super simple. Like

> you can get an answer in that workshop, right? So you don't have to wait three months to get an answer that takes you two seconds.

Another participant, Summer, spoke about the 'progressive step' being taken with a registered midwife who is offering primary postpartum care in collaboration with the local GPs:

> [It's] super refreshing to see…the [GP] connects them and [the midwife] does their at-home postpartum care. [The midwife] has voiced she'd like to meet these mums sooner so she could have a relationship before their birth, before showing up for post-care…but this is at least some progressive step…[that] also frees up their office time appointments.

Many perinatal care providers in BC are transitioning to team-based and interprofessional models of practice in response to systemic challenges, especially in the wake of Covid-19 (Momtazian & Yeates, 2019). Participants, like the three below, spoke about team-based GP practices in Smithers that, while increasing sustainability and work-life balance for care providers, reduce choice and continuity of care for pregnant and birthing people, which may be 'anxiety inducing,' uncomfortable, or 'intimidating' for young people:

> [The GPs] it's rotating so…you're not guaranteed who you're getting, which for me was a huge anxiety inducer. (Winter)

> Mamas in [my] program…are meeting like four doctors because one of these four doctors will deliver your baby…[And] I would say the older mamas are like whatever, especially if they've done it. Or even if they haven't done it, they just have that maturity and confidence. Often the young mamas are like, 'I don't want to. I really like so and so. I don't feel comfortable with so and so.'…So, it's like the double-edged sword. It's probably better mental health for practitioners to give better care when they're rested [but] they [young people] don't want that Joe blow person that I've met once. (Summer)

> We started seeing the prenatal rotation and then we ended up having [a GP] who I had only met once before. But she was amazing…I did find like even though they were switching to a prenatal rotation, I did feel like they were really caring, [saying] 'I know this is different and I know you have to meet all of us. But any questions you can ask us, and this is what to expect when we meet you at the hospital.' And I did feel like I was a little intimidated by that approach when I was expecting one doctor. (Sunny)

Given the rapid emergence of team-based and interprofessional perinatal care, it is important to consider that young people may experience greater anxiety or discomfort when an unfamiliar care provider attends their birth. As Sunny expressed, however, despite feeling 'a little

intimidated by that approach,' the caring and clear communication from her team of care providers helped facilitate a positive experience. To the best of my knowledge, there is no peer-reviewed research examining interprofessional and team-based perinatal models of care in the context of BC, let alone for young people. That said, the Shared Care Committee in BC is tracking various primary care collaborations and Doctors of BC published a report that details technical configurations and billing pathways (Momtazian & Yeates, 2019).

As with creative team-based and interprofessional collaborations, virtually enabled care opportunities have flourished in the wake of the Covid-19 pandemic (Markham et al., 2022; Rodin et al., 2020; Stamenova et al., 2022). Indeed, many participants shared examples of increased opportunities for care through virtual access to resources, support, and information catalyzed from "Covid [bringing] us the world of Zoom" (Willow). For example, participants spoke about First Nations Virtual Doctor of the Day (FNvDoD), which "provide[s] any Indigenous person in BC access to timely, culturally safe primary care closer to home." Another participant, Rocky, shared that their program now provides virtual counselling because of retention challenges:

> We had a couple of counsellors that came from different places, Ontario and Edmonton and things like that, but it wasn't quite sustainable here for them, family and such. So now our counsellor is over Zoom, which having somebody is better than nobody, and actually has worked out quite well. And using the counselling office, there's a computer in there [so] clients can come in and sit on Zoom with her if they don't have their own Wi-Fi… And she's quite utilized, which is awesome. I mean obviously we'd rather have it in person, but again, there's not enough people, we live in the north.

In addition to primary care and counsellors, participants spoke about virtual access to nutritionists, language and culture programming, prenatal classes, various peer-support groups, professional development for care providers, and opportunities for social connection. Post-pandemic research by Zenone et al. (2022) found that 95% of youth accessing virtual primary

care services through Foundry BC would recommend them to a friend and 31% indicated they would not have accessed care without these virtual services.

While virtually enabled care provides critical access to services in rural and northern geographies, Hardcastle & Ogbogu (2020) highlight that virtual walk-in clinic models (e.g., FNvDoD) cannot and should not replace long-term continuous attachment with a primary care provider. Their work highlights that virtual care can pose serious privacy issues and quality of care concerns with the advent of artificial intelligence in some models of virtual care. In the context of perinatal care, I am particularly troubled by a substantive report on virtual health care policy in Canada by Bhatia et al. (2020) who advocate for a large-scale virtual 'revolution' of care and "massive shift away from physical interactions" (p. 1) within numerous clinical settings, including well-baby visits (i.e., 1, 3, 9-month physician/nurse visits) and peri-partum depression visits. They suggest the 'cost of physical contact' is greater than the benefit of in-person care. As several people in this study emphasized, in-person and ongoing support in the postpartum and early-parenting period is critical for issues like feeding support and postpartum mood disorders (i.e., peripartum depression). Thus, while virtual care options may indeed bring increased opportunities for care and connection, especially in rural contexts, research is needed to better understand benefits and risks of virtual care for young people during the perinatal period.

A final collaborative turn offered by participants is to expand circles of care to include broader community services and community members, especially those able to provide long-term support. As Rocky shared, extending supports and building relationships throughout the community can help "build a better relationship and community family for everybody and that's important." Many participants spoke about the need to involve partners, family, grandparents, and other important people to the young person, as Sockeye described, "We want partners and

we want grandparents and we want the family because there's learning to be had clearly." That said, many folks I spoke with emphasized the need to follow the young person's lead on who were important people in their life. Others also raised the importance of building multiple points of long term connection in the community because care providers are often only in a young person's life for a relatively short period of time. As Rose spoke to, places like schools and libraries offer long term possibilities for support and connection:

> And then long longevity of care. Like what does this look like for this person for the next six months, the next year? And not that we know, but potentially for the next 5 to 10 years, right? Keeping those different perspectives in mind. … And in that way, some of like the Strong Starts and…even connections to schools, or some of the places where there will be more continuity…can be really important on that team. Or like hey, we want to look at play, [or] … social opportunities for mum. Well, the library is literally accessible from zero to 100. There's never an end to being able to go to the library. It might shift in it's form, but like that's a pretty great place to become comfortable.

The language offered by Rocky about building 'community family' provides an open and generative orientation to building relationship beyond the nuclear family to include sources of care and support like grandparents, schools, and partners. Collaborating with people across the landscape thus includes, as Lin et al. (2022) offer, "understand[ing] family not as a fixed institutional form, but rather as a set of evolving and intimate practices, through which multidimensional power relations are achieved and within which care can be unfolded" (p. 2).

4.4.2 – Connecting with Place

Up to this point, I have traced many ways that places and the 'where' of young people lives can both affirm and inhibit perinatal well-being. Further, in Section 4.3, I charted ways that Indigenous and white settler young people experience and relate to place, land, and all that is not human. Bearing all this in mind, the following subtheme weaves together possibilities for connecting with place that arose in my conversations with folks who live, raise children, and care

for young people here. I turn first to possibilities for (re)connecting with land that account for dimensions of renewal, safety, and close-to-home opportunities discussed by participants. I then turn to possibilities that arise from the experience of bringing new life into the world, which as participants discussed, can bring about potent opportunities for young people to connect with cultural identity by asking questions like: 'Who are you?' and 'Where did you come from?'

For many young folks, connection to land and learning about the importance of land is something that needs to be 'renewed' and 'reintroduced.' For example, in speaking about land-well-being relationships from a Gitxsan perspective, Hemlock shared the importance of "trying to renew that for a lot of people." Further, and more broadly, Sockeye spoke about the importance of building on the strengths of young people, which, as she shared, means that "the land is a big piece of it, but I think a lot of people need to be reintroduced." As previously discussed, the need for renewal and reconnection of land-based practices for Indigenous young people emerges from cultural genocides enacted by colonial Canada for the purposes of land-accumulation and settler nation-state building (Josewski et al., 2023; Redvers, 2020). That said, resurgences of Indigenous practices and ceremonies occur beyond and despite the existence of settler colonial states (Coulthard, 2014; Finestone & Stirbys, 2017). For white settler young people, the need for reconnection to land emerges from logics and narratives that, while engendering positive feelings and well-being, invisibilize dynamics of power and offer limited understandings of lands, waterways, and nonhuman beings. As I return to below and argue for, fostering (re)connection with land ought to occur in tandem with fostering (re)connection to culture. While this section unfolds in a linear way, I argue for approaches rooted in simultaneity, whereby reconnection to land is tightly coupled with reconnection to culture for all young folks

navigating landscapes of care. With that in mind, I turn first to possibilities for connecting with land and all that is not human.

In my conversations with participants, many spoke about the need for safety when spending time on/with the land. Participants spoke about safety in terms of young folks potentially feeling *unsafe* "out and about on their own" (Summer). Most notably, folks spoke about the need for safety arising from grounded fears of misogynistic and gender-based violence, often rooted in personal histories of violence and harm. For example, Rose shared how activities like going for a walk down a trail requires "the confidence and the security to do so, right? Like, depending on your history, that can be a really vulnerable thing to go for a walk down a trail, especially with a baby in tow." Similarly, Sockeye shared how safety 'has to be paramount':

> I think not everybody feels safe. I think safety has to be paramount. And I don't just mean safe from creatures. But I've worked quite sadly with a lot of young women that have been horribly abused over time… And being out there [on the land] has been part of the problem to that.

While Sockeye points to the reality that experiences of violence and harm to young women often occur 'out there' and on the land, it is important to accurately attribute such experiences of harm to rampant misogyny, gender-based violence, and continued failures of colonial state systems to respond to violence against women, girls, gender-diverse people, and Indigenous relatives. That said, and as many participants spoke to, it would be an egregious oversight to suggest that being on the land is an inherently health-affirming place—a reality that rural, northern, and Indigenous communities know all too well. Indeed, 'being out there' can be a deeply vulnerable place to be, which, as Sockeye also points out, can involve interactions with human and nonhuman creatures.

Connecting with land requires knowledge on how to be safe while spending time outdoors and on/with land. Women I spoke with, like Rose below, emphasized how safety becomes 'much more poignant' with a 'tiny person in tow':

> And depending where you live, just like how far is it, do you know the way, what are the dangers. Just all those little pieces become so much more poignant when you have a tiny person in tow cause…they're at risk too. And then also…outside of emotional well-being, physically, can you actually walk and carry your baby?

In addition to physical capacity to walk and carry a baby, many participants also spoke to the reality that opportunities to spend time outside and connect with land often require equipment like strollers, baby carriers, and clothing. My conversations with folks frequently included discussion about the importance of "providing young families with outdoor gear for the more drastic seasons" (Summer). Along with gear and knowledge of how to be safe, encounters with nonhuman beings are important to consider. For Sunny, her fear of bears and moose was influenced by living rurally, outside of town, which contributed to feeling 'stressed' and 'hesitant' to be outdoors with her baby:

> [A]s much as like I like being outside…I have a healthy fear of the fact that we have bears and moose and things that are dangerous around us…I was always a little bit nervous out [where we lived] because…at that time, there was a moose and her calf out there. [If] I'm out walking and she just pops out of the woods and I have my little baby with me, that made me a little bit stressed out. So, as much as I love being outdoors, I was hesitant with my baby…[But] because I had a car, I could drive into town and then go where there's people around and I was a bit more comfortable.

As previously discussed, transportation is critical for young people to access care—from people *and* places. Further, as Sunny also spoke to, opportunities to be outside and connect with land do not necessarily have to occur 'out there,' but rather can occur downtown and close-to-home.

Indeed, participants spoke of numerous possibilities to connect with land close-to-home, which may or may not take place *on* land. For example, people, like the three below, shared how

care providers and programs can foster connection to land through indoor crafts or projects like gardening, and how meeting families for walks can be potent sources of well-being and connection, especially for young folks:

> I've seen a lot of different service providers help connect families to the land, not necessarily like outside, but even with different crafts or projects and the well-being that that can bring. And the well-being that walks can bring. I've actually yeah had success [with] a lot of younger families, younger mothers turning out for outside walks. (Rose)

> [B]ecause most of our programs are in one place…you don't always have the option of [going] out there in the same kind of way. But…we started gardens and then we helped people garden at home and stuff. So we're talking about food security and connection, but we're also still talking about connection to the land and what the land provides…[And] you can go for walks. I've spent a lot of time on the river, you know, sitting on the river or walking along the river with clients, that's been really huge and…worked really well. …[Because] anything that I could do to break down a barrier of seeming like some old white woman that's been paid to do the job…is a really big deal for me…And I find that walking side by side, or sitting side by side is much different than face to face. (Sockeye)

> I think just always trying to focus again in all four realms of the medicine wheel…[But] all of our programs are *in* the centre. [So] maybe we…go outside just so we can connect with land [by] going to go for a quick walk. (Rocky)

Whether to reduce hierarchies and power dynamics or connect with all four realms of the medicine wheel, connecting with land can occur through many close-to-home practices. Notably, participants also spoke to the importance of water, which one white settler participant related to opportunities for waterbirth, and one Witsuwit'en participant related to opportunities to see the river, swim, and practice ceremony:

> For the land connection…I think it would be amazing to have it more accessible to have waterbirths and stuff like that. We have the waterbirth [tub] in the hospital, but not many people know that. And I think that's very, very important. (Winter)

> Seeing the river…[and] swimming is a big part of the water. Cause I swam a little bit with my daughter while I was pregnant with her so she's a water baby…[And] the baby [welcoming] ceremony, they had us bring the babies to the water and dunk them…into the water and have them one with the water and they sang a water song that was composed by Molly Wickham. (River)

For Witsuwit'en, along with many Indigenous peoples, *t'oh* (water) is deeply sacred and spiritual and, as discussed above in Section 4.3, relationships to land and water are inseparable from culture and cultural identity; waters are tended to through spiritual practices like the baby welcoming ceremony River shared. Indeed, connecting with land through cultural practices and ceremony can be a powerful way to connect with cultural identity, which, as I also discussed above, underpins (perinatal) well-being for (young) Indigenous people. That said, and despite pervasive narratives to the contrary, Indigenous (and racialized) people, are *not* the only people for whom culture and cultural identity matter.

For all young people, bringing new life into the world can surface potent opportunities to ask self-reflective questions about cultural identity. For example, participants, like Rose and Hemlock, described how connecting with cultural identity is a 'massive piece of well-being' that can arise in the perinatal period, which is a potent time when many people begin to ask themselves questions like, 'Who am I in this world?' 'Who were my ancestors?':

> [Culture] is a massive piece of well-being, like … connection to self on that larger scale, like who am I in this world? Who were my ancestors? Who are my people? It's huge. Especially, I think as you bring little people into the world, you start to think about not only where did they come from, but where did you come from. (Rose)

> I think that with any mum and pregnancy the best thing we can do is find out where they do relate with that cultural identity. Even if they're white, people will be like, 'Oh, I'm white, like there's no culture.'…And it's like, no, you're not a colour. What is your cultural identity? Where are you from? What was your upbringing? And just being able to identify with that initially, I think is huge in being able to go from there to create a network for that person. And that's where I think we'll be really successful. (Hemlock)

As Hemlock points out, pervasive logics of whiteness and white supremacy create the phenomenon whereby people racialized as 'white' often perceive themselves as not having culture: when whiteness is the default and white cultures are the norm, white cultural identity becomes invisibilized (Bagelman & Gitome, 2021; Maxwell, 2020). This phenomenon arose in

my conversations with some white settler participants when talking about the role of culture in perinatal well-being. For example, Winter shared that she felt like, “I don't really have much for a cultural identity.” Likewise, Sunny elaborated on similar feelings:

> So my great grandparents came over from like Ireland, Sweden, Norway. And like, I don't know if I would even say that— like [it’s] not much of a culture identity because when they came over they like cut all ties with like the home country and like wouldn't speak their language and never talked about it. So I'm not sure that I would say I actually— Like I know that I have a culture, but like [I don’t] have really like a cultural identity that I really identify with, if that makes sense.

As this excerpt speaks to, settler colonial projects of nation-state building, especially that of Anglo-American states, are fraught with histories of intentionally stripping settler-immigrants of cultural identities for the explicit purpose of forming a united white racial identity in support of capitalist and colonial land/wealth accumulation (Maxwell, 2020; Rodríguez, 2020; Russell et al., 2015). While these processes may contribute to a sense of not having cultural identity to connect with, they nevertheless contribute to white folks, like some of those I spoke with, attributing parts of their identity to land, by, for example, living in ‘wild and wonderful’ places, and viewing nature as a ‘place of peace’ and an important source of ‘fresh air’ and ‘sunshine.’ The ruptures and invisibilization of relationships between culture and place within these stories and experiences are troubling. I contend, along with many others, that such ruptures beget deeper questions about the moral and ethical significance of treading upon lands that are the cultures of people who are Indigenous to that place (Kimmerer, 2013; X. Lin et al., 2022; Maxwell, 2020).

Connecting with culture, land, and place, while undoubtedly important, must be approached with respect, consent, and care, especially for those of whom live with intergenerational legacies of violent Euro-colonial, white supremacist, capitalist regimes. As participants expressed, this is important given the recent and growing conversations around

ongoing legacies of settler colonialism in the wake of '215' and the continued unearthing of thousands of unmarked graves of Indigenous children that, while making headline news for white settler society, have long been held in stories passed through generations of Indigenous families and communities. For example, Rocky reflected upon her desires to connect with cultural identity as a young person and the shifting discourses that, while positive, can also be retraumatizing for those forced to re-live colonial violences:

> I just felt like not being able to connect with like cultural identity and stuff. I know that's changed a lot, especially with the 215, the children. It's different now. And I think we're going somewhere and shifting in a good way about that…But having that space to be able to do that was something I didn't get when I was growing up, right…I think, being able to provide voice and light and space for all of those things is super important…[but also] super shitty and traumatizing that, you know, that had to happen for people [to realize].

Other participants similarly noted how questions about 'who am I' and 'where did I come from' that arise in the perinatal period can also resurface past traumas and intergenerational harms. For example, Cedar shared how practices like Indigenous Focusing Oriented Therapy (IFOT) can help people, like herself, cope with past traumas that often arise in pregnancy:

> There's all the past traumas and all that other stuff you don't even really take into account when you're growing a baby inside of you…But it comes up and there's a lot of hard work…When I was pregnant with [my son], I was going through really big major things, and it was one of the hardest things to do while I was pregnant because you got all those extra hormones and all that in your body…but it also brought up other traumas and stuff like that…And that's where IFOT…comes in. And it's being able to have those conversations about certain situations that may have happened in a woman's life or even sharing knowledge and passing it on.

Connecting to self, culture, land, and place can indeed require 'a lot of hard work,' especially when layered with the massive life transition of becoming a parent and navigating landscapes of care. That said, as folks I spoke with highlighted, the journey of becoming pregnant and raising children offers potent possibilities for young people to begin asking questions like: 'Who am I?' 'Where did I come from?' and 'Who are my ancestors?' Given the often traumatic experiences

that lead to cultural disconnection and the emotionally laden and politically fraught narratives that ensue, these questions ought to be held with respect, care, and love.

Furthermore, these questions, when coupled with generative possibilities for connecting with land, bring to the surface deeper questions and possibilities. Lin et al. (2022) offer the concept of 'cultural landscapes of care' to extend robust bodies of health scholarship focused on people-place relationships to instead turn to people-culture-place interactions as potent frameworks to situate emplaced ethics of care that arise from asking questions about "what good care means *culturally*" (p. 3). Turning this question to my conversations with participants widens the aperture of possibilities. While participants spoke about important connections between cultural identity and well-being of young folks, the same questions ought to be critically asked in every corner of landscapes of care: What does good care mean? Whose traditions of care are practiced? How do cultural foundations of care practiced in a place reflect the cultures of the peoples who are Indigenous to that place?

In turning to cultural landscapes of care, Lin et al. (2022) also offer the notion of *encounter,* and two related facets, porosity and relationality, that bridge together the generative possibilities of connecting with place and collaborating with people traced through this final theme. Porosity refers to encounters of care between individuals *and* non-human beings and materialities of place, which are understood as co-constitutive. Relationality highlights the interplay and 'reciprocal dynamism' between people and their social, cultural, and physical worlds. Thus, while I separate possibilities of collaborating with people and connecting with place, these possibilities, along with the entirety of *pathways, people, and places* throughout the landscape*,* ought to be understood as simultaneously, dynamically, and reciprocally co-creating landscapes of care for young people who live, grow, and raise their children here.

Chapter Five – Conclusion: Taking the Tapestry off the Loom

It is collectively as a society, as we put our hands together to give them a little, a little, a little…we produce beautiful results when we work together. - Willow

This chapter concludes this research by taking the tapestry off the loom. This is an exciting stage of weaving—when you hold and see the textile in its entirety for the first time. This stage requires some finishing touches to weave in loose ends and look back to see how the bumps and inevitable mistakes made along the way influenced the textile as a whole. With this process in mind, I first provide an overview of my research findings and offer reflections on how this place-based research tapestry contributes to existing scholarship and responds to my original research question and goals. I then consider various messy mistakes and entanglements that arose throughout this process and discuss the implications of these limitations. I close by tracing my plans for sharing this research with community and further knowledge translation opportunities oriented towards *the beyond.* My hope is that this research offers generative starting points for moving onwards and towards perinatal well-being and collective flourishing in these rural, northern, and Indigenous geographies that I call home.

5.1 – The Tapestry

Through the practice of picking up and dropping threads, making and unmaking, weaving and unweaving, I produced a research tapestry that documents some of the ways young folks' well-being during pregnancy, birth, and early parenting is borne and enlivened by landscapes of care within the Widzin Kwah watershed. In this section, I first reflect on my use of weaving as methodology and how envisioning landscapes of care as a woven tapestry offers a reminder of the relational, messy, and generative aspects of not only knowledge production but also of young folks' lives as they navigate pregnancy, birth, and early parenting. I then discuss how my

research contributes to scholarship at the intersection of perinatal well-being and young people's health. Finally, I discuss my use of landscapes of care as an organizing concept to capture the essence of my conversations with participants and as an intuitive framework to understand the determining forces of perinatal well-being in rural, northern, and Indigenous geographies.

5.1.1 – Weaving Well-Being

At the beginning of this research project, I set out with the goal of enacting ethical and emplaced research in the place that I call home. My lifetime of living and growing in the Widzin Kwah watershed made me attuned to some of the ways that living in rural, northern, and Indigenous geographies shapes health and well-being. Through my work supporting families as a doula, I was also attuned to the health- and life-limiting impacts that arise from healthcare systems (along with education systems, justice systems, and the like) built upon Euro-coloniality and white supremacy that continue to produce burdens of poor health for those who live with/in bodies and places deemed abnormal—not least of which are those who are: young; pregnant and/or parenting; racialized as Indigenous, Black, or a Person of Colour; and living in rural, remote, northern, and/or Indigenous communities. With this context in mind, I was thrilled for the opportunity to use my master's thesis research to develop place-based knowledge to further catalyze community energy to better support young pregnant and parenting folks living in the Widzin Kwah watershed. In navigating this process as a novice researcher, and with the desire to enact ethical and anticolonial research, I turned to my practice of weaving, which I knew to be capable of telling stories involving interwoven ideas, worldviews, and experiences rooted in place. Weaving also offered me a meaningful and creative framework to deepen my personal and academic journey of unsettling my complicity in white settler coloniality and contribute to methods of knowledge production rooted in otherwise ways of being, knowing, and doing.

Inspired by researchers like Courtney Ryder and colleagues (2019) and Hinekura Smith (2019), I developed my own methodology of weaving to carefully and critically articulate my orientation and approach to my research. I refined and adapted my methodology to create a 'research interface' (Durie, 2004) that attends to the multiple, conflicting, and nested geographies and experiences of place within my study. I drew upon the relational, messy, and generative aspects of my weaving practice to demystify and make sense of *doing* anticolonial, critical, and place-based research, both for myself and those who sat down at my loom with me. By tethering my research process to my loom, I situated the scope of my research within the omnipresent and oppressive structures and infrastructure of colonialism, capitalism, and racism my research is enacted within. Finally, my methodology of weaving provided the lens through which I interpreted the experiences, expertise, and gifts of time that participants shared with me.

Returning to the woven and place-based tapestry that represents my findings and discussion (Figure 7), I offer this visual representation as a reminder of both the paradigmatic foundations of this research, and of the relational, messy, and generative aspects of young folks' lives as they navigate pregnancy, birth, and early parenting. Through my process of tracing and weaving threads, I wove together four themes that represent the essence of my conversations with participants. While my thesis necessarily traced each theme in a linear way, these four themes are to be understood wholistically and as co-constitutive of each other.[17] In this way, I offered this tapestry as a reminder of the textured landscapes of care that unfold in localized ways to shape perinatal well-being of young folks living within and beyond the Widzin Kwah watershed. As I reflect upon in the following section, I also offered this tapestry as a reminder

[17] As Murdena Marshall says, "Spell that last word with a *w* to remind us of 'whole,' not 'hole'" (M. Marshall et al., 2018, p. 45).

that perinatal well-being of young folks is deeply relational, wonderfully messy, and ought to be understood through generative practices "as a form of capaciousness, as offering, as responsibility that does not seek to overdetermine the future and also recognizes responsibility as duty" (Patel, 2022, p.xi).

5.1.2 – Perinatal Well-Being of Young People

Represented by the woven research tapestry, my findings and discussion shared in Chapter Four provide a *partial* response to my research question, which asked: *how do young people experience perinatal well-being in rural, northern, and Indigenous geographies?* In posing this question to participants, along with related topics about the role of care providers, land, place, and culture, our conversations produced an abundance of data. Indeed, the people I spoke with underscored how perinatal well-being is a complex and holistic phenomenon involving many elements and determining forces.

Participants highlighted the deeply relational nature of perinatal well-being and the importance of supportive relationships with both human and other-than-human beings throughout landscapes of care. Indeed, most participants spoke about *support* as somewhat inseparable to their understanding of perinatal well-being, which more closely aligned with Indigenous perspectives on perinatal wellness offered by Smylie (2014) as compared to Wadephul et al.'s (2020) definition introducd in Chapter Two. As folks described, supportive relationships are important to combat feelings of isolation during the perinatal period and as sources of advocacy, cultural safety, and connection—to family, to resources, to community, to land. People spoke highly of the supportive care provided by doulas and midwives, who are similarly shown elsewhere to provide compassionate and nonjudgmental care, and to act as advocates in the face of medical authority, judgmental interactions, and anti-Indigenous racism

(Alexandria et al., 2023; Churchill et al., 2020; Cidro et al., 2021; Erickson, 2020; Ireland et al., 2019; Thachuk, 2007). Indeed, my research uplifts the importance of supportive relationships and nonjudgemental care for young pregnant and parenting people that is already well-documented (Cense & Ganzevoort, 2019; Dion et al., 2021; Enlander et al., 2022; Harrison et al., 2017; Quosdorf et al., 2020; Thompson, 2016).

In my research, however, the need for supportive and nonjudgemental relationships was especially salient given the intersection of living in rural, northern, and Indigenous geographies and being young. For example, participants spoke to the doubly consequential impact of negative care provider interactions in rural and northern contexts with few alternative options, as Rose described, *"If you do access the service but that person and you just don't work, but there's nobody else, especially in a smaller rural community that can I think really be a hindrance."* To the best of my knowledge, no research explores the compounding impacts of negative care provider interactions in resource-limited settings. Further, many folks noted the need for support and advocacy may be especially important for young people who may feel fear or hesitancy to speak up in the face of medical authority, which again, is exacerbated in resource limited settings with few or no alternative options. Young folks navigating the perinatal period may also benefit from supportive relationships simply because *"everything is new"* (Sunny). This reality may explain the emphasis that participants placed on 'navigating' and 'finding your way' through the vast array of formal and informal sources of care that influence perinatal well-being.

In addition to the role of supportive and nonjudgemental relationships with people, participants shared many examples of how perinatal well-being is influenced by land, waterways, and critters of all sorts. In many ways, folks in this study spoke to land-well-being relationships in ways that extend beyond individualistic and human-centric approaches to care baked into

Western medicine, settler colonial health care systems, and the definition of perinatal well-being put forth by Wadephul et al. (2020). That said, and as I return to below, the ways Indigenous and settler participants spoke about land-well-being relationships diverged in several ways. Thus, and despite the reality that *"all of us absolutely do better having some connection with the outdoors"* (Sockeye), efforts to re-insert land back into understandings of perinatal well-being must attend to underlying logics and paradigmatic orientations that may be incommensurable with reproductive justice and collective flourishing.

5.1.3 – Navigating Landscapes of Care

In making sense of determinants of perinatal well-being for young people, the idea of landscapes of care was an intuitive and useful framework to structure my findings that captured the idea of 'navigating' and 'finding your way' shared by participants. My research builds upon scholarship on landscapes of care by Milligan & Wiles (2010) and cultural landscapes of care by Lin et al. (2022) by tethering care-based relationships within various places and spaces to that which the concept seeks to evoke: *land.* While emerging from disparate worldviews and cultural foundations, participants spoke about numerous sources of land-based care—from rivers and lakes, to berries and salmon, and cold northern climates. Along with places and all that is not human, pathways and people throughout landscapes of care converge in complex ways to determine perinatal well-being for young folks living in rural, northern, and Indigenous geographies. Landscapes of care in the Widzin Kwah watershed also hold *possibilities* that arise at the intersection of *the pathways*, *the people*, and *the places*. As participants shared, and I argue for, building collaborative and culturally emplaced approaches to care offer possibilities for cultivating conditions of reproductive justice and collective flourishing.

Existing research documents the potential of integrated and collaborative care for young people and harder to reach populations (Hetrick et al., 2017; Mathias et al., 2021; Nathoo et al., 2013; Rutman et al., 2020; Rutman & Hubberstey, 2020). Each participant in this study spoke to the health-enabling potential of collaborative approaches to care. Creating effective collaborations—through clear communication about roles and responsibilities, developing client-centred systems to navigate confidentiality and knowledge sharing, and extending supportive circles to include kin, community, and land—offer generative possibilities for moving beyond the health-limiting barriers and roadblocks created by neoliberal restructuring, fragmentation, and regionalized service delivery. Many care providers within and beyond the WKW are realizing the potential of and need for greater inter-professional collaboration and integration of siloed services to support holistic well-being and a diversity of needs. As my research shows, however, maintaining client-centred perspectives and considering the unique needs of young people ought to be prioritized as new models of care are developed.

Beyond human sources of care, the lands, waterways, and critters throughout the watershed also played important and determining roles in the well-being of young folks during pregnancy, birth, and postpartum. However, the ways that Indigenous and (some, but not all) white settler participants spoke about place and all that is not human diverged in several ways. Indigenous participants spoke about land and place not "as simply some material object of profound importance" (Coulthard, 2010, p. 61), although it was certainly that too. Rather, Indigenous participants spoke about land as a way of knowing, being, and relating to the world that is indivisible from culture, cultural identity, spirituality, and reciprocal relationality. White settler participants primarily spoke about land and place in ways that view land as a place 'outside' where one goes to enjoy nature and 'peaceful' environments, often by doing something

like sitting, walking, or other recreational activities, which contribute to positive feelings and mental well-being. Notably, white settler participants' stories often featured the northern climate of the WKW, the challenges of getting outside in cold weather, and knowing the importance of getting fresh air and sunshine, especially during long dark northern winters. While these themes were shared by four white settler participants, two white settlers and one settler of colour shared perspectives that bridged the more divergent voices mentioned here, which may be due to their roles as HCSPs who work in close relationship with Indigenous peoples and communities.

Together, Indigenous and non-Indigenous women in this study spoke to many possibilities for connecting with place. Across most conversations, folks spoke to the importance of safety, from both human and nonhuman creatures, and the generative possibilities of close-to-home land-based activities, that may or may not take place *on* the land. While these ideas offer creative and place-based ways to connect with all that is not human, I argue that it is critical to attend to the underlying and often *unsaid* orientations and worldviews of people-place relationships. As I traced in Chapter Four, some of the ways white settlers spoke about land and place arise from Euro-coloniality and associated processes of deterritorialization of Indigenous peoples, which is a key determinant of Indigenous *ill-health* (Josewski et al., 2023; Reading, 2018; Redvers, 2020). Further, in discussing the role of culture in perinatal well-being, several conversations pointed to the troubling phenomenon whereby white settlers feel like they "*don't really have much for a cultural identity*" (Winter). Thus, while white settlers attribute parts of their identity to land through living in 'wild and wonderful' places, and viewing nature as a 'place of peace' and an important source of well-being, such experiences beget questions about the moral and ethical significance of treading upon lands that are the cultures of the peoples who are Indigenous to that place (Kimmerer, 2013; X. Lin et al., 2022; Maxwell, 2020).

As I argue for, connecting with place ought to be tightly coupled to connecting with culture. In my conversations, several people spoke about intimate connections between cultural identity and perinatal well-being. Several folks also shared how the perinatal period can be a transformative time when young folks may start wondering about their cultural identity, as Rose spoke to: "*as you bring little people into the world, you start to think about not only where did they come from, but where did you come from.*" Further, folks spoke about the important role HCSPs play in walking alongside young people as they reconnect with or deepen connections to culture and cultural identity. That said, the need to reconnect with culture arises from divergent places for Indigenous and settler young people; whose experiences of cultural dis/connection arise from disparate places and positions of power within colonial Canada. Indeed, what my work points to is that culture arises from *place,* and reconnecting with culture raises questions of displacement, belonging, and power. Thus, for care practices, programs, and organizations oriented towards young pregnant and parenting people, connecting with place and land can offer powerful opportunities to foster perinatal well-being. These possibilities, however, demand simultaneous connection with culture, which, in the context of colonial Canada, begs questions of *displacement* of the peoples for whom this land and place *is culture*.

5.2 – The Bumps

Research, much like weaving, is messy. Throughout this three-year research project, I encountered challenges and tensions, made mistakes, and learned *a lot.* Taking my tapestry off the loom and looking back upon some of these bumps along the way reveals a few lumps that persist within this woven research tapestry. In this section I tease out two bumps that are important for considering the limitations of this research: my position as a novice researcher, and the partiality of the knowledge generated and shared in this thesis.

Being a novice researcher is parr for the course of being a master's student. Along with my stated research question and goals, another purpose of this research was for me to learn how to do research, develop skills, and deepen my own knowledge in areas that might offer me potential employment in the future. It does not escape me that my professional advancement is endowed to the generous people who contributed to this research; the ethical considerations of this reality will be a source of ongoing reflection and action for years to come. Further, in considering the limitations of this research, this process of learning how to do research, and my mistakes and learning moments along the way influenced the way I conducted and made meaning I made from this research. Most significantly, over these last three years, my understanding of two concepts central to my research has shifted and grown in ways that undoubtedly influence my research findings, those being: land and place.

Indeed, while I wrote about land and place a great deal throughout this thesis, my own understanding of what they mean, and for whom they hold meaning, has morphed and changed significantly. This learning influences my research in several ways. For example, in seeking to tap into 'land as pedagogy' within my interviews, I approached this endeavour from a largely Euro-colonial orientation that views land as somewhere 'outside,' which led me to initially consider land-based interviews as necessarily occurring in an outdoor setting. While I also sought a flexible and accommodating approach by offering participants the option to meet in an indoor office space or virtually over zoom, I failed to consider opportunities to create land-*informed* pedagogical moments, by for example, inviting participants to bring or share about an object that represents land. Nevertheless, as mentioned in Chapter Three, land found its way into those conversations in deeply felt ways.

Another learning process involved detangling how I understand relationships between people, land, and place, and what these concepts mean for Indigenous peoples of the place and land where I live and enact this research. I am deeply grateful to several Witsuwit'en leaders, matriarchs, and friends for sharing many teachings with me on the meaning of place and land from Witsuwit'en perspectives, as well as folks from other Nations and places who have shared teachings with me over the years. Nevertheless, how I approach my research is influenced by my entanglement in white settler coloniality and my cartesian-steeped brain that perpetually seeks to separate land, people, and place. In grappling with this throughout my research I used reflexive journaling to document some of these points of learning, and worked to employ an iterative learning approach that integrated many lessons learned over the years.

The second limitation that persists within this woven tapestry is the *partiality* of my research. As discussed above, Chapter Four offers a partial reflection of the abundance of data that emerged from my conversations with participants. Several other points of partiality further limit the applicability of this research. First is the reality that my conversations with participants undoubtedly revealed partial reflections of their experiences, expertise, and perspectives. My interviewing skills as a novice research likely influenced the extent to which folks spoke to the topics we discussed. Further, participants may have refrained from responding in certain ways or sharing stories for a host of reasons. While my position as a known community member and the confidential nature of the interviews and research may have facilitated more trust and security within these conversations, there may have been many parts to these conversations that remain unsaid and are thus not considered in this research.

Another aspect of partiality is the lack of representation and consideration of many intersections of identity of young folks who become parents in the Widzin Kwah watershed and

northern BC. Primarily, my research speaks to lived experiences of Indigenous young people and white settler young people. While one HCSP shared experiences as a Person of Colour, and HCSPs may have offered reflections and perspectives in consideration of non-Indigenous and non-white folks, my data pertained almost exclusively to Indigenous and white settler experiences. Further, my research does not consider or speak to experiences of gender diverse and sexually non-conforming people, or numerous other intersections of identity that influence experiences of pregnancy, birth, and parenting. Nor does it attend to numerous other reproductive possibilities or experiences of child apprehension and family policing. My research is also limited in speaking to experiences beyond the community of Smithers, where my networks and connections are strongest, which facilitated recruitment of participants, with seven out of the eleven participants living in Smithers. Together, these partial representations within my research limit applicability and relevance to my findings for people with different experiences and intersectional identities beyond those captured by this research project.

Finally, while my research is rooted in place—the Widzin Kwah watershed—this place is not singular: it is the traditional, ancestral, and *never* ceded homelands of Witsuwit'en and Gitxsan Nations; it is the discursive and material product of historic and ongoing settler colonialism; and it always and already exists beyond the confines of coloniality. In doing research in these places, I endeavoured to make visible and attend to the multiple and divergent cultures, and ways of knowing and being within these places, including my own. My hope is that by bringing some of my own cultural practices (weaving) and rooting my research *in place,* this research, in some small way, destabilizes cultures of white settler coloniality that continue to cascade downstream and produce inequitable burdens of poor health for some bodies and places and not others. I also hope that by bringing my culture and ways of knowing and being into this

research I can offer something that is perhaps more emotionally resonant and useful to those of whom I dedicate this research: young people, pregnant people, Indigenous life givers, parents, care providers, and my more-than-human community and kin in the Widzin Kwah watershed.

5.3 – The Beyond

Motivated by community-informed priorities, I set out to learn about young folks' experiences of perinatal well-being within some of the rural, northern, and Indigenous geographies that I call home. I also set out to develop place-based knowledge on pathways to well-being for young people who navigate pregnancy, birth, and early parenting in the Widzin Kwah watershed. To explore these queries, I designed a study using a methodology of weaving to transparently share how I enacted this anticolonial and place-based research in relational, messy, and generative ways. I wove experiences and expertise of people living and working in this place into broader scholarship and literature to produce a tapestry that tells stories further upstream, in the headwaters of the river, where determining forces of perinatal well-being flow and cascade to shape the lives of young people who live, grow, and raise their children here (Figure 8). While this concluding chapter shares the exciting stage of taking the tapestry off the loom, it also marks many exciting possibilities yet to come; possibilities that may only arise by sharing participants' generous gifts of time and expertise beyond this thesis.

In the coming months, I plan on sharing my findings with folks within and beyond the Widzin Kwah watershed in a variety of ways. Appendix III lists some of my plans for knowledge translation, which include mediums oriented towards moving this research into action locally, in the Widzin Kwah watershed, regionally, across northern BC, and beyond. My first priority is to provide NSDP with a summary report and recommendations for practice to help inform their

programming with place-based knowledge that was developed *with* and *for* young people who live, grow, and raise their children here. I also plan on sharing my research locally through presentations at public libraries throughout the watershed and disseminating this research more broadly through publication in academic journals and presentations at conferences and workshops. My hope is that these modes of knowledge sharing will offer generative opportunities to continue learning how to build effective collaborations and culturally emplaced approaches to care that move towards reproductive justice and collective flourishing within and beyond these rural, northern, and Indigenous geographies.

Figure 8. Widzin Kwah Headwaters. Photo: Brian Huntington (used with permission).

References

Aalhus, M., Oke, B., & Fumerton, R. (2018). The social determinants of health impacts of resource extraction and development in rural and northern communities: A summary of impacts and promising practices for assessment and monitoring. Northern Health and the Provincial Health Services Authority.

ACRJ, & SisterSong. (2005). A New Vision for Advancing Our Momentum for Reproductive Health, Reproductive Rights, and Reproductive Justice. Asian Communities for Reproductive Justice & SisterSong Women of Color Reproductive Health Collective.

Albers, A. (2017). On Weaving: New Expanded Edition. Princeton University Press.

Aldred, T.-L., Alderfer-Mumma, C., de Leeuw, S., Farrales, M., Greenwood, M., Hoogeveen, D., O'Toole, R., Parkes, M., & Sloan Morgan, V. (2021). Mining sick: Creatively unsettling normative narratives about industry, environment, extraction, and the health geographies of rural, remote, northern, and Indigenous communities in British Columbia. The Canadian Geographer / Le Géographe Canadien, 65(1), 82–96.

Alexandria, S., Taylor, L., Solomon, S., Ho, J., Scotland, K., Phillips, B., Kailey, J., Courteney, C., Ring, A., Brianna, C., & Jacobs, R. J. (2023). The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. Cureus, 15(5).

Alfred, T. (2009a). Colonialism and State Dependency. International Journal of Indigenous Health, 5(2), 42–60.

Alfred, T. (2009b). Peace, power, righteousness: An indigenous manifesto (2nd ed). Oxford University Press.

Allan, B., & Smylie, J. (2015). First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada. The Wellesley Institute.

Al-Sahab, B., Heifetz, M., Tamim, H., Bohr, Y., & Connolly, J. (2012). Prevalence and Characteristics of Teen Motherhood in Canada. Maternal and Child Health Journal, 16(1), 228–234.

Anderson, K. (2011). Life Stages and Native Women: Memory, Teachings, and Story Medicine. Univ. of Manitoba Press.

Añonuevo, C., de Leeuw, S., Erickson, M., Krzywania, M., McNab-Coombs, L., Odulaja, O., & Morgan, O. S. (2023). Indigenous geographies. In Concise Encyclopedia of Human Geography (pp. 201–207). Edward Elgar Publishing.

Archibald, L. (2004). Teenage pregnancy in Inuit communities: Issues and perspectives. Pauktuutit Inuit Women of Canada.

Armstrong, J. (2016). Land Speaking. In A. G. Ruffo & H. Macfarlane (Eds.), Introduction to indigenous literary criticism in Canada. Broadview Press.

Bagelman, J., & Gitome, J. (2021). Reproductive geography: Reproducing whiteness? Dialogues in Human Geography, 20438206211020239.

Banay, R. F., Bezold, C. P., James, P., Hart, J. E., & Laden, F. (2017). Residential greenness: Current perspectives on its impact on maternal health and pregnancy outcomes. International Journal of Women's Health, 9, 133–144.

BCAAFC. (2022). BC Association of Aboriginal Friendship Centres. https://bcaafc.com/

Behruzi, R., Klam, S., Dehertog, M., Jimenez, V., & Hatem, M. (2017). Understanding factors affecting collaboration between midwives and other health care professionals in a birth center and its affiliated Quebec hospital: A case study. BMC Pregnancy and Childbirth, 17(1), 1–14.

Benoit, C., Carroll, D., & Millar, A. (2002). But Is It Good for Non-Urban Women's Health? Regionalizing Maternity Care Services in British Columbia*. Canadian Review of Sociology/Revue Canadienne de Sociologie, 39(4), 373–395.

Benoit, C., Zadoroznyj, M., Hallgrimsdottir, H., Treloar, A., & Taylor, K. (2010). Medical dominance and neoliberalisation in maternal care provision: The evidence from Canada and Australia. Social Science & Medicine, 71(3), 475–481.

Bhabha, H. K. (1994). The Location of Culture. Routledge.

Bhatia, R. S., Jamieson, T., Shaw, J., Piovesan, C., Kelley, L. T., & Falk, W. (2020). Canada's Virtual Care Revolution: A Framework for Success. C.D. Howe Institute.

Boggs, K. G. (2016). Toward a discourse on recreational colonialism: Critically engaging the haunted spaces of outdoor recreation on the Colorado Plateau [Ph.D.]. The University of Arizona.

Boulet, V., & Badets, N. (2017). Early motherhood among off-reserve First Nations, Métis and Inuit women. Statistics Canada.

Bowlby, S., & McKie, L. (2019). Care and caring: An ecological framework. Area, 51(3), 532–539.

Breton, M., Smithman, M. A., Vandesrasier, A., Kreindler, S. A., Sasseville, M., Sutherland, J., Green, M., Jbilou, J., Shaw, J., Gard Marshall, E., Crooks, V. A., Brousselle, A., Contandriopoulos, D., & Wong, S. T. (2019). Attaching Patients in Primary Care Through Centralized Waiting Lists: Seven Canadian Provinces Compared.

Brown, S., Shoveller, J., Chabot, C., & LaMontagne, A. D. (2013). Risk, resistance and the neoliberal agenda: Young people, health and well-being in the UK, Canada and Australia. Health, Risk & Society, 15(4), 333–346.

Cailleaux, M., & Dechief, L. (2007). “I’ve found my voice”: Wraparound as a Promising Strength-based Team Process for High-Risk Pregnant and Early Parenting People. University College of the Fraser Valley.

Caldwell, J., & Sinha, V. (2020). (Re) Conceptualizing Neglect: Considering the Overrepresentation of Indigenous Children in Child Welfare Systems in Canada. Child Indicators Research, 13(2), 481–512.

Campbell, A., & Farrier, S. (2015). Queer Practice as Research: A Fabulously Messy Business. Theatre Research International, 40(1), 83–87.

Carson, A., Chabot, C., Greyson, D., Shannon, K., Duff, P., & Shoveller, J. (2017). A narrative analysis of the birth stories of early-age mothers. Sociology of Health & Illness, 39(6), 816–831.

Casey, J. A., James, P., Rudolph, K. E., Wu, C.-D., & Schwartz, B. S. (2016). Greenness and Birth Outcomes in a Range of Pennsylvania Communities. International Journal of Environmental Research and Public Health, 13(3), 311.

Castleden, H., Morgan, V. S., & Lamb, C. (2012). “I spent the first year drinking tea”: Exploring Canadian university researchers’ perspectives on community-based participatory research involving Indigenous peoples. The Canadian Geographer / Le Géographe Canadien, 56(2), 160–179.

Catherine, N. L. A., Lever, R., Sheehan, D., Zheng, Y., Boyle, M. H., McCandless, L., Gafni, A., Gonzalez, A., Jack, S. M., Tonmyr, L., Varcoe, C., MacMillan, H. L., & Waddell, C. (2019). The British Columbia Healthy Connections Project: Findings on socioeconomic disadvantage in early pregnancy. BMC Public Health, 19(1), 1161.

Cense, M., & Ganzevoort, R. (2019). The storyscapes of teenage pregnancy. On morality, embodiment, and narrative agency. Journal of Youth Studies, 22(4), 568–583.

Chabot, C., Shoveller, J. A., Johnson, J. L., & Prkachin, K. (2010). Morally problematic: Young mothers’ lives as parables about the dangers of sex. Sex Education, 10(2), 201–215.

Chilisa, B. (2019). Indigenous Research Methodologies. SAGE Publications.

Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a Field of Intersectionality Studies: Theory, Applications, and Praxis. Signs: Journal of Women in Culture and Society, 38(4), 785–810.

Churchill, M. E., Smylie, J. K., Wolfe, S. H., Bourgeois, C., Moeller, H., & Firestone, M. (2020). Conceptualising cultural safety at an Indigenous-focused midwifery practice in Toronto, Canada: Qualitative interviews with Indigenous and non-Indigenous clients. BMJ Open, 10(9), e038168.

Cidro, J., Doenmez, C., Phanlouvong, A., & Fontaine, A. (2018). Being a good relative: Indigenous doulas reclaiming cultural knowledge to improve health and birth outcomes in Manitoba. Frontiers in Women's Health, 3(4).

Cidro, J., Doenmez, C., Sinclair, S., Nychuk, A., Wodtke, L., & Hayward, A. (2021). Putting them on a strong spiritual path: Indigenous doulas responding to the needs of Indigenous mothers and communities. International Journal for Equity in Health, 20(1), 189.

Clark, C., Brody, M., Dillon, J., Hart, P., & Heimlich, J. (2007). The Messy Process of Research: Dilemmas, Process, and Critique. Canadian Journal of Environmental Education (CJEE), 110–126.

Clark, N. (2016). Shock and Awe: Trauma as the New Colonial Frontier. Humanities, 5, 14.

Cole, P. (2006). Coyote and Raven Go Canoeing: Coming Home to the Village. McGill-Queen's University Press.

Contandriopoulos, D., Bertoni, K., Horne, B., Swanson, A., Glassel, S., Guengerich, L., Jonker, K., Grisdale, L., & Gilmour, L. (2023). A Descriptive Analysis of the Previous Care Experiences of Patients Being Rostered in British Columbia's New Nurse-Practitioner Primary Care Clinics. Nurse Practitioner Open Journal, 3(1), Article 1.

Corcoran, P. M., Catling, C., & Homer, C. S. E. (2017). Models of midwifery care for Indigenous women and babies: A meta-synthesis. Women and Birth, 30(1), 77–86.

Coulthard, G. (2010). Place against Empire: Understanding Indigenous Anti-Colonialism. Affinities: A Journal of Radical Theory, Culture, and Action.

Coulthard, G. (2014). Red Skin, White Masks: Rejecting the Colonial Politics of Recognition. University of Minnesota Press.

Cresswell, T. (2008). Place: Encountering geography as philosophy. Geography, 93(3), 132–139.

Creswell, J. W., & Poth, C. N. (2018). Qualitative Inquiry & Research Design: Choosing Among Five Approaches (Fourth Edition). SAGE Publications.

Dadas, C. (2016). Messy Methods: Queer Methodological Approaches to Researching Social Media. Computers and Composition, 40, 60–72.

Danforth, J. (Yee). (2010). Reproductive Justice—For real, for me, for you, for now. Native Youth Sexual Health Network. http://jolocas.blogspot.com/2011/11/reproductive-justice.html

Dawson, L. (2017). Birth Places, Embodied Spaces, Tlicho Pregnancy Stories across the Generations. Indigenous Experiences of Pregnancy and Birth, 144–162.

Dawson, L., & Suntjens, T. (2022). "Only then will the buffalo return": Disrupting obstetric violence through Indigenous reproductive justice.

de Leeuw, S. (2016). Tender grounds: Intimate visceral violence and British Columbia's colonial geographies. Political Geography, 52, 14–23.

de Leeuw, S. (2018). Activating Place: Geography as a Determinant of Indigenous Peoples' Health and Well-Being. In M. Greenwood, S. de Leeuw, & N. M. Lindsay (Eds.), Determinants of Indigenous Peoples Health: Beyond the Social (2nd ed.). Canadian Scholars.

de Leeuw, S., Cameron, E. S., & Greenwood, M. L. (2012). Participatory and community-based research, Indigenous geographies, and the spaces of friendship: A critical engagement. The Canadian Geographer / Le Géographe Canadien, 56(2), 180–194.

de Leeuw, S., & Hunt, S. (2018). Unsettling decolonizing geographies. Geography Compass, 12(7), e12376.

de Leeuw, S., Lindsay, N. M., & Greenwood, M. (2018). Introduction to the Second Edition: Rethinking (Once Again) Determinants of Indigenous Peoples' Health. In M. Greenwood, S. de Leeuw, & N. M. Lindsay (Eds.), Determinants of Indigenous Peoples' Health, Second Edition: Beyond the Social (Second Edition). Canadian Scholars.

de Leeuw, S., Maurice, S., Holyk, T., Greenwood, M., & Adam, W. (2012). With reserves: Colonial geographies and First Nations health. Annals of the Association of American Geographers, 102(5), 904–911.

de Leeuw, S., Parkes, M., Morgan, V. S., Christensen, J., Lindsay, N., Mitchell-Foster, K., & Russell Jozkow, J. (2017). Going unscripted: A call to critically engage storytelling methods and methodologies in geography and the medical-health sciences. Canadian Geographer, 61(2), 152–164.

Debiec, K. E., Paul, K. J., Mitchell, C. M., & Hitti, J. E. (2010). Inadequate prenatal care and risk of preterm delivery among adolescents: A retrospective study over 10 years. American Journal of Obstetrics and Gynecology, 203(2), 122.e1-122.e6.

Deloria, V., Jr, V. D., & Wildcat, D. (2001). Power and Place: Indian Education in America. Fulcrum Publishing.

Devries, K. M., & Free, C. J. (2011). "It's Not Something You Have to Be Scared About": Attitudes towards Pregnancy and Fertility among Canadian Aboriginal Young People. International Journal of Indigenous Health, 7(1), 8–15.

Dion, A., Klevor, A., Nakajima, A., & Andersson, N. (2021). Evidence-based priorities of under-served pregnant and parenting adolescents: Addressing inequities through a participatory approach to contextualizing evidence syntheses. International Journal for Equity in Health, 20(1), 118.

Dion Stout, M. (2018). atikowisi miýw-āyāwin, Ascribed Health and Wellness, to kaskitamasowin miýw-āyāwin, Achieved Health and Wellness: Shifting the Paradigm. In

M. Greenwood, S. de Leeuw, & N. M. Lindsay (Eds.), Determinants of Indigenous Peoples' Health, Second Edition: Beyond the Social (2nd ed.). Canadian Scholars.

DKFC, & BCAAFC. (2021). Indigenous leaders calling for inquiry into recent deaths of Indigenous residents in BC Housing facility – BCAAFC. https://bcaafc.com/2021/04/23/indigenous-leaders-calling-for-inquiry-into-recent-deaths-of-indigenous-residents-in-bc-housing-facility/

Durie, M. (2004). Understanding health and illness: Research at the interface between science and indigenous knowledge†. International Journal of Epidemiology, 33(5), 1138–1143.

Eni, R., & Phillips-Beck, W. (2013). Teenage Pregnancy and Parenthood Perspectives of First Nation Women. The International Indigenous Policy Journal, 4(1).

Enlander, A., Simonds, L., & Hanna, P. (2022). "I want you to help me, you're family": A relational approach to women's experience of distress and recovery in the perinatal period. Feminism & Psychology, 32(1), 62–80.

Enos, A. D. (2017). With Respect…. In E. S. Huaman & B. M. J. Brayboy (Eds.), Indigenous Innovations in Higher Education (pp. 41–57). Brill.

Erfina, E., Widyawati, W., McKenna, L., Reisenhofer, S., & Ismail, D. (2019). Adolescent mothers' experiences of the transition to motherhood: An integrative review. International Journal of Nursing Sciences, 6(2), 221–228.

Ergas, C., McKinney, L., & Bell, S. E. (2021). Intersectionality and the Environment. In B. Schaefer Caniglia, A. Jorgenson, S. A. Malin, L. Peek, D. N. Pellow, & X. Huang (Eds.), Handbook of Environmental Sociology (pp. 15–34). Springer International Publishing.

Erickson, M. (2020). Revitalizing Dakelh Midwifery Can Result in Better Healthcare Outcomes for Dakelh Women, and Greater Diversity in Healthcare. LEVEL Youth Policy Program. https://levelvf.ca/wp-content/uploads/2020/02/Revitalizing-Dakelh-Midwifery-Can-Result-in-Better-Healthcare-Outcomes-for-Dakelh-Women-and-Greater-Diversity-in-Healthcare-by-Marion-Erickson.pdf

Ermine, W. (2007). The ethical space of engagement. Indigenous LJ, 6, 193.

Fahy, K. (2002). Reflecting on practice to theorise empowerment for women: Using Foucault's concepts. The Australian Journal of Midwifery, 15(1), 5–13.

Farrales, M. (2020). Mess. In International Encyclopedia of Human Geography (Second). Elsevier.

Finestone, E., & Stirbys, C. (2017). Indigenous Birth in Canada: Reconciliation and Reproductive Justice in the Settler State. In H. Tait Neufeld & J. Cidro (Eds.), Indigenous Experiences of Pregnancy and Childbirth (pp. 176–202). Demeter Press.

Fisher-Borne, M., Cain, J. M., & Martin, S. L. (2015). From Mastery to Accountability: Cultural Humility as an Alternative to Cultural Competence. Social Work Education, 34(2), 165–181.

Fleming, N., Tu, X., & Black, A. Y. (2012). Improved Obstetrical Outcomes for Adolescents in a Community-Based Outreach Program: A Matched Cohort Study. Journal of Obstetrics and Gynaecology Canada, 34(12), 1134–1140.

FNHA. (2024). First Nations Virtual Doctor of the Day. First Nations Health Authority. https://www.fnha.ca:443/what-we-do/ehealth/virtual-doctor-of-the-day

FNHA, NH, & FNHC. (2013). Northern First Nations Health and Wellness Plan. First Nations Health Authority; Northern Health; First Nations Health Council. https://fnhc.ca/wp-content/uploads/2021/09/North-Regional-Health-and-Wellness-Plan-2013.pdf

FNHC, NH, & FNHA. (2022). Northern Partnership Accord. First Nations Health Council, Northern Health, and First Nations Health Authority. https://www.northernhealth.ca/sites/northern_health/files/about-us/indigenous-partnerships/documents/northern-partnership-accord-2022.pdf

Follett Hosgood, A. (2021, April 26). Smithers Supportive Housing Faces Probe after Multiple Deaths. The Tyee.

Foronda, C., Baptiste, D.-L., Reinholdt, M. M., & Ousman, K. (2016). Cultural Humility: A Concept Analysis. Journal of Transcultural Nursing, 27(3), 210–217.

Foundry BC. (n.d.). Who we are. Foundry. Retrieved March 4, 2024, from https://foundrybc.ca/who-we-are/

Fyfe, T. M., & Payne, G. W. (2020). Rural healthcare delivery: Navigating a complex ecosystem. Healthcare Management Forum, 33(2), 80–84.

Galbally, M., Watson, S. J., Coleman, M., Worley, P., Verrier, L., Padmanabhan, V., & Lewis, A. J. (2023). Rurality as a predictor of perinatal mental health and well-being in an Australian cohort. Australian Journal of Rural Health, 31(2), 182–195.

Gamage, M. (2023, September 13). Staffing Shortages Leave Expectant Parents in the Lurch. The Tyee.

Ganchimeg, T., Ota, E., Morisaki, N., Laopaiboon, M., Lumbiganon, P., Zhang, J., Yamdamsuren, B., Temmerman, M., Say, L., Tunçalp, Ö., Vogel, J., Souza, J., Mori, R., & Network, on behalf of the W. M. S. on M. N. H. R. (2014). Pregnancy and childbirth outcomes among adolescent mothers: A World Health Organization multicountry study. BJOG: An International Journal of Obstetrics & Gynaecology, 121(s1), 40–48.

García-Moya, I., & Morgan, A. (2017). The utility of salutogenesis for guiding health promotion: The case for young people's well-being. Health Promotion International, 32(4), 723–733.

Gesler, W. M. (1992). Therapeutic landscapes: Medical issues in light of the new cultural geography. Social Science & Medicine, 34(7), 735–746.

Gislason, M. K., Morgan, V. S., Mitchell-Foster, K., & Parkes, M. W. (2018). Voices from the landscape: Storytelling as emergent counter-narratives and collective action from northern BC watersheds. Health & Place, 54, 191–199.

Greenwood, M. (2019). Modelling change and cultural safety: A case study in northern British Columbia health system transformation. Healthcare Management Forum, 32(1), 11–14.

Greenwood, M., de Leeuw, S., & Lindsay, N. M. (2018). Determinants of Indigenous Peoples' Health, Second Edition: Beyond the Social (Second Edition). Canadian Scholars.

Greenwood, M., de Leeuw, S., Stout, R., Larstone, R., & Sutherland, J. (2022). Introduction to Determinants of First Nations, Inuit, and Métis Peoples' Health in Canada. Canadian Scholars.

Grzybowski, S., Cadesky, A. S., & Hogg, W. E. (1991). Rural obstetrics: A 5-year prospective study of the outcomes of all pregnancies in a remote northern community. CMAJ: Canadian Medical Association Journal, 144(8), 987–994.

Grzybowski, S., Kornelsen, J., & Barclay, L. (2016). Closing rural maternity services: Is it worth the risk. Can J Rural Med, 21(1), 17–19.

Grzybowski, S., Kornelsen, J., & Schuurman, N. (2009). Planning the optimal level of local maternity service for small rural communities: A systems study in British Columbia. Health Policy, 92(2), 149–157.

Hanlon, N., & Halseth, G. (2005). The greying of resource communities in northern British Columbia: Implications for health care delivery in already-underserviced communities. The Canadian Geographer / Le Géographe Canadien, 49(1), 1–24.

Hans, S. L., & White, B. A. (2019). Teenage Childbearing, Reproductive Justice, and Infant Mental Health. Infant Mental Health Journal, 40(5), 690–709.

Haraway, D. J. (2016). Staying with the Trouble: Making Kin in the Chthulucene. Duke University Press.

Hardcastle, L., & Ogbogu, U. (2020). Virtual care: Enhancing access or harming care? Healthcare Management Forum, 33(6), 288–292.

Harrison, M. E., Clarkin, C., Rohde, K., Worth, K., & Fleming, N. (2017). Treat Me But Don't Judge Me: A Qualitative Examination of Health Care Experiences of Pregnant and Parenting Youth. Journal of Pediatric and Adolescent Gynecology, 30(2), 209–214.

Hatala, A. R., Njeze, C., Morton, D., Pearl, T., & Bird-Naytowhow, K. (2020). Land and nature as sources of health and resilience among Indigenous youth in an urban Canadian context: A photovoice exploration. BMC Public Health, 20(1), 538.

Haynes, E., Marawili, M., Mitchell, A., Walker, R., Katzenellenbogen, J., & Bessarab, D. (2022). “Weaving a Mat That We Can All Sit On”: Qualitative Research Approaches for Productive Dialogue in the Intercultural Space. International Journal of Environmental Research and Public Health, 19(6), 3654.

Hayward, A., & Cidro, J. (2021). Indigenous Birth as Ceremony and a Human Right. Health and Human Rights, 23(1), 213–224.

Hazen, H., & Anthamatten, P. (2019). An Introduction to the Geography of Health (2nd ed.). Routledge.

HealthLink BC. (2021). Health Care Providers During Pregnancy. https://www.healthlinkbc.ca/pregnancy-parenting/pregnancy/healthcare-providers-during-pregnancy

Hetrick, S. E., Bailey, A. P., Smith, K. E., Malla, A., Mathias, S., Singh, S. P., O’Reilly, A., Verma, S. K., Benoit, L., Fleming, T. M., Moro, M. R., Rickwood, D. J., Duffy, J., Eriksen, T., Illback, R., Fisher, C. A., & McGorry, P. D. (2017). Integrated (one-stop shop) youth health care: Best available evidence and future directions. Medical Journal of Australia, 207(S10), S5–S18.

Heyden, E. L., & Wimalawansa, S. J. (2018). Vitamin D: Effects on human reproduction, pregnancy, and fetal well-being. The Journal of Steroid Biochemistry and Molecular Biology, 180, 41–50.

Ho, Y. C. J., & Chang, D. (2022). To whom does this place belong? Whiteness and diversity in outdoor recreation and education. Annals of Leisure Research, 25(5), 569–582.

Hoffman, R., & Joseph, A. (2019). Song of the Earth: The life of Alfred Joseph. Creekstone Press.

Horwitz, P., & Parkes, M. W. (2019). Intertwined Strands for Ecology in Planetary Health. Challenges, 10(1), 20.

Hubbard, T., Arcand, J. T., Roy, Z., Lonechild, D., & Sanderson, M. (2020). “It Just Piles On, and Piles On, and Piles On”: Young Indigenous Women and the Colonial Imagination. In A. Fehr & N. Sarah A. (Eds.), In Good Relation: History, Gender, and Kinship in Indigenous Feminisms (pp. 66–81). University of Manitoba Press.

Hubberstey, C., & Rutman, D. (2020). HerWay Home Program for Pregnant and Parenting Women Using Substances: A Brief Social Return on Investment Analysis. Canadian Journal of Addiction, 11(3), 6–14.

Humphrey, K., Barlo, S., & Lasczik, A. (2023). Basket weaving as an Aboriginal methodology and theoretical framework. AlterNative: An International Journal of Indigenous Peoples.

Hystad, P., Davies, H. W., Frank, L., Van Loon, J., Gehring, U., Tamburic, L., & Brauer, M. (2014). Residential Greenness and Birth Outcomes: Evaluating the Influence of Spatially

Correlated Built-Environment Factors. Environmental Health Perspectives, 122(10), 1095–1102.

Ireland, S., Montgomery-Andersen, R., & Geraghty, S. (2019). Indigenous Doulas: A literature review exploring their role and practice in western maternity care. Midwifery, 75, 52–58.

Johnson, H., Smith, D. B., & Beck, L. (2022). Systems Innovation through First Nations Self-Determination. In M. Greenwood, S. de Leeuw, R. Stout, R. Larstone, & J. Sutherland (Eds.), Introduction to Determinants of First Nations, Inuit, and Métis Peoples' Health in Canada. Canadian Scholars.

Johnston, R., & McLean, L. (2023). Mountains to climb – healthcare challenges in rural British Columbia. Royal College of Surgeons in Ireland.

Jongbloed, K., Hendry, J., Behn Smith, D., & Gallagher K^{w}unuhmen, J. (2023). Towards untying colonial knots in Canadian health systems: A net metaphor for settler-colonialism. Healthcare Management Forum, 36(4), 228–234.

Josewski, V., de Leeuw, S., & Greenwood, M. (2023). Grounding Wellness: Coloniality, Placeism, Land, and a Critique of "Social" Determinants of Indigenous Mental Health in the Canadian Context. International Journal of Environmental Research and Public Health, 20(5), 4319.

Kazal, H. R., Flanagan, P. J., Mello, M. J., Monteiro, K., & Goldman, R. E. (2021). Birth Stories, Support, and Perinatal Emotional Health among Minority Adolescent Mothers: A Mixed Methods Study. Journal of Pediatric and Adolescent Gynecology, 34(6), 847–856.

Kearns, R., & Milligan, C. (2020). Placing therapeutic landscape as theoretical development in Health & Place. Health & Place, 61.

Kimmerer, R. (2013). Braiding sweetgrass: Indigenous wisdom, scientific knowledge and the teachings of plants. Milkweed editions.

Kinghorn, A., Shanaube, K., Toska, E., Cluver, L., & Bekker, L.-G. (2018). Defining adolescence: Priorities from a global health perspective. The Lancet Child & Adolescent Health, 2(5), e10.

Kirby, S. L., Greaves, L., & Reid, C. (2017). Experience, research, social change: Critical methods (Third edition). University of Toronto [Ontario] Press.

Kobayashi, A., Brooks, M., de Leeuw, S., Lewis, N., Nolin, C., & Sutherland, C. (2014). Advocacy. In R. Lee, N. Castree, R. Kitchin, V. A. Lawson, A. Paasi, C. Philo, S. A. Radcliffe, S. M. Roberts, & C. W. J. Withers (Eds.), The SAGE handbook of human geography. SAGE Reference.

Kondo, M. C., Oyekanmi, K. O., Gibson, A., South, E. C., Bocarro, J., & Hipp, J. A. (2020). Nature Prescriptions for Health: A Review of Evidence and Research Opportunities. International Journal of Environmental Research and Public Health, 17(12), 4213.

Kornelsen, J. (2009). Rural midwifery: Overcoming barriers to practice. Canadian Journal of Midwifery Research and Practice, 8, 6–11.

Koselka, E. P. D., Weidner, L. C., Minasov, A., Berman, M. G., Leonard, W. R., Santoso, M. V., de Brito, J. N., Pope, Z. C., Pereira, M. A., & Horton, T. H. (2019). Walking Green: Developing an Evidence Base for Nature Prescriptions. International Journal of Environmental Research and Public Health, 16(22), 4338.

Kovach, M. (2010). Conversational Method in Indigenous Research. First Peoples Child & Family Review, 5(1), 40–48.

Kovach, M. (2021). Indigenous methodologies: Characteristics, conversations, and contexts (Second). University of Toronto Press.

Kovach, M., Carriere, J., Barrett, M. J., Montgomery, H., & Gillies, C. (2013). Stories of Diverse Identity Locations in Indigenous Research. International Review of Qualitative Research, 6(4), 487–509.

Lackey, N. Q., Tysor, D. A., McNay, G. D., Joyner, L., Baker, K. H., & Hodge, C. (2021). Mental health benefits of nature-based recreation: A systematic review. Annals of Leisure Research, 24(3), 379–393.

Lambert, L., & Wenzel, E. (2007). Medicine keepers: Issues in indigenous health. In Critical perspectives in public health (pp. 196–207). Routledge.

Lavell-Harvard, D. M., & Anderson, K. (Eds.). (2014). Mothers of the Nations: Indigenous Mothering as Global Resistance, Reclaiming and Recovery. Demeter Press.

Lee, S. K., Rowe, B. H., & Mahl, S. K. (2021). Increased Private Healthcare for Canada: Is That the Right Solution? Healthcare Policy, 16(3), 30–42.

Lin, A. T., Hammond-Kaarremaa, L., Liu, H.-L., Stantis, C., McKechnie, I., Pavel, M., Pavel, S. sa'hLa mitSa, Wyss, S. S., Sparrow, D. qwasen, Carr, K., Aninta, S. G., Perri, A., Hartt, J., Bergström, A., Carmagnini, A., Charlton, S., Dalén, L., Feuerborn, T. R., France, C. A. M., … Kistler, L. (2023). The history of Coast Salish "woolly dogs" revealed by ancient genomics and Indigenous Knowledge. Science, 382(6676), 1303–1308.

Lin, X., Martin, D., & Chen, B.-W. (2022). Towards cultural landscapes of care. Health & Place, 78, 102909.

Linders, A., & Bogard, C. (2014). Teenage Pregnancy as a Social Problem: A Comparison of Sweden and the United States. In A. L. Cherry & M. E. Dillon (Eds.), International Handbook of Adolescent Pregnancy: Medical, Psychosocial, and Public Health Responses (pp. 147–157). Springer US.

Loften, A., Vaughan-Lee, E., Popa, G., Mam, K., Holten, K., Yüyan, K., Marshmallow Laser Feast, Studio Airport, & Romdhane, Z. B. (2023). Shifting Landscapes: An Immersive Exhibition. https://emergencemagazine.org/londonexhibition/

Lowan, G. (2009). Exploring Place from an Aboriginal Perspective: Considerations for Outdoor and Environmental Education. Canadian Journal of Environmental Education, 14, 42–58.

Lundgren, I., Karlsdottir, S. I., & Bondas, T. (2009). Long-term memories and experiences of childbirth in a Nordic context—A secondary analysis. International Journal of Qualitative Studies on Health and Well-Being, 4(2), 115–128.

Lupton, D., Wozniak-O'Connor, V., Rose, M. C., & Watson, A. (2023). More-than-Human Wellbeing: Materialising the Relations, Affects, and Agencies of Health, Kinship, and Care. M/C Journal, 26(4).

Luu Giss Yee, R. E. M. (2023). Dim Wila Dil dils'm (The Way We Live): Gitxsan Approaches to a Comprehensive Health Plan. In L. M. Johnson & J. M. Baker (Eds.), Walking Together, Working Together: Engaging Wisdom for Indigenous Well-Being. University of Alberta Press.

Manson, D., & Fast, D. (2023). "They are always focusing on the person who is doing the worst": Exploring how crisis shapes young people's pathways in and out of supportive housing in Vancouver, Canada. Social Science & Medicine, 331, 116091.

Markey, S., Halseth, G., & Manson, D. (2008). Challenging the inevitability of rural decline: Advancing the policy of place in northern British Columbia. Journal of Rural Studies, 24(4), 409–421.

Markham, R., Graham, S., Hunt, M., Betkus, G., Woollard, B., Snadden, D., Harper, D., & Williams, K. (2022). Social Accountability in Practice: Breathing & Weaving Together to Build Relationships & Transform Rural Health Services. Social Innovations Journal, 14.

Marshall, E. G., Wuite, S., Lawson, B., Andrew, M. K., Edwards, L., MacKenzie, A., Woodrow, A. C., & Peddle, S. (2022). "What do you mean I can't have a doctor? This is Canada!" – a qualitative study of the myriad consequences for unattached patients awaiting primary care attachment. BMC Primary Care, 23(1), 1–10.

Marshall, M., Marshall, A., & Bartlett, C. (2018). Two-Eyed Seeing in Medicine. In M. Greenwood, S. D. Leeuw, N. M. Lindsay, & C. Reading (Eds.), Determinants of Indigenous Peoples' Health (Second Edition). Canadian Scholars' Press.

Marshall, S., Charles, G., Hare, J., Ponzetti, J., & Stokl, M. (2005). Sheway's services for substance using pregnant and parenting women: Evaluating the outcomes for infants. Canadian Journal of Community Mental Health, 24(1), 19–33.

Martin Harris, W. T. S., & Añonuevo, C. (2022). Reflections on Love and Learning with the Yintah. In M. Greenwood, S. de Leeuw, R. Stout, R. Larstone, & J. Sutherland (Eds.), Introduction to Determinants of First Nations, Inuit, and Métis Peoples' Health in Canada (pp. 3–14). Canadian Scholars.

Mathias, S., Tee, K., Helfrich, W., Gerty, K., Chan, G., & Barbic, S. P. (2021). Foundry: Early learnings from the implementation of an integrated youth service network. Early Intervention in Psychiatry, n/a(n/a).

Maunder, R. G., Heeney, N. D., Strudwick, G., Shin, H. D., O'Neill, B., Young, N., Jeffs, L. P., Barrett, K., Bodmer, N. S., Born, K. B., Hopkins, J., Jüni, P., Perkhun, A., Price, D. J., Razak, F., Mushquash, C. J., & Mah, L. (2021). Burnout in Hospital-Based Healthcare Workers during Covid-19. Ontario Covid-19 Science Advisory Table.

Maxwell, A. (2020). On Witches, Shrooms, and Sourdough: A Critical Reimagining of the White Settler Relationship to Land. Journal of International Women's Studies, 21(7), 8–22.

McCreary, T. (2018). Shared Histories: Witsuwit'en-Settler Relations in Smithers, British Columbia, 1913-1973. Creekstone Press.

McEachan, R. R. C., Prady, S. L., Smith, G., Fairley, L., Cabieses, B., Gidlow, C., Wright, J., Dadvand, P., Van Gent, D., & Nieuwenhuijsen, M. J. (2015). The association between green space and depressive symptoms in pregnant women: Moderating roles of socioeconomic status and physical activity. J Epidemiol Community Health.

McGregor, J., Hanlon, N., Emmons, S., Voaklander, D., & Kelly, K. (2005). If all ambulances could fly: Putting provincial standards of emergency care access to the test in Northern British Columbia. Canadian Journal of Rural Medicine, 10(3), 163–168.

McKenzie, M., & Tuck, E. (2015). Methods of Critical Place Inquiry. In Place in Research: Theory, Methodology, and Methods (pp. 97–125). Routledge.

McLellan, E., MacQueen, K. M., & Neidig, J. L. (2003). Beyond the Qualitative Interview: Data Preparation and Transcription. Field Methods, 15(1), 63–84.

McLeod, J., & Wright, K. (2016). What does wellbeing do? An approach to defamiliarize keywords in youth studies. Journal of Youth Studies, 19(6), 776–792.

Meer, T., & Müller, A. (2021). The messy work of decolonial praxis: Insights from a creative collaboration among queer African youth. Feminist Theory.

Milligan, C., Atkinson, S., Skinner, M., & Wiles, J. (2007). Geographies of care: A commentary. New Zealand Geographer, 63(2), 135–140.

Milligan, C., & Wiles, J. (2010). Landscapes of care. Progress in Human Geography, 34(6), 736–754.

Momtazian, T., & Yeates, L. (2019). Enhancing Interprofessional Collaboration in Maternity Care: Technical Guide for Billing. Doctors of BC.

Moquin, H. (2007). Postcolonial Reflections on Research in an Inuit Community. Adult Education Research Conference. https://newprairiepress.org/aerc/2007/papers/73

Morin, M. (2016). Niwhts'ide'nï Hibi'it'ën: The ways of our Ancestors (Second). School District #54 and Witsuwit'en Language and Culcture Authority.

Mountz, A., Bonds, A., Mansfield, B., Loyd, J., Hyndman, J., Walton-Roberts, M., Basu, R., Whitson, R., Hawkins, R., Hamilton, T., & Curran, W. (2015). For Slow Scholarship: A Feminist Politics of Resistance through Collective Action in the Neoliberal University. ACME: An International Journal for Critical Geographies, 14(4), 1235–1259.

Munro, S., Kornelsen, J., & Grzybowski, S. (2013). Models of maternity care in rural environments: Barriers and attributes of interprofessional collaboration with midwives. Midwifery, 23, 646–652.

Murphy, M. (2015). Unsettling care: Troubling transnational itineraries of care in feminist health practices. Social Studies of Science, 45(5), 717–737.

Murphy, M. (2018). Against Population, Towards Alterlife. In A. Clarke & D. Haraway (Eds.), Making Kin not Population: Reconceiving Generations. Prickly Paradigm Press.

Mussi, F. (2023). Land and storytelling: Indigenous pathways towards healing, spiritual regeneration, and resurgence. The Journal of Commonwealth Literature, 58(3), 660–676.

Nathoo, T., Poole, N., Bryans, M., Dechief, L., Hardeman, S., Marcellus, L., Poag, E., & Taylor, M. (2013). Voices from the community: Developing effective community programs to support pregnant and early parenting women who use alcohol and other substances. First Peoples Child and Family Review, 8(1), 93–106.

NDN Collective. (2021). LANDBACK. LANDBACK. https://landback.org/

Nelson, M. K. (2017). Getting dirty: The eco-eroticism of women in Indigenous oral literatures. Critically Sovereign: Indigenous Gender, Sexuality, and Feminist Studies, 229–260.

Nicol, E., Willson, R., Julien, H., Greyson, D., & Given, L. M. (2023). (Talking About) Failing Better in Research: The First Rule of Failure Club Is…You Don't Talk about Failure Club. Proceedings of the Association for Information Science and Technology, 60(1), 817–820.

Ninow, M., & Kraneveldt, N. (2022). Goodacre Place Review. BC Housing. https://news.bchousing.org/indigenous-cultural-supports-and-safety-to-be-improved-in-supportive-housing/

Nordh, H., Vistad, O. I., Skår, M., Wold, L. C., & Magnus Bærum, K. (2017). Walking as urban outdoor recreation: Public health for everyone. Journal of Outdoor Recreation and Tourism, 20, 60–66.

Northern Health. (2016). Chief Medical Health Officer's Health Status Report on Child Health. Northern Health Authority.

Novak Lauscher, H., Stewart, K., Markham, R., Pawlovich, J., Mah, J., Hunt, M., Williams, K., Christenson, J., Graham, S., Bepple, K., Pritchard, E., Rabeneck, J., Yang, M., & Ho, K. (2023). Real-time virtual supports improving health equity and access in British Columbia. Healthcare Management Forum, 36(5), 285–292.

Noyes, A. (2022). Navigating the hierarchy: Communicating power relationships in collaborative health care groups. Management Communication Quarterly, 36(1), 62–91.

NWCDC. (n.d.). Family Connections Centre. Northwest Child Development Centre. Retrieved February 17, 2024, from https://nwcdc.ca/family-connections-centre/

NYSHN. (n.d.). What We Believe In. Native Youth Sexual Health Network. Retrieved March 5, 2024, from https://www.nativeyouthsexualhealth.com/what-we-believe-in

O'Brien, H., Greyson, D., Chabot, C., & Shoveller, J. (2018). Young parents' personal and social information contexts for child feeding practices: An ethnographic study in British Columbia, Canada. Journal of Documentation, 74(3), 608–623.

O'Donnell, V., & Wallace, S. (2011). First Nations, Métis and Inuit Women (Women in Canada: A Gender-Based Statistical Report). Statistics Canada.

Olson, R. (2012). Bodies of Water: Exploring Birth Place and Ceremony in Manitoba, Canada. Primatisiwin: A Journal of Aboriginal & Indigenous Community Health, 10(3), 341–351.

Ordolis, E. (2007). A Story of their own: Adolescent Pregnancy and Child Welfare in Aboriginal Communities. First Peoples Child & Family Review, 3(4), 30–41.

O'Toole, R., Sloan Morgan, O., & McNab-Coombs, L. (2022). Our Highways, Our Tears: Indigenous Women's and Two Spirit People's Health and Resource Extraction. In M. Greenwood, S. de Leeuw, R. Stout, R. Larstone, & J. Sutherland (Eds.), Introduction to Determinants of First Nations, Inuit, and Métis Peoples' Health in Canada. Canadian Scholars.

Panofsky, S., Buchanan, M. J., Ts'akë ze' Wilat (Alfred, S.), Dinï ze' Madeek (Brown, J.), Neekupdeh (George, D.), Dinï ze' Smogelgem (Naziel, W), Woodman, G., Brown, T., Lewis, R., Ts'akë ze' We'es Tes (Harris, S.), Ts'akë ze' Wilawhl (Naziel, L), Dumont, J., Andrew, J., Ferguson, A., Hare, J., & John, R. (2023). The Wet'suwet'en Nation's Mobilization of Indigenous Focusing Oriented Therapy: An Exploratory Study. The Counseling Psychologist, 51(3), 333–367.

Parkes, M. (2011). Ecohealth and Aboriginal Health: A Review of Common Ground. National Collaborating Centre for Indigenous Health.

Parkes, M. (2016). Cumulative Determinants of Health Impacts in Rural, Remote, and Resource-Dependent Communities. In M. P. Gillingham, G. R. Halseth, C. J. Johnson, & M. Parkes (Eds.), The Integration Imperative: Cumulative Environmental, Community and Health Effects of Multiple Natural Resource Developments (pp. 117–149). Springer International Publishing.

Parkes, M. (2020). Working Together for WHOLE Systems: Approaching Well-Being and Health While Oriented to Living Systems and Equity. In Animals, Health, and Society. CRC Press.

Parkes, M., & Horwitz, P. (2009). Water, ecology and health: Ecosystems as settings for promoting health and sustainability. Health Promotion International, 24(1), 94–102.

Patel, L. (2022). Foreward: Forward, or Rather, Toward. In A. Tachine & Z. Nicolazzo (Eds.), Weaving an otherwise: In-relations methodological practice. Stylus Publishing, LLC.

Patton, M. Q. (2015). Qualitative research & evaluation methods: Integrating theory and practice (Fourth Edition). Sage publications.

Perinatal Services BC. (2023). Perinatal Health Reports: 2021-22. Perinatal Services BC.

PHSA. (2018). Vitamin D Recommendations for Perinatal Women & Healthy Term Infants (Birth—1 year). Provincial Health Services Authority.

PHSA. (2019). BC Community Health Data. Provincial Health Services Authority.

Quosdorf, A., Peterson, W. E., Rashotte, J., & Davies, B. (2020). Connecting With Adolescent Mothers: Perspectives of Hospital-Based Perinatal Nurses. Global Qualitative Nursing Research, 7.

Ratima, M., Martin, D., Castleden, H., & Delormier, T. (2019). Indigenous voices and knowledge systems – promoting planetary health, health equity, and sustainable development now and for future generations. Global Health Promotion, 26(3), 3–5.

Reading, C. (2018). Structural determinants of Aboriginal peoples' health. In M. Greenwood, S. de Leeuw, & N. M. Lindsay (Eds.), Determinants of Indigenous Peoples Health: Beyond the Social (Second Edition). Canadian Scholars.

Recto, P., & Champion, J. D. (2018). Mexican-American adolescents' perceptions about causes of perinatal depression, self-help strategies, and how to obtain mental health information. Journal of Child and Adolescent Psychiatric Nursing, 31(2–3), 61–69.

Redvers, J. (2020). "The land is a healer": Perspectives on land-based healing from Indigenous practitioners in northern Canada. International Journal of Indigenous Health, 15(1), 90–107.

Redvers, N. (2021). The determinants of planetary health. The Lancet Planetary Health, 5(3), e111–e112.

Richard, L., & Gauvin, L. (2017). Building and Implementing Ecological Health Promotion Interventions. In I. Rootman, A. Pederson, K. Frohlich, & S. Dupéré (Eds.), Health Promotion in Canada: New Perspectives on Theory, Practice, Policy, and Research (Fourth Edition, pp. 20–43). Canadian Scholars.

Rich-Edwards, J. (2002). Teen pregnancy is not a public health crisis in the United States. It is time we made it one. International Journal of Epidemiology, 31(3), 555–556.

Robinson, M., Whitehouse, A. J. O., Newnham, J. P., Gorman, S., Jacoby, P., Holt, B. J., Serralha, M., Tearne, J. E., Holt, P. G., Hart, P. H., & Kusel, M. M. H. (2014). Low maternal serum vitamin D during pregnancy and the risk for postpartum depression symptoms. Archives of Women's Mental Health, 17(3), 213–219.

Rodin, D., Lovas, M., & Berlin, A. (2020). The reality of virtual care: Implications for cancer care beyond the pandemic. Healthcare, 8(4), 100480.

Rodríguez, D. (2020). White Reconstruction: Domestic Warfare and the Logics of Genocide. In White Reconstruction. Fordham University Press.

Rootman, I., & O'Neill, M. (2017). Key concepts in health promotion. Health Promotion in Canada: Critical Perspectives on Practice, 20–43.

Roots, A., & MacDonald, M. (2014). Outcomes associated with nurse practitioners in collaborative practice with general practitioners in rural settings in Canada: A mixed methods study. Human Resources for Health, 12(1), 69.

Runkle, J. D., Matthews, J. L., Sparks, L., McNicholas, L., & Sugg, M. M. (2022). Racial and ethnic disparities in pregnancy complications and the protective role of greenspace: A retrospective birth cohort study. Science of The Total Environment, 808, 152145.

Russell, P., Liebenberg, L., & Ungar, M. (2015). White Out: The Invisibility of White North American Culture and Resilience Processes. In L. C. Theron, L. Liebenberg, & M. Ungar (Eds.), Youth Resilience and Culture: Commonalities and Complexities (pp. 131–141). Springer Netherlands.

Rutman, D., & Hubberstey, C. (2020). Cross-sectoral collaboration working with perinatal women who use substances: Outcomes and lessons from HerWay Home. Journal of Social Work Practice in the Addictions, 20(3), 179–193.

Rutman, D., Hubberstey, C., Poole, N., Schmidt, R. A., & Van Bibber, M. (2020). Multi-service prevention programs for pregnant and parenting women with substance use and multiple vulnerabilities: Program structure and clients' perspectives on wraparound programming. BMC Pregnancy and Childbirth, 20(1), 441.

Ryder, C., Mackean, T., Coombs, J., Williams, H., Hunter, K., Holland, A. J. A., & Ivers, R. Q. (2019). Indigenous research methodology – weaving a research interface. International Journal of Social Research Methodology, 23(3), 255–267.

Ryser, L., & Halseth, G. (2017). Opportunities and Challenges to Address Poverty in Rural Regions: A Case Study from Northern BC. Journal of Poverty, 21(2), 120–141.

Samson, S., Hutchings, C., Hoosen, T. G., & Thesen, L. (2022). "I am everywhere all at once": Pipelines, rhizomes and research writing. Higher Education, 83(6), 1207–1224.

Sanderson, C. D. (2008). Nipiy Wasekimew/Clear Water: The meaning of water, from the words of the elders, the interconnections of health, education, law and the environment [Ph.D]. Simon Fraser University.

Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. The Lancet Child & Adolescent Health, 2(3), 223–228.

Scott, K. D., Klaus, P. H., & Klaus, M. H. (1999). The Obstetrical and Postpartum Benefits of Continuous Support during Childbirth. Journal of Women's Health & Gender-Based Medicine, 8(10), 1257–1264.

Seppälä, T., Sarantou, M., & Miettinen, S. (2021). Arts-based methods for decolonising participatory research. Taylor & Francis.

Shaheen-Hussain, S., Lombard, A., & Basile, S. (2023). Confronting medical colonialism and obstetric violence in Canada. The Lancet, 401(10390), 1763–1765.

Shandro, J. A., Veiga, M. M., Shoveller, J., Scoble, M., & Koehoorn, M. (2011). Perspectives on community health issues and the mining boom–bust cycle. Resources Policy, 36(2), 178–186.

Shervill, R. L. (1981). Smithers from Swamp to Village. Town of Smithers.

Shoveller, J., Chabot, C., Johnson, J. L., & Prkachin, K. (2011). "Ageing Out": When Policy and Social Orders Intrude on the "Disordered" Realities of Young Mothers. Youth & Society, 43(4), 1355–1380.

Simkin, P. (1991). Just Another Day in a Woman's Life? Women's Long-Term Perceptions of Their First Birth Experience. Part I. Birth, 18(4), 203–210.

Simmonds, N. B. (2017). Honouring our ancestors: Reclaiming the power of Māori maternities. Demeter Press.

Simpson, L. B. (2011). Dancing on our turtle's back: Stories of Nishnaabeg re-creation, resurgence and a new emergence. Arbeiter Ring Pub.

Simpson, L. B. (2014). Land as pedagogy: Nishnaabeg intelligence and rebellious transformation. Decolonization: Indigeneity, Education & Society, 3(3).

Singh Kelsall, T., Seaby Palmour, J., Marck, R., Withers, A. J., Luongo, N., Salem, K., Sutherland, C., Veark, J., Patrick, L., Bailey, A., Boyd, J., Lawrence, Q., Fleury, M., Govorchin, A., Crompton, N., Vance, C., Edwards, B., Swaich, A., Kelsall, A., … McDermid, J. (2023). Situating the Nonprofit Industrial Complex. Social Sciences, 12(10), 549.

SisterSong. (n.d.). Reproductive Justice. SisterSong Women of Color Reproductive Justice Collective. Retrieved October 27, 2021, from https://www.sistersong.net/reproductive-justice

Smith, H. (2019). Whatuora: Theorizing ' "new" Indigenous research methodology from "old" Indigenous weaving practice. Art/Research International, 4(1).

Smith, L., Christopher, M. R., & Leach, M. D. (2023). The impacts of Covid-19 on Yukon's frontline healthcare workers. Arctic Yearbook, Special Issue: Arctic Pandemics.

Smith, T., Koskas, & Bulkan, J. (2023). "LOVED TO DEATH": Conflicts between Indigenous Food Sovereignty, Settler Recreation, and Ontologies of Land in the Governance of Líl̓wat tmicw. BC Studies, 216, 13–170.

Smylie, J. (2014). Strong Women, Strong Nations: Aboriginal Maternal Health in British Columbia. National Collaborating Centre for Aboriginal Health.

Smylie, J., Anderson, I., Ratima, M., Crengle, S., & Anderson, M. (2006). Indigenous health performance measurement systems in Canada, Australia, and New Zealand. The Lancet, 367(9527), 2029–2031.

Snadden, D., Reay, T., Hanlon, N., & MacLeod, M. (2019). Engaging primary care physicians in system change – an interpretive qualitative study in a remote and rural health region in Northern British Columbia, Canada. BMJ Open, 9(5), e028395.

South, E. C., Lee, K., Oyekanmi, K., Buckler, D. G., Tiako, M. J. N., Martin, T., Kornfield, S. L., & Srinivas, S. (2021). Nurtured in Nature: A Pilot Randomized Controlled Trial to Increase Time in Greenspace among Urban-Dwelling Postpartum Women. Journal of Urban Health, 98(6), 822–831.

St. Mary's Home. (2018). St. Mary's home/Maison Sainte-Marie: Residential Compliance Policies. Ontario Ministry of Children and Youth Residential Licensing and City of Ottawa Shelter Compliance.

Stamenova, V., Chu, C., Pang, A., Fang, J., Shakeri, A., Cram, P., Bhattacharyya, O., Bhatia, R. S., & Tadrous, M. (2022). Virtual care use during the Covid-19 pandemic and its impact on healthcare utilization in patients with chronic disease: A population-based repeated cross-sectional study. PLOS ONE, 17(4), e0267218.

Statistics Canada. (2021). Census Profile, 2021. Government of Canada.

Stoll, K., & Kornelsen, J. (2014). Midwifery care in rural and remote British Columbia: A retrospective cohort study of perinatal outcomes of rural parturient women with a midwife involved in their care, 2003 to 2008. Journal of Midwifery & Women's Health, 59(1), 60–66.

Tabobondung, R. (2017). Revitalizing Traditional Indigenous Birth Knowledge. In H. Tait Neufeld & J. Cidro (Eds.), Indigenous Experiences of Pregnancy and Birth (pp. 129–143). Demeter Press.

Tachine, A., & Nicolazzo, Z. (Eds.). (2022). Weaving an otherwise: In-relations methodological practice. Stylus Publishing, LLC.

Tait Neufeld, H., & Cidro, J. (Eds.). (2017). Indigenous Experiences of Pregnancy and Birth. Demeter Press.

Tervalon, M., & Murray-García, J. (1998). Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. Journal of Health Care for the Poor and Underserved, 9(2), 117–125.

Thachuk, A. (2007). Midwifery, Informed Choice, and Reproductive Autonomy: A Relational Approach. Feminism & Psychology, 17(1), 39–56.

Thiessen, K., Haworth-Brockman, M., Nurmi, M. A., Demczuk, L., & Sibley, K. M. (2020). Delivering Midwifery: A Scoping Review of Employment Models in Canada. Journal of Obstetrics and Gynaecology Canada, 42(1), 61–71.

Thompson, G. (2016). Meeting the needs of adolescent parents and their children. Paediatrics & Child Health, 21(5), 1–7.

Thomsen, J. M., Powell, R. B., & Monz, C. (2018). A Systematic Review of the Physical and Mental Health Benefits of Wildland Recreation. Journal of Park and Recreation Administration, 36(1).

Tourism Smithers. (2022). Town of Smithers Five-Year Strategic Tourism Business Plan 2022-2027. Deborah Kulchiski Consulting.

Triunfo, S., & Lanzone, A. (2016). Potential impact of maternal vitamin D status on obstetric well-being. Journal of Endocrinological Investigation, 39(1), 37–44.

Tuan, Y. (1977). Space and place: The perspective of experience. University of Minnesota Press.

Tuck, E. (2009). Suspending Damage: A Letter to Communities. Harvard Educational Review, 79(3), 409–428.

Tuck, E., & McKenzie, M. (2015). Place in research: Theory, methodology, and methods. Routledge.

Tuck, E., & Yang, K. W. (2012). Decolonization is not a metaphor. Decolonization: Indigeneity, Education & Society, 1(1).

Tuck, E., & Yang, K. W. (2014). Unbecoming Claims: Pedagogies of Refusal in Qualitative Research. Qualitative Inquiry, 20(6), 811–818.

Tuhiwai Smith, L. (1999). Decolonizing methodologies: Research and indigenous peoples. Zed Books.

Turpel-Lafond, M. E. (2020). In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care.

United Nations. (n.d.). Indigenous Peoples, Indigenous Voices Factsheet: Who are indigenous peoples? United Nations. Retrieved March 4, 2024, from https://www.un.org/esa/socdev/unpfii/documents/5session_factsheet1.pdf

Village of Hazelton. (n.d.). Community History. Village of Hazelton. Retrieved March 6, 2024, from https://hazelton.ca/visit/community-history/

Wadephul, F., Glover, L., & Jomeen, J. (2020). Conceptualising women's perinatal well-being: A systematic review of theoretical discussions. Midwifery, 81, 102598.

WHO. (n.d.). Why focus on adolescents rather than young people: Implications for priorities, policies and programmes. World Health Organization. Retrieved March 22, 2022, from https://apps.who.int/adolescent/second-decade/section/section_2/level2_3.php

WHO. (1946). Constitution of the World Health Organization. World Health Organization.

WHO. (2021). Health promotion glossary of terms 2021. World Health Organization.

Wilson, S. (2008). Research Is Ceremony: Indigenous Research Methods. Fernwood Publishing.

Zenone, M., Raimundo, A., Nanji, S., Uday, N., Tee, K., Ewert, A., Helfrich, W., Chan, G., Mathias, S., & Barbic, S. (2022). Implementing integrated-youth services virtually in British Columbia during the Covid-19 pandemic. Integrated Healthcare Journal, 4(1).

Zwart, R., & Ewert, A. (2022). Human Health and Outdoor Adventure Recreation: Perceived Health Outcomes. Forests, 13(6), 869.

Appendix I: Formal Landscape of Care

FNHA – First Nations Health Authority
RCCbc – Rural Coordination Centre of BC
DKFC - Dze L̲ K'ant Friendship Centre
MCFD – Ministry of Child and Family Development
NSDP – Northern Society for Domestic Peace
NWCDC – Northwest Child Development Centre
SCSA – Smithers Community Services Association

(NP) – Non-profit Organization

(G) – Government

(P) – Private Business

Organization	Program and/or Service	Location
Office of the Wet'suwet'en (G)	ANABIP (Anuk Nu'At'en Ba'glgh' iui z'ilhdic)	Witset & Beyond
FNHA & RCCbc (G)	Doctor of the Day	Virtual
FNHA (off reserve) (G)	Patient Travel	Off-reserve
Anspayaxw Health Centre (G)	Various	Anspayax/Kispiox
Gitanmaax Health Centre (G)	Various	Gitanmaax
Hagwilget Health Centre (G)	Various	Hagwilget
Sik-e-dakh Health Centre (G)	Various	Sik-e-dakh
Witset Health Centre (G)	Prenatal classes, nursing	Witset
MCFD (G)	Social workers	WKW
MCFD (G)	Counselling	WKW
Service BC (G)	Birth & death certificates	Smithers, Hazelton, Houston
Childcare Providers (P)	Daycare	Hazelton, Smithers, Houston
School District 54 & 82 (G)	Strong Start Programs	WKW
BC College of Nurses & Midwives (G)	Lactation Consultant	Smithers
BC College of Nurses and Midwives (G)	Midwives	Hazelton, Smithers
BC College of Nurses and Midwives (G)	Nurses	Smithers, Hazelton, Houston
College of Physicians & Surgeons (G)	MD - Family GP	Hazelton, Smithers, Houston
College of Physicians & Surgeons (G)	MD - Perinatal GP	Hazelton, Smithers
College of Physicians & Surgeons (G)	MD - Obstetrician/Gynecologist	Prince Rupert, Vancouver, Prince George
College of Physicians & Surgeons (G)	MD - Pediatrics	Prince George, Vancouver

Provincial Health Services Authority (G)	BC Children's & BC Women's Hospital	Vancouver
Northern Health (G)	Hospital – ER & Maternity	Smithers, Hazelton
Northern Health (G)	Houston Health Centre	Houston
Northern Health (G)	Mental Health & Addictions	Smithers
Northern Health (G)	Public Health	Smithers
Libraries (NP)	Literacy programs, computers, library	Hazelton, Smithers, Telkwa, Houston
Churches (NP)	Parent/Mothering groups	Hazelton, Smithers, Telkwa, Houston
DKFC (NP)	Early years programming	Houston
DKFC (NP)	Health Care Pregnancy Program	Smithers
DKFC (NP)	Mental Health Counsellor	Smithers
DKFC (NP)	Pregnancy Outreach Program	Houston
Houston Link to Learn (NP)	Early years programming	Houston
Kyah Wiget Education Society (NP)	Witsuwit'en Language & Culture	Witset
NSDP (NP)	Counselling	Smithers
NSDP (NP)	Housing - Second & Third stage	Smithers
NSDP (NP)	Housing - Transition	Smithers, Hazelton
NSDP (NP)	Pregnancy Outreach Program	Smithers
NWCDC (NP)	Child Care Resource & Referral	Smithers
NWCDC (NP)	Early years programing	Smithers
NWCDC (NP)	Family Connection Centre	Northwest BC
NWCDC (NP)	Aboriginal Infant Development Program	Smithers
SCSA (NP)	Family Support	Smithers
SCSA (NP)	FASD support	Smithers
Storytellers' Foundation (NP)	Learning Shop	Hazelton
Wrinch Memorial Foundation (NP)	Starting Smart Pregnancy Outreach Program	Hazelton
Private	Counselling (general, grief, PPMD)	Virtual & Hazelton, Smithers, Houston
Private	Doulas	Hazelton, Smithers
Private	Doulas - Indigenous	Hazelton, Witset
Private	IFOT	WKW
Private (or at Fire Station)	Child Passenger Safety	Smithers
Private (often doulas)	Prenatal education	WKW
Thomas Robinson (P)	Inclusive Childcare	WKW (and beyond)
Thomas Robinson (P)	Child and Youth Care Services	WKW (and beyond)
Thomas Robinson (P)	Family Support Programs	WKW (and beyond)

Appendix II: Pre-Research Community Engagement

Community	Experience/Perspective	When
Smithers	Social services, housing, counselling	Sept 2021
Smithers	Social services, housing, counselling	Sept 2021
Vanderhoof	Social work	Sept 2021
Smithers	Perinatal support	Oct 2021
Prince George	Social services, housing, counselling	Oct 2021
Prince George	Social services, housing, counselling	Oct 2021
Prince George	Social services, housing, counselling, young parent support	Nov 2021
Smithers	Social work, counselling	Nov 2021
Terrace	Housing, adoptions, young parent support	Nov 2021
Smithers	Health policy, youth-specific services	Nov 2021
Telkwa	Young parent	Jan 2022
Hazelton	Young parent	Jan 2022
Telkwa	Early childhood educator	Jan 2022
Telkwa	Doula	Jan 2022
Smithers	Doula	Jan 2022
Smithers	Nurse	Feb 2022
Hazelton	Doula	Feb 2022
Hazelton	Young parent	Feb 2022
Houston	Social services and family programming	Feb 2022
Smithers	Library staff	March 2022
Houston	Childcare provider	March 2022
Witset	Young parent	March 2022

Appendix III: Planned Knowledge Translation Activities

Format:	Shared with:	When:
Summary Report & Full Thesis	Northern Society for Domestic Peace	April 2024 (review) & June 2024 (final copies)
Online Presentation	Politics of Reproduction Workshop (https://www.thepoliticsofreproduction.ca/workshop-may-2024)	May 2, 2024 (online)
Community Presentation	Smithers Public Library	Fall 2024 (TBD)
Journal Publication (1)	Research Paper	Spring/Summer 2024 (TBD)
Journal Publication (2)	Methodology Paper	Spring/Summer 2024 (TBD)
Letter to the Editor	Interior News (Smithers)	Fall 2024
Presentation	BC Rural Health Research Exchange	Nov 2024 (TBD)

Appendix IV: Artist Statement

Between December 2023 and March 2024, I enacted iterative thematic analysis for the first time. While learning how to analyze and write qualitative research findings, I simultaneously taught myself how to weave weft-faced textiles. Weft-faced textiles are typically thick and dense, with the warp threads hidden beneath tightly packed and prominent weft threads; a technique most often used to create rugs or tapestries. I chose this style of weaving to represent this research because I wanted the participants' voices to be the key feature of my research findings, while still weaving them over-and-under the background scholarship and context (the warp). In December 2023, I warped on five metres of strong and durable warp. Over the ensuing four months, as I learned how to do iterative thematic analysis, I wove and wrote many different tapestries/drafts to test out different colour combinations, textures, and patterns (Figure A). These coinciding learning journeys, while culminating in a final product, were full of weaving, unweaving, writing, and revising, until I settled on a pattern that represented the data and what I wanted to share.

I wove the final textile (far right Figure A; also Figure 7) using four colours to represent the four themes that emerged from my iterative thematic analysis. The blue sections represent the places and all that is not human; with the beginning and end of all life, and this tapestry, coming from and returning to the land. The grey sections represent the pathways, with their generally thin and sometimes fragmented pattern representing the disconnected and confusing pathways to care throughout the landscape. The purple sections represent the people and fellow travelers who are present throughout the landscape, and varyingly interact (in helpful and hindering ways) with the places, pathways, and possibilities. Finally, the pink sections represent the possibilities, with the colour reflecting a hue of 'the people' with the capacity to enact the generative potential of collaborating with people and connecting with place. While the four themes are presented within my thesis in a linear way, they are entangled, interconnected and co-constitutive, and thus represented in my tapestry in alternating rows with each colour changing multiple times.

Figure A. Learning how to weave weft-faced textiles.