



kinship networks. Additionally, family is considered to have a spiritual component (OIE, n.d.). One tribe uses the term “mita-kuyapi-owasin,” meaning “all my relatives,” which includes not only human relationships, but also plants, animals, and natural resources (OIE, n.d., p. 3). However, these traditional kinship networks and spiritual connections with the idea of family began shifting with the onset of colonialism and forced assimilation (Killsback, 2019). Colonization shifted family structure from one where each family member participated equally and fully, to a structure of patriarchy where women and children were considered less important roles than men (Burnette, 2015; Guerrero, 2003; Liddell et al., 2021a; Smith, 2003; Spencer-Wood, 2016). Despite these harmful impacts of colonization on AI family systems, family support remains foundational for AI communities to this day.

For the tribe discussed presently, connection to family, including extended family and the community broadly, has been described as a strength (Liddell & Kington, 2021; McKinley et al., 2019). Additionally, connection with the land, resilience, problem-solving, humor, and protection of traditional practices are also strengths of this tribe (Maldonado, 2014; McKinley et al., 2019). Family and community connectedness are particularly important, as these resources have been cited as foundational for family practices, including childrearing and ability to counteract systemic barriers (Gurr, 2014; Theobald, 2019). Additionally, the continuation of cultural traditions promotes AI community health (McKinley et al., 2019).

Family provides AI communities with a source of informal support, including emotional and instrumental support (Red Horse, 1980; Weaver & White, 1997; Reinschmidt et al., 2018). For example, previous research has found that AI women experiencing depression reach out to family and community support systems first before seeking Western services (Burnette, 2016; Liddell et al., 2018). Families provide emotional support through physical and emotional connection, prayers, hearing of difficulties, and providing advice, while also providing instrumental support through aiding with childrearing and household tasks, providing transportation when needed, and assisting with traditional healing practices.

Family and community support is often provided by women, particularly during times of childbirth and childrearing (Dalla et al., 2010; Power, 2020). These support systems offer knowledge, as well as various types of instrumental and emotional supports (Hancock, 2016; Gurr, 2014; Long & Curry, 1998; Theobald, 2019). Female kin often act as birth attendants, though this practice has slowed due to assimilation and the passing of elders (Long & Curry, 1998). Historically, in some tribes, the expecting parents would move to the woman’s childhood

home in order to receive support from family members throughout the pregnancy, birth, and postpartum periods; however, this practice has also become less frequent with assimilation (Hancock, 2016).

Family and community support is often preferred over more formal sources, such as health care institutions like hospitals, due to a history of harmful and unethical services delivered to AI communities (Broome & Broome, 2007; Burnette, 2015; Burnette & Figley, 2017; Canales, 2004a; Canales 2004b; Canales et al., 2011; Garrett et al., 2015). Additionally, community support is necessary in more rural areas, where access to formal health care institutions is limited (Liddell et al., 2018; Liddell, 2020; Liddell & Lilly, 2022a; 2022b; Ehrenthal et al., 2020). Community connection is important for well-being, as isolation from one's cultural identity has been linked with poor health outcomes (King et al., 2009; Morgan et al., 2020). Historical oppression, described as "deliberate human actions and policies aimed at cultural suppression, oppression, and marginalization" (Kirmayer et al., 2011, p. 84-91), limits opportunities for cultural connection by penalizing engagement with traditional activities and use of AI languages, leading to disruptions in family and community life. Thus, efforts to repair relationships and attenuate harmful effects of historical oppression are critical (Mohatt, et al., 2011). Additionally, programs that support social participation and family and community connection can contribute to improved health (King et al., 2009; Donatuto et al., 2016).

While research suggests that family support is related to enhanced health outcomes, little is known regarding AI women's perceptions of the role that families play in childbirth and childrearing, particularly among state-recognized tribes. This study builds upon previous work done with Indigenous tribes in the Gulf Coast (Burnette, 2015; Burnette et al., 2020; Liddell et al., 2021a; Liddell et al., 2021b; McKinley et al., 2019; McKinley et al., 2020; McKinley & Miller-Scarnato, 2020) and the framework of historical oppression, resilience, and transcendence (FHORT) (Burnette & Figley, 2017) to analyze both the negative and ongoing impacts of settler colonialism on Indigenous tribes, but importantly, to also highlight the ways that Indigenous people have acted resiliently in the face of these impacts. The present study seeks to fill this gap by addressing the following research questions: What role does family play in the pregnancy, childbirth, and childrearing experiences of AI women in a Gulf Coast tribe? And how do these experiences impact AI women's well-being?

## METHODS

### Research Design

The data used presently was collected as part of a larger qualitative study exploring reproductive health care experiences of women from a state-recognized AI tribe in the Gulf Coast (Liddell, 2020; Liddell & Kington, 2021; Liddell & McKinley, 2021; Liddell & Lilly, 2022a; Liddell & Lilly, 2022b; Liddell & Doria, 2022; Liddell & McKinley, 2022; Liddell & Herzberg, 2022; Liddell & Meyer, 2022; Liddell, 2022; Carlson & Liddell, 2022; Liddell et al., 2022a; Liddell et al., 2022b; Liddell et al., 2022c; Liddell, 2023). Using culturally congruent qualitative research approaches are particularly important in research with AI communities (McKinley et al., 2019; Burnette et al., 2014), as to avoid collecting information without community context and making interpretations that may be incorrect. Using direct quotes limits opportunities for misinterpretation, which has previously contributed to historical oppression and compromised AI health and well-being (Denzin et al., 2008). Further, a community engagement approach was used, such that the project was created in alliance with a tribal community advisory board (CAB) and with tribal council approval, in addition to Tulane University Institutional Review Board approval. In depth, semi-structured interviews were conducted, and traditional content analysis was used.

### Setting and Participants

The second author conducted 31 semi-structured open-ended interviews with women from an AI Gulf Coast tribe, whose identity will remain anonymous in accordance with agreements with the tribal council and tribal CAB. Participants were at least 18 years old, identified as a woman, and as a member of the tribe. The median age of participants was 51.17, with ages ranging from 18 to 71. The majority of participants (83.4%) had at least one child, though participants with children had an average of 2-3 children. Interview questions included, “Can you tell me about your family growing up?”, “Can you tell me a little about what it’s been like to raise children?”, and “What community supports exist for raising children?” A full list of interview questions can be found in Liddell & Kington, 2021.

## Data Collection & Analysis

Participants were recruited through local flyers and purposeful snowball sampling, and recruitment was aided by the CAB. The semi-structured interviews used questions to follow a life course approach (Sandelowski, 2000) and were informed by the responsive interviewing model (Rubin & Rubin, 1995). Data was collected from October 2018 – February 2019, and interview length ranged from 30 - 90 minutes (mean = 66 minutes). Participants provided informed consent and were able to stop the interview at any time, or to refuse to answer any question. Participants were compensated for their time with a \$30 gift card. Interviews were recorded with the participant's permission, transcribed, and examined for accuracy.

NVivo software was used to analyze data with a traditional content analysis approach, beginning with the identification of general themes with open coding, followed by subtheme identification with direct coding (Milne & Oberle, 2005). The first author reviewed the coding of the second author to clarify the meaning and interpretation of findings and to collaboratively refine the themes of the article. The findings and coding scheme were also shared with CAB members who provided additional feedback, clarification, and contextual information on study findings. Member checking was also conducted, and participants were provided with the full set of study findings and the opportunity to give feedback or suggest changes to the study findings. Findings were also presented at tribal council meetings and approved by the tribal council. In the quotes below, anonymous identifiers are used for participants in order to demonstrate the representation of themes across interviewees.

## RESULTS

Family was often cited as the most important source of support for women during pregnancy and childbirth and was often instrumental in allowing women to continue to work or attend school while caring for children. Family support was often a key factor in addressing the structural gaps and needs of women. Family values and expectations were also transmitted to participants and influenced the trajectory of participants' lives. When describing why family was so important, women discussed themes related to the following: Influence of Childhood on Participant's Families and Parenting Styles; Significance of Family Emotional Closeness; Significance of Family Physical Closeness; Importance of Taking Care of Family Members; Importance of Family in Childbirth; and Generational Shifts in Caregiving.

**“You've got the Waltons there...except in a Native Tribe” and “We want[ed] to be like them”: Influence of Childhood on Participant’s Families and Parenting Styles**

Women related many stories about their childhoods, including those related to health, their families, and living on the land. Thirty women described childhood experiences that impacted who they are today (referenced 46 times). For many women, these childhood experiences impacted the type of family (size, composition, etc.) and the way they wanted to raise their own children. Generational changes were also described. Women often spoke about changes they saw between their own childhoods and the childhoods of their children. Participant 1 (age 54) described the value of being a hard worker being instilled in her during her childhood:

Mom and daddy was pretty strict on us, you know...nothing was handed to me and my sister.... Like I wanted a, I wanted a stereo. That's when everybody started getting stereos and my dad's like, you don't have that money...[and] that's not a need. That's a want...you need to learn the difference between a need and a want and so...I learned the difference between a need and want. So I started working at [name omitted] food restaurant, waitressing...and every time I go, get paid, I'd go bring my money up [put it away to save]. So I learned a long time ago, you want something, you got to work for it.

This participant described learning important values about being hard-working and self-sufficient from her parents. Participant 11 (age 36) described learning to not rely on having, and overly valuing, materialistic things because of her transient childhood:

One of the things that I take away from that [being transient] is... I always kind of pride myself on not being a materialistic kind of person.... Because I never was able to hold on to anything for long periods of time...the home life was always changing...like every six months, I lived somewhere new. So it was never really like, this is my home, these are my things, this is my bedroom. There was none of that...it was like, I come in with two bags, I leave with two bags. So as an adult...being in relationships or...with roommates or whatever... the living situation was, I was never one to be like, this is mine...even though...you think people long for that, it was like, you know, if this is an uncomfortable situation, I'll leave with the two bags that I came with...and I [have] never been one to... like

this is all mine...because everything could be replaced...I was so used to always having to replace things or never really being attached to one place.

This participant attributed her current ability to be flexible to these childhood experiences. Participant 13 (age 56) described her childhood and family as the Native version of the “Walton family”:<sup>1</sup> “Who is it, the Walton family? You've got the Waltons there.... Except in a Native tribe.... So that's pretty much a...mother was at home—She always took care of the children. Papa was the provider.” This participant later expressed her desire to model the same type of family she was raised in with her own children. This quote also illustrates the desire to adapt Western mainstream ideas about what a family is, or should be, to an AI context.

All women spoke about the role of their parents in their lives, especially as it related to their own expectations about parenthood. Participant 1 (age 54) spoke admiringly of her parents and their ability to utilize what they had and provide for their family in recounting a story about her mother making underwear for the family out of sacks:

Like in a sack, like a blue bird flower...the red bird, or blackbird or something, I remember that, the sacks. Like the sacks of sugar...and the rice was in the sack, you know, it wasn't plastic material, raw material. And Mama used to always say, yeah, I had a blue bird ass. She says, because mom they made our drawers [underwear] out of [laughter] [the sacks].... You know, my mom and on both sides, they all grew up really poor. So they utilize what they have.... So we always had...we never grew up hungry. Never.

This quote also exemplifies the importance of humor, a trait that was described as extremely important in family functioning by many women. Participant 19 (age 62) stated that she learned to be dependable and to help other people through watching their parents: “For me, I think it was my upbringing, my parents, how they kind of instilled always being there for people, always helping. So we depended on them, and they were very strong, and so we want[ed] to be like them.” Women described learning important values about humor, self-sufficiency, and taking care of others, from their parents. Participant ideas and desires about how they wanted to be as parents themselves were highly influenced by their experiences as children and by the values that were instilled by their parents.

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<sup>1</sup> A reference to a popular 1970's show about a family in rural Virginia.

**“When you hear the noise, you know, its love”: Significance of Family Emotional Closeness**

Twenty-two women described the importance of being emotionally close with family members (referenced 60 times). Most women reported being able to rely on family members throughout their lives and how much they valued that connection. When participants experienced challenges, they reported being able to turn to family members for support. Participant 1 (age 54) described how close her family was, even among family members who were far apart in age: “I had two aunts that had 16 kids...we're a very large family. We're a very close family...We're close, close family and when something happens, we're always there for each other.” Even though she and her siblings were not of a similar age, they remained close throughout adulthood. Participant 13 (age 56) described how growing up in a close and large family could sometimes be chaotic and noisy, but how for her that was a sign of love: “It is noisy. But its love, when you hear the noise, you know, its love.”

Participant 4 (age 68) talked about as a child, family members sheltered together on boats when hurricanes would come: “When we would go on the boat when we was small they had, my uncles and cousins, they all had boats so we would all go together.” Weathering hurricanes together with extended family was mentioned by several women and not only practically helped family members by giving them a physical place with pooled resources to survive the hurricane, but also served to cement the emotional bonds between family members. These experiences demonstrate the resilience of tribal members, in addition to showing how important family closeness was for tribal members and illustrating how central extended family networks were. This contrasts with many Western conceptualizations of family which tend to focus on the nuclear family.

**“The kids didn't want to leave”: Significance of Family Physical Closeness**

Twelve women discussed valuing how physically close many of their family members were located (referenced 14 times). Many women reported living down the street from family, or in the same town. However, generational changes were also noted in this as some women also reported feeling that this was changing and were concerned that not being geographically close to family could undermine familial support, in addition to the transmission of cultural values. Participant 1 (age 54) described the importance of family members being located physically close to each other, noting that her grandmothers lived on the same street and that they would often visit them after school, helping with the gardening. She described how being physically close to family



members was a central part of her childhood, in addition to discussing the norm of family members helping out with subsistence activities, such as gardening. Participant 15 (age 52) discussed how important being physically close to family was for her children. Despite the threat of physical harm from environmental toxins in their community, this participant's adult children were resistant to leaving:

And honestly the kids did not want to leave. You know, we talked about moving because we were from my husband and I's hometown, grandparents were still there, and great grandparents and the kids didn't want to leave.... Yeah, they are there now. They're still there, they're raising their own kids.

For some participants, family proximity acted as an important way of facilitating and ensuring family closeness. Although being physically close to family had served as a protective factor for generations for many families, structural forces like climate change and pollution were acting to undermine this form of support.

### **“He takes care of me”: Importance of Taking Care of Family Members**

Twenty-nine women reported either taking care of their own family members when they had a medical or health issue or being taken care of themselves by a family member when they were sick (referenced 69 times). Many women expressed resistance to sending family members to assisted-care facilities and preferred to take care of their family members themselves. Participant 1 (age 54) described her relatives taking care of her when she was sick: “My aunts have gardens.... So that's where I get-like the other day I was sick for three weeks.... So I had both of them bringing me food...Yeah, her and Miss [name omitted], they take excellent care of me...Excellent care.”

This participant's comment also highlights the important role food has in family and community events and as a form of instrumental support for tribal members when they are in need of support. Participant 3 (age 71) described taking care of her ill husband:

He cannot speak. He cannot eat. He is bedridden. His brain was damaged on the right side. So, his left side is totally deficit.... And, [name of another tribal member] has been in that situation with a husband and her family. When you are in that situation, you think, "How much more can you take?" Then I think, "I was brought up to take it until I couldn't."

This quote also emphasizes the strength and resilience of women in this tribe and their desire to care for family members in the home, instead of in health care facilities. Taking care of family and community members was an extremely important tribal value that was mentioned across several themes and that served as a protective factor for many tribal members, who were able to remain at home or in their community instead of being placed in a medical facility. Additionally, for many women, the desire to take care of family members at home reflected concerns that their loved ones would not be well-taken care of if they weren't at home.

### **“We sat in the lobby and waited. We didn't leave the hospital”: Importance of Family in Childbirth**

Twenty women described the role of family members (other than fathers or romantic partners) during childbirth and noted that this support was extremely important (referenced 49 times). Several women described the advocate role that their family members took on, which led to them receiving better care. Participant 24 (age 43) described being with her mother-in-law when she was in labor with her first child:

My mother-in-law did...help with...my first child... 'Cause she [told me] like walk, squat whenever I feel, walk. And when I feel it [contractions], squat. Walk, squat. So she was helping me with that...I had no clue. I had no clue what I was doing, but now I do. That, so that's why she like knew when we had to leave [to go to the hospital]. She's like, yeah, okay, we have to go now. Let's go.

This participant stated that her mother-in-law gave her support in following her instincts about moving during labor, in addition to letting her know when it was time to leave for the hospital. Participant 12 (age 68) described the role of her aunt in her labor and delivery process:

I went into labor at six o'clock in the afternoon.... My mom called her sister and her sister comes over and she [mother] says, “I don't know.” Because my mom was very timid. And she says, “I don't know if she's ready to have the baby because of the way that she's doing.” And so my aunt says, “Yeah, I think she's almost ready to have that baby.” ...So we went to the hospital.

This participant describes her mother, aunt, and husband as all playing a part in her labor and going with her to the hospital. This participant went on to describe how special and important it was for her to be present at the birth of one of her grandchildren: “So my youngest one, oh yes! I was there and I cried! When I seen the baby being born, it was so beautiful!...I was in the room with my daughter-in-law when she had the baby and everything.”

Participant 15 (age 52) also described being present for the birth of her grandchildren, although she stated that her daughter didn't necessarily want her in the room. She also stated that she helped run interference for her daughter who was concerned about her husband's family:

I was available in the hallway.... my daughter was very private. She wanted her husband, and her best friend in the room. I told her...she said, “Mom, I don't want you to be mean to the people.” Because her husband's family was just so many people. She said, “but you need to let them know that I'm very private.”... So I said “[daughter's name] [is] not very comfortable with the gang of people here.” And I told her, “I will tell them, and I will be as nice as possible, but I'm gonna tell you one thing, I'll be sitting outside that door. I'm not leaving. I'm not going in the parking lot. I'm not going home. I will be outside this door and if you need me just say, ‘mom, I need you.’” Other than that, “you're in good hands, you're good. And daddy's, he's going to be sitting in the lobby.”... We sat in the lobby and waited. We didn't leave the hospital. We stayed there until both babies were born and they were given a good sign [the doctor said they were all healthy] and said...“visiting hours are over, you need to go home.” Then the next day we came right back.

This participant expressed her commitment to being there for her daughter and supporting her daughter's needs for privacy during labor.

Participant 5 (age 74) described her mother giving birth in a pirogue [a type of boat common historically in the area]:

My brother, right after me, he was born in a pirogue... we had to go out trapping. So we was at our camp trapping and then my mama went into labor.... she was fixing [planning] to go to my grandmother for when she was going to get in labor. So she had me and one of my brothers in the pirogue with her. Then she went into labor, and as soon as she went into labor she holler at my daddy and she told my

daddy that she was having the baby... So my daddy had to go in the bayou, pull the pirogue by the bank and get his mama to come and deliver the baby. Well the baby was already out. So, my... grandmother came and cut the umbilical cord.

This participant highlighted that family support came from a variety of sources, including her husband, mother-in-law, and other children. Women relied on their family for both emotional and instrumental support during childbirth. For example, women reported receiving practical advice from family members about what to do during labor and when they needed to go to the hospital. Women in general also described birth being a social experience, with many family members being present, indicating the value placed on childbirth in the community.

### **“It’s totally different”: Generational Shifts in Caregiving**

Twelve women also stated that they saw changes in childrearing occurring in their own families and the tribal community as a whole (referenced 15 times). Participant 21 (age 68) felt that one of the main changes in childrearing was that children no longer spent as much time with parents and that it was no longer a norm to take children with adults wherever they went:

And I don't see that [taking children out with parents] these days here. I have a friend of mine; she never brings the little girl anywhere. She always leaves the little girl, leaves the little girl, leaves the little girl. And she's a schoolteacher, and I said, "They don't want to be full-time parents. They want to be full-time career people, but they don't want to be full-time parents." The guy [the friend's partner and father of child], he works at his house. He's on [a] conference [online call] with people in another state, and even in conference he brings the little girl to the mother-in-law. Just in conference, you know. I said, "Don't they know that he's got a child that he's got to take care of?" The wife is working in school, and don't they know that he's got a child? You know, but he's in conference so she's got to take care of the little girl. And it just drives me nuts.

This participant contrasts this with her own childrearing practices:

I said, "Us, we brought our kids wherever we went, you know wherever we went." But they, the girl that has the little girl, she went Black Friday shopping. And so I

called them up, her mother, I said, "Oh, I know you're babysitting. I know they didn't bring the baby shopping." And she said, "Who told you I was babysitting?" I said, "I just know. They never bring the baby." ....They can't go eat out because the baby's sleeping. They can't wake up the baby. The baby's sleeping. My babies, we bring the babies out. They fall asleep, so what, you know? The baby went to a wake, a funeral, and this guy rolled the baby in a stroller. The little girl was sleeping. Them, they wouldn't even have brought the little baby out because the little girl's sleeping. So what, you know?... Yeah, and they weren't raised that way, you know. Her mother brought her every- She had two kids, a boy and a girl, and she brought them everywhere. She never had nobody babysit her kids or nothing, but the new generation, oh, get rid of them as much as they can, you know. They have date night every Friday night....That should have been before you had the babies. Not now that you have the babies, you know?... The child should be the priority. No, it's them that's the priority, you know.... It just drives me nuts.

This participant describes feeling that parents should make their child the priority and should not depend on family members to take care of their children when they have work or social obligations or events. This participant also describes parents taking children out in public as a previous community norm, which also would have afforded children additional opportunities to learn community values and traditions. Participant 22 (age 67) also reported seeing differences in childrearing. She reported that a lack of discipline leads to children talking back more: "Today the generation is just so different. I see all these kids, how they talk to their parents and that.... But they [her children] didn't talk back." This participant went on to state that she felt her children didn't want advice about parenting from her:

First time I ever told my daughter about how to raise her son. I said, "Well, I'm not going to tell you nothing." They're going to learn. They have to raise their own, the way they want. So, my kids when they were growing up...I would fuss them...a couple of them told me, now we know why you was so rough on us. Now we know, we got kids of our own...But, you know, the new generation...It's totally different. It's way different.

This participant's quote also highlights some of the limitations of the family role, as this woman noted that her children didn't want advice from her on parenting. Participant 2 (age 55) described changes in what food infants are given: "You know, like my Mama said when y'all were little, we had no baby food. We mashed the food that we cooked and that's what y'all eat." This participant contrasted the modern-day norm of feeding babies purchased and processed baby food with feeding babies the same food the family was eating. It is unclear the difference that changes in childrearing will have on younger generations of tribal members, although women in general viewed these changes negatively. Some of these changes may indicate that family norms and values about childrearing are being transmitted less frequently, as younger women may be more likely to deviate from how they themselves were raised.

## **DISCUSSION**

All women mentioned the role and importance of family, especially during pregnancy and childbirth and when raising their children. The importance of and the different roles of family were mentioned more frequently than that of health care providers and facilities, despite the interview being focused on health care experiences, which typically take place outside of the home. This highlights the role that family has in mediating women's experiences of macro and mezzo health care structures and its salience for women when they reflect upon their health care and parenting experiences.

Our findings are in line with previous research highlighting the significance of AI community and family support for women (Hancock, 2016; Gurr, 2014; Theobald, 2019). Connection with family was described as an important resource, particularly when participants were ill or during childbirth. Women reported close-knit families, especially during childhood, that provided emotional and instrumental support. This support often consisted of family or friends caring for children while at work, receiving advice from trusted community members, and general support during childbirth and childrearing. AI families are often intergenerational, including extended family, with elder tribal members being well-respected (Red Horse, 1980; Weaver & White, 1997). Elders provide instrumental support (e.g., childcare), as well as serve as role models and leaders who impart cultural values and traditions to younger generations (Weaver & White, 1997). These family and community supports are particularly important for this tribe, as they are

state-recognized and do not receive the same health care resources, such as Indian Health Service (IHS) that federally recognized tribes receive.

Nearly all women emphasized the importance of being close with family members. Women reported being able to rely on family members throughout their lives and how much they valued that connection. Women discussed valuing how physically close many of their family members were located and often reported living down the street from family or in the same town. However, women also reported feeling that this was changing and were concerned that not being physically close to family could undermine familial support. Although geographically dispersed, community plays an extremely important role for many tribal members (Liddell & McKinley, 2021; McKinley et al., 2019). Participants expressed concerns about what would happen to community cohesion if disasters and climate change continued to push community members inland and away from their existing social networks. These concerns are consistent with previous research with this tribe related to the negative impact of environmental issues (Liddell & Kington, 2021; Liddell et al., 2021b).

Women reported either taking care of their own family members when they had a medical or health issue or being taken care of themselves by a family member when they were sick. Women expressed resistance to sending family members to assisted-care facilities and preferred to take care of their family members themselves. Previous research has also noted how help-seeking in AI groups is usually characterized by a combination of both formal and informal support (Beals et al., 2005; Buchwald et al., 2000; Liddell et al., 2018). These informal supports often include community or family resources, which may include emotional and instrumental support (Red Horse, 1980; Weaver & White, 1997). Notably, women also expressed concern that tribal knowledge related to healing is not being passed down to younger generations (Hicks & Liddell, in press). However, in spite of colonial impacts on Indigenous health care practices, women continue to report family and community support throughout the childbirth and childrearing process.

### **Limitations and Future Research**

The present study has several limitations of note. First, some tribal members may have been excluded due to interviews being conducted entirely in English, which is not the primary language for all tribal members. Further, results may not be translatable to other AI tribes, as all interviews were conducted within a single tribe. Finally, data was only collected at one point in

time, and future research should use a longitudinal approach, which may shed further light on generational shifts and changes across the life course.

The current study explored women's knowledge and experiences related to family support, and further studies should examine the experiences of men, Two Spirit, and non-binary tribal members. Future research is also needed to understand the influence of family and community support on mental and physical health outcomes. Generational changes related to family support was not a particular focus of this study and research explicitly focused on exploring generational changes related to family support in Indigenous communities, and particularly among tribes that are not federally recognized is needed. Research is also needed to examine the impact of living in the Gulf Coast on family and community support, as there is a dearth of literature exploring tribal members level of perceived support across geographic regions. Finally, given the differences in resources provided to federally recognized and non-federally recognized tribes, future research should examine levels of community support experienced by tribal members from both federally recognized and state-recognized tribes.

## **CONCLUSION**

The present study sought to better understand experiences related to family and community support of AI women from a state-recognized, Gulf Coast tribe. Findings from the current study highlight the importance of family emotional and instrumental support, particularly during childbirth and childrearing. Women described receiving support both from their nuclear family, as well as from extended family members. Informal support was often preferred and sought first before more formal sources. Despite the impacts of settler colonialism on traditional kinship networks, through patriarchal practices, boarding schools, and forced assimilation, women continued to support and appreciate traditional tribal kinship values and practices. These findings begin to fill knowledge gaps regarding family and community support experiences of state-recognized, Gulf Coast tribes. An important outcome of this study was the creation of the Framework of Integrated Reproductive and Sexual Health Theories (FIRSHT) conceptual framework (Liddell & McKinley, 2022) which incorporates resilience, life-course, Indigenous critical systems, and reproductive justice theories to holistically contextualize the health care experiences of Indigenous people. This framework in particular highlights the strengths and resilience of Indigenous people and acts in contrast to approaches which use a deficit approach to



understand health and wellbeing. Future researchers should be encouraged to engage in strengths-based research approaches that emphasize the strength and positive outcomes of Indigenous health and well-being to continue filling current gaps related to AI health practices. Health care providers are encouraged to consider the meaningful resources that family members and AI community members provide for AI women during pregnancy, childbirth, and childrearing. Health interventions should consider the role that family members may play and allow for extended family members to provide support and care during these times.

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### **CONFLICT OF INTEREST**

The authors declare that they have no conflicts of interest.

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