

An Exploration of the Stress Experience of Mi'kmaq On-Reserve Female Youth in Nova Scotia

**Lynn McIntyre, Professor
Faculty of Health Professions, Dalhousie University**

**Fred Wien, Professor
Maritime School of Social Work, Dalhousie University**

**Sharon Rudderham, Former Health Director
Union of Nova Scotia Indians**

**Lorraine Etter, Health Director
Confederacy of Mainland Mi'kmaq**

**Carla Moore, Health Policy Analyst
Atlantic Policy Congress of First Nation Chiefs**

**Nancy MacDonald, Assistant Professor
Maritime School of Social Work, Dalhousie University**

**Sally Johnson, Acting Health Director
Union of Nova Scotia Indians**

Ann Gottschall, Study Co-Ordinator

December 2001

This project was funded by Maritime Centre of Excellence for Women's Health (MCEWH). MCEWH is financially supported by the Centres of Excellence for Women's Health Program, Women's Health Bureau, Health Canada. The views expressed herein do not necessarily represent the views of MCEWH or the official policy of Health Canada.

© Copyright is shared between the authors and MCEWH, 2001.



PO Box 3070
Halifax, Nova Scotia
B3J 3G9 Canada
Telephone 902-420-6725
Toll-free 1-888-658-1112
Fax 902-420-6752
mcewh@dal.ca
www.medicine.dal.ca/mcewh

The Maritime Centre of Excellence for Women's Health is supported by Dalhousie University, the IWK Health Centre, the Women's Health Bureau of Health Canada, and through generous anonymous contributions.

CONTENTS

Main Messages	5
Executive Summary	7
1.0 Purpose and Approach	9
1.1 Approach	9
1.2 The Mi'kmaq Health Research Group	10
1.3 Methodology	10
1.3.1 Data Analysis	11
1.4 Consent Process	12
2.0 Literature Review	12
2.1 Introduction	12
2.2 The Historical Context for Contemporary Social and Health Conditions	13
2.3 Economic Conditions	14
2.4 The Health Status of Aboriginal Peoples in Canada	15
2.5 Aboriginal Women and Children	16
2.6 Aboriginal/Mi'kmaq Female Youth	16
2.6.1 Obesity	16
2.6.2 Learning Difficulties	17
2.6.3 Low Self-Esteem and School Achievement	18
2.6.4 Self-Esteem and Ethnic Identity	19
2.6.5 Depression	19
2.6.6 Substance Abuse and Addictions	20
2.6.7 Physical, Emotional and Sexual Abuse and Neglect	21
2.7 Policy and Program Interventions	21
2.7.1 The Restoration of Cultural Identity	21
2.7.2 Taking a Holistic Approach to Health	22
2.7.3 Creating Accessible Health Services and Promoting Community Level Care	22
2.8 Conclusion	23
3.0 Summary of Female Youth Focus Groups and Interviews	24
3.1 Respondent Characteristics	24
3.2 Perceptions of Stress	24
3.2.1 Identity	26
3.2.2 Home and Family Relationships	26
3.2.3 Reserve Life for Women and Men	27
3.2.4 School Stress	28
3.2.5 Serving Youth Better	29
3.2.6 Individual Future Perspectives	31
3.3 Discussion	31
4.0 Summary of Male Youth Focus Groups and Interviews	32
4.1 Respondent Characteristics	32
4.2 Perceptions of Stress	32

4.2.1 Identity	33
4.2.2 Home and Family Relationships	34
4.2.3 Reserve Life for Women and Men	34
4.2.4 School Stress	35
4.2.5 Serving Youth Better	35
4.2.6 Individual Versus Group Perspectives	36
4.3 Discussion	37
5.0 Summary of Youth-Serving Professional Interviews	37
5.1 Respondent Characteristics	37
5.2 Perceptions of Female Youth Stress	38
5.3 Gender Issues.....	41
5.3.1 Gender Dominance	41
5.4 School Issues.....	42
5.5 Services Needed	44
5.5.1 Dating Relationship Support	45
5.5.2 Physical Activity Support	45
5.5.3 Making Life Better	46
5.6 Discussion	47
6.0 Discussion and Conclusions	47
6.1 Stress and Stressors	47
6.2 Peer and (Extended) Family Relations	49
6.3 Mi'kmaq Pride and Identity.....	50
6.4 Gender Issues.....	51
6.5 School Stress	51
6.6 School Supports Needed	53
6.7 Future Aspirations	53
6.8 Services Needed	54
6.9 Conclusion.....	56
Appendix A: Report of the Youth Advisory Group Meeting.....	57
Appendix B: Health Cooperation Agreement: Union of Nova Scotia Indians, Confederacy of Mainland Mi'kmaq, and Dalhousie University.....	64
Appendix C: Interview Guides	65
Appendix D: Information Letter to Parents of Youth (Individual Interviews)	75
Appendix E: Informed Consent Form for Youth (Individual Interviews)	76
Appendix F: Information Letter to Parents of Youth (Small Group Discussions)	78
Appendix G: Informed Consent Form for Youth (Small Group Discussions)	80
Appendix H: Informed Consent Form for Key Stakeholders (Individual Interviews)	82
Works Cited	83

MAIN MESSAGES

- Stress was described by young women in a focus group situation most often as an internal emotional response that was directed inwardly upon oneself such as frustration or sadness. However, when individual women spoke of stress, they were much more likely to mention externalizing feelings that were directed outside of the self such as anger and behaviours such as punching. Externalizing feelings are most likely to lead to self-harm behaviours.
- The young women, in contrast to the young men or even the reports of youth-serving professionals, cited a broad array of stressors. One telling comment was that young men did not have “constant stress”, implying the young women did. The fact that young women on-reserve are experiencing multiple stressors must be considered in any overall framework of stress amelioration.
- Both male and female Mi’kmaq youth described their identity as Mi’kmaq and spoke of their background with considerable pride. This is a strength that youth may build upon as they move towards adulthood.
- Impressions of reserve life by gender revealed quite rigid role definitions for men and women. Both groups agreed that economic factors could overrule male gender dominance. Both groups also recognized that women were responsible for the family.
- Peer pressure was not mentioned as a key stressor by male and female youth although it was thought to be the top stressor by youth-serving professionals. Young people characterized their friends like brothers and sisters—they had grown up together. The so-called peer influence among these youth may have to be reassessed as a family-like sense of loyalty and responsibility, or to a re-interpretation of peer influence on young peoples’ choices.
- Family problems were recognized by all respondents as an important source of stress. Family problems varied but included conflicts with parents and siblings, fighting at home among members, and being yelled at. Young people seem particularly sensitive to such conflicts.
- School is a major stressor of young people. School drop-out among young women was associated first with pregnancy; in young men it was associated first with frustration with school work. All groups recognized both school-related and personal issues contributed to school leaving.
- The overwhelming impression one received from the young people was that school was hard and it was difficult to catch up if they fell behind. Suspension policies should be reconsidered given how frequently suspensions seem to occur and their consequences on school retention.
- Young people sometimes seemed unrealistic in their career aspirations. It may be that they are unaware of the competitiveness and difficulty of achieving such careers as lawyer and doctor beyond merely graduating from high school. Young people might benefit from role models, learning supports, and skills in forward planning to assist them to achieve their goals.
- Young women and men proposed similar services and ways of improving their lives such as counselling and recreation. Both groups of young people provided lists of short-term activities that appealed to their immediate gratification needs, such as dances, but would not likely yield long-term improvement in their lives. The youth-serving professionals proposed individual programmatic or professional offerings, usually based upon an educational model. There were few recommendations for longer-term socio-economic strategies or strategies that addressed the broad determinants of health.

EXECUTIVE SUMMARY

The purpose of this project was to deepen our understanding of what lies behind the stress experience of Mi'kmaq female on-reserve youth with an eye to policy and program intervention. By stress experience we mean the physical, mental, emotional and spiritual health stressors confronted by Mi'kmaq female youth. We also sought to compare the stress experience of female youth in comparison with Mi'kmaq male youth on reserve, as well as in the eyes of youth-serving professionals working on reserve.

We conducted qualitative data gathering by way of 21 semi-structured individual interviews and eight focus group discussions with female youth aged 12-18 years living on reserve in Nova Scotia. In order to provide a basis for contrast, five individual and two focus group interviews with male youth living on reserve were also conducted. Youth were also asked to suggest policies and programs that might lessen their stress. Both the content and process of the interviews was informed by an advisory group of female youth living on reserve. We also interviewed 43 key informants, all of whom were youth-serving professionals, about their perceptions of young Mi'kmaq women's stress experience as well as policies and programs that they thought might assist female youth.

Among female groups, stress was expressed primarily as an internal emotional response that is directed inwardly upon oneself such as frustration or sadness. However, when individual women spoke of stress, they were much more likely to mention externalizing feelings that are directed outside of the self such as anger and expressing anger in behaviours such as punching. The latter is more characteristic of male perceptions of stress.

The young women, in contrast to the young men or even the reports of youth-serving professionals, cited a broad array of stressors. The fact that young women on-reserve are experiencing multiple stressors must be considered in any overall framework of stress amelioration. One telling comment was that young men did not have "constant stress", implying the young women did.

There was considerable overlap in key stressors named by respondents across the three groups. However, youth-serving professionals were the only group to rank the importance of peer pressure. Family problems were recognized by all three groups as an important source of stress. Young women prioritized school stress higher than young men. Both groups of young people named relationship issues with their friends, including boyfriends/girlfriends, as high stressors. Violence and abuse were mentioned only by young women, and drug and alcohol use only by young men. In contrast, youth-serving professionals spoke often of intra-personal stressors (within the individual) such as lack of self-confidence or lack of identity—a construct the young people seemed unable to characterize in their responses.

One of the unexpected positive results of this study is that among both male and female Mi'kmaq youth, Aboriginal pride is strong as is identity. This is a remarkable and precious advantage for this group of on-reserve youth and should be preserved and capitalized upon for building successful life pathways as they move towards adulthood. In contrast, the youth-serving professionals seemed unaware of this strength with several citing lack of identity as a source of intra-personal stress.

While both male and female youth did comment upon the influence of their friends, they did not emphasise peer pressure as a key stressor, as did the youth-serving professionals. In fact, young people often thought of themselves as different from their peers and their characterization of their on-reserve peers was, for both men and women, that their friends were like brothers and sisters with

whom they had grown up together. The problems experienced by friends in the context of their families and relationships were sources of genuine stress for young women, but not expressly noted by young men. The so-called peer influence among these youth may have to be reassessed as a family-like sense of loyalty and responsibility.

Impressions of reserve life by gender revealed quite rigid role definitions for men and women. Young men also gave the impression that they were less likely to be forgiven for their mistakes than were young women, for whom pregnancy (often regarded as a mistake) was commonplace. Both groups agreed on how economic factors could overrule male gender dominance. Both groups also recognized that women were responsible for the family.

School is a major stressor of young people, and there was consistency among the respondent groups about the reasons for a young person leaving school. For young women, it was pregnancy, and for young men, it was because of school frustration. All groups recognized both school-related and personal issues contributed to school leaving, albeit with different priority order. The overwhelming impression one received from the young people was that school was hard and it was difficult to catch up if you fell behind. Many of the young people had been suspended from school, causing them to lose ground in their schoolwork. This places them at risk for school-drop out.

All groups called for more culturally-relevant education. An improved school environment might be achieved through on-reserve schools. Counselling and learning supports were also deemed necessary. Only the young women mentioned the need for young mothers to have access to babysitting in order to remain in school. Starting school at 10 a.m. might be considered seriously as a strategy for school retention given the late night lifestyle and the sleep disturbances of youth.

Another observation from the school discussion was how unlinked school performance seemed to be to career aspiration. Staying in school seemed to be the pathway to a career rather than the level of performance achieved. It may be that young people are unaware of the competitiveness and difficulty of achieving such careers as lawyer and doctor beyond merely graduating from high school. The lack of role models and supports could be placing them into a position of disappointment in the future. Young people may also lack skills in forward planning.

Young women and men proposed similar services and ways of improving their lives such as counselling and recreation. There was remarkable overlap among the respondents in terms of policies, services and “things” in general that would improve the lives of young people. Both groups of young people provided lists of short-term activities that appealed to their immediate gratification needs, such as dances, but would not likely yield long-term improvement in their lives. The youth-serving professionals proposed individual programmatic or professional offerings, usually based upon an educational model. Few of the services recommended were tools for wellness (i.e., health promoting) and few offered preventive potential. Instead, most were responsive or rehabilitative.

All groups proposed individual counselling and educational methods of stress amelioration, and short-term activities that alleviate stress temporarily. Most proposals were gender neutral. Recreation was definitely cited as lacking by both young women and men; it was less often cited by the adults who felt lack of use of existing facilities was a problem. These proposals need to be pursued. Very few young people commented upon jobs or educational supports. While few long-term socio-economic strategies were suggested, or strategies that addressed the broad determinants of health, such an approach is also recommended.

1.0 PURPOSE AND APPROACH

The purpose of this project was to deepen our understanding of what lies behind the stress experience of Mi'kmaq female on-reserve youth with an eye to policy and program intervention. By stress experience we mean the physical, mental, emotional and spiritual health stressors confronted by Mi'kmaq female youth. We also sought to compare the stress experience of female youth in comparison with Mi'kmaq male youth on reserve, as well as in the eyes of youth-serving professionals working on reserve. We are grateful to the Maritime Centre of Excellence in Women's Health for its funding of this project and to the members of the community for their support in its execution.

The project goals were

- to improve understanding of the stress experience described by Mi'kmaq female youth on reserve by exploring the causes and meaning of such experiences to them, and through a comparison with a small sample of males;
- to determine what policy and program interventions female youth and youth-serving professionals believe would be effective in reducing negative stress experiences; and
- to continue the process of developing research expertise in First Nation organizations and communities.

1.1 APPROACH

The project goals were attained through the following specific measures:

- We applied a *gender equity analysis to the published literature* on the components of the stress experience (physical, mental, emotional, spiritual) encountered by First

Nation female youth. The literature was drawn from sources describing the experience of female youth (Aboriginal and non-Aboriginal) in Canada and, to a limited extent, from other countries where the Aboriginal population is numerically in the minority, such as the United States. The purpose of this review was to create a theoretical framework of the determinants of stress in female youth. This framework assisted with the development of a schedule for the focus group discussions and individual interviews.

- We brought together an *advisory group* of female youth living on reserve and involved them in describing the key stressors for their peers as well as the research process and content of the interviews. The results of this very informative day are presented in Appendix A.
- We conducted qualitative data gathering by way of *semi-structured individual interviews and focus group discussions* with female youth living on reserve in Nova Scotia. In order to provide a basis for contrast, a small number of individual and focus group interviews with male youth living on-reserve were also conducted. This component gathered information on the "lived experience" of stress in the words of female (and to a lesser extent male) youth. Youth were also asked to suggest policies and programs that might lessen their stress.
- We also *interviewed key informants*, all of whom were youth-serving professionals, about their perceptions of young Mi'kmaq women's stress experience as well as policies and programs that they thought might assist female youth.

- Following the completion of this report and appropriate executive summaries, we returned the findings to the youth advisory group for feedback and discussion. We plan to present the results to Mi'kmaq leaders, community youth, and other interested persons through community meetings.

As a final objective, we have continued the process of developing research expertise among Mi'kmaq communities and organizations by:

- having the research group, which includes the health coordinators of three First Nation organizations and the Dalhousie University representatives, conduct the research from beginning to end. Our first major project, the health survey, used quantitative research methods. This project provided new learning with respect to qualitative research methods; and
- contributing to the capacity of Mi'kmaq organizations to control and manage research because they are the recipients of this research grant, as well as the owners of the data gathered and the materials produced.

1.2 THE MI'KMAQ HEALTH RESEARCH GROUP

This research project is a further initiative arising out of the agreement of cooperation in health matters signed, in the fall of 1996, by the President of Dalhousie University and representatives of the Union of Nova Scotia Indians (UNSI) and the Confederacy of Mainland Mi'kmaq (CMM) (Appendix B).

The Mi'kmaq Health Research Group currently includes the Health Directors of the UNSI and CMM (Sharon Rudderham, now replaced with Sally Johnson, and Loraine Etter respectively) and Carla Moore, Health Policy Analyst of the Atlantic Policy Congress of First Nation Chiefs. It also includes a faculty mem-

ber from the Health Professions (Lynn McIntyre) and the Maritime School of Social Work (Fred Wien). Mi'kmaq Social Work faculty member Nancy MacDonald has recently joined the group. Coordinator Ann Gottschall conducted all of the individual interviews, some focus groups, and assisted with data collection and interpretation.

1.3 METHODOLOGY

Detailed methods are presented in conjunction with the findings for specific informant groups. Data collection was organized around four activities:

1. A *systematic review of the literature* analysed using a gender lens approach and organized around a determinants of health framework. The review procedures utilized standard electronic databases, contents page scans of the most relevant journals, and identification of the key gray literature reports through search of government department websites and through the contents of retrieved articles.
2. Individual, face-to-face, semi-structured *interviews with female and male youth* aged 12 – 18 years (the study age cohort). Notes were taken during each interview and reviewed and expanded upon afterwards by the same trained interviewer. Female youth interviewees were identified by communities in a purposive fashion. Community contacts were advised to recommend young women with a variety of school experiences, were within the age parameters, and had a breadth of family experiences. We conducted at least one interview with a young woman from each of the thirteen reserve communities (Bear River was the exception because there was no eligible

subject) and completed a total of 21 interviews.

In addition, we interviewed five male youth recommended by a convenience sample of small and large communities. Again, the young men were recommended on the basis of a variety of school and home experiences. The purpose of the male interviews was not to understand the stress experience of male youth, which would have required a higher number of interviews, but to have some basis upon which to compare the findings of female youth.

We chose these numbers because they permitted us to speak with youth from across the Mi'kmaq Nation living on reserve in Nova Scotia. The numbers proved to be sufficient for important insights and patterns to emerge. Limitations of time and budget also set a ceiling on the number of interviews that could be conducted.

3. We undertook *small group discussions with female and male youth* using a focus group or talking circle format. We attempted to have one focus group session with female youth in each community, and we did so in eight communities. However, the remaining five communities had too small a number of youth to hold such sessions. We aimed to have focus groups of up to eight individuals but often had fewer participants, although the discussion was rich in all groups. Focus groups were often conducted in conjunction with pizza and were well-received by participants. Again, for comparison, we conducted two focus groups with young men. Note-taking by an observer was the method of data collection. Participants were selected partially through voluntary efforts of our community contacts, but

young people often brought their friends to attend as well.

4. A fourth data collection method was *semi-structured interviews with youth-serving professionals*. Youth-serving professionals, on-reserve employees who worked directly with youth, included education counselors, community health staff, and drug and alcohol counselors. Again, note-taking was the primary method of data capture, and a single interviewer gathered the information. We completed 42 interviews in this category.

For both the individual interviews and the group sessions, we used an interview guide. As mentioned in the project objectives, questions contained in the interview guides were derived through a gender analysis of the literature within a determinants of health framework, as well as with advice from our youth group. The training guide for interviewers and small group leaders and various interview schedules for the individual interviews and focus groups are presented in Appendix C.

1.3.1 DATA ANALYSIS

All of the notes were typed and transcribed. A mixture of thematic analysis and content analysis was utilized to analyze the transcripts. Responses to questions were grouped and similarities in content were noted for each interview group. Male focus groups and interviews were analyzed together. After the separate groups were reviewed, comparisons were made between males and females and between youth and youth-serving professionals. Certain themes emerged from these analyses. The whole research team reviewed all of the results for consensus and further refinement of findings.

1.4 CONSENT PROCESS

The necessary consent procedures and assurances of confidentiality in the reporting of results were applied to all data-collecting activities. The consent process included approval from the bands to proceed with the study. Information sheets were available for parents (Appendices D and F), and consent was received from all participants with the necessary safeguards for withdrawal and confidentiality. Appendices E, G and H are the consent forms for individual youth interviews, small youth group discussions, and youth serving professionals interviews respectively. Although identities of those who participated in the focus group discussions were known to the group, during the consent process, participants were asked to keep names and content of the discussions confidential at least within the group.

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

- By Grade 10, 35% of young women report that they felt depressed at least once a week over the last six months compared to 21% of young men.
- Teen smoking rates have risen dramatically between 1990 and 1996—from 21% to nearly 30%.
- Cost restricts access to recreational activities for low-income families.
- Young people make up more than half of Canada's Aboriginal population.
- The suicide rate among Aboriginal youth is five times that of all other Canadians.

These findings from the Canadian Council on Social Development's report, *The Progress of Canada's Children 1998 Focus on Youth* (1998), speaks to the complex challenges facing youth

in our society, to important gender differences, and to an unique disadvantage faced by Aboriginal youth.

Youth results from the Mi'kmaq Health Survey (Mi'kmaq Health Research Group 1999) build on this story. They show high stress levels for Mi'kmaq female youth in particular, in comparison to Mi'kmaq male youth. These findings motivated the present study. For example, when asked about stress levels, 30% of female youth say they are quite a bit or extremely stressed, compared to 7% of male youth. When asked if, in the past year, they have felt sad or depressed for two weeks or more, 47% of the female youth responded in the affirmative, compared to 21% of the males. Gender differences were also found with respect to measures of self-esteem, optimism for the future, and getting along within the family; in each case, the outcomes for female youth were less positive than for male youth. Perhaps not surprisingly, we also found that the young women in our health survey sample were more likely to smoke cigarettes, drink alcohol and take drugs.

The purpose of this review of the literature is to deepen our understanding of what lies behind the stress experience of Mi'kmaq female youth. In subsequent chapters, we will add our own original data based on individual interviews and small group discussions with Mi'kmaq youth and with youth-serving professionals living or working on reserve in Nova Scotia. By the term "stress experience", we refer to the differential physical (for example, being overweight), mental (for example, depression, self-esteem and emotional health) and social relationship stressors (for example, peer group pressure) confronted by Mi'kmaq male and female youth.

This exploratory study utilizes a gender equity analysis of the life stress experience of a vulnerable youth group—on-reserve Mi'kmaq female youth—with the aim of identifying policies and

programs that might be effective in reducing their stress. In Canada, health services, policies, and programs are typically based on the health concerns of the most widely studied group of people in this country—white males. Thus the health concerns of non-white Canadians, especially non-white females, are often neglected. As a consequence, their health and well-being may be compromised. Gender equity analysis allows researchers and policy makers to develop an understanding and interpretation of issues using the experiences, needs, concerns and realities of women of a diversity of backgrounds (Muzychka 1995).

2.2 THE HISTORICAL CONTEXT FOR CONTEMPORARY SOCIAL AND HEALTH CONDITIONS

To facilitate an understanding of the stress experiences and subsequent health concerns of Mi'kmaq female youth, it is useful to begin with the historical background. Commenting on the priority that intervenors before the Royal Commission on Aboriginal Peoples (RCAP) placed on the need for healing within Aboriginal communities, the Commission underlined the importance of a broad, historical perspective:

The word 'healing' is familiar to non-Aboriginal people, of course, but the idea that Aboriginal people have in mind when they use it is likely not. Healing, in Aboriginal terms, refers to personal and societal recovery from the lasting effects of oppression and systemic racism experienced over generations. Many Aboriginal people are suffering not only from specific diseases and social problems, but also from a depression of spirit resulting from 200 or more years of damage to their cultures, languages, identities and self-respect. The idea of healing suggests that to reach 'whole health', Aboriginal people must confront the crippling injuries of the past.

Yet, doing so is not their job alone. Only when the deep causes of Aboriginal ill health are remedied by Aboriginal and non-Aboriginal people working together will balance and harmony—or health and well-being—be restored.

At least in part, it is to achieve whole health that Aboriginal peoples so vigorously seek self-determination. The relationship between health and self-determination is a circle, however; thus, only when whole health is achieved will successful and mature self-determination be possible (RCAP 1996a: 109).

The Aboriginal peoples of Canada were originally hunter-gatherers living in an environment where subsistence was paramount (Levitt et al. 1998). When the European settlers first arrived in Canada, they were surprised by Aboriginal child-rearing practices. Compared to the European norm of the day where children were considered 'chattels of the patriarch' and where child labour and strict disciplinary practices were widespread, the Jesuits wrote, "the savages love their children extraordinarily." Aboriginal children were regarded as sacred gifts and accorded great autonomy and freedom (Ontario Federation of Indian Friendship Centres 2000).

Upon the arrival of the Europeans, widespread population decline resulted from diseases such as smallpox, measles, influenza, and tuberculosis, and from starvation resulting from the disruption of traditional economies. Aboriginal peoples also experienced traumatic social practices of the European population, including discrimination, the destruction of social structures, religion and other traditions (Levitt et al. 1998).

This socio-health trauma continued well into the 1900s. Government policy and practices set out to eliminate the culture of Aboriginal peoples, particularly with the implementation

of residential schools beginning in the late 1800s and continuing as late as the 1970s. Aboriginal children and youth were taken away from their families to attend these schools; some young people faced strapping, beatings, sexual abuse, deprivation of adequate nourishment and cultural oppression at these schools (Morrissette & Naden 1998). In 1993, the Department of Indian Affairs and Northern Development documented the effects of residential schools on Aboriginal children. Many Aboriginal children lost their lives as a consequence of their inhumane treatment; surviving children faced a lifetime of conditioned shame for their identity, culture, language, and skin colour (Morrissette & Naden 1998). Alcoholism, suicide, sexual abuse, violence, and subsequent poor health status make up only part of the residential school aftermath experienced by the Aboriginal population today.

2.3 ECONOMIC CONDITIONS

In the contemporary period, there are many aspects of living on reserve that are positive and supportive of young Aboriginal women. These may include close family ties that still encompass extended families, a sense that the whole community is your home and will look after its youth, and (residential schools notwithstanding) a strong sense of identity.

There are also conditions that can contribute to the stress experienced by Aboriginal youth in general and young women in particular—living in a small community that is isolated from larger urban centres, tensions between and among families, limited prospects for employment and, perhaps, challenging health and social conditions. In the sections below, we briefly review a range of economic, socio-demographic and health conditions that impact on all reserve residents. We then turn to some of the conditions of particular concern to Aboriginal women and children.

The depressed economic conditions of most, if not all, Aboriginal communities are well known. The once self-reliant communities, districts and nations have had their traditional ways of making a living undermined, and the basis of those economies—the sustainable use of lands and resources—is only minimally accessible to Aboriginal people today. Indeed, the Royal Commission on Aboriginal Peoples cites data to the effect that, south of the 60th parallel, Aboriginal lands (mainly Indian reserves) make up less than one-half of one per cent of the Canadian land mass. Even lands set aside for Aboriginal people in the last century have been steadily reduced, to the point where almost two-thirds have ‘disappeared’ since Confederation (RCAP 1996b: 32, 33).

As traditional economies were undermined, the transition to new ways of making a living was not successfully made. There are many reasons for this, among them is the failure of Canadian governments to provide transitional supports, the failure of Canadian educational systems to properly educate Aboriginal children, the geographic isolation of many Aboriginal communities, the external control and limitations imposed by the Indian Act, and discriminatory practices. Wien (1986) argues that, by the 1930s, governments had given up on the task of rebuilding Aboriginal economies (never a task ardently pursued) and had concluded in practice, if not in principle, that it was far easier to simply address problems of poverty and underdevelopment through the provision of welfare payments.

It is not surprising, therefore, that levels of poverty and unemployment have remained high. Among the Nova Scotia Mi'kmaq living on reserve, for example, unemployment levels have been in the order of one-half to two-thirds of the labour force over the last three decades (Wien 1986; Mi'kmaq Health Research Group 1999). The Mi'kmaq Health Survey further reports that almost two-thirds of

the adult sample rely on transfer payments as their main source of income. The majority of respondents concluded their income is inadequate to meet their needs (Mi'kmaq Health Research Group 1999).

There are signs, however, that the situation is changing for the better. Secondary and post-secondary graduation rates are much improved over the pattern of two or three decades ago, even though these rates are still well behind the Canadian average. First Nations are also taking advantage of treaty and Aboriginal rights provisions. Through court decisions such as Marshall and Delgamuukw, and through land claim agreements and treaty land entitlement settlements, some Aboriginal people are obtaining renewed access to resources, an expanded land base, and investment funds for economic development.

The infrastructure to promote and sustain economic development is also improving as Aboriginal communities engage economic development officers, establish community economic development corporations, and access investment funds and other services to support their entrepreneurs.

2.4 THE HEALTH STATUS OF ABORIGINAL PEOPLES IN CANADA

While there is little literature available on our main topic—the stress experience of young Aboriginal women—there is quite a bit of documentation on the health status of the Aboriginal population in Canada. It typically provides indices of health outcomes that show Aboriginal people faring worse than the Canadian population as a whole in terms of health and well-being. The prospect of poor health, or the experience of poor health in the family, is therefore part of the context that Aboriginal youth growing up on reserves face.

To take a few examples, it has been established that Aboriginal people in Canada:

- Die at a younger age than other Canadians and have higher mortality rates (MacMillan et al. 1996).
- Are more likely to suffer from chronic health problems such as diabetes mellitus, fetal alcohol syndrome and respiratory diseases (MacMillan et al. 1996; Young et al. 2000).
- Have suicide rates that are two to three times higher than the national average (MacMillan et al. 1996). Lack of perceived control, helplessness and low self-esteem are among the stressors that lead to suicide (Dinges and Joos 1998).
- Suffer disproportionately from poor nutrition (Young et al. 2000). Inadequate food supplies, poor diet and limited exercise have resulted in high rates of obesity (Young et al. 2000) and a low intake of vitamin D and iron deficiency in pregnant women (MacMillan et al. 1996).
- Have inferior access to health care, which is restricted due to geographical isolation and a shortage of personnel trained to meet the needs of the population. Many health centres have one to two nurses to care for an entire community; if physicians are needed, they must be flown into the more isolated settlements or the patients flown out. Mental health services are especially lacking (MacMillan et al. 1996)

Many other inequalities in health conditions or access to health services can be cited. The encouraging news is that Aboriginal people are gradually regaining control over the conditions that affect their health, and over the policies, strategies and services that address ill health. In addition, better data on Aboriginal health is becoming available with the completion of surveys such as the First Nations and Inuit Regional Health Survey, and the establishment

of institutions such as the Canadian Institute for Aboriginal Peoples' Health. Dramatic improvements in information technology are also reducing the effects of geographic isolation as previously remote settlements connect electronically to health specialists located in urban centres.

2.5 ABORIGINAL WOMEN AND CHILDREN

The stress experience of Aboriginal women is shaped in part by general reserve socio-economic and health conditions, and also by gender-based differences and by the prospects for their children. Again, we summarize below some of the key indicators:

- A birth rate that is much higher than the general Canadian population, although declining, and a pattern of giving birth at quite a young age.
- A shift in family structure that involves an increase in the proportion of single parent families.
- A high level of violence against women (Norton & Manson 1995; RCAP 1996a).
- Socio-economic conditions that are in some respects better than for Aboriginal men (for example, often lower unemployment rates based in part on being more likely to obtain band council jobs and having higher education levels). However, Aboriginal women are more likely to have higher levels of dependency on social assistance and to experience higher poverty rates.
- Higher levels of child mortality, which MacMillan et al, (1996) place at a level that is twice as high as for non-Aboriginal children in Canada. Causal factors include higher levels of birth defects, sudden unexplained death, and death from sustaining injuries.

- Child morbidity patterns that are disadvantageous. Napholtz (1995) and MacMillan et al (1996) report that rates of lower respiratory tract infections (bronchitis, pneumonia and croup) are three times higher for Aboriginal children in Canada compared to children in the general population. Acute respiratory infections are also greater for Aboriginal populations when compared to mainstream populations. Compared to all other children in the Canadian population, prematurity and low birth weight rates were twice as high (four times for Inuit). Aboriginal children are four times more likely to suffer from injury and poisonings. Otitis media, streptococcus, pneumonia, and influenza are the four most frequently reported infections found in Aboriginal children today. Living conditions on reserves, including problems of sanitation, overcrowding, indoor air pollution, and outdoor air, water and ground contamination, are possible reasons for these poor health outcomes (MacMillan et al. 1996; Napholtz 1995).

2.6 ABORIGINAL/MI'KMAQ FEMALE YOUTH

This discussion focuses on the health and well-being of Aboriginal youth, specifically female Aboriginal youth. Typically, adolescent problems encompass depression, low self-esteem, substance use problems such as alcohol and drug abuse, being overweight, and school-related issues. We will deal with each of these topics in turn.

2.6.1 OBESITY

Preoccupation with weight and the ideal body shape is a common occurrence in the majority of adolescents, while being overweight and obese is a growing concern among all adolescents. How do Aboriginal youth perceive their

body shape when compared to mainstream youth? According to a study on Ojibway-Cree youth in Ontario, body shape perception is much the same as mainstream youth—males and females preferred smaller body shapes compared to their current shape (Gruber et al. 1995). However, one interesting difference was noted. While the Aboriginal females preferred smaller body shapes as did mainstream females, they preferred body shapes that were larger than the shapes preferred by mainstream females. This difference may be due to cultural differences in what is considered attractive.

Aboriginal youth and adults are disproportionately overweight when compared to North American standards (Gruber et al. 1995). Changes in activity levels and diet are implicated. Prior to 20-30 years ago, many Aboriginal communities continued to live in the traditional manner. Lifestyles were active and involved hunting, fishing, and other high energy-expenditure activities. Diet was high in protein but low in fat, carbohydrates and fibre (Gruber et al. 1995). Over time, changes in lifestyle have resulted in lower activity levels, and diets have changed to the consumption of processed foods that are higher in fat and carbohydrates (Young et al. 2000). With obesity have come related diseases such as diabetes mellitus, cardiovascular disease and hypertension (Gruber et al. 1995).

Mi'kmaq youth experience the same obesity phenomenon found in other Aboriginal populations across North America. While the largest proportion of youth fall into the healthy range of the body mass index, the Mi'kmaq Health Survey results also show a growing proportion of youth in the overweight and obese categories, and this is particularly the case for females. In fact, being overweight was identified by female respondents as one of the most important health problems affecting them (Mi'kmaq Health Research Group 1999).

As was observed for the Ojibway-Cree youth in Ontario with regards to obesity levels and inactivity, it appears that obesity in Mi'kmaq youth may also be, in part, due to inactivity. Gender differences in social activities were revealed in the Mi'kmaq Health Survey (Mi'kmaq Health Research Group 1999). Young Mi'kmaq women are less likely to participate frequently in such activities. With regard to sports, for example, only 36% of female youth are active at least once per week, compared to 61% of male youth. Eating habits of Mi'kmaq youth heighten the problem of obesity: 51% preferred to eat lunches high in fat (burgers and fries). Another 14% preferred lunches consisting of chips, chocolate bars and soda pop.

2.6.2 LEARNING DIFFICULTIES

One of the surprising results of the Mi'kmaq Health Survey was the finding that, among both male and female Mi'kmaq youth, having learning difficulties was one of the most significant health problems they faced. The Canadian literature on this subject is not extensive, but it tends to conclude that the rate of additional or "special" learning needs is two to three times higher among Aboriginal youth than it is for non-Aboriginal, mainstream youth (First Nations Education Council 1992; First Nations Education Steering Committee 1997).

School-related issues are, no doubt, an important source of stress for youth in general and for Mi'kmaq youth in particular. The factors behind it are complex but appear to involve the interaction of factors such as:

- high levels of poverty and unemployment;
- students coming into school, or falling behind in the early grades, in such basic knowledge/skill areas as reading and mathematics;

- the higher occurrence of certain health conditions that ultimately interfere with learning, such as asthma and other breathing problems or ear infections and related hearing problems;
- the failure of schools to motivate and challenge Aboriginal children, whether because of the curriculum, lack of Aboriginal teachers, or other reasons (tensions arising from racial incidents in off-reserve schools may also play a role);
- lack of appropriate parental guidance and support because, for example, the family itself is under stress or the parents did not themselves go very far in the school system;
- lack of financial resources to deal with additional learning needs.

2.6.3 LOW SELF-ESTEEM AND SCHOOL ACHIEVEMENT

That Aboriginal children struggle in the school system and have higher rates of school-leaving has been well-documented (Beiser et al. 1998). These struggles have other consequences as well. Minde and Minde (1995), for example, conclude that after about age nine, the grades for Aboriginal children begin to drop drastically, and they are referred to mental health services at a higher rate than are mainstream children. By age 14, the rate of referral to mental health services is five times higher than for mainstream children.

The denigration of self-esteem may be part of the explanation for these findings. Studies have shown that after grades one to two, the levels of self-esteem, self-concept and self-confidence diminish among Aboriginal youth, but continue to increase in mainstream youth.

Teacher expectations also factor into the self-esteem of Aboriginal children. Research has shown that teacher expectations are lower for

Aboriginal children and contribute to feelings of low self-confidence, low self-esteem and, ultimately, academic failure. Rampaul and colleagues (1984) have shown that high teacher expectations coupled with encouragement of the Aboriginal child's creativity increases the levels of self-concept, self-esteem, and academic success. The occurrence of mental health problems may not disappear but will decrease under such circumstances.

Aboriginal children may also not succeed in school and suffer from low self-concept related to teachers' and others' misunderstanding of cultural differences. One interpretation that links cultural difference to academic achievement is given by Minde and Minde (1995). They identify non-competitiveness/sharing, non-interference, and emotional restraint as three socio-cultural norms within the Aboriginal culture that are commonly misunderstood. According to Minde and Minde, most Aboriginal groups value non-competitiveness. Before residential/boarding schools were established, Aboriginal children were raised by their families and extended families and taught that individuality and striving for individual success was unacceptable. Once children were forced away from their families and taken to residential schools, the peer unit became the primary socializing agent. Today, the family unit has not regained the responsibility of being the primary socializing agent. The peer unit has remained important, encouraging conformity and discouraging any level of individual assertiveness, achievement and ambition (which is pertinent for academic success). Minde and Minde maintain that, as a result, Aboriginal children and youth are practicing non-competitiveness, but in a maladaptive way that jeopardizes their academic success and self-concept. The idea of individuality that is encouraged in mainstream schools is a foreign and unacceptable concept; teachers misunderstand the Aboriginal children's non-competitiveness as laziness or lack of ambition (Minde & Minde 1995).

Non-interference is also an Aboriginal cultural norm that has not been understood by the mainstream school systems of North America and has contributed to Aboriginal youth's feelings of low self-esteem and subsequent academic failure (Minde & Minde 1995). The traditional Aboriginal way of teaching children self-reliance was not through physical or verbal coercion but through modeling. Traditionally, children were responsible for their own learning. They learned through watching their family members complete certain tasks. Very rarely was a child spoken to, in the modeling process. Thus they were not *told* to complete routines. Demands were not made, limits were not set, and punishments were regarded as inappropriate. With the weakening of the family unit as the primary socializing agent, Aboriginal children have not received the acceptable level of 'interference' from families in order to learn that showing up for school on time and completing homework on time, and so on, are now required. Again, teachers and various school officials may misinterpret Aboriginal children and youth's lack of performance in school as laziness (Minde & Minde 1995) or parents' lack of involvement as neglectful.

According to Minde and Minde, emotional restraint is another Aboriginal norm that contributes to Aboriginal children's and youth's failure in school, low self-esteem and increased incidence of visiting mental health services. Traditionally, it was taboo for Aboriginals to show emotion such as stress or depression. The 'silent treatment' was normally used as a discipline strategy in the past and is still used today. The unacceptability of showing emotion combined with the interpreted lack of attention from caregivers places Aboriginal children and youth in a difficult situation. Their bottled emotions eventually break through and are, unfortunately, manifested through delinquent or self-destructive behaviours. Self-esteem and

academic success are eroded in the process (Minde & Minde 1995).

2.6.4 SELF-ESTEEM AND ETHNIC IDENTITY

Researchers report that children's and youth's acceptance and pride in ethnic identity is crucial to developing and maintaining high levels of self-esteem, self-confidence, academic success, and realizing a purpose in life (Martinez & Dukes 1997). Adolescence is a particularly crucial time for becoming aware of and accepting one's ethnic identity. It is at this developmental stage that teenagers discover their differences. It is also at this stage that teenagers will either feel shame for, or accept, these differences. Acceptance and pride rather than denial and shame about one's identity fosters the growth of self-esteem and self-worth; this pride and high level of self-confidence negates the social denigration and stereotyping attempts of others (Martinez & Dukes 1997).

According to Martinez and Dukes, at the stage where teenagers have not yet begun the process of *active* ethnic identity awareness/acceptance (i.e., low ethnic identity), Aboriginal males and females have shown the lowest levels of self-esteem and self-confidence compared to whites, African-origin and other racial/ethnic groups. Aboriginal youth's poor socio-economic status and low score on ethnic identity combined to produce decreased levels of self-esteem and self-confidence compared to all other racial/ethnic groups studied (Martinez & Dukes 1997).

2.6.5 DEPRESSION

Studies of depression and non-majority youth are rare. The research that does exist has shown inconclusive results—non-white youth were found to be more, less, and equally depressed as their white counterparts (Roberts et al. 1997). One study by Roberts and colleagues

(1997) found that while it appears that ethnic differences in depression are present, it is actually the socio-economic status of that ethnic group that encourages or discourages the presence of depression. Aboriginal youth were found to have one of the highest rates of depression because they live in the lowest socio-economic conditions compared to other groups. It is worth pointing out that, of all groups studied, females were found to have the highest levels of depression. Overall, the highest prevalence of depression was found among Aboriginal females due in part to their decrepit living conditions (Roberts et al. 1997).

Within the Nova Scotia Mi'kmaq population living on reserve, differences in self-esteem and depression according to gender were also observed. As we noted above, the Mi'kmaq Health Survey documented that male Mi'kmaq youth are much more likely to report that "I like the way I am" than are female youth (84% vs. 57%) and to be confident about their abilities ("When I do something, I do it well", 63% vs. 55%). With regard to stress levels, 30% of female Mi'kmaq youth feel quite a bit or extremely stressed, compared to 7% for the males. Among the Mi'kmaq youth, females were more than twice as likely to say they were sad or depressed for two weeks or more in the 12 months prior to the interview (47% for females, 21% for males). Strong gender differences are also seen with respect to the statement "I don't usually expect things to go my way". Three-quarters (75%) of the Mi'kmaq females found this statement to be true or mostly true, compared to 45% of the males (Mi'kmaq Health Research Group 1999).

This is consistent with the literature on the mainstream population which also tends to show that the incidence of major depressive episodes varies by ethnocultural group and is higher for females than for males (Roberts et al. 1997). Enns, Inayatulla, Cox and Cheyne (1997) found that depression is significantly

related to suicide attempts among Aboriginal youth, while an index of hopelessness is the best predictor among non-Aboriginal youth (Dornfeld & Kruttschnitt 1992).

A study by Dornfeld and Kruttschnitt (1992) provides further insight into the psychological problems that are reflected in behaviour such as alcoholism and delinquency, and in depression, in adolescent males and females in a diverse United States population. Again, there are differences by gender. This study concluded, for example, that adolescent females' delinquency, alcoholism and depression were caused by negative family events. The majority of males' psychological problems, on the other hand, were not found to coincide directly with negative family situations.

2.6.6 SUBSTANCE ABUSE AND ADDICTIONS

Abuse of drugs and alcohol are one of the major concerns of Aboriginal communities across the country, and is likely also related to high levels of individual, family and community stress. In the Mi'kmaq Health Survey, for example, 40% of Mi'kmaq male youth and 48% of females smoked cigarettes at the time of the regional health survey (Mi'kmaq Health Research Group 1999). Our data indicate that youth begin to experiment with tobacco in the 12 to 14 year age group, and that the proportion who smoke reaches over 60% by the time they are 15 or 16 years of age. Female Mi'kmaq youth also appear to smoke a few more cigarettes per day than do males.

In many respects, the pattern for alcohol use parallels that for smoking, namely, that female Mi'kmaq youth are more likely to have consumed alcohol in the past 12 months than the males (49% compared to 31%, respectively). With regard to youth drug use, 49% of the male sample and an overwhelming 82% of the female sample state that they have at one time or another taken drugs. The drug of choice among Mi'kmaq youth is marijuana or hashish.

Other research substantiates that alcohol, tobacco and other forms of drug use are higher among Native American or Aboriginal Canadian populations, although females are not always reported as having higher rates than males (Wallace & Wallace 1991). Beauvais (1992) contends Aboriginal youth and adults abuse drugs because community characteristics create an environment where drug use is high. In addition, there are personal and social characteristics that raise the risk within Aboriginal communities. On-reserve, there is simply a lack of opportunity for education and employment. Reserve isolation may make it difficult for a young person to find a peer group not involved in drugs (Beauvais 1992). Add to this scenario an absent parent, low academic success, low self-esteem, depression, and family violence, and escape through substance abuse becomes even more likely.

2.6.7 PHYSICAL, EMOTIONAL, AND SEXUAL ABUSE AND NEGLECT

American studies indicate that the incidence of reported child abuse and neglect within Aboriginal communities is growing rapidly due to extreme family disruption and greater awareness that leads to reporting. Aboriginal children subjugated to abuse and neglect show higher levels of psychiatric symptoms and psychological problems such as depression, and the situation may lead to behaviours such as drug use, running away from home, and academic failure (Piasecki et al. 1989).

What is happening within Aboriginal families to cause the abuse and neglect of their children? Piasecki and colleagues (1989) report that family violence, interpersonal conflict, marital disruption, parental alcoholism, inadequate caregiver-child bonding, and unemployment are contributing to the abuse and neglect. The shift from two-parent families to matrilineal one-parent families is causing strain on Aboriginal families, as is the resultant shift

in gender roles and family/extended family roles.

Studies are also showing that Aboriginal girls suffer more abuse than Aboriginal boys (Piasecki et al. 1989). Boys tend to suffer more from neglect; girls experienced more abuse and abuse and neglect combined. Aboriginal girls also report longer histories of physical, emotional and specifically sexual abuse compared to Aboriginal boys. Another disturbing trend emerging in the Aboriginal community (as is observed in mainstream society) is that the percentage of children being abused is increasing with age. Neglect is, however, less prevalent (Piasecki et al. 1989).

2.7 POLICY AND PROGRAM INTERVENTIONS

Data from the Mi'kmaq Health Survey (Mi'kmaq Health Research Group 1999) and from other research studies clearly show a pattern of troubled and stressed female youth living on reserve. This pattern is evident not so much in terms of physical health symptoms, but in terms of disturbances of mental health and emotional well-being. What does the literature say about what can be done to alleviate stress levels?

The literature suggests that at least three dimensions must be incorporated into program interventions:

- the restoration of cultural identity;
- taking a holistic approach to health; and
- creating accessible health services on/off reserves and promoting community levels of care that are consistent with Aboriginal culture.

2.7.1 THE RESTORATION OF CULTURAL IDENTITY

One argument in the literature is that the key to improving Aboriginal health and well-being will be to start the healing process from *within* the community. The health and well-being of

First Nations people will not improve unless cultural identity and intimate knowledge of cultural history is achieved (Waldram 1993; Levitt et al. 1998). Living on reserve and attending a few traditional events does not constitute cultural identity and knowledge. Although Aboriginal populations are in the process of regaining knowledge and understanding of their culture from within their communities, Aboriginal youth and many adults have restricted knowledge of their ancestral past. Elders who have some knowledge of culture and history are a key component to youth's self-knowledge and pride. They will be important in re-establishing spirituality and re-introducing traditional forms of healing (Levitt et al. 1998). Feeling pride in one's cultural background will be a key stepping stone in the healing of the Aboriginal population. Once cultural esteem is re-established, then low self-esteem can be ameliorated. Cultural esteem can be brought back into Aboriginal communities by incorporating tradition into the healing process.

2.7.2 TAKING A HOLISTIC APPROACH TO HEALTH

Another thrust in the literature is the idea that physical health is but one component of health and well-being. Psychological, spiritual, social, and environmental well-being are as important to good health and well-being as is physical health status. By taking a broad approach, it is likely that many different causes of stress will be addressed.

In this vein, Newbold (1998) writes about the nine determinants of health. He includes factors such as income and social status, the presence or absence of social support networks, the state of the physical environment, and biological/genetic endowments.

The Royal Commission on Aboriginal Peoples has also recommended a broad approach to addressing health concerns. Summarizing some

presentations made to the Commission, the RCAP Final Report concluded:

These speakers and many others articulated a vision of health care in which each person is considered as a whole, with health and social problems that cannot be cured in isolation from one another, and with resources for achieving health that come not just from expert services but also from the understanding and strength of family, community, culture and spiritual beliefs. It is a vision quite different from that of mainstream health and social services, which tend to isolate problems and treat them separately. To operate on the basis of their vision, Aboriginal people told us they would have to take control of programs and services more completely than has been possible to date (1996a).

2.7.3 CREATING ACCESSIBLE HEALTH SERVICES ON/OFF RESERVE AND PROMOTING COMMUNITY LEVEL CARE THAT IS CONSISTENT WITH ABORIGINAL CULTURE

A third approach is to concentrate on creating appropriate and accessible health care services. Health services exist to some extent on reserve and also off reserve, but they are not comprehensively accessible because of geographic isolation, lack of transportation and other factors. They may also not be culturally appropriate. Health services on reserve are typically staffed by nurses as primary care providers. One or two nurses, and perhaps a community health representative, are left to care for a whole reserve community. While typically hard-working and well-meaning, many health professionals employed at these health services are not trained to meet the challenges of providing health services in Aboriginal communities. Nurse burnout is common, as is rapid turnover (Levitt et al. 1998).

The shortage of Aboriginal health personnel exacerbates these issues. Non-Aboriginal staff may not fully understand the problems faced by their patients, while Aboriginal people may not see the purpose in seeking counsel/help from a non-Aboriginal because they cannot identify with them. It is much easier for an Aboriginal person seeking help to speak to someone who understands their problems and has possibly gone through the same problems themselves (Waldram 1993). When the patient and health professional share the same culture and personal backgrounds, the advice given by the health professional is more likely to be consistent with the culture of the community. For example, mainstream psychological counselling usually involves improving the self and making choices that better conditions for the self. However, in Aboriginal culture, choices related to the self are less acceptable. Individuality is less valued. As a result, there is a discrepancy between the health service offered and the culture of its customers (Husted et al. 1995).

More can be done to make health services accessible within Aboriginal communities. A combination of mainstream and traditional healing can be achieved through setting up counselling programs that are run by Elders and other Aboriginal people knowledgeable about traditional/spiritual healing. The numbers of Aboriginal health workers should be increased within existing health services, and cultural sensitivity training should be mandatory within mainstream educational institutions. The Royal Commission on Aboriginal Peoples, for its part, recommended that governments:

- develop a system of healing centres to provide direct services, referral and access to specialist services;
- develop a network of healing lodges to provide residential services oriented to family and community healing;

- develop and operate centres and lodges under Aboriginal control;
- mandate healing centres and lodges to provide integrated health and social services in culturally appropriate forms; and
- make the service network available to First Nations, Inuit and Métis communities, in rural and urban settings, on an equitable basis (1996a).

The use of Aboriginal health professionals, the education of non-Aboriginal health professionals with respect to the health problems and healing practices of Aboriginal peoples, the use of Elders and other Aboriginal people who are knowledgeable about Aboriginal history, culture and healing (such as tribal programs and pubertal rites), and the establishment of healing centres and lodges will go a long way to improving the health and quality of life of reserve residents. Healing of Aboriginal communities must start from within; greater autonomy will foster the healing process.

2.8 CONCLUSION

Whatever approach is taken, the literature suggests that it is important to be sensitive to gender differences. In the first place, this is necessary because men and women have different experiences when it comes to the determinants of health and their response to those conditions, as our literature review has illustrated. Furthermore, social policies affect men and women differently. Women have been disadvantaged because policies were developed based on research that has primarily chronicled the experiences of men. While policies tend to disregard the needs and concerns of women, they disregard even more the needs and health concerns of women who are of a different race, class, ethnicity, age, etc. to women in the majority population (Sharif et al. 2000) The gender equity lens tool (or gender impact

analysis) is a method for ensuring that the development of programs, interventions and policies accommodate the differences between men and women and among women (Saulnier and Skinner 1999).

It is important to ensure existing and future programs are sensitive to the needs of all Aboriginal people, particularly Aboriginal women—not only to improve their disadvantaged health situation but also because of their central role in raising children. Meeting the needs of Aboriginal women, particularly young women, may help to break the cycle of poverty and ill-health that is so clearly documented in the available literature.

3.0 SUMMARY OF FEMALE YOUTH FOCUS GROUPS AND INTERVIEWS

The purpose of the female focus group and individual interviews was

- to elicit from respondents the meaning of stress in their everyday lives,
- to identify the causes of stress in their lives and in comparison to male Mi'kmaq youth on reserve,
- to have respondents propose strategies that might assist female Mi'kmaq youth to reduce their stress, to better cope with their stress, or to recover from stressful experiences, and to generally improve their lives.

The focus groups were conducted by trained personnel from Mi'kmaq Family and Children's Services. A single interviewer conducted all face-to-face interviews. The female youth interviewees were chosen conveniently from each of the 13 reserve communities except for Bear River where there was no eligible resident. An observer in attendance at the focus group took notes which were later typed up. Notes for the individual interviews were jotted down at the time of the interview, and then

reviewed and elaborated upon for typing. Youth provided verbal consent for their participation. Focus groups generally took one to two hours with the individual interviews taking between 30 and 45 minutes.

After transcription, the interviews were analyzed by way of content analysis and coding for each of the questions posed. Thematic categories were identified by grouping similar responses.

3.1 RESPONDENT CHARACTERISTICS

Eight female youth focus groups were held in separate communities, usually those with larger populations of young people. These groups involved over 40 participants. Group sizes ranged from three to 13, and ages spanned 12 to 21 years (even though the study was supposed to be limited to 12 to 18 year olds). The average age of the focus group participants was 14.6 years. Twenty-one female youth aged 12 to 17 years (mean age 14.5 years) participated in in-depth, individual interviews in twelve communities ranging. Two of the interviewees were no longer in school.

3.2 PERCEPTIONS OF STRESS

According to focus group young women, in order of frequency of mention, stress meant: being emotionally on edge (irritability, frustration, anxiety) (13 mentions); feeling down, sad (11); anger (9); tired (6); feeling overwhelmed, pressured (6); acting out behaviours, e.g., punching wall, yelling (3); and physical effects, e.g., throwing up, headaches (3). The individual young women also characterized stress as being: emotionally on edge (irritability, frustration, anxiety) (17); anger (13); tired, go off alone (13); acting out behaviours, e.g., punching wall, yelling (12), feeling down, sad (9); physical effects, e.g., throwing up, headaches (4); and feeling overwhelmed (2).

Clearly for both female groups, stress is expressed primarily as an internal emotional response that is directed inwardly upon oneself such as frustration or sadness. However, when individual women speak of stress, they are much more likely to mention externalizing feelings that are directed outside of the self such as anger and expressing anger in behaviours such as punching. The latter is more characteristic of male perceptions of stress.

“When I’m stressed, I feel like I’m going crazy inside, like pulling my hair out.” (Individual Female)

“Get mad and upset inside. Makes you ‘crabby’.” (IF)

“Hit something when stressed—states “I end up giving myself pain.” (IF)

“Feel down, don’t feel good.” (IF)

“Get headaches.” (IF)

“Being pressured by things.” (IF)

“Freak out—scream and holler.” (IF)

“They feel tired, mad, lazy, grouchy, pissed off.” (Focus Group Female)

“Feel frustrated.” (FGF)

“I get mad and leave, stay in my room day and night.” (FGF)

“When they are stressed out, they do not go out or socialize, think of suicide, throw up, do not eat.” (FGF)

Stressors named by young focus group Mi’kmaq women on reserve were, in order of frequency of mention: family issues, including problems with parents, siblings, family breakdown, fighting at home, worrying about a parent, being yelled at (33); violence, abuse and bullying at home and school (14); school stress including teachers (14); relationships with friends and boyfriends, including pressure to have sex (11); racism (7); too much responsi-

bility (6); drugs/alcohol including peer pressure around drugs (5); no money or clothes (4); people in general (3); suicide, deaths (3); not being happy with yourself, e.g., overweight (2); and fear of pregnancy (1).

“Parents, brothers and sisters arguing all the time.” (FGF)

“Guys put pressure on you by dumping you, feeling pressured sexually, like to yell, and white boys are abusive.” (FGF)

“All the deaths around here cause stress. The stress is more like depression.” (FGF)

“Peer pressure, we have nothing to do, there is nothing else to do but to do drugs.” (FGF)

“Constantly babysitting.” (FGF)

“Being poor, not having lunch money, cannot buy clothes because it goes to the Double- up [video gambling] machines.” (FGF)

“Teachers (3 people said), “teachers get mad at you for nothing, they just don’t like Indians.” (FGF)

“Peer pressure is the most important cause of stress because they want you to do something that you don’t want to do.” (FGF)

“Parents, especially mothers. Some are really bad mothers.” (FGF)

“We face a lot of racism but we give a lot of racism back—it’s a natural reaction.” (FGF)

The individual interview females felt that stressors were: family issues including fights, siblings, and parental restrictions (18); school stress including teachers and racism (13); peer fights and worries about friends (6); parental-assigned chores including child care (6); relationship issues including sexual pressure (4); job or extracurricular activities (3); death (1); feeling overweight (1); and being a teenager (1). Individuals were also asked to name the key stressors and these were: family issues (16); school (12); and friends (6).

"I'm living with my grandparents...My grandmother talks to me rather than hollering at me. (IF)

"Death of family member (died in 20s) makes me angry when I can't bring him back. I try to block it." (IF)

"Dad...He does drugs and my Mom get mad at him...He's not mean to me. When I was younger and it was his turn to be with me, he wouldn't take me because he was going to [names the activity]." (IF)

"Parents yelling at you." (FGF)

"Worry about my mother." (FGF)

We shall see that while both males and females acknowledge family and relationship stress as foremost stressors, young women are much more likely to mention school stress than males.

3.2.1 IDENTITY

Both groups of female youth were questioned about how they identified themselves. They could list several responses. Among individual youth, most identified themselves as a Mi'kmaq person and indicated pride in that designation, that it was 'cool', and that they felt special (19); ten referred to themselves as young women; and six called themselves First Nation. Of the four who said that they were bi-racial, each identified with their Mi'kmaq background. Being a Mi'kmaq was also the key identity among the focus group females (21 citations) who added that they were proud to be different and unique. One woman wished that she looked more like one.

"Thinks of self as a young woman, First Nations and Mi'kmaq. It's cool." (IF)

"States that she is half white but likes being Mi'kmaq more than being a white person." (IF)

"Thinks of herself as a young woman and a Mi'kmaq. Likes being a Mi'kmaq, "All people are different and I'm just proud to be a Mi'kmaq." (IF)

What is telling from both the overall responses and the quotes is that Mi'kmaq pride and group affiliation is strong among young on-reserve female youth.

3.2.2 HOME AND FAMILY RELATIONSHIPS

For the most part, female respondents said that they were getting along at home well or fairly well (15). Three indicated that the situation was getting better—one of these young women was no longer at home. Only four indicated that their home life was bad or that they were getting along poorly with their mothers. Thus, although the young women indicated that family was a main source of stress, the stress was not necessarily because of their relationship with family members.

"The only time she [Mother] calls my name is when she wants dishes done or laundry or cleaning." (IF)

When asked about the toughest thing about living at home, responses included family conflict (5); nothing (5); dealing with strict parents (4); little stuff such as getting the shower, not having enough space, too far away from the movies (4); and chores (3).

"The toughest thing about living at home is dealing with my parents because they are pretty strict when it comes to friends...and strict with curfew." (IF)

"Mother is getting older and sicker." (IF)

"Heart problems in family." (IF).

"I'm an angel compared to my parents." (FGF)

The best things about living at home were being with loving family including mother and

siblings (12) and home amenities, e.g., bed, food, and being given things (7). One individual who no longer lived at home savoured the peace and quiet.

Who is more like family—real family or friends? Individual respondents indicated family was more like family (8) twice as often as both (4) or friends. Focus group respondents indicated that extended family (7) was more like family as were friends (6), however, they qualified that their friends were like sisters, “we all grew up together”. The identical wording will appear when we report on the youth male responses.

“The best thing about living at home is that you never get lonesome, always somebody to talk to.” (IF)

“The best thing about living at home is the friendship and sharing of a lot of love among family members, can talk to Mom about anything.” (IF)

When asked about the toughest thing happening to people they care about, issues centred around family issues such as family illness (8) and family members’ problems (4). Friends’ problems (6) and friends’ drug and alcohol use (5) also figured high. Death’s effects (5) were also mentioned.

“My friends dealing with their parents...One friend in particular is usually grounded or taking care of her little brother. Her parents are repeatedly grounding her or she is baby sitting.” (IF)

“My uncle died a month ago, and my Mom cries herself to sleep.” (IF)

The focus group females were asked about how you could tell if a parent or grandparent had attended a residential school. They indicated that these parents were abused, didn’t care about their children, told stories about it, were strict and cold-hearted, mean—“treat you the

way they were treated”, were more religious, and couldn’t speak Mi’kmaq. Their characterization is very similar to the young male’s comments—each set of comments seemed to lack compassion for residential school attendees’ situation.

Male and female responses were also substantively the same in the area of homelife. Young women are more likely to complain about strict parents. Both groups agree that they have almost a sibling relationship with other reserve young people. This could contribute to their resiliency and social support.

3.2.3 RESERVE LIFE FOR WOMEN AND MEN

Focus group attendees were asked if the reserves were run by women or men. In two groups, respondents commented that women who did not have husbands were working and had a lot of responsibilities implying in these situations, women were “running things”. Two other focus groups concluded that men were running the community, but not the family. Individual respondents were split in their assessments: male-dominated (7), but women ran the family, versus woman-dominated (6). Five individuals felt that the responsibilities were shared equally, and three were unsure who ran the reserves.

“Most women don’t have husbands. Most women are working and the men are not.” (FGF)

Focus group females were also asked to compare their level of stress with that of younger and older women. Focus group attendees said older women had kids (5), had money from ration [welfare] or paid employment (2), had different needs such as a house and paid employment, encountered abuse from their boyfriend, and had no money for a babysitter.

"They have money and we don't. They have their own house. They get married. They get ration." (FGF)

"Stress caused by having kids and boyfriends cheating on them and need to find a house and work." (FGF)

Women younger than them were babysitting (3), had less to do than they did, or nothing to do (2), didn't care if their boyfriends dumped them, had family problems, peer pressure, were in school, and were encountering drugs, teasing, and having their menstrual period.

"They do not hang around with girls that drink because that is an easy way to get raped." (FGF)

"The younger kids must be stressed because they are so bad. They do break-ins, damage things." (FGF)

"[Young kids] do drugs because they think they are older than they really are and it's cool." (FGF)

When comparing young men and young women, all focus group females argued that it was tougher for them than for young men. This was because women had to deal with sex, pregnancy, more responsibility, and their periods. Two groups also argued that it could be tougher for men because they had to prove themselves and drink. Considerable discussion ensued in these groups comparing young men and women. Young men kept their feelings to themselves, while women talked. Boys didn't cry, they did drugs, masked their feelings, punched walls, fought, partied, and would have sex with anybody. Boys were spoiled. They were less stressed, had an easier time of it, and could stay out late. In boys, stress was not constant. Guys were more athletic. Boys coped by fighting and by using alcohol and drugs. Consequently they drank and 'toked' earlier. One groups said that drug use was the same in young women and men.

"Boys keep their feelings inside and girls talk more." (FGF)

"Girls take everything serious and guys don't care." (FGF)

"Girls worry about everyone." (FGF)

"Ones [Boys] that do drugs are tiny and eyes are looking downward all the time." (FGF)

The young women in this study exhibited considerable insight into the differences in emotional expression for young women compared with young men.

3.2.4 SCHOOL STRESS

According to the individual female youth, the toughest thing about school was: amount of work (5); nothing (4); it was hard (3); exams (2); trying to catch up (2); bullying (2); rude teachers; immature schoolmates; no friends to hang with; racism; new teachers every year; and having to get up early. These comments, as we shall see, are materially different from those of the young men where school stress was primarily related to the difficulty in doing the work.

"There is a lot of racism, and this is the main reason I got expelled from school." (IF)

"Falling grades are tough—I missed a lot of school and it's difficult to catch up." (IF)

"When you can't finish your homework because you don't know how to do it and the teacher gets mad at you." (IF)

"Toughest thing about school is the work, things that I don't know. I find that I am a slow learner. [Grades are in the 70s and 80s.]" (IF)

"Teachers are very stressed and depressed and they stress us out because of their attitude in school." (FGF)

Focus group females were asked why young women quit school. The most common answer was that they were pregnant. Most qualified that response with the fact that the young mothers had no babysitter (7). The next most common reply was related to lifestyle interfering with school work (5) including drinking and drugs, partying so that they could not catch up or get up in the morning (5). Other responses were: don't care about school (4); too hard (3); too lazy (2); parents don't care (2); peer pressure (cool to quit), stressed out/teachers yelling; babysitting too much; feel hopeless; and suspended from school.

"Because they have babies and can't afford to pay a babysitter. Want to go back when baby gets older." (FGF)

"Most important reason is because they do dope/drugs, alcohol and it affects their brain so they can't learn." (FGF)

"A lot of the girls quit school around age 15. Some are too lazy or get pregnant. Once they are pregnant, they quit school automatically, and they don't get hassled about this decision. They typically don't have abortions but some lose their babies due to alcohol." (FGF)

"Don't care about school because parents don't get you up for school. Parents screaming at you and you go out the door crying." (FGF)

According to focus group youth, school would be better if: they learned Mi'kmaq instead of French (4); there were counsellors (2); there were reserve schools (2); Native programs were offered; classes were smaller; young mothers were provided babysitting; classes started at 10 or 11 a.m. and went until 5 p.m.; and tutoring was available. According to individual female youth, school success would improve if: the individual improved herself by working harder or by behaving differently (11); school mates behaved differently, e.g., bullying (4); the

school environment improved, e.g., fewer teachers, different rules, less racism (3); parents got off their back (2); there were tutors; and there was more time to do school work (1).

"[If] I paid attention more in class and worked harder in school." (IF)

"[If] I studied more, and listened in school and took my time (tend to rush things)." (IF)

"If stressed out, the teachers should ask, 'What's wrong?' They shouldn't just send them home. Teachers should be more sensitive to youth stress." (IF)

As we shall see, young women seemed to be able to cope better with school work than young men. Both groups agreed that lifestyle could easily interfere with school retention. Pregnancy was unquestioned as a school interrupter for female Mi'kmaq youth.

3.2.5 SERVING YOUTH BETTER

Focus group and individual respondents answered quite differently with regard to services required to assist young women who are stressed. Focus group suggestions were group-oriented while few individual youth suggestions were so structured. The majority of suggestions from focus group females were for recreation activities (14) including basketball court, ball field, arena, soccer, swimming pool, tennis court, volleyball, pool tables, arcade, and gymnasium. However, the next most common suggestions were confidential counselling services (8) and a helpline. Thereafter group activities re-emerged including retreats for girls (4), youth centre (3), cultural events such as pow wows (2), dances, more community get togethers, winter carnival, travel group (reward through school), and weekend at a hotel. Specific therapeutic group activities included workshops on anger management (3), Al-Anon (2), talking circles, rehabilitation for drugs and alcohol, and meditation and relaxa-

tion training. Other comments included freedom from babysitting, learning more respect for elders (2), taxi on reserve, and spirituality services held later in the day.

“Need stuff to keep us busy, nothing to do here for young women like sports.” (FGF)

“Need someone to talk to that they can trust. Some people may need therapy if they have been sexually abused.” (FGF)

“Babysitting is too stressful, need freedom to get away. The boys get to go away on basketball trips and the girls don't get to go anywhere.” (FGF)

“Youth centre—no where to go, that's why we hate our community, no where to hang.” (FGF)

“A guidance counsellor who we can open up to, rather than the one that told a student to quit school or one that puts the kids down.” (FGF)

“Recreation. Twenty to thirty people waiting for one pool table and start ‘sniffing and waiting’.” (FGF)

Services needed according to individual youth included: school counsellors (7), other counselling (6), workshops on sexuality, self-esteem, or stress (6), school improvement (3), helpline (2), gatherings of young women, guest speakers at school, and NADACA (the Native Alcohol and Drug Abuse Counselling Association).

Regarding relationships with men and relationship supports, female focus group youth mentioned the need for counselling about sex and fear of pregnancy (4); alcohol and drug sessions (2), as well as information about childbearing and emotions, date rape education, condoms, and the pill.

We also asked focus group youth about services that were not helpful. Their answers included NADACA which was perceived to be directed

towards an older group. One group could not answer because there was “nothing offered to them”. Individual youth felt that sexuality workshops and pregnancy counselling were unhelpful (2) because pregnancy continued to occur. There was concern over some counsellors who were not trusted by the youth.

“Nobody that I see are [sic] helpful. Was seeing a counsellor but it didn't help. I talk to my friends.” (IF)

Female focus group members were also asked about increasing physical activity among their age group. They felt that there would be more physical activity if facilities such as hockey for women, and a gym or recreation centre were available (8), if dogs did not prevent walking, if there were native education and recreation counsellors, if they did not smoke and do drugs, if they were not shy and did not feel dumb about sports, and if they were not lazy. One group said that young women fighting prevented them from getting together for activities.

Both groups were asked how to make life in general better on reserve. Focus group females answered: conduct more surveys like this one on youth and youth issues; more First Nations RCMP officers on-reserve like the one who is so helpful to youth; offer more jobs, ration, money, and houses; provide a dance floor, gift shop, or restaurant; more respect (people, property, elders); something to do; support mother-daughter weekends; and community events. Individuals answered a more direct question: My life would be better if.... Three young women answered that life was good (3). Other responses centred upon family life (12) including “if I had a father” and “my family wasn't so aggressive”. Other comments included personal foibles such as not having a good attitude, not doing sports, not socializing well with other children, and not making up with a friend (6). A third category dealt with

the things the young woman did (or did not do) including going to school, having access to cultural events, having money, and freedom (4).

“There is nothing wrong with my life now—I like it.” (IF)

“Offer more jobs, especially to young people, so they get working at a younger age.” (FGF)

“Giving us something to do.” (FGF)

3.2.6 INDIVIDUAL FUTURE PERSPECTIVES

We asked individual female youth about their optimism for the future—fourteen responded affirmatively, four did not know, two gave a conditional yes, and one was not optimistic. We also asked whether or not they saw themselves on reserve in adulthood. Fifteen saw themselves living off-reserve; six on-reserve. Some mentioned career aspirations such as being a doctor, writer, lawyer, singer, or basketball player. Career aspirations did not always appear realistic, for example, one woman wished to be a doctor but her grades were in the 60s.

“I just want to move to a city because there are more opportunities to make money ... My cousins are on welfare and they aren't getting anywhere. I don't want to go on it [welfare], I want to get a job.” (IF)

“If she has kids, she probably will live off-reserve so they would not be exposed to all the trouble on reserve.” (IF)

“Probably if I try hard and get to go to college, I will get a good job. Sees self going away to college and then coming back, because it's my home.” (IF)

We asked if they felt that they had too much responsibility, the majority responded “no” (11); seven responded “yes” and two said “some”. They were also asked if the future looked stressful to them. Most respondents

answered “no”, but some raised concerns about getting a job, having kids, and paying for a house and car. Eighteen respondents saw themselves definitely as mothers, one was unsure, one did not want children, and one intended to adopt. Eleven wanted two children, two wanted three children, and two young women wanted four or more children. Respondents saw themselves having children after college, usually citing ages 20-24 years (5) or 25-30 years (11). One 16 year old thought she would have children in a couple of years.

As a last question, individual respondents were asked whether or not their answers were in general agreement with what their peers would say. Answers were mixed with eight indicating 50:50, “yes” (8), and “no” (5).

“Most of my friends don't seem as stressed as me. [They] seem happy.” (IF)

“One half of the youth would say the same things as me. The other half would say babysitting causes them stress. A lot of them have more brothers and sisters to watch.” (IF)

The young women, while commenting positively upon their career and life prospects, seemed unaware of the effort required to achieve these goals. As we will see, they also seemed less attached to reserve life than the males. They did possess a strong identity as future mothers, seeing themselves in a partnered situation although recognizing their need in this situation to get a job in order to support the family and to pay for a house and a car.

3.3 DISCUSSION

The young women in this study exhibited a great deal of insight into the complex and stressful lives of young women their age. They commented upon multiple stressors in their lives and also had sympathy for the stressors of young men. Their identity was clearly

Mi'kmaq, and they commented with pride upon their background. They recognized many stressors related to school attendance beyond schoolwork, including racism in school and bullying. They recognized that pregnancy inevitably led to school dropout and among several learning supports, recommended child care for new mothers. Their aspirations were to have careers or jobs, children with a partner, and money to support their families.

4.0 SUMMARY OF MALE YOUTH FOCUS GROUPS AND INTERVIEWS

The purpose of the male focus groups and individual interviews with male youth was:

- to elicit from respondents their perception of the stress in their lives,
- to identify their perceptions of the causes of stress in their lives and in comparison to female Mi'kmaq youth on reserve,
- to have respondents propose strategies that might assist Mi'kmaq youth to reduce their stress, to better cope with their stress, or to recover from stressful experiences, and to generally improve their lives.

The focus groups were conducted by trained personnel from Mi'kmaq Family and Children's Services. A single interviewer conducted all face-to-face interviews with the male youth who were chosen conveniently from five of the reserve communities. An observer in attendance at the focus group took notes which were later typed up. Notes for the individual interviews were jotted down at the time of the interview, and then reviewed and elaborated upon for transcription. Youth provided consent for their participation according to the consent protocols presented in Appendices E and G. Focus groups generally took one hour, while the individual interviews took between 15 and 45 minutes.

After transcription, the interviews were analyzed by way of content analysis and coding for each of the questions posed. Thematic categories were identified by grouping similar responses.

4.1 RESPONDENT CHARACTERISTICS

Two male youth focus groups were held with eight participants in one group ranging in age from 10 to 15 years of age, and six participants in the second group aged approximately 15 to 18 years. Five male youth participated in interviews ranging in age from 13 to 17 years. Because of the small number of males involved in the study, results of the individual and focus group interviews are sometimes reported together.

4.2 PERCEPTIONS OF STRESS

For most male respondents, stress was most often externalized, rather than internalized. This means male responses to stress involved aggressive behaviours and feelings released outside of themselves. Stress by the young men was characterized as anger (8 mentions), acting out behaviours, e.g., punching wall, yelling (6), and irritability (4) [these are externalized responses], as well as self-contained behaviours (e.g., sitting alone, reading a book) (4), and emotions (4) including feeling sad or overwhelmed [these are internalized responses].

Stress was described in terms of feelings and stress-provoking situations, as illustrated by some sample quotes.

Feelings:

"Want to rip somebody's head off." (Focus group male)

"It all builds up inside of you. That's why people flip out." (FGM)

Situations:

“Racism experienced when they call you names. It’s stressful so you smack them or call them names back.” (FGM)

“Sports [are] stressful because you’re faced with racism with hockey fans, players and even referees.” Reply: “Racism is the same as alcoholism, one must change himself in order to change others.” (FGM)

“Grief is another stress.” (FGM)

“Friends who commit suicide are a big burden if the people who committed suicide were your friends.” (FGM)

“Being a teenager is stressful because of changes occurring in you, while growing up.” (Individual Male)

“Drugs cause stress, there is peer pressure to drink, smoke and use drugs. Your friends make a deal with you. If you drink, then they’ll do something.” (IM)

“I used to be chunky and kids picked on me a lot.” (IM)

According to individual respondents, key stressors of young Mi’kmaq men on reserve were, in order of frequency of mention: family problems (5), drugs/alcohol (5), grief (4), relationships with friends and girlfriends (2), fear of pregnancy (2), bullying (2), and too much responsibility (2). Other stressors mentioned once included parental expectations, school stress, nothing to do, being a teenager, acne, being overweight, friends in need, not having money, racism in sports, having too many kids around, and pressure to fit in with peers. The focus group males felt that the key stressors were: relationships with girls, alcohol and drugs, and money.

“Girls, because mostly that is on your mind.” (FGM)

“Pressure when your friends tell you to come to them, but you can’t because you’re broke.” (FGM)

“Alcohol and drugs—it ruins families, relationships.” (FGM)

“The most stressful thing is death because it’s hard to lose a friend. The second most stressful thing is being criticized by others, because some people go overboard and keep saying things.” (IM)

4.2.1 IDENTITY

Male youth were questioned about how they identified themselves. Three of the individual youth identified themselves as a Mi’kmaq person and one indicated pride in that designation; the other two thought of themselves as young men. Being a Mi’kmaq was the key identity among the focus group males who added that it was good to be a Mi’kmaq; you could tell someone who was a Mi’kmaq by the way they looked and talked, and having an accent even if they didn’t speak the language.

“Identify by the way we act, the way we are brought up.” (FGM)

“Do not hide who you are. Be proud of who you are.” (FGM)

“Thinks of himself as a Mi’kmaq person. Is proud to be Mi’kmaq.” (IM)

“Thinks of himself as a young man. Means he is trying to accomplish his goals in life. Wants to go to university and become a lawyer.” (IM)

“Thinks of himself as a responsible person, a man, is respected as a young man.” (IM)

What is telling from both the overall responses and the quotes is that Mi’kmaq pride and group affiliation is strong among young on-reserve male youth as it was among on-reserve female youth. However, the Mi’kmaq identity

among the males did not seem to be associated with respondents who wanted to be “successful”. Other comments throughout this section of the report indicated poor regard for other young men on reserve.

4.2.2 HOME AND FAMILY RELATIONSHIPS

For the most part, male respondents were happy with their homelife and had few complaints. They had a warm regard for their friends as brothers—rather than as peers who substitute for family relationships. They appeared accepting, rather than judgemental, about problems on reserve. They had quite negative views about the behaviour of residential school attendees.

Individuals were asked about how they were getting along at home. Three of the five male respondents answered positively (perfect/good/fine), one said ‘up and down’, and one refused to respond. When asked about the toughest thing about living at home, responses included Mom’s drinking, chores (2), waking up early on weekends and bedtime (2). The best things about living at home were material goods (computer, four wheeler), and family members (being home with Mom, loving family and brothers and sisters to play with) (3).

We asked who was more like family—real family or friends? Individual responses were both (2), family (1), and friends—“are like brothers, we grew up together”. The latter sentiment echoes what the young women said. Focus group males also answered that both family and friends were like family; sometimes friends were more like family than their real family. Focus groups gave a special place for fathers, distinguishing fathers from other family members.

“Mostly friends are more like family, sometimes our fathers are like family.” (FGM)

“Friends and family are closest. Our community is mostly our friends.” (FGM)

“Friends are like my brothers. I grew up with them. No matter where you are at on a reserve, you are at home.” (IM)

We asked the respondents, What was the toughest thing happening to people they cared about? They responded: death, losing a friend (2), being criticized by others, politics on reserve, Mom’s troubles, “just being on reserve”, friends involved with alcohol and drugs, and “nothing”.

“My mother and I have good relationship. Mom is a heavy drinker but not a drunk.” (IM)

The focus group males were asked about how you could tell if a parent or grandparent had attended a residential school. They indicated that these parents were strict, abusive, took things out on their kids, and treated their kids the way they had been treated. These perceptions are similar to those of the young women and with equally little evidence of compassion.

“They start taking things out on their son or daughter, start treating them the way they were treated.” (FGM)

4.2.3 RESERVE LIFE FOR WOMEN AND MEN

Focus group attendees were asked if the reserve was run by women or men. They commented that women in their 20s dominated the men, that in families it was 50:50, that whoever pays the bills runs the family, and that on-reserve men worked in business and women worked in programs.

“Some older women (20s) are running the place and are running the guys’ lives. Got them whipped and leashed.” (FGM)

Focus group males were also asked to compare their level of stress with that of younger and older males. They responded: older males had places to go, they had children, were on ration [welfare], went to school/university, and

worked in the fishery. Younger males did not have the “toys” they wanted.

When comparing young men and young women, the focus group males thought life was easier for men. They thought life was more difficult for young women because of pregnancy, because girls who are with a number of guys are called sluts and because a girl can get raped, to which someone commented, “Anybody can get raped”. Difficulties that young males encountered, however, were that boys were rejected (judged) faster than girls, and drinking and drug-taking were higher among guys than girls.

4.2.4 SCHOOL STRESS

Young men overwhelmingly regarded school stress as related to learning frustration. They blamed themselves for their poor performance and noted their lack of willingness to work hard or seek help. A few young men reported bullying and drugs as problems in school. Improving school life was as much about having culturally fun things added to the curriculum as it was about learning supports.

According to the five individual youth, the toughest thing about school was: quit school because of drugs, schoolmates, and keeping on track/being organized, too much work, teacher aggravates me (“piles on work”) (3). Focus group males indicated young men quit school because of money problems, the school work was stressful and they could not handle it or keep up, they needed tutoring and did not have access to it (6), and they could not get up in the morning.

“Don’t have the ability to keep up, because they are not in school enough, and they won’t speak up when they need help.” (FGM)

“School work is stressful.” (FGM)

According to individual youth, school would be better if: get rid of drugs in school; I applied

myself to school work; I enhanced my speaking ability and performance; I moved away and went to a better school; teachers were easier on me; I didn’t have so much work. The school experience would be improved according to focus group males if there were more Mi’kmaq classes and cultural teaching, including field trips and on-reserve schools from Primary to Grade 12 (4); young men set goals and received more encouragement including rewards for attendance and performance (3); if young men participated in study groups, and if they had more tutoring and access to a reading program (3).

“Try to have rewards for students who have a good attendance record.” (FGM)

“My life would be so much better if the kids in my school stopped picking on me.” (IM)

4.2.5 SERVING YOUTH BETTER

Male youths’ ideas about improving services to them were largely focused upon activities, particularly sports and recreation. They did recognize the value of counselling services, both for mental health and education. Individuals wished for the alleviation of personal stressors. It is interesting to note the young men rarely suggested longer-lasting initiatives such as jobs on-reserve.

Services needed according to individual youth included: school counsellors (2), workshops on drug abuse, homework help, drug group, counselling (2), dances, tell teens not to go steady, treatment centre, and NADACA. Focus group males felt that counselling services were required (2) and that this counselling could be done by older peer ‘native’ counsellors. They also recommended get-togethers with friends and field trips such as going to movies or hockey games (2). They said that a gym was needed, also hockey, golf course, rink, ball field, arcade and a place for sports (2), and sweats.

“Gym open more so you can work it off.”
(FGM)

“Native counsellors, old people (19 and 20 years old) who have been through stuff we are going through now.” (FGM)

“There are services available but it depends on how you provide them.” (FGM)

“It’s hard to find services off-reserve, i.e., managing your anger ... Mom looks for them for me.” (IM)

Regarding relationships with women and supports needed, male focus group youth mentioned going to the nurse for condoms and advice, peer counsellors, teen helpline, or talking to older brother, uncles, or cousins about girls. They commented that there was no place to take girls on reserve, and reflected that girls were under pressure to have sex from the boys, but that girls cheat on guys.

“Go to the nurse to get condoms and to ask which ones are the best.” (FGM)

“Tell teenagers to not start to go steady because in a year’s time, the problems will start.” (IM)

We also asked individual youth about services that were not helpful. Their answers included: NADACA (2), anger management, youth peer groups, and “organizations that stereotype us”. Focus group males felt that badly supervised field trips, a focus group like the one they were participating in(!), and spirituality-based services were unhelpful. One person disagreed with the latter comment.

“Field trips. If there is trust with chaperones then everything would be fine.” (FGM)

Male focus group members were also asked about increasing physical activity among their age group. They felt that there would be more physical activity if facilities were available such as a rink on reserve, ice hockey (2), football,

floor hockey, games that are physical, prizes for the lazy ones to get involved, more to do, walking, bicycling, a gym, snowboarding, and downhill skiing.

We also asked focus group males how to make life in general better on reserve. Their responses included more role modelling and mentoring on reserve, including a new chief (2), more jobs, more hang outs, a drug-free youth centre, a 4-wheeler course, field trips, and a Big Brother/Big Sister program. For individual respondents, life would be better if: there were more stuff to do here (e.g., gym); kids stopped picking on me; knew Mi’kmaq language; parents were together; I were White but then I wouldn’t be me; Mom’s behaviour changed; or I just moved or disappeared, left the girlfriend, drugs and alcohol.

“Add more hang outs, places where young men would have fun without getting booted out.” (FGM)

4.2.6 INDIVIDUAL VERSUS GROUP PERSPECTIVES

To end the interview, we asked individual male youth about their optimism for the future as well as both groups about whether or not their answers were in general agreement with what their peers would say. Four responded affirmatively (one had no answer) about their future with comments such as: need to do well in school, going to university, if I stay off drugs and alcohol, and if I keep on in school. Ultimately two said they would return to the reserve after getting their education and two would live off-reserve.

“Thinks he will return when he gets older, particularly when he has children—would want them to grow up on a reserve.” (IM)

“Has a lot of goals he wants to achieve. Wants to become a basketball player and actor.” (IM)

Focus group males felt that their views reflected those of their peers. In contrast, all three of the young men who responded to the same question in the individual interview said that their views would be different from others in the community—others might be having a tougher time at home or with siblings.

“Most guys would tell you the negative stuff—boring/nothing to do, that’s why they do drugs and smoke up. A lot of ignorant guys on the reserve. They have no respect.” (IM)

As previously mentioned, it seems as if the male youth on reserve identified with each other, yet hoped they were different—and perhaps better situated to become successes. From this small sample, not a lot can be made of the one young man who wanted to become a lawyer, and the other who wanted to become both a basketball player and an actor, but one could question the realism of these goals, particularly in light of high levels of school stress. Not succeeding is seen as personal failure and the means to succeed are thought to be merely personal effort. System or community supports which are actually vital do not factor in these young men’s awareness of what might determine their future.

4.3 DISCUSSION

In general, the 19 young men who participated in the study seemed quite straightforward in their analysis of issues and very individualistic in their understanding of attributes needed for success or failure. They saw activities from sports and recreation as answering many needs. Given that their perceptions of stress were most related to externalizing behaviours and their frustration with trying to learn school work, they seem to be at high risk for school failure and lack of other life success. They recognize the “ignorance” of other young men, how men who make mistakes are not forgiven, and how lack of economic earning power shifts

the power relationships between men and women. On the other hand, they are generally content with their family lives, and their friends, and are quite astute about relationship issues with young women.

5.0 SUMMARY OF YOUTH-SERVING PROFESSIONAL INTERVIEWS

The purpose of the interviews with youth-serving professionals was:

- to elicit from respondents their perception of the stress in the everyday lives of female Mi’kmaq youth living on reserve,
- to identify their perceptions of the causes of stress in the lives of female Mi’kmaq youth on reserve,
- to have respondents propose strategies that might assist female Mi’kmaq youth to reduce their stress, to better cope with their stress, or to recover from stressful experiences, and to generally improve their lives.

A single interviewer conducted all face-to-face interviews with at least one youth-serving professional from each of the 13 reserve communities. Notes were jotted down at the time of the interview, and then reviewed and elaborated upon for typing. Youth-serving professionals provided consent for their participation (Appendix G) . Interviews generally took between 30 and 45 minutes.

After transcription, the interviews were analyzed by way of content analysis and coding each of the questions posed. Thematic categories were identified by grouping similar responses.

5.1 RESPONDENT CHARACTERISTICS

A total of 42 interviews were held with 43 respondents (one joint interview was conducted). The work of the 43 respondents is

shown in Table 1. Respondents had been in their positions from a few months to 25 years with an average duration of employment in that position of 7.6 years.

Table 1: Profile of Youth-serving Professional Respondents

Occupation	Number (Percent)
Community Health Representative/Nurse	8 (18.6%)
Native Alcohol and Drug Counsellor	12 (27.9)
Education Counsellor	10 (23.3)
Clerk	2 (4.7)
Brighter Futures Counsellor	4 (9.3)
Social Worker/Other Counsellor	6 (16.3)
TOTAL	43 (100.0)

5.2 PERCEPTIONS OF FEMALE YOUTH STRESS

Stress was clearly recognized as an issue for young women on reserve. Of the 42 individual interview responses, only one person (2.4%) thought young women were not stressed while 11 (26.2%) thought they were highly stressed, and 28 (66.7%) thought they were moderately stressed. One individual did not reply to this question.

Respondents were asked to comment upon *all* stressors and the *key* stressors facing young women. The most commonly named stressors of young Mi'kmaq women on reserve were, in order of frequency of mention: peer pressure (29), family problems (26), school stress (16), intra-personal stress—that is stress within oneself (14), reserve isolation (13), relationships with friends and boyfriends (11), teen development (10), pregnancy (9), living in poverty (9), racism (5), sexual abuse (4), having too many child care responsibilities (2), and dealing with grief issues (1).

There is an overlap with the stressors reported by young women, but the emphasis is different.

In particular, peer pressure is much less remarked upon by young women and school is more often identified as a stressor.

The effects of **peer pressure** included pressure to use alcohol, drugs (prescription and non-prescription), and to have sex, as well as to participate in break-and-enters. Fitting in with peers and belonging to a group were mentioned as stressors, as was keeping ups with fads in dress.

“They are trying to fit in and don’t want to take direction.” (Youth-Serving Professional)

“Any teenager would have stress because of peer pressure and wanting to fit in.” (YSP)

“Fashion image at 12-18 years, i.e., ‘tommy jeans’.” (YSP)

“Not belonging to a group. Others not wanting you as part of their group.” (YSP)

Family problems included family conflict, lack of parental guidance, parents’ own alcohol, drug use and gambling problems, unavailability of parents, unsupportive parents, family dysfunction, poor family communication, children not being loved by the parents, and residual effects of residential schools on parenting.

“They say that their parents are forever on their backs about not staying out late. Moms drive them crazy, tired of always fighting with their Moms, can’t talk to them—just yell at them.” (YSP)

“Dysfunctional family in terms of poor communication.” (YSP)

“Lack of parental involvement in these young peoples’ lives. Parents themselves are addicted and are not at home.” (YSP)

“Parents who gamble, and money going elsewhere, leads to stress.” (YSP)

School stress was the third most common source of stress identified by youth-serving

professionals. Besides school performance stress, respondents identified being stereotyped in an off-reserve school, including an expectation of language incompetency, feeling the pressure of competition to do well, and being expected to excel in sports as components of school stress.

“The expectation by teachers that Mi'kmaq women/people will not do well in school because English is not their first language.” (YSP)

Another frequently mentioned category of stress was **intra-personal stress**. This included worrying about the future, lack of hope, lack of confidence, low self-esteem, and lack of respect for oneself and for one's elders, feeling lonely and abandoned, not being listened to, and native versus non-native identity stress.

“Worried about the future (i.e., tuition, cutbacks, summer jobs). Worry about going into the right labour force.” (YSP)

“They lack respect for themselves and elders.” (YSP)

“They label themselves. They think the non-native society is higher than they are.” (YSP)

Reserve conditions were also mentioned as a stressor. This included having nothing to do, and reserve life being generally hard with gangs, anger and aggression a part of life. Three respondents mentioned specific stress regarding treaty negotiations.

“Yes, very stressed, employment-wise. Future on reserve is bleak. Are stressed by getting an education and everyday life.” (YSP)

“Have gang mentality as a result of decrease in self-esteem and no place to go. Do things in a crowd as a way of seeking approval.” (YSP)

Relationships with friends and with boyfriends were also mentioned as a source of stress. Fighting with female friends over boy-

friends and dealing with suicide issues among friends and fear of suicide of friends were also named stressors. With boyfriends, the main issues were pressure for sex and needing to seek “permission” from the boyfriend to do things.

“Boys pressure and use girls for sex. Once they [boys] get sex, then give the girls less attention.” (YSP)

“Self-image is poor, bullying exists, extremes of teasing, suicide attempts with women choosing rape, guns and knives. Suicide pacts exist with girls attempting to hang themselves.” (YSP)

Teen development, including hormonal transitions and health issues such as weight, hygiene, and smoking, was also identified as a stressor.

“Puberty itself—feelings and emotions are difficult to deal with.” (YSP)

“Making the transition to womanhood.” (YSP)

Pregnancy was mentioned by respondents as a major stressor. This was variably described as unwanted pregnancy, pressure to have a baby, or just pregnancy.

“Teen pregnancy. Children pressured into drinking/drugs and having sex.” (YSP)

“Pressure to have a baby. This is a culture thing.” (YSP)

Living in poverty or in an area of high unemployment was mentioned as a source of stress, primarily because parents could not afford to buy clothes and other peer-regarded items. Not having these items would make young women feel they could not go out.

“Low income and the pressures that go along with not having much money. Poor housing and/or no place of their own. Social services don't give out much money.” (YSP)

“Need for material things to be cool! If parents can't afford them, then they don't show themselves in public.” (YSP)

Racism was also mentioned as a stressor both in conjunction with school stress and separately.

“Being fathered by a non-native causes stress on children within the community.” (YSP)

“Off the reserve, they are daily dealing with racial issues. They understand this at a different level at adolescence. They see a difference in power between white people and natives. They become angry and express outwardly (fights) or inwardly (sexually acting out, suicide, depression).” (YSP)

Dealing with **sexual abuse**, having **too many child care responsibilities**, and **dealing with grief issues** were also mentioned as stressors.

“Family puts pressures on them at home, to babysit their siblings and do household chores.” (YSP)

“Exposure to sexual experiences, sexual abuse is almost a norm. Sees this as a part of the aftermath of residential school—abused people become abusers.” (YSP)

“Unresolved grief within families around suicides/deaths.” (YSP)

In terms of *key stressors*, the majority of respondents named **peer pressure** (24) as the distinguishing stressor for women 12-18 years. This included pressure to fit in, to look older, or being part of a ‘gang mentality’. **Intra-personal stressors** were mentioned by fourteen individuals. This category of stressors included women of this age being confused and not knowing what they wanted, communicating poorly with their parents, feeling adults were against them, having lower coping skills than older women, being isolated from their culture and identity, having a poor self-image, and future concerns and unclear expectations

about jobs and education. They used drugs more often. The third most common stressor for women was **teen development** (11) which includes being a teenager, puberty, and hormones. **Having too much responsibility** for their age was mentioned four times, including too much child care responsibility, growing up too fast, and having a baby at a young age. **Being bored** and having nothing to do were mentioned by three respondents as a key stressor.

We asked youth-serving professionals to compare the main stressors for young women (12-18 years) with women five years older. In order of frequency of mention, they listed the main stressors for the younger group as: peer pressure, intra-personal, teen development, having too much responsibility, and being bored.

“[This age group] feels that they don't fit it with their peers, may not have many friends, are worried about their looks.” (YSP)

“Peer pressure, as they get older, they are not as influenced by peer pressure.” (YSP)

The majority of respondents (22) were in agreement that peers had a greater influence on young women than family. Other respondents thought peers and family were equal in their influence (3) or that stability, religious conviction, and involvement of the family determined whether or not peers exerted a main influence or not (5). Some respondents thought family could be a negative influence on the female youth (2).

In general, respondents were quite convinced of the importance of peer pressure and peer influence in young women's lives. They also attributed a great deal of their stress to dysfunctional family relationships. Many spoke of young women lacking self-esteem, having self-doubts, being confused—a category we labelled intra-personal stress. Young people did not seem to

identify this stress themselves, and they downplayed peer pressure somewhat.

5.3 GENDER ISSUES

Several of our questions were related to gender issues on reserve. Respondents seemed to be able to answer such questions definitively regarding whether the community was woman- or man-dominated and who had it tougher— young women or men? However, they were divergent in their views.

Sixteen respondents thought young men had either a harder time than young women or both genders equally experienced stress. Of the 23 respondents who expressed the opinion that women had a harder time of it than men, the reasons were women were: more emotional and let things bother them, more likely to be victims of violence, had to appear older than they were, had to raise a child, had sexual pressures, were intimidated by men, pressured to have a baby, left out, had a lower status in the community than men, and had more responsibilities. Those arguing that men had a harder time of it than women said men did not talk things out, were more likely to be kicked out of school, were pressured to be “macho”, encountered problems with the law, were less mature than women, and there were more things for girls to do on reserve than for boys. Youth-serving professionals had a reasonably similar characterization of gender issues to what youth reported.

“Young women have a tougher time than young men because of the added stress of sexual pressure.” (YSP)

5.3.1 GENDER DOMINANCE

We wondered whether or not the respondents felt that the community was woman-dominated or not. Among those who responded to this question, eleven said the community was woman-dominated, twelve said their commu-

nity was male-dominated, and four said the community was gender equal. We have no way of cross-checking the responses by community. However, respondents seemed quite definitive in their statements, sometimes going on to explain that only one of twelve Band councilors was a woman, or that women had more jobs than men. We asked this question because it is hypothesized that young women who are raised in matrilineal or female-dominated communities not only assume inordinate responsibility at an early age but may rebel against that responsibility in adolescence.

“There are more job opportunities for males than females (i.e., the first ones hired are the males). Males are expected by the Mi'kmaq society to be better at everything (smarter and stronger than women).” (YSP)

“This is a woman-dominated community. The women make a lot of decisions in the community and do a lot of the work for events.” (YSP)

“Young females have no power over anything in their lives except their bodies. Therefore, they need to have a child to fill the emptiness.” (YSP)

This leads to our follow-up question about whether or not the community was preparing its young women for adulthood. Nine respondents felt that yes, the community was preparing its young women. Parents were seen to be primarily responsible for this (12), although grandparents, the RCMP, community health nurses, school health courses, and various educational and life skills sessions contributed (10) to these young women's development. Thirteen respondents felt that not enough was being done to prepare women for their adult responsibilities. Respondents commented these women were given too little responsibility at this age, their parents lied for them, they needed more career counselling in school, and they seemed to be taught to have a baby and

get welfare. Respondents mentioned the need for the traditional pubertal ceremony to teach girls to feel special about themselves and to be honoured. Two respondents said young women had too much responsibility, particularly raising other peoples' children.

"A lot of these children haven't had a chance to be kids. They have been raising themselves and their siblings. They have too much responsibility." (YSP)

"Overall yes, we are preparing young women for their adult responsibilities. Parents are trying to prepare them." (YSP)

"It's a parent's responsibility and kids imitate parents' behaviour." (YSP)

Respondents frequently raised the issue of role models. We probed them on the use of role models, and on whom these role models might be. Many respondents (9) felt that role models should be guest lecturers in school. Teachers, particularly First Nations teachers, would make good role models as would elders, successful sports/recreation leaders, a female chief, and other community leaders. Respondents noted that there are few nurses and no business women available to function as role models. Role models could be used to present awards, to mentor, to be available for job shadowing, to share their success stories to motivate other young women, and to praise and affirm other young women.

5.4 SCHOOL ISSUES

We asked respondents to comment upon school drop-outs and how the school experience might be improved for young on-reserve women.

When asked to complete the sentence, "Most young women on this reserve who quit high school do so because ...", the single most common response was pregnancy (20), followed by lack of school motivation and encour-

agement (20), school work frustration (12), prefer to be out of school (12), family issues (6), and negative school environment (6). Twenty-two respondents believed learning difficulties in general, fetal alcohol syndrome or its effects, or attention deficit disorders contributed to school drop out. One respondent commented that young women did not "quit" school, they merely postponed it.

"Drop-outs are not related to learning difficulties, rather trying to grow up and be an adult." (YSP)

"Drop-outs are related to learning difficulties, they struggle through school and just give up." (YSP)

Pregnancy was seen as an inevitable reason for quitting high school. Young women had to choose between their education or raising their child. Another group of school leavers was thought to be disinterested in school, and **lacked motivation or encouragement** to continue. They were uninterested in or bored with school, thought they did not need school, and had no ambition or motivation. They saw other role models who had not finished school and did not think education was important, nor did their parents. A third group of school leavers quit because of **frustration with school work**. They simply could not handle the work and got behind, sometimes a result of being suspended, frequent absences, or tardiness. Some had **family issues** that interfered with school, for example, too much responsibility at home within an unstable family life. Respondents thought another group quit to escape an **unpleasant school environment** either because of threats of violence, teasing, low self-esteem, or wanting to leave culturally insensitive teachers or curricula, and racism. Nine respondents also blamed the young women themselves for quitting as a **deliberate preference**. They described these young women's reasons for quitting with harsh statements such

as “they want to sit home and collect welfare”, “want to party, sleep all day”, “think if they get pregnant and have a child, will get a house and can then party all the time”, “can’t get up in the morning”, and “dependent upon welfare”. Use of drugs and alcohol were also directly blamed for dropping out of school.

“They just don’t have the interest in continuing on [in school].” (YSP)

“Want free time to party, sleep all day and stay out all night.” (YSP)

“They think if they get pregnant and have a child they will get a house and they can then party all the time. A lot of young women think this way.” (YSP)

“They are boy crazy. They stay out late at night and don’t feel like getting up the next morning.” (YSP)

Eight respondents felt that males quit school for the same reasons as women. Seven said that they often quit in order to take a job. Other reasons mentioned include they were kicked out of school, encountered bullying in school, were lazy, were on alcohol and drugs and could not make it to school, and they decided to move out of the family home and go on welfare.

Many of the comments made by youth-serving professionals were quite harsh in terms of blaming both the young people and their parents for school failure. These comments raise the issue about whether or not young women are pushed out, fade out, or drop out of school. There are clearly many factors that lead to young women leaving school, and many of these factors are cumulative in their effect. Getting behind in work is a common pathway to school drop out, whether it is caused by expulsion, coming late, absenteeism, not applying oneself, or having learning difficulties.

We asked respondents what they thought could be done to improve the school experience and school success of young on-reserve women. The suggestions in order of frequency of mention were: improve cultural content and relevance of school (19), improve school environment and content (16), parental encouragement and involvement (13), out-of-school support initiatives (10), homework tutors (7), and educational counselling services (7). One person commented that schools were doing everything they could.

“They need their parents to motivate them to do something with their lives. It is present in some homes but there are a lot without parenting—especially homes with alcoholic parents.” (YSP)

There was a great deal of support for Mi’kmaq young women to have a richer cultural experience in schools, including First Nations teachers, native support workers in schools, guest speakers from the community, better prepared teachers in terms of Mi’kmaq issues, eliminating racism in schools, and the presence of role models. The school environment could be enriched with achievement awards, more extracurricular activities and school trips, opportunities to tour the universities, workshops for girls, special courses on self-esteem and personal development and relationships, listening to kids, not judging them, and being more cooperative with them, teaching coping skills, conflict resolution, and problem-solving in the curriculum, helping young women to set goals they could work towards, and creating a positive school environment in general with zero tolerance for school aggression. Respondents suggested out-of-school supports including appropriate referrals, continuing education and upgrading courses, day care and single parent programs, addressing the pressures on young women who are caring for other children, and early education programs would also encourage these young women.

“A lot of girls talk about the pressures put on them to take care of other children in the family because of their parents’ drinking. This needs to be addressed to help their school success.” (YSP)

Respondents often stressed the importance of parental involvement in the schools and their encouragement of their children. Parenting workshops might assist them to this end. Parents were asked to see that their children went to bed early so that they could get up in the morning. Respondents also mentioned the need for straightforward tutoring support and qualified educational counselling or peer counselling for school attendees.

5.5 SERVICES NEEDED

Respondents were asked, What kinds of services were needed for young women who are experiencing a lot of stress?

The most frequently mentioned service was **mental health/counselling services** (cited by 30 respondents), although some said that the service was available and that young people did not avail themselves of it. It was, however, widely recognized that young women needed someone to talk to.

“The key is communication. They need somebody they can trust and talk to, and who won’t think they are bad.” (YSP)

“The services are there. It’s up to them to access them.” (YSP)

Sixteen respondents mentioned the need for **special events of a cultural nature** tailored to young women, for example, retreats, summer camp, camping, just-for-girls events, women’s night out, mother-daughter events, dances, spiritual/cultural sessions, and pow wows. Money was often cited as a barrier to putting on such events.

“Some form of release, such as fun groups – outings/activities geared just at girls.” (YSP)

Special **educational sessions** were also recommended by 15 participants, including workshops for young women on self-esteem, coping with stress, pregnancy and birth control, life skills, anger management, and the use of journal-writing to provide stress relief. Twelve respondents mentioned that **parenting support** was needed to reduce young women’s stress, including parenting workshops.

“Parents who need parenting programs don’t show up for them.” (YSP)

Another eleven respondents thought **increased recreational activities** would help to reduce young women’s stress. Such activities would also provide an opportunity for increased physical activity. Nine respondents supported providing a safe, alcohol-free **youth centre** for teens. Six respondents suggested **preparing and hiring people who could work with youth** including a youth activity coordinator, trained mentors, coordinators of support groups, educators, and Mi’kmaq educators.

“A drop-in centre for youth with a counsellor there all the time, where the youth could just go and relax, no drugs or alcohol allowed, could have exercise equipment, a place to study and tutoring available.” (YSP)

Seven participants mentioned **support groups** including the talking circle method. Health centre services providing wellness services, information resources, and a confidential well women’s clinic were mentioned by four respondents.

“Support group[s] where they can get together and talk about their problems (made up of peers and professionals).” (YSP)

Lastly, three respondents mentioned **general reserve development** as a means of reducing female youth stress, including providing meaningful work opportunities for youth.

5.5.1 DATING RELATIONSHIP SUPPORT

Recognizing that a lot of stress on young Mi'kmaq women occurs around dating relationships, we asked respondents, What could be done to help young women in these situations? The most popular answer was that there should be education in schools around these issues (28) including videos about dating, emotional abuse, sexual education, knowing about your body, birth control, women's legal rights, single parenthood, and dating violence. The next most common answer was providing workshops (13) that young people would be comfortable talking in. It was also recommended that teachers and parents should participate in workshops so they would be comfortable talking to young people about sex. Five respondents suggested indirect programming in self-respect, self-expression through art and writing, and physical activity. Services such as offering condoms in schools, intervention programs for youth in trouble, and wellness centre support were mentioned by six respondents. Four respondents each suggested individual counselling and focus groups where experiences could be shared.

“A lot of these women have problems, maybe with their parents before they get into a relationship and have a hard time identifying love... Look at sex as a pressure—a lot engage in sex to feel better for the moment and take the chance and end up pregnant. Don't use condoms.” (YSP)

“Have programs that are available to prevent dating violence etc., and programs that they can access if [they] experience violence.” (YSP)

5.5.2 PHYSICAL ACTIVITY SUPPORT

With the opening statement that stress is often reduced by physical activity, we asked respondents how they might answer the statement, “Young Mi'kmaq women would do more physical activity if ...?”. The majority responded that suitable recreational activities were required (30). This included a gym, swimming pool, rink, and recreation centre. It was also felt that women needed to be motivated to participate (17 mentions), and that they would participate if they felt better about themselves, were exposed to such activities early, had other women involved, and if their parents and siblings modelled physical activity. Nine participants suggested increasing physical activity among young women through mandatory programming in schools, more sports education, keeping the gym open after school, and having special gym classes for girls and special sports such as floor hockey and basketball, and tournaments. Nine respondents cited money as a barrier to participation in sports. The absence of coordinators and lack of transportation were cited as barriers by three respondents each.

“If [young women] had recreational activity and finances for babysitting then [they] would maybe participate in physical activity which would lead to socializations.” (YSP)

“We need to figure out a way to do these activities without the vandalism occurring, perhaps more parental involvement.” (YSP)

“If their boyfriends allowed it. They didn't need their boyfriend's permission.” (YSP)

We questioned whether recreational programming needs differed by gender. Twenty respondents stated that the programming was the same for men and women. Fifteen of the remaining respondents who addressed the question stated the programming was directed more towards males and there was not enough programming for women. Males tended to dominate the

evening recreation programs. Non-sports recreation was geared towards males getting a job, and for women, it was more family-oriented. No one said recreation programs were particularly gender-tailored or that they in any way favoured women. Youth-serving professionals did not seem aware of gender-differentiated recreation needs of youth.

“There is a lot more programs for men, especially sports programs.” (YSP)

“When had recreational programs in the evenings, guys would dominate them.” (YSP)

“Most workshops are for youth. They are not targeted for males/females, probably because we don't have the money to put two separate ones on.”

Youth-serving professionals repeatedly cited the effectiveness of counselling and education as stress-reduction mechanisms. In fact, primarily individualistic responses were suggested, rather than more comprehensive, community-oriented, or structural change strategies. Many of the services were admittedly already available, although young women did not access them. Other strategies thus seem indicated.

Respondents were also asked to name *unhelpful services* already in place. Most respondents thought all services were at least somewhat helpful. However, respondents suggested many off-reserve services such as physicians, psychiatrists, mental health, child and family, and alcohol and drug services for young people were unhelpful, as were untrained personnel in youth coordination or running youth centres. Respondents said dating relationship workshops do not work. Individual counselling was also thought to be unhelpful for individual behaviour, drug/alcohol counselling, or in schools. Social workers were also criticized. The crisis counselling service was criticized for not being used, and the respite service was criticized for being abused by mothers who

went out drinking and partied. Therefore, while counselling was named a needed service, respondents questioned its usefulness for dealing with certain problems.

“Another way of teaching sex education. What's being taught in schools isn't really being heard and/or sticking with them.”

“NADACA programs are not geared towards teenage women.” (YSP)

“Services that don't deal with the whole issue or are not culturally relevant.” (YSP)

5.5.3 MAKING LIFE BETTER

As a final question, we asked youth-serving professionals what could be done to make young Mi'kmaq women's lives better on-reserve, in general, as well as other suggestions for reducing the stress in the lives of young women. Many of the suggestions mirrored the stress-reduction services suggested before such as a teen centre (3), special events, e.g., mother-daughter camping, greater involvement of grandmothers (3), recreational activities (7), cultural activities (7), educational programs (9), better on-reserve services such as counselling (8), improved employment opportunities (7), and other services such as babysitting and transportation (3).

“These young people know that if you're not married, then you can get a welfare cheque and family allowance, and you get a 'big cheque'.” (YSP)

“Holistic approach to the general well-being of young Mi'kmaq women with keeping the medicine wheel concept the centre of the teachings.” (YSP)

Youth-serving professionals suggested other necessary attitudinal shifts such as getting fathers involved in child care; permitting young people to have more influence in politics; letting youth have input into their life goals

and direction; listening to young people; helping them to become more independent, assertive, to have self-confidence, to believe that they deserve more from their lives than having a baby and pleasing a man; and teaching them that one should not have children out of marriage for a big cheque. They also suggested the need for more first-hand experiences off-reserve such as attending rallies, concerts, and sports events.

“Educate these women to be independent and to have goals that lead to them getting a job.”
(YSP)

“Women need lots of nurturing. Some don’t know what it’s like to be nurtured, held, and having a friend.” (YSP)

“Politics interfere with young women’s lives on reserve...everybody is not treated equally.”
(YSP)

Again, youth-serving professionals proposed few fundamental or determinants of health-type strategies for reducing stress.

5.6 DISCUSSION

While youth-serving professionals seemed to have gender-awareness about the different stressors facing young women and men, many described harsh stereotypes of young people (for example, not wanting to get up in the morning and wanting to party). Many workers had been in their positions for a long time. One concern would be whether they can still relate to young people.

School leaving was obviously frustrating to youth-serving professionals. School drop out discussions invariably led to parent blaming, school blaming, and youth blaming. Respondents generally accepted the dominant gender understanding of the community, and a “boys will be boys” critique with regards to sex, pregnancy, and youth relationships. A few respondents commented upon increased child

care responsibilities of young women, something the young women also complained about. Most, however, were oblivious to the level of child care responsibilities some young women had, feeling that they had too little and that their parents were not preparing them well for adulthood.

Many perceptions of youth issues were uncritical. Youth-servicing professionals thought pregnancy among teen women, for example, was inevitable with no consideration about whether these pregnancies were planned or unplanned, wanted or unwanted. Strategies to intervene in teen pregnancy need to take account of these different contexts. Youth-servicing professionals also seemed to prefer the educational, individual model of direct service intervention. They therefore recommended workshops and counselling. There were few suggestions around a determinants approach or longer-term interventions such as building economic opportunities for young people on reserve. There also seemed to be little gender awareness around programming or the needs of clients. The lack of money, however, was seen as a real barrier to accessing services, particularly recreation. Few strategies utilized a resiliency critique that could maximize opportunities for youth resiliency to emerge. Only a few also discussed band politics and the larger context of Aboriginal issues.

6.0 DISCUSSION AND CONCLUSIONS

6.1 STRESS AND STRESSORS

The young women in this study exhibited considerable insight into the differences in emotional expression for young women compared with young men. Young men focused their understanding of the stress of young women primarily on sex and pregnancy while

the young women demonstrated a broad understanding of life stress. Young men, in turn, were more expressive of their own stress experience which seemed to be well-understood by young women as well.

The literature on gender and social pathology suggest that for any given risk factor, females are as vulnerable as males, but girls are thought to internalise their problem behaviours and boys to act them out (Dohrenwend and Dohrenwend 1976; Robins et al 1984). For young Mi'kmaq women participating in focus groups, stress is expressed primarily as an internal emotional response. Stress relief in this situation is often released by communicating one's feelings with others. In fact, we observed the ease of communication among focus group women, with one group even claiming that the data collection exercise was therapeutic! The fact that individual interviewees, however, spoke of stress in externalizing terms, including self-harm (similar to males), raises the alert that more women may now be at risk for self-harm than before because of acting out coping behaviours in the face of stress.

We presented the results of the study as a whole to the re-convened Youth Advisory Group and asked them to comment on the difference in responses obtained from focus groups and individual interviews. Advisory Group members cautioned that in a group, young women have an image to uphold and are thus more likely to speak out in an individual interview in terms of expressions of anger. They also challenged whether externalizing behaviours are problematic if no one is injured.

The young women in the study, in contrast to the young men or even the reports of youth-serving professionals, cited a broad array of stressors. The fact that young women on-reserve are experiencing multiple stressors must be considered in any overall framework of stress amelioration. Merely addressing school

or boyfriends as stressors will fail to mitigate the more pervasive stress experienced by them. One telling comment was that young men did not have "constant stress", implying that the young women did.

Table 2 compares the key stressors identified by young women, young men, and by youth-serving professionals who commented upon the stressors of young women (age 12 to 18 years) on-reserve. There was considerable overlap among the three groups. However, based on frequency of response, youth-serving professionals were the only group to rank peer pressure highly. All three groups recognized family problems as an important source of stress. Young women prioritized school stress higher than did young men. Both groups of young people named relationship issues with their friends, including boyfriends/girlfriends, as high stressors. Youth-serving professionals may have subsumed these stresses under the broad category of peer pressure. Friends are definitely a source of worry for young people. Their concern for their friends may be one useful strategy for suicide prevention because they are likely to be the ones to identify those at risk first.

Table 2: Comparison of Key Stressors for Youth by Respondent Group

Stressor	Female Youth (combined)	Male Youth (combined)	Youth-serving Professional
1	family problems	family problems	peer pressure
2	school	drugs/alcohol	family problems
3	relationships with friends/boyfriends	grief	school
4	violence, abuse and bullying at home and school	relationships with friends/girlfriends	intra-personal (e.g., worrying, low self-esteem)

It is interesting that violence and abuse were mentioned only by young women, and drugs and alcohol only by young men. In contrast, youth-serving professionals spoke often of intra-personal (within the individual) stressors such as lack of self-confidence, lack of identity—constructs that the young people did not identify in their responses. Sexual precocity among the young women may be related to a history of abuse—only the young women volunteered that sexual precocity might be an outcome of sexual abuse in childhood.

In the reconvened Youth Advisory Group, participants emphasized the sources of stress change from year to year; there is no stability in what is stressful. They agreed with the list of main stressors. The Youth Advisory Group members also picked up on the unique adult concern about youth having low self-esteem as a main stressor. One member of the group reflected that adults identify low self-esteem whereas young people do not recognize it until they are older and face responsibilities and choices.

6.2 PEER AND (EXTENDED) FAMILY RELATIONS

The literature (Lashbrook 2000; Lewis & Lewis 1984; Farrell & White 1998), and the firm conviction of youth-serving professionals, state that peer pressure is a huge influence (often negative) upon on-reserve youth. While both male and female youth did comment upon the influence of their friends, they did not emphasize peer pressure as a key stressor. There were expressions of concern that friends encouraged drinking and smoking, but less articulation that this left young people without a choice. They often thought of themselves as different from their peers. Their characterization of their on-reserve peers was, for both men and women, that their friends were like brothers and sisters—they had grown up together. The problems experienced by friends in the context of their families and relationships were sources of

genuine stress for young women, but not expressly noted by young men. The so-called peer influence among these youth may have to be reassessed as a family-like sense of loyalty and responsibility.

The Youth Advisory Group discussed why youth-serving professionals dwelled upon peer pressure while youth rarely acknowledged it. One participant offered that when youth talk about their friends, they mean peers so that it may be a language difference. Another said that if your friends are in trouble, e.g., at home or suicidal, it stresses you—another interpretation of peer stresses, rather than peer pressure.

The 'real' peer pressure, they said, is to have sex, to smoke, and to partake of other such behaviours; this pressure begins very early. On the other hand, smoking, alcohol and sex behaviours could be interpreted as a reaction to having nothing to do. Young people lacked money and transportation to go to the movies. It was easier to access drugs and alcohol than other social activities. Some youth logged onto the Internet and spent time in chat rooms; others would start fights out of boredom. Boredom was especially hard on the young women. The young men had sports teams such as basketball, baseball and hockey, more freedom from family responsibilities, and the ability to attend practices and go to tournaments.

Complex concepts such as peer pressure and low self-esteem may have to be re-examined from a youth, rather than adult perspective. Studies are clear that lack of perceived control, helplessness and low self-esteem are among the stressors that lead to suicide (Dinges and Joos 1998). However, these are labels imposed upon youth by adults and may not explain how youth feel.

Extended family relationships on-reserve are likely unique from other extended family relationships. The extended family on-reserve is large and may be comprised of cousins,

godparents, and other sibling-like relationships among similarly-aged children living in the same community. Friendships within family groupings is a common experience. When Aboriginal youth describe family, they are likely characterizing the extended family. We could not see a real diminution of family allegiance when young people were directly asked about who their 'real family' was—their peers or their biological family. To make things more confusing, a Youth Advisory Group member commented that usually your best friend is also a relative such as a cousin.

Traditionally, children wandering about the reserve were thought to be in the safe and protected care of the adults of the community-at-large. Within this framework, peer pressure likely has less meaning than in a less tightly-knit community. One could imagine, however, that groups of roving children who belonged to 'gangs' in a reserve setting could pose an ominous threat to adults in the same community when 'their children' seem to turn against them.

In the category of family problems, young women in the study presented a heightened sensitivity to family arguing, being yelled at, and hollering. It would be interesting to see whether or not such reflections are observable—indeed families and teachers may not actually be yelling at the young people, but the young people may be overly sensitive to the sounds. Child development theorists postulate that neural pathways laid down in infancy and childhood may be disrupted with trauma or poor attachment (Evans, Barer & Marmor 1994; Downey 1994; National Forum on Health 1997: 24-5). This may lead to heightened sensitivity to stimuli—a sort of post-traumatic response. Another reason for heightened hearing sensitivity may be the residual from chronic ear infections, common health concerns reported by Mi'kmaq children and

youth (Mi'kmaq Health Research Group 1999).

Youth Advisory Group members estimated that in about "50% of homes" you would hear people hollering and yelling at each other, not always in anger. They reflected that in one on-reserve school, teachers as well as administrators and students would be hollering—that everyone was out of control. When asked if youth got used to the hollering, they answered they tried to get used to it, but it still bothered them some.

Hostile parenting, where parents raise their voices at children, strike them, and belittle them, can have a profound negative impact on the children (Landy & Tam 1996). If there is 'truth' to what the young people are saying, either because of heightened sensitivity to loud sounds, or because parenting practices are hostile, action should be taken to reduce the damage to young people. This area is worthy of further investigation.

6.3 MI'KMAQ PRIDE AND IDENTITY

The literature on Aboriginal health has been quite adamant cultural identity and pride are essential to Aboriginal healing (Martinez and Dukes 1997). One of the unexpected positive results of this study is that, among both male and female Mi'kmaq youth, Aboriginal pride is strong as is identity. This is a remarkable and precious advantage for this group of on-reserve youth and should be preserved and capitalized upon for building successful life pathways as they move towards adulthood. In contrast, the youth-serving professionals seemed unaware of this strength with several citing lack of identity as an intra-personal stress.

Our Youth Advisory Group confirmed the young people wanted to be different from mainstream youth by being Mi'kmaq but also

from the stereotypes of Aboriginal youth. Young men could aspire to become chief and could do well in school, and it was becoming more of a negative thing for young women to become pregnant.

6.4 GENDER ISSUES

Impressions of reserve life by gender revealed quite rigid role definitions for men and women. Young men also gave the impression that they were less likely to be forgiven for their mistakes than were young women, for whom pregnancy (often regarded as a mistake) was commonplace. Both groups agreed that economic factors could overrule male gender dominance, for example, when a woman is the main breadwinner in a family. Both groups also recognized that women were responsible for the family.

The young women observed that they received stricter treatment from their parents than did the males. The Youth Advisory Group concurred that female youth have more stress, and they have to clean up, babysit and are dealt with more strictly than male youth. This was also acknowledged by male youth, although youth-serving professionals seemed oblivious to this difference and instead judged the laxness of parents with their children as being a problem. The very traditional roles and self-perceptions of gender among all respondents were notable. Matrilineal society *per se* has not (re-)emerged among the Mi'kmaq. Women have become virtually solely responsible for family. Power for women outside of the home is seen within an economic context. Jobs are typically male (business) or female (services).

6.5 SCHOOL STRESS

School is a major stressor of young people and there was consistency among the respondent groups about the reasons for a young person leaving school. For young women, it was pregnancy, and for young men, it was because of

school frustration (Table 3). All groups recognized both school-related and personal issues contributed to school leaving, albeit with different priority order.

Our interviews did not reveal huge insights among the youth-serving professionals about youth school success. In contrast, the young women, who as a group experience higher high school completion rates than males (Statistics Canada 2000), were quite sophisticated in their understanding of determinants of school success. The males were also consistent in their discussion of school stress. The overwhelming impression one received from the young people was that school was hard and it was hard to catch up if you fell behind. Young people, regardless of actual performance, were very stressed by school according to the traditional performance indicators of exams, marks, and keeping up with homework.

Table 3: Reasons for Quitting School by Respondent Group

Reason for School Leaving	Female Youth (focus group)	Male Youth (focus group)	Youth-serving Professional
1	pregnant, no babysitter	need tutoring, do not access it	pregnancy
2	lifestyle interferes with schoolwork e.g., partying, cannot get up	too hard, cannot keep up	lack of school motivation and encouragement
3	do not care about school	money	too hard, frustrated
4	too hard	cannot get up in the morning	do not care about school

Other studies have demonstrated learning difficulties among youth on-reserve (First Nations Education Council of Quebec 1992; First Nations Education Steering Committee 1997). Repeated complaints from youth about early school hours are universal, and sleep disorder specialists have found that many youth biologically have disordered sleep patterns that make early rising difficult (Laberge et al. 2001). One suggestion might be to change school hours to later in the day.

There were also many reasons to fall behind in school and few supports to help a student recover when he or she got behind. In addition to grade-oriented school stresses, school added further stress because of bullying, racism, insensitive teachers, and loss of friends when peers quit. It was noted that sometimes parents were not encouraging, but they were not blamed by the young people for their children's failures. Many of our young people had been suspended from school, causing them to lose ground in their schoolwork, but they accepted responsibility for their actions. In fact, the young people felt personally responsible for their school success and did not regard any environmental circumstance, except for pregnancy, as responsible for their school failure or drop-out. Pregnancy and school drop-out went hand-in-hand, even though young women felt that lack of a babysitter was the main reason for school-leaving after the birth of a child. There were few calls, however, for assistance to young mothers to stay in school by any group.

The Youth Advisory Group had a great deal to say about school stress. They had both on-reserve and off-reserve school experience. They commented that pregnancy and child care might be issues but pregnant young women tended to isolate themselves because of embarrassment. They suggested child care might be better received six months or a year after the child's birth, and that child care be seen as permitting young women to return to school

rather than as a means of preventing drop-out. They mentioned that often family helped out, and welfare provided babysitting money for those who wished to go back to school.

Advisory Group members agreed that suspensions and falling behind were commonplace. Suspended students would just stay at home except for one on-reserve school that had a 'suspension classroom'. Students were reluctant to access tutors, perhaps because they would rather be doing something else. Older students who failed were embarrassed to go back to study with younger students. Some youth leave school because they do not want authority figures in their lives and end up leaving school because they do not want to be bossed around. Some young people get discouraged and some do not want to graduate which is a form of growing up and is scary. For those who were successful, there was pressure as well. Good students would be teased and called a 'nerd'.

Advisory Group participants acknowledged that youth wanted more encouragement from their families for school success and that they were not receiving it. This might be because the parents had alcohol and drug problems, did not have an education themselves, or wanted youth to babysit (despite it interfering with schoolwork).

The Youth Advisory Group gave examples of how some teachers stereotype Aboriginal students. In one off-reserve school, so many Mi'kmaq students were sent to a room managed by a teacher's aide when they got into trouble that the room became known as the 'Mi'kmaq room' and all the Aboriginal students wanted to go there. The off-reserve schools were described as having more discipline than the on-reserve schools that the youth were familiar with but they also had more racism. Troublesome examples of racist behaviours were given. One large on-reserve school was noted for its calm school environment al-

though some individual students could be out of control.

6.6 SCHOOL SUPPORTS NEEDED

Table 4 compares the school supports cited as needed by respondent groups. Clearly, all groups thought more culturally-relevant education was needed. An improved school environment might also be achieved in on-reserve schools. Counselling and learning supports were also deemed necessary. Only the young women mentioned the need for young mothers to have access to babysitting in order to remain in school.

The school-leaving literature speaks of young people being pushed out of school, fading out, and dropping out. From our observations, most young people fade out. That is, they fall behind, appear less and less at school and finally, leave, perhaps hoping to go back in the future. Starting school at 10 a.m. might be considered

seriously as a strategy for school retention given the late night lifestyle of youth, and the known sleep difficulties of youth (Laberge et al. 2001). Child care provision for young mothers might retain these young women in school.

Again, the Youth Advisory Group had comments on school supports. They felt that a later school starting time was a good idea and said that it had been tried in one on-reserve school. The school's hours were 10 a.m. to 4 p.m. They also agreed that Mi'kmaq, not French, should be the second language offering and that more cultural programming would be beneficial in on-reserve schools. They complained that education counsellors were not helpful.

6.7 FUTURE ASPIRATIONS

Another observation from the school discussion was how unlinked school performance seemed to be to career aspirations. Staying in school seemed to be the pathway to a career rather than the level of performance achieved in one's studies. Only one respondent tried to stay in sciences in order to improve her career choices. It may be that young people are unaware of the competitiveness and difficulty of achieving such careers as lawyer and doctor beyond merely graduating from high school. Aboriginal culture has traditionally been non-competitive and has discouraged bragging about success. The lack of role models and supports for career success could place young women into a position of disappointment in future.

Young people may also lack skills in forward planning. Life on-reserve may be focused upon the present, as has been observed in other cultures that have been submerged in poverty for extended periods of time. Whereas a traditional Mi'kmaq lifestyle prepared for the seasons, their current lifestyle may have a present-time rather than future orientation.

Table 4: School Supports Needed by Respondent Group

School Support Needed	Female Youth (focus group)	Male Youth (focus group)	Youth-serving Professional
1	taught Mi'kmaq	taught Mi'kmaq and cultural teaching	culturally relevant content
2	education counsellors	on-reserve schools	improved school environment
3	on-reserve schools, 'Native' programs	more encouragement and rewards	parental encouragement and involvement
4	babysitting for young mothers	study groups, tutoring	out-of-school supports, e.g., continuing education

The Youth Advisory Group members were aware of affirmative action programs for careers in law and medicine so they discounted the levels of achievement required for entry into these programs. They did feel, however, that career counselling was needed. They suggested arranging university tours earlier, for example at the junior high level, so young people would know more about what university was about. They also suggested bringing role models into the school. Young people need more encouragement to continue their education through career days and guidance counsellors. The bachelor's degree was often their only attainment goal.

One member reminded us that young people do not necessarily think long term. They may be focused on how to get money to go out the next night. They might also resist being seduced by high expectations for fear of failure.

6.8 SERVICES NEEDED

Young women and men proposed similar services and ways of improving their lives such as counselling and recreation. There was remarkable overlap among the respondents in terms of

policies, services and 'things' in general that would improve the lives of young people. Both groups of young people provided lists of short-term activities that appealed to their immediate gratification needs, such as dances, but would likely not yield long-term improvement in their lives. The suggestions were largely short-term, individual, and educational, rather than longer-term and systemic.

The youth-serving professionals proposed individual programmatic or professional offerings. It is unclear whether or not they thought of innovative offerings or suggested instead services that were either currently being offered (or had been cut) or that seemed 'obvious' such as stress-reduction workshops for stressed youth, regardless of these programs' efficacy. Few of the services recommended were tools for wellness (i.e., health promoting) and few offered preventive potential. Instead, most were responsive or rehabilitative.

All groups recommended counselling. Counselling success, whether conducted individually or within safe groups, requires skilled, culturally-sensitive therapists (preferably Aboriginal themselves), and timely access for those who are receptive to counselling. These conditions seem to be lacking for on-reserve young people.

Many young people complained that counselling was unhelpful or that they would prefer to speak to their friends. Our study suggests current counselling services for young people should be assessed, and any new counselling services should be monitored for their appropriateness and availability to young people.

A review of the responses dealing with needed services reveals a relatively superficial analysis of what young people need, and dissonance that even though counselling may not work or be sought, it should be offered. Recreation was definitely

Table 5: Services for Youth Needed by Respondent Group

Youth Service Needed	Female Youth (focus group)	Female Youth (individual)	Male Youth (combined)	Youth-serving Professional
1	recreation activities	school/other counsellors	school/other counsellors	mental health/ counselling
2	counselling	workshops, e.g., sexuality	workshops, e.g., drug abuse	special events, e.g., retreats
3	group activities, e.g., retreat	school improvement	dances, get togethers, e.g., field trips	special educational workshops, e.g., self-esteem
4	youth centre	help-line	gym, recreation	parenting support

cited as lacking by both young women and men; it was less often cited by the adults who felt lack of use of existing facilities was a problem.

Recreation needs to be conceptualized in broader terms than merely 'things' to do in order for it to help young people. Recreation can provide a positive social environment, encourage physical activity and team play, reduce loneliness and boredom, foster creativity and leadership, and promote positive relationships with adult group leaders and mentors. A lack of recreation can causally relate to negative behaviours (recall that one focus group said that "20-30 kids waiting for a pool table sniffed while they waited"). Thus, for recreation to be seen as being causally associated with positive outcomes, it needs to be designed and offered in a thoughtful context.

The youth-serving professionals commented upon recreation in a gender-neutral fashion, seemingly oblivious that gender-neutral recreation offerings are dominated by males. They offered classical psychodynamic explanations for youth stress rather than a more structural critique. They also relied upon knowledge as the basis of behavioural change which it is not. Programs offered by youth-serving professionals may on the whole be enriched by reflecting upon their value within the context of this study.

Youth Advisory Group members also had many comments about service needs. Young peoples' friends were their best counsellors because adults seemed out of touch with young people and had a different outlook and experience. Most professional counsellors were non-Aboriginal. People still regarded the need to seek counselling as a sign of weakness. Youth agreed that peer counselling was a better approach if the right people were involved.

Group members said workshops were valuable, but they were inconsistently held, often with

poor notice, poorly organized, and inaccessible to some. Educational interventions were recognized as important, especially for older teens.

Parenting support (i.e., of their parents) would be a good idea. Parents could "loosen up a bit". Parenting/family studies classes in school are useful. Some schools had a program where a life-like doll was cared for overnight to help young women understand the demands of parenting a baby.

Youth Advisory Group members were articulate about why long-term solutions such as employment were rarely mentioned. One member said, "There was no money to dream". Others immediately replied, "You have to wait for a new fiscal year!" A lot of short-term strategies are implemented because they do not cost much or do not take up much space. Facilities are limited; halls need to be rented. A Group member commented, "Young people get thrown out of facilities a lot".

Advisory Group members also expressed concern that young women have no voice on reserve. They are not asked to plan recreation facility use, therefore, the young men take over. Without access to a general purpose room they cannot decide what should be done. They would like movies, bowling, swimming, and a water park. Young people are not offered activities that are appealing and do not have the opportunity to take a lead on things. Some recreation activities should be for young women only; some should be mixed.

Youth Advisory Group members had several final recommendations for reducing stress among young women:

1. To the leadership, they advised more rigorous accounting for the expenditure of Band funds.
2. Come up with creative ideas to do things that do not necessarily cost a lot.

3. Establish Youth Advisory Groups in communities. The groups would have to be open to a broad cross-section of youth and involve parents as well.
4. Youth feel that they are not a priority on reserve, that they are at the bottom of the list in the eyes of Chief and Council; this needs to change.
5. Provide youth with better access to funds.
6. A trusted adult can help youth in programs but they need to be 'cool', i.e., in their 20s.
7. School reform is a long-term proposition and will take a lot of work.
8. Pregnancy is not always a mistake and is not primarily a matter of lack of birth control. Some young women want to love and they see a child as the route or they see it as a way of keeping their boyfriend. Work with young women to let them know that they have choices and do not have to get pregnant.

6.9 CONCLUSION

The stress experience of young females living on reserve was the single most arresting result of the Mi'kmaq Health survey (Mi'kmaq Health Research Group 1999). This project demonstrates that the stressors and stress experience of young Mi'kmaq women on reserve are complex and varied. The stressors are recognized by female youth themselves, who seem to have a more sophisticated analysis of their problems than do the youth-serving professionals who work with them. From our brief glimpse of the stress perception of young Mi'kmaq males, male and female stressors overlap in some but not all ways. However, the males' insight into these issues seems to be less perceptive than that of female youth. Stress expression is more internalized among the

young women compared with the young men, but individual responses of the young women raise concern about acting out behaviours that could increase the risk of self-harm. Youth-serving professionals seem preoccupied with peer pressure as an explanation for youth behaviour. All groups propose individual counselling and educational methods of stress amelioration, and short-term activities that alleviate stress temporarily. Most proposals were gender-neutral. Increased opportunities for recreation were universally recommended. These recommendations need to be pursued. While few long-term strategies were suggested, or strategies that addressed the broad determinants of health such as the alleviation of poverty, such an approach is also recommended.

APPENDIX A

REPORT OF THE YOUTH ADVISORY GROUP MEETING

Held October 1, 1999 1:30 p.m. - 4:15 p.m., Keddy's Hotel, St. Margaret's Bay Road, Halifax

Ten youth 12-18 years in attendance representing six reserve communities.

Following introductions and an orientation to the research project, youth advisory group members were informed about the purpose of the group which was to help us:

- understand what is stressful in the lives of Mi'kmaq female youth living on reserve
- identify the most important questions to ask Mi'kmaq female youth in interviews alone and when they are in groups
- make recommendations

The first storyboarding exercise asked the young women to complete the following statement four ways :

I AM LIKE OTHER GIRLS MY AGE IN THAT I ...

- like...
- don't like...
- have...
- don't have...

Before analysis, they were also asked to complete the next statement four ways:

I AM VERY DIFFERENT FROM OTHER GIRLS MY AGE BECAUSE I ...

- am
- am not
- do
- don't

Results if this exercise led to the following cluster of responses (multiple responses indicated by "x"):

WAYS I AM THE SAME

IDEA OF FUN

I like to have fun and be adventurous
Like to drive around with my friends and listen to music
Like to hang-out with my friends
Like parties, music, hanging-out, cruising, and guys
Like friends, girls and guys, music, fun

Like tunes
Like guys, music, fun, hanging-out
Like boys, music, hanging out
Like going places
Like music, talking, boys
Like boys
I have friends

GETTING AROUND

Don't have my own vehicle
I don't have my driver's licence x2
I don't have a car
Have my licence

MONEY

Like shopping x3
I don't like having no money
I don't have money
I like money
I have money
I don't like being broke
I don't have a job x3

SCHOOL

Like school x2
I don't like school

SPORTS

Like sports
I don't like sports
I don't like WWF
I like watching boxing

HOME

Have dog and cat, family, friends
Have my own room

SHARED JUDGEMENTS

Don't like people that make trouble
I don't like trouble makers
I don't like bad kids
I don't like rude people

PERSONAL

I don't like mistakes
I don't have any time
I don't have kids
I have problems
I don't like bugs x2
I don't have a cat
I have four dogs
I have pets

ON BEING A WOMAN

I don't like girly things
I don't like girly things like Barbies
I have rights
We have rights as women
I don't have enough freedom
I don't have a jockstrap
I don't have as much freedom as I want

WAYS I AM VERY DIFFERENT

ADULT RESPONSIBILITY

I am not always looking for a way out
I have a lot of responsibility put on me at home
I am independent but not totally
I am independent
I do work

BOYS

I am not boy crazy
I don't have a boyfriend yet
I don't have a boyfriend yet too
I do hang out with boys

I AM ME

I am me
I try my best to be myself
I am the only girl, the middle kid, smart, cool,
nice, rich
I am not the oldest, the youngest, mean, rude,
dependent
I am not girly
I am not preppy
I do things I like and what other people like

MORAL CODE OF BEHAVIOUR

I don't do things that will make people feel bad
I am not a person that makes fun of others
I don't gossip, dassh people
I am nice
I am not sassy
I am not weird, rude
I don't share
I do gossip

CLEAN LIVING

I am clean (no drugs, no alcohol), in school,
nice, independent, and respect my Mommy.
I don't drink
I don't drink as often as they do
I don't drink or do drugs
I do party

SPORTS

I like to play sports
I am not a sporty person
I do sports x2

TOWARDS SUCCESS

I don't want to fail
I do well in school
I skipped a grade and in grade 8 instead of 7
I do my homework
I don't skip school
I am joining the Canadian Armed Forces
I am going to University

UNIQUE INTERESTS

I am a Sundance Mother
I am not a religious person
I travel

MOST GIRLS MY AGE ARE VERY STRESSED BY... (EVERYDAY THINGS LIKE)

BODY IMAGE

Their weight
Image

WHAT OTHERS SAY

Gossip that gets you upset
Rumor
Gossip

SCHOOL

School x6
Exams

MONEY

Money
Being broke

ABOUT OTHERS

About all the young kids doing drugs

DRUGS

Drugs

LACK OF FREEDOM

Not being able to do what they want

FAMILY PROBLEMS

Their family issues and problems
Family x4
Family problems x3
Siblings

PREGNANCY

Being pregnant in school
Afraid of getting pregnant
Having kids

RELATIONSHIPS

About my boyfriend but I love him
Boys x5
Boyfriends x3
Friends x2

A FEW GIRLS MY AGE ARE VERY STRESSED BY... (THANKFULLY NOT TOO MANY PEOPLE FACE THIS)

SUICIDE

Loss of a friend
Suicide x2
Being on the verge of committing suicide

Not having fun

SEX & KIDS

Having kids
Having kids young
Pregnancy x2
Being virgins

STDs

Diseases
STDs x2

ABUSE

Any kind of abuse
Sexual, physical, emotional abuse!!
Sexual, mental, and physical abuse
Abuse in a relationship
Violence in their life
Being abused at home
Abuse in the family
Violence in their family
Having a psycho boyfriend
Boyfriends (psycho)
What people think of them

Gangs

School

Racism x2

FAMILY

Family x2
Crazy family members
Not knowing their real mother or father
Parents not together
Parents drinking and doing drugs

DRUGS & ALCOHOL

Drugs & alcohol
Drinking and drugs
Drugs

One telling comment came after the group looked at the clustering of the high stress issues – saying these were faced by everyone in the community and were not rare.

After the break, the group was shown the youth results for the NS Regional Health Survey, particularly results related to stress. They were asked whether or not the results seem true and included the range of stress issues. All agreed. It was volunteered that young women had lower self-esteem than young men – that the men might be fabricating their results to look more “macho”.

We then asked the Group’s advice about the interviewing process and content first for the group interviews and then for the one-on-one interviews.

ASKING QUESTIONS OF A GROUP

- What is life like for a young Mi’kmaq woman on this reserve?

Change to: What is it like...to be a young Mi’kmaq woman on this reserve?

Group preferred to be called young women. “That’s what we are.”

⇒ What is the best thing about living here?

⇒ Change to: What do you like about the reserve. At this point the group spontaneously listed the good things about being on reserve. No racism, small, protected, classes small, if you play hookey, someone notices, friends, family around.

⇒ It was identified that we need to ascertain whether or not participants go to school on- or off-reserve as different stresses for those off-reserve (e.g., violence in school, classes too big). Q: Where do you go to school – on- or off-reserve?

⇒ The worst?

⇒ Are things stressful for you? Why?

The group interjected that we need to ask WHY questions? Peer pressure? Other stressors.

As well, many of the stressors were about future orientation. Q: What do you expect about your future?

Other issues centred around being bored with nothing to do, lack of recreation, lack of access to recreation centres. Q: How you spend your time? What do you like to do?

- Do we get personal? Or do we ask about “Most girls”.

Personal question in one-on-one. Most girls would be the way to frame the group discussion. Discussants shouldn’t name names.

- Do we ask about specifics? Drugs, alcohol, sex, guys? YES.
- What should we NOT ask about? NOT say? DO NOT ask personal questions, e.g., about home, sexual abuse, gang rape.
- Who should do the asking? Someone who grew up on reserve; a younger person, perhaps in their 20s; female. A successful group interview would need an ice-breaker, a way of establishing rapport and trust. It would help if the girls got to meet the other girls before the interview.

ASKING QUESTIONS ONE-ON-ONE

- What is different about the questions? More personal. More why questions. People can talk about their problems.

How do you deal with stress? What would help you? Ask about what friends and others are doing to cause you stress.

There was no clear consensus about whether or not stress and stressors should be asked about directly or whether or not we should find out about people's problems. It was pointed out that people will tell you about their problems as they explain their stress, what they do to cope, and what would help.

It was also stressed that people want to do this interview so that **SOMETHING CAN BE DONE**. Emphasize what would help.

- What should be asked here that you can't ask in front of everybody? Above.
- Who should do the asking? In this case, many of the characteristics of the group interviewer would be shared however, the person would have to be more professional in their counselling skills. Some suggested it be a counsellor. It should also be someone from another community.
- What should you NOT do? Do not act superior. Casual – no suits or laptop computers. Do not act shocked about reply. Give time to answer question. Should be a person who has lived experience.

CONSENT

The group was handed out the consent form and paragraphs were explained. It was found to be readable and acceptable. It should still be read out with the reader so that it would be clear what was said. The group had no trouble with the clarification on legal responsibility to report disclosed abuse, suggesting it would not deter participation and that people would probably know not to report.

Taping would not be a problem provided discussants gave permission.

YOUTH-SERVING PROFESSIONALS INTERVIEWS

With a little extra time, we tried to determine if there were any particular ways we should be interviewing the youth serving workers. It seemed as if the group wanted these individuals to really think about whether or not they really knew what it was like to be in their shoes. They commented that even the younger kids knew more about drugs than they did – things were changing, and were not the same from even when they were younger.

Again, the emphasis would be on what would help with an emphasis on a trusted confidant, someone to talk to.

RECAP: BY THE END OF THE DAY

- We should have good questions to ask other youth like you based on what is stressful in female youths' lives

- We should know how to ask these questions including how to get “consent” from youth before they are interviewed
- We might also know what to ask people who provide services for female youth

These were largely answered. Before the thanks and good-byes, the group was reminded of the next step:

WHEN WE BRING YOU BACK TOGETHER

- We’ll show you the results
- Ask you if the results paint a true picture, and
- Ask you whether the suggestions are going to work and, if not, what might help?

T-shirts were handed out with UNSI pens and the youth advisory group adjourned.

APPENDIX B

HEALTH COOPERATION AGREEMENT



The Confederacy of Mainland Micmacs



Dalhousie University



Union of Nova Scotia Indians

MEMORANDUM OF AGREEMENT ON MI'KMAQ HEALTH

BETWEEN

THE UNION OF NOVA SCOTIA INDIANS AND THE CONFEDERACY OF MAINLAND MICMACS AND DALHOUSIE UNIVERSITY

Whereas the Union of Nova Scotia Indians, The Confederacy of Mainland Micmacs and Dalhousie University are committed to working together to understand and improve the health of the Mi'kmaq Nation; and

Whereas the Union of Nova Scotia Indians, The Confederacy of Mainland Micmacs and Dalhousie University possess expertise that, when shared, can more fully ensure that health initiatives will address the needs of the Mi'kmaq Community and will meet the needs of regaining control of health and the provision of health services

Therefore be it agreed that the Union of Nova Scotia Indians, The Confederacy of Mainland Micmacs and Dalhousie University will establish a forum in which they can collaborate for the mutual benefit of all concerned; and

Be it further agreed that this collaboration will be focused on activities which will:

1. enhance the capacity of the Mi'kmaq Nation to assess and understand the health determinants and health status of the Mi'kmaq Community;
2. assist with the collection of high quality health information;
3. analyze health information collected to assist in the future planning of Mi'kmaq self-determination and control of community health issues;
4. initiate and support health related research projects which are identified as being important for the Mi'kmaq Community; and
5. initiate and support educational opportunities in the future related to the health concerns of the Mi'kmaq Community.

In Witness Whereof the parties hereto have properly executed this Memorandum of Agreement:

President of the
Union of Nova Scotia Indians

Executive Director of
The Confederacy of Mainland Micmacs

President and Vice-Chancellor,
Dalhousie University

Date: September 30, 1996

APPENDIX C

THE STRESS EXPERIENCE OF YOUNG MI'KMAQ WOMEN LIVING ON-RESERVE INTERVIEW GUIDE: OVERVIEW (REVISED)

PURPOSE OF THE INTERVIEWS

- To elicit from respondents the meaning of stress in the everyday lives of themselves or of female Mi'kmaq youth living on reserve
- To identify the causes of stress in the lives of female Mi'kmaq youth on reserve
- To propose strategies that might assist female Mi'kmaq youth to reduce their stress, to better cope with their stress, or to recover from stressful experiences

INSTRUCTIONS FOR INTERVIEWERS

This guide includes instructions for interviewers, and an interview schedule (question guide) for each group. Not all questions need to be asked, however, try to get through as much of the material as possible. Most questions are open-ended. Probes are suggested to help expand upon the answers to the questions. Don't get involved in the conversation. You can say something non-committal such as, Is that right? Uh huh. Anyone else? Do not give messages about the quality of an answer such as "Good" or "That's ridiculous."

Try to get everyone to contribute and avoid letting someone take over. Ways of handling people who don't contribute might be: Why don't we hear from someone who hasn't said much so far? (Don't pick on someone to speak, though). If someone is dominating you can say: Thank you X, perhaps we can hear from some of the other young women for a while. You'll get your turn again in a few minutes.

INSTRUCTIONS FOR THE NOTE-TAKERS

Listen carefully and write down as much as you can from what is said – catching the exact wording of some of the main points if you can. Don't worry if it is important or not – that will be sorted out later. Also, try not to get so wrapped up in what is being said that you forget to write it down. You also don't need to indicate who is saying what. If someone is dominating, you can put their initial beside what you wrote down so we'll know that not everyone thought that way.

FOCUS GROUP INSTRUCTIONS

Interviewer:

Introduce self and note-taker. Remind respondent(s) about the purpose of the research project (refer to consent forms for simplified explanation, including how a disclosure about abuse will be handled).

Explain the role of the note-taker and the interviewer. The interviewer will be asking some general questions, hoping that the young women will get into a discussion. Please let everyone have a turn to speak and try not to dominate the discussion. Also, don't all talk at once because the note-taker

won't be able to follow. A respondent can ask that something not be recorded by the note-taker and it won't be written down.

The focus group will take up to one hour and a half, including ice breakers, and there are several topics that need to be covered so while we want to have a good discussion, we can't get bogged down in one area only.

Remind the group about confidentiality. We will not be letting anyone know who said what or quoting anyone's answers directly. We ask that what people say in this interview, particularly of a private nature, be kept among the people here only and not spread around the community. We are asking people to be honest so that we can hopefully help other people, so we need people to not feel afraid that someone else will repeat what they said. Is that understood?

Are there any questions?

Good, then let's begin.

INTERVIEW SCHEDULE: FOCUS GROUP YOUTH FEMALE

1. What does stress mean to you?

Probe: How do people feel when they are stressed? How do they act?

2. What are the main things that cause stress in young Mi'kmaq women's lives?

Probe: If poverty/doing without raised then ask how people manage when they don't have much money?

Probe: If racism raised... Let's talk about racism. Is there a difference in your experience in racism living on reserve compared to off-reserve?

3. How do women like yourselves identify themselves – as a Mi'kmaq? As young women? As First Nations?

Probe: What does it mean to you to identify yourself that way?

4. For most young women in the community, who is more like family – their friends or their family members (including extended family)?

5. What do you think is the biggest difference in what causes stress for young women your age compared with Mi'kmaq women who are in their twenties?

Probe: What about those who are younger than you?

6. You've mentioned a lot of things that can cause stress (LIST): Of these, which is the most important and why? Which is the second most important and why?

7. Compared with young men on reserve, do young women have a tougher or easier time? Why?

Probe: Why are young women drinking/smoking/doing drugs more than young men here?

8. How do you answer the statement: Most young women on this reserve who quit high school do so because

Probe: Are learning difficulties (i.e., a problem that makes it hard for someone to learn) a reason that young women might be quitting school? How important would that be compared to other reasons?

Probe: What kind of learning difficulties are we talking about?

9. (Optional – skip if you are already at 30 minutes.) How can you tell if someone’s parents or grandparents went to a residential school?

Follow-up: How does that affect how they treat their young daughters or grand-daughters today?

10. (Optional – skip if you are already at 30 minutes.) Do you agree with the statement: Women in this community seem to be running the place (i.e., running the family; running other things).

Probe: Do you think that young women have a lot of responsibility in the community even when they are young? Too much? Is it stressful for you to think about the future in terms of your responsibilities when you get older?

Let’s shift now and talk about what we can do about stress

11. What kinds of services are needed for young women who are experiencing a lot of stress?

Probe: Are these types of services available? If not, why not?

Probe: Are these types of services accessible? (Can young women get there? Do they see young women?)

Probe: What other services could be helpful?

12. What kinds of services are sometimes offered to young women who are experiencing a lot of stress but are not helpful?

Probe: Are these services available?

13. What could be done to improve young Mi’kmaq women’s school experience and success?

14. Stress is often reduced by physical activity. How do you answer the statement: Young Mi’kmaq women would do more physical activity if...?

Probe: What about recreational activities? Are they available for young women? Would they be helpful?

15. A lot of stress is around dating relationships? What can be done to help young women in these situations?

Probe: What can be done if they are facing pressure to have sex, or dating violence?

Probe: What about fear of getting pregnant? What would help?

16. What could be done to make young Mi’kmaq women’s lives better here, in general?

Probe: Is the promotion of the Mi’kmaq culture and teaching young people the language going to help? If yes, what more could be done?

17. Any other suggestions for reducing the stress in the lives of young women like you?

Before we end, one last question.

18. We've talked about a lot of things today. How much of what was said do you think represents the views of other young women in this community? Would they answer differently that you have? If yes, how would they answer and why?

Thank you very much.

INTERVIEW SCHEDULE: FOCUS GROUP YOUTH MALE

1. What does stress mean to you?

Probe: How do people feel when they are stressed? How do they act?

2. What are the main things that cause stress in young Mi'kmaq men's lives?

Probe: If poverty/doing without raised then ask how people manage when they don't have much money?

Probe: If racism raised... Let's talk about racism. Is there a difference in your experience in racism living on reserve compared to off-reserve?

3. How do men like yourselves identify themselves – as a Mi'kmaq? A young man? As First Nations?

Probe: What does it mean to you to identify yourself that way?

4. For most young men in the community, who is more like family – their friends or their family members (including extended family)?

5. What do you think is the biggest different in what causes stress for young men your age compared with Mi'kmaq men who are in their twenties?

Probe: What about those who are younger than you?

6. You mentioned a lot of things that can cause stress (LIST): Of these, which is the most important and why? Which is the second most important and why?

7. Compared with young women on reserve, do young men have a tougher or easier time? Why?

Probe: Why are young women drinking/smoking/doing drugs more than young men here?

8. How do you answer the statement: Most young men on this reserve who quit high school do so because

Probe: Are learning difficulties (i.e., a problem that makes it hard for someone to learn) a reason that young men might be quitting school? How important would that be compared to other reasons?

Probe: What kind of learning difficulties are we talking about?

Probe: Are young men on the whole ambitious about their future? Why/Why not?

9. (Optional – skip if you are already at 30 minutes.): How can you tell if someone's parents or grandparents went to a residential school?

Follow-up: How does that affect how they treat their young sons or grand-sons today?

10. (Optional – skip if you are already at 30 minutes.) Do you agree with the statement: Women in this community seem to be running the place (ie, running the family; running other things).

Probe: If yes, is this a good or bad thing?

Probe: If no, who is running the place?

Let's shift now and talk about what we can do about stress.

11. What kinds of services are needed for young men who are experiencing a lot of stress?

Probe: Are these types of services available? If not, why not?

Probe: Are they accessible? (Can young men get there? Do they see young men?)

Probe: What other services could be helpful?

12. What kinds of services are sometimes offered to young men who are experiencing a lot of stress but are not helpful.

Probe: Are these services available?

13. What could be done to improve young Mi'kmaq men's school experience and success?

14. Stress is often reduced by physical activity. How do you answer the statement: Young Mi'kmaq men would do more physical activity if...?

Probe: What about recreational activities? Would they be helpful?

15. A lot of stress is around dating relationships? What can be done to help young men in these situations?

Probe: What can be done if they are facing pressure to have sex, or if they don't like what's happening in their relationships?

16. What could be done to make young Mi'kmaq men's lives better here, in general?

Probe: Is the promotion of the Mi'kmaq culture and teaching young people the language going to help? If yes, what more could be done?

17. Any other suggestions for reducing the stress in the lives of young men like you?

Before we end, one last question.

18. We've talked about a lot of things today. How much of what was said do you think represents the views of other young men in this community? Would they answer differently that you have? If yes, how would they answer and why?.

Thank you very much.

YOUTH SERVING PROFESSIONAL INSTRUCTIONS & INTERVIEW SCHEDULE

INTERVIEWER INSTRUCTIONS

Introduce yourself (and the note-taker, if applicable). Go through the consent process including assuring the person of the confidentiality of their responses. They will not be directly quoted and if they don't want something recorded, they can just say so and the note-taker will honour their re-

quest. Tell them that the interview should take between 30 and 45 minutes. Answer any questions they have.

If the person consents, begin the interview process. Not all questions need to be asked, however, try to get through as much of the material as possible. Most questions are open-ended. Probes are suggested to help expand upon the answers to the questions. Don't get involved in the conversation.

INTERVIEW SCHEDULE: YOUTH SERVING PROFESSIONAL

Before I begin, tell me a little about your role with youth – what you do, how long you have been doing it? (Just a little background to put the person's responses in context).

1. Do you feel that young Mi'kmaq women are stressed today?

Probe: Highly stressed?

2. What do you think is the biggest difference in what causes stress for young women 12-18 years compared with Mi'kmaq women who are in their twenties? Five years younger?
3. What are the main things that cause stress in young Mi'kmaq women's lives?
4. In your opinion, compared with young men on reserve, do young women have a tougher or easier time? Why?

Probe: Any impressions on family influence relative to peer influence in young people's lives here?

5. How do you answer the statement: Most young women on this reserve who quit high school do so because

Probe: Different for young men?

Probe: Any sense that these drop-outs are related to learning difficulties, ie, individual has trouble processing information to learn? If so, what types of learning difficulties?

Let's shift now and talk about what we can do about stress.

6. What kinds of services are needed for young women who are experiencing a lot of stress?

Probe: Are these types of services available? If not, why not?

Probe: Are they accessible? If not, why not?

Probe: What other services could be helpful?

7. What kinds of services are sometimes offered to young women who are experiencing a lot of stress but are not helpful?

Probe: Are these services available?

8. What could be done to improve young Mi'kmaq women's school experience and success?
9. A lot of stress is around dating relationships? What can be done to help young women in these situations?

Probe: What can be done if they are facing pressure to have sex, or dating violence? Fear of pregnancy?

10. Stress is often reduced by physical activity. How do you answer the statement: Young Mi'kmaq women would do more physical activity if...?

Probe: What about recreational activities? Would they be helpful?

11. Are we preparing young women for their adult responsibilities?

Probe: If not, how could we? Is this a woman-dominated community?

12. Are there positive ways to use non-competitiveness for young people's success/motivation – women in particular?

Probe: How could positive role models be used in young women's lives.

13. How do you finish the statement: The main difference in programming for young Mi'kmaq women compared with programming offered to young Mi'kmaq men is ...

14. What could be done to make young Mi'kmaq women's lives better here, in general?

15. Any other suggestions for reducing the stress in the lives of young women?

Thank you very much.

INDIVIDUAL FEMALE YOUTH INSTRUCTIONS & INTERVIEW SCHEDULE

INTERVIEWER INSTRUCTIONS

Introduce yourself (and the note-taker, if applicable). Go through the consent process slowly including assuring the young woman of the confidentiality of her responses. Indicate, however, how a disclosure of abuse will be handled.

Explain that the interviewer will be asking some general questions, hoping that the young woman will feel like this is a conversation, not a test. Notes will be taken of what she says but she will not be directly quoted and if she doesn't want something recorded, she can just say so and her request will be honoured. Tell her that the interview should take between 30 and 45 minutes. Answer any questions she might have.

If the person consents, begin the interview process. Not all questions need to be asked, however, try to get through as much of the material as naturally as possible. Most questions are open-ended. Probes are suggested to help expand upon the answers to the questions. Don't get involved in the conversation.

INTERVIEW SCHEDULE: INDIVIDUAL FEMALE YOUTH INTERVIEW

Before I start, I'd like to know a few things about you: Age, grade, how many sisters/brothers – what number are you?

1. Can you tell me what it means to be stressed?

Probe: How do you feel inside? How do you behave?

2. What are the main things that cause stress in your everyday life?

Probe: If poverty/doing without raised then ask how she manages when there isn't much money?

Probe: If racism raised... Let's talk about racism. Have you experienced racism. Is there a difference in your experience in racism living on reserve compared to off-reserve?

3. Do you think of yourself as a Mi'kmaq? As a young woman? As First Nations?

Probe: What does it mean to you to identify yourself that way?

4. How do you get along at home?

Probe: What's the toughest thing about living at home?

Probe: The best thing about living at home?

Probe: For you personally, who is more like family – your friends or your family including extended family members?

5. What is the toughest thing happening in the lives of the people you care about most?

6. We've talked about a lot of things that can cause stress: What's more stressful – (Use her list?) Why? What is the second most stressful thing?

7. What's the toughest thing about school?

Probe: How are you doing in school? (grades)

8. Are you optimistic about the future? (think things will be good)?

Probe: Do you see yourself living on reserve for most of your life or leaving? Why?

9. Do you agree with the statement: Women in this community seem to be running the place (i.e., running the family; running other things).

Probe: Do you think that you have a lot of responsibility already? Too much? Is it stressful for you to think about the future in terms of your responsibilities when you get older?

10. Do you see yourself as a mother?

Probe: When? How many children? Any children? See herself with partner or raising them alone?

Let's shift now and talk about what we can do about your stress.

11. How would you finish the statement: My experience in school and maybe my success would be so much better if...

12. How would you finish the statement: My life would be so much better if...

13. Are there services that would help you deal with your stress?

Probe: Are these types of services available? If not, why not?

Probe: Are there barriers to getting them?

Probe: What other services could be helpful?

14. What kinds of services are sometimes offered to young women who are experiencing a lot of stress but are not helpful?

15. Any other suggestions for reducing the stress in the lives of young women like you?

Before we end, one last question.

16. We've talked about a lot of things today. How much of what was said do you think represents the views of other young women in this community? Would they answer differently that you have? If yes, how would they answer differently?

Thank you very much.

INDIVIDUAL MALE YOUTH INSTRUCTIONS & INTERVIEW SCHEDULE

INTERVIEWER INSTRUCTIONS

Introduce yourself (and the note-taker, if applicable). Go through the consent process slowly including assuring the young man of the confidentiality of his responses. Indicate, however, how a disclosure of abuse will be handled.

Explain that the interviewer will be asking some general questions, hoping that the young man will feel like this is a conversation, not a test. Notes will be taken of what he says but he will not be directly quoted and if he doesn't want something recorded, he can just say so and his request will be honoured. Tell him that the interview should take between 30 and 45 minutes. Answer any questions he might have.

If the person consents, begin the interview process. Not all questions need to be asked, however, try to get through much of the material as naturally as possible. Most questions are open-ended. Probes are suggested to help expand upon the answers to the questions. Don't get involved in the conversation.

INTERVIEW SCHEDULE: INDIVIDUAL MALE YOUTH INTERVIEW

Before I start, I'd like to know a few things about you: Age, grade, how many sisters/brothers – what number are you?

1. Can you tell me what it means to be stressed?

Probe: How do you feel inside? How do you behave?

2. What are the main things that cause stress in your everyday life?

Probe: If poverty/doing without raised then ask how he manages when there isn't much money?

Probe: If racism raised... Let's talk about racism. Have you experienced racism. Is there a difference in your experience in racism living on reserve compared to off-reserve? If racism not raised, ask about identity.

3. Do you think of yourself as a Mi'kmaq person? First Nations? As a man?

Probe: What does it mean to you to identify yourself that way?

4. How do you get along at home?

Probe: What's the toughest thing about living at home?

Probe: The best thing about living at home?

Probe: For you personally, who is more like family – friends or real family members?

5. What is the toughest thing happening in the lives of the people you care about most?

6. We've talked about a lot of things that can cause stress: What's more stressful – (Use his list?) Why?

7. What's the toughest thing about school?

Probe: How are you doing in school? (grades)

8. Are you optimistic about the future? (Think things will be good?)

Probe: Do you see yourself living on reserve for most of your life or leaving? Why?

Probe: Is it stressful for you to think about the future?

Let's shift now and talk about what we can do about your stress.

9. How would you finish the statement: My experience in school and maybe my success would be so much better if...

10. How would you finish the statement: My life would be so much better if...

11. Are there services that would help you deal with your stress?

Probe: Are these types of services available?

Probe: What other services could be helpful?

12. What kinds of services are sometimes offered to young men who are experiencing a lot of stress but are not helpful?

13. Any other suggestions for reducing the stress in the lives of young men like you?

Before we end, one last question.

14. We've talked about a lot of things today. How much of what was said do you think represents the views of other young men in this community? Would they answer differently that you have? If yes, how would they answer differently?

Thank you very much.

APPENDIX D

INFORMATION LETTER TO PARENTS OF YOUTH (INDIVIDUAL INTERVIEWS)

Your son or daughter is being asked to participate in a research project that is being conducted on the Mi'kmaq reserves in Nova Scotia. The project has been approved by the Boards of the Union of Nova Scotia Indians and the Confederacy of Mainland Micmacs.

The research has three aims:

- We would like to understand more about the stress that Mi'kmaq female youth who live on reserve experience. What causes their stress and what meaning do these experiences have to them? How does this compare to Mi'kmaq male youth?
- We also want to find out what Mi'kmaq female youth and other people who work with Mi'kmaq youth think can be done to reduce bad stress experiences. What policies and programs might help?
- And, we hope that this project will build more research skills among First Nation organizations and communities.

This research project is being conducted by:

- Sharon Rudderham, Health Director, Union of Nova Scotia Indians, 902-539-4107
- Loraine Etter, Health Director, Confederacy of Mainland Micmacs, 902-895-6385
- Dr. Fred Wien, Maritime School of Social Work, Dalhousie University, Halifax, Nova Scotia, 902-494-1326
- Dr. Lynn McIntyre, Faculty of Health Professions, Dalhousie University, 902-494-3327

The Maritime Centre of Excellence in Women's Health based at Dalhousie University is funding the research. When the study is over, we will let communities know what we find through newspaper articles, community information sessions, and written reports. We will also tell policy-makers about the results, and we would like to publish the results in scientific journals.

Your son or daughter is being asked to participate in the research project through a personal interview. The interview will be approximately one hour in length. Your child's participation in this project is entirely voluntary, and he/she will be asked to agree to participate by signing a consent form. Your child has the right to stop the interview, refuse to answer any questions, or leave at any time. Your son or daughter's name will be kept confidential by the research team and will not be written down in any reports. Any notes and other records that we make of his/her participation in this study will be destroyed when the project is finished.

We will be asking questions of the young people that might be personal or sensitive to them. The interviewers will have received training about how to know when a young person is becoming upset during an interview, and a professional counsellor from the Mi'kmaq Family Treatment Centre will be available if your child feels like that would be helpful.

By participating in this project, your son/daughter will be contributing to our understanding of the experience of Mi'kmaq youth living on reserve, and the kinds of steps that can be taken to improve their quality of life.

You may ask questions about any aspect of this research by contacting a member of the research team at the phone numbers given above. If you prefer that we not include your son or daughter in this research project, please let us know. You may call collect.

APPENDIX E

INFORMED CONSENT FORM FOR YOUTH (INDIVIDUAL INTERVIEWS)

You are being asked to participate in a research project that is being conducted on the Mi'kmaq reserves in Nova Scotia. The project has been approved by the Boards of the Union of Nova Scotia Indians and the Confederacy of Mainland Micmacs.

The research has three aims:

- We would like to understand more about the stress that Mi'kmaq female youth who live on reserve experience. What causes their stress and what meaning do these experiences have to them? How does this compare to Mi'kmaq male youth?
- We also want to find out what Mi'kmaq female youth and other people who work with Mi'kmaq youth think can be done to reduce bad stress experiences. What policies and programs might help?
- And, we hope that this project will build more research skills among First Nation organizations and communities.

This research project is being conducted by:

- Sharon Rudderham, Health Director, Union of Nova Scotia Indians, 902-539-4107
- Loraine Etter, Health Director, Confederacy of Mainland Micmacs, 902-895-6385
- Dr. Fred Wien, Maritime School of Social Work, Dalhousie University, Halifax, Nova Scotia, 902-494-1326
- Dr. Lynn McIntyre, Faculty of Health Professions, Dalhousie University, 902-494-3327

The Maritime Centre of Excellence in Women's Health based at Dalhousie University is funding the research. When the study is over, we will let communities know what we find through newspaper articles, community information sessions, and written reports. We will also tell policy-makers about the results, and we would like to publish the results in scientific journals.

You are being asked to participate in the research project through an individual interview. The interview will take approximately one hour of your time. Your participation in this project is entirely voluntary and you have the right to stop the interview, refuse to answer any questions, or leave at any time. Your name will be kept confidential by the research team and will not be written down in any reports. Any notes and other records that we make of your participation in this study will be destroyed when the project is finished.

We will be asking you questions that might be personal or sensitive to you. The interviewer will have received training about how to know when a young person becoming upset during an interview, and a professional counsellor from the Mi'kmaq Family Treatment Centre will be available if you feels like that would be helpful to you. We inform you as well that, if you tell us about any abuse you have experienced or seen, we are required by law to inform or consult with Mi'kmaq Family and Children's Services.

By participating in this project, you will be contributing to our understanding of the experience of Mi'kmaq youth living on reserve, and the kinds of steps that can be taken to improve their quality of life.

You may ask questions about any aspect of this research now, or at any later time by contacting a member of the research team at the phone numbers given above. You may call collect.

I understand the information provided on this consent form and agree to participate in this research project. I have received a copy of this consent form.

Signature of Youth

Witness

Date

APPENDIX F

INFORMATION LETTER TO PARENTS OF YOUTH (SMALL GROUP DISCUSSIONS)

Your son or daughter is being asked to participate in a research project that is being conducted on the Mi'kmaq reserves in Nova Scotia. The project has been approved by the Boards of the Union of Nova Scotia Indians and the Confederacy of Mainland Micmacs.

The research has three aims:

- We would like to understand more about the stress that Mi'kmaq female youth who live on reserve experience. What causes their stress and what meaning do these experiences have to them? How does this compare to Mi'kmaq male youth?
- We also want to find out what Mi'kmaq female youth and other people who work with Mi'kmaq youth think can be done to reduce bad stress experiences. What policies and programs might help?
- And, we hope that this project will build more research skills among First Nation organizations and communities.

This research project is being conducted by:

- Sharon Rudderham, Health Director, Union of Nova Scotia Indians, 902-539-4107
- Loraine Etter, Health Director, Confederacy of Mainland Micmacs, 902-895-6385
- Dr. Fred Wien, Maritime School of Social Work, Dalhousie University, Halifax, Nova Scotia, 902-494-1326
- Dr. Lynn McIntyre, Faculty of Health Professions, Dalhousie University, 902-494-3327

The Maritime Centre of Excellence in Women's Health based at Dalhousie University is funding the research. When the study is over, we will let communities know what we find through newspaper articles, community information sessions, and written reports. We will also tell policy-makers about the results, and we would like to publish the results in scientific journals.

Your son or daughter is being asked to participate in the research project through a small group interview. The interview will be approximately two hours in length. Your child's participation in this project is entirely voluntary, and he/she will be asked to agree to participate by signing a consent form. Your child has the right to stop the interview, refuse to answer any questions, decide not to talk in the group, or leave at any time. Your son or daughter's name will be kept confidential by the research team and will not be written down in any reports. Any notes and other records that we make of his/her participation in this study will be destroyed when the project is finished.

Because there will be a group of about 8 to 10 other young men or women, the other group participants will know who your child is. The research team is not able to control the actions of other young people once the session is completed, however, we will ask everyone not to talk about what other people said. Also, when people talk in groups, they might disagree or have different opinions. These different views might bother your child.

We will be asking questions of the young people that might be personal or sensitive to them. The youth in the group might also bring up topics that are personal or sensitive. The interviewers will have received training about how to know when a young person is becoming upset during an interview, and a professional counsellor from the Mi'kmaq Family Treatment Centre will be available if your child feels that would be helpful.

By participating in this project, your son/daughter will be contributing to our understanding of the experience of Mi'kmaq youth living on reserve, and the kinds of steps that can be taken to improve their quality of life.

You may ask questions about any aspect of this research by contacting a member of the research team at the phone numbers given above. If you prefer that we not include your son or daughter in this research project, please let us know. You may call collect.

APPENDIX G

INFORMED CONSENT FORM FOR YOUTH (SMALL GROUP DISCUSSIONS)

You are being asked to participate in a research project that is being conducted on the Mi'kmaq reserves in Nova Scotia. The project has been approved by the Boards of the Confederacy of Mainland Micmacs and the Union of Nova Scotia Indians.

The research has three aims:

- We would like to understand more about the stress that Mi'kmaq female youth who live on reserve experience. What causes their stress and what meaning do these experiences have to them? How does this compare to Mi'kmaq male youth?
- We also want to find out what Mi'kmaq female youth and other people who work with Mi'kmaq youth think can be done to reduce bad stress experiences. What policies and programs might help?
- And, we hope that this project will build more research skills among First Nation organizations and communities.

This research project is being conducted by:

- Sharon Rudderham, Health Director, Union of Nova Scotia Indians, 902-539-4107
- Loraine Etter, Health Director, Confederacy of Mainland Micmacs, 902-895-6385
- Dr. Fred Wien, Maritime School of Social Work, Dalhousie University, Halifax, Nova Scotia, 902-494-1326
- Dr. Lynn McIntyre, Faculty of Health Professions, Dalhousie University, 902-494-3327

The Maritime Centre of Excellence in Women's Health based at Dalhousie University is funding the research. When the study is over, we will let communities know what we find through newspaper articles, community information sessions, and written reports. We will also tell policy-makers about the results, and we would like to publish the results in scientific journals.

You are being asked to participate in the research project through a small group interview. The interview will be approximately two hours in length. Your participation in this project is entirely voluntary and you have the right to stop the interview, refuse to answer any questions, decide not to talk in the group, or leave at any time. Your name will be kept confidential by the research team and will not be written down in any reports. Any notes and other records that we make of your participation in this study will be destroyed when the project is finished.

Because there will be a group of about 8 to 10 other young men or women, the other group participants will know who you are. The research team is not able to control the actions of other young people once the session is completed, however, we will ask everyone not to talk about what other people said. Also, when people talk in groups, they might disagree or have different opinions. These different views might bother you.

We will be asking questions of the young people in the group that might be personal or sensitive to them. The other youth in the group might also bring up topics that are personal or sensitive, The

interviewers will have received training about how to know when a young person is becoming upset during an interview, and a professional counsellor from the Mi'kmaq Family Treatment Centre will be available if you feels like that would be helpful to you. We inform you as well that, if you tell us about any abuse you have experienced or seen, we are required by law to inform or consult with Mi'kmaq family and Children's Services.

By participating in this project, you will be contributing to our understanding of the experience of Mi'kmaq youth living on reserve, and the kinds of steps that can be taken to improve their quality of life.

You may ask questions about any aspect of this research now, or at any later time by contacting a member of the research team at the phone numbers given above. You may call collect.

I understand the information provided on this consent form and agree to participate in this research project. I have received a copy of this consent form.

Signature of Youth

Witness

Date

APPENDIX H

INFORMED CONSENT FORM FOR KEY STAKEHOLDERS (INDIVIDUAL INTERVIEWS)

You are being asked to participate in a research project that is being conducted on the Mi'kmaq reserves in Nova Scotia. The project has been approved by the Boards of the Union of Nova Scotia Indians and the Confederacy of Mainland Micmacs.

The research has three aims:

- We would like to understand more about the stress that Mi'kmaq female youth who live on reserve experience. What causes their stress and what meaning do these experiences have to them? How does this compare to Mi'kmaq male youth?
- We also want to find out what Mi'kmaq female youth and other people who work with Mi'kmaq youth think can be done to reduce bad stress experiences. What policies and programs might help?
- And, we hope that this project will build more research skills among First Nation organizations and communities.

This research project is being conducted by:

- Sharon Rudderham, Health Director, Union of Nova Scotia Indians, 902-539-4107
- Loraine Etter, Health Director, Confederacy of Mainland Micmacs, 902-895-6385
- Dr. Fred Wien, Maritime School of Social Work, Dalhousie University, Halifax, Nova Scotia, 902-494-1326
- Dr. Lynn McIntyre, Faculty of Health Professions, Dalhousie University, 902-494-3327

The Maritime Centre of Excellence in Women's Health based at Dalhousie University is funding the research. The results of the project will be communicated to participating Mi'kmaq communities through newspaper articles, community information sessions and written reports. The results may also be useful for policy development and for academic publication.

You are being asked to participate in the research project through a personal interview. The interview will be approximately one hour in length. Your participation in this project is entirely voluntary and you have the right to stop the interview, refuse to answer any questions, or conclude involvement at any time. Your name will be kept confidential by the research team and will not be identified in any published reports that arise from this project. Any notes and other records associated with his/her participation in this workshop will be destroyed upon completion of this project.

By participating in this project, you will be contributing to our understanding of the experience of Mi'kmaq youth living on reserve, and the kinds of steps that can be taken to improve their quality of life.

You may ask questions about any aspect of this research now, or at any later time by contacting a member of the research team at the phone numbers given above. You may call collect.

I understand the information provided on this consent form and agree to participate in this research project. I have received a copy of this consent form.

WORKS CITED

- Beauvais, F. (1992). Characteristics of Indian Youth and Drug Use. *American Indian and Alaska Native Mental Health Research*, 5 (1), 51-67.
- Beiser, M., Sack, W., Manson, S. M., Redshirt, R. & Dion, R. (1998). Mental Health and Academic Performance of First Nations and Majority-Culture Children. *American Journal of Orthopsychiatry*, 68 (3), 455-467.
- Canadian Council on Social Development. (1998). *The Progress of Canada's Children, 1998 Focus on Youth*. Ottawa: Author.
- Dinges, N. G. & Joos, S. K. (1988). Stress, Coping and Health: Models of Interaction for Indian and Native Populations. *American Indian and Alaska Native Mental Health Research*, 1, 8-55.
- Dohrenwend, B., & Dohrenwend, B. S. (1976). Sex differences and psychiatric disorders. *American Journal of Sociology*, 81(6), 1447-1455.
- Dornfeld, M., & Kruttschnitt, C. (1992). Do the Stereotypes Fit? Mapping Gender-Specific Outcomes and Risk Factors. *Criminology*, 30 (3), 397-419.
- Downey, D. B. (1994) The school performance of children from single-mother and single-father families: Economic or interpersonal deprivation. *Journal of Family Issues*, 15, 129-147
- Enns, M. W., Inayatulla, M., Cox, B., & Cheyne, L. (1997). Prediction of suicide intent in aboriginal and non-aboriginal adolescent inpatients: A research note. *Suicide and Life Threatening Behavior*, Summer 27(2), 218-24.
- Evans, R. G., Barer, M. L., & Marmor, T. R. (1994). *Why are Some People Healthy and Others Not?* Hawthorne, NY: de Gruyter.
- Farrell, A. D., & White, K. S. (1998). Peer influences and drug use among urban adolescents; family structure and parent-adolescent relationship as protective factors. *Journal of Consulting and Clinical Psychology*, 66(2), 248-258.
- First Nations Education Council (1992). *Special Education Report*. First Nation Education Council, Quebec.
- First Nations Education Steering Committee/ First Nations Schools Association (1997). *None Left Behind – Addressing Special Needs Education in First Nation Schools: A Proposal for Action*. North Vancouver: First Nations Education Steering Committee.
- Gruber, E., Anderson, M. M., Ponton, L. & DiClemente, R. (1995). Overweight and Obesity in Native-American Adolescents: Comparing Non-Reservation Youths with African American and Caucasian Peers. *American Journal of Preventative Medicine*, 11 (5), 306-310.
- Husted, J., Johnson, T. & Redwing, L. (1995). Multidimensional Adolescent Treatment with American Indians. *American Indian and Alaska Native Mental Health Research*, 6 (3), 23-30.
- Laberge, L., Petit, D., Simard, C., Vitaro, F., Tremblay, R.E., & Montplaisir, J. (2001). Development of sleep patterns in early adolescence. *Journal of Sleep Research*, 10(1), 59-67
- Landy, S., & Tam, K.K. (1996). Yes, Parenting Does Make a Difference to the Development of Children in Canada. In: *Growing Up in Canada*. Ottawa: Human Resource Development Canada and Statistics Canada, pp 103-118.

- Lashbrook, J.T., (2000) Fitting in: exploring the emotional dimension of adolescent peer pressure. *Adolescence* 2000, 35(140), 747-757.
- Levitt, C., Doyle-MacIsaac, M., Grava-Gubins, I., Ramsay, G., & Rosser, W. (1998). Our Strength for Tomorrow: Valuing our Children. Part 7: Aboriginal Children. *Canadian Family Physician*, 44, 358-362.
- Lewis, C.E., & Lewis, M.A. (1984) Peer pressure and risk-taking behaviors in children. *American Journal of Public Health*, 74(6), 580-584.
- MacMillan, H., MacMillan, A. B., Offord, D. R. & Dingle, J. L. (1996). Aboriginal Health. *Canadian Medical Association Journal*, 155 (1), 1569-1578.
- Martinez, R. O. & Dukes, R. L. (1997). The Effects of Ethnic Identity, Ethnicity and Gender on Adolescent Well-Being. *Journal of Youth and Adolescence*, 26 (5), 503-516.
- Mi'kmaq Health Research Group (Loraine Etter, Carla Moore, Lynn McIntyre, Sharon Rudderham and Fred Wien). (1999). *The Health of the Nova Scotia Mi'kmaq Population*. Halifax: Union of Nova Scotia Indians & Confederacy of Mainland Micmacs.
- Minde, R. & Minde, K. (1995). Socio-Cultural Determinants of Psychiatric Symptomology in James Bay Cree. *Canadian Journal of Psychiatry*, 40 (6), 304-312.
- Morrisette, P. J. & Naden, M. (1998). An International View of Traumatic Stress among First Nations Counselors. *Journal of Family Psychotherapy*, 9 (3), 43-60.
- Muzychka, M. (1995). *Women Matter: Gender, Development and Policy*. St. John's: Provincial Advisory Council on the Status of Women, Newfoundland and Labrador.
- Napholtz, L. (1995). Mental Health and American Indian Women's Multiple Roles. *American Indian and Alaska Native Mental Health Research*, 6 (2), 57-75.
- National Forum on Health. (1997) 4. Key findings about vulnerable groups. In: *Canada Health Action: Building on the Legacy. Volume II. Synthesis Reports and Issues Papers*. Ottawa: Author.
- Newbold, K. B. (1998). Problems in Search of Solutions: Health and Canadian Aboriginals. *Journal of Community Health*, 23 (1), 59-73.
- Norton, I. M. & Manson, S. M. (1995). A Silent Minority: Battered American Indian Women. *Journal of Family Violence*, 10 (3), 307-318.
- Ontario Federation of Indian Friendship Centres. (2000). *Urban Aboriginal Child Poverty: A Status Report on Aboriginal Children & Their Families in Ontario*. Toronto: Author, October.
- Piasecki, J. M., Manson, S. M., Biernoff, M. P., Hiat, A. B., Taylor, S. & Bechtold, D. W. (1989). Abuse and Neglect of American Indian Children: Findings from a Survey of Federal from a Survey of Federal Providers. *American Indian and Alaska Native Mental Health Research*, 3 (2), 43-62.
- Rampaul, W. E., Singh, M. & Didyk, J. (1984). The Relationship between Academic Achievement, Self-Concept, Creativity and Teacher Expectations among Native Children in a Northern Manitoba School. *The Alberta Journal of Educational Research*, 30 (3), 213-225.
- Roberts, R. E., Roberts, C. R. & Chen, R. Y. (1997). Ethnocultural Differences in the Prevalence of Adolescent Depression. *American Journal of Community Psychology*, 25 (1), 95-110.

- Robins, L.N., Helzer, J.E., Weissman, M.M., Orvaschel, H., Gruenberg, E., Burke, J.D. & Regier, D.A. (1984). Lifetime prevalence of specific psychiatric disorders in three sites. *Archives of General Psychiatry*, 41, 949-958.
- Royal Commission on Aboriginal Peoples. (1996a). *Report of the Royal Commission on Aboriginal Peoples, Volume 3, Gathering Strength*. Ottawa: Canada Communication Group.
- Royal Commission on Aboriginal Peoples. (1996b). *People to People, Nation to Nation*. Ottawa: Minister of Supply and Services.
- Saulnier, C & Skinner, E. (1999). *Gender Equity Lens Resource Document*. Halifax: Maritime Centre of Excellence for Women's Health.
- Sharif, N. R., Dar, A. A. & Amaratunga, C. (2000). *Ethnicity, Income and Access to Health Care in the Atlantic Region: A Synthesis of the Literature*. Halifax: Maritime Centre of Excellence for Women's Health.
- Statistics Canada. (2000). *Women in Canada: A Gender-based statistical report*. Ottawa: Author.
- Waldram, J. B. (1993). Aboriginal Spirituality: Symbolic Healing in Canadian Prisons. *Culture, Medicine and Psychiatry*, 17 (3), 345-362.
- Wallace, J. M. & Wallace, J. G. (1991). Explaining Racial/Ethnic Differences in Adolescent Drug Use: The Impact of Background and Lifestyle. *Social Problems*, 38 (3), 333-355.
- Wien, F. (1986). *Rebuilding the Economic Base of Indian Communities: The Micmac in Nova Scotia*. Montreal: The Institute for Research on Public Policy.
- Young, T.K., Reading, J., Elias, B., O'Neil, J.D. (2000). Type 2 Diabetes Mellitus in Canada's First Nations: Status of an Epidemic in Progress. *Canadian Medical Association Journal*, 163 (5), 561-6.