

An Exploration of the Stress Experience of Mi'kmaq Female Youth in Nova Scotia*

This exploratory research project sought to deepen our understanding of what lies behind the stress experience of Mi'kmaq female youth on reserve with an eye to policy and program intervention. As the literature review revealed, there is not much information available – at least in published form – on the stress experience of Aboriginal youth and of young Aboriginal women in particular. The stress experience is defined as the differential physical (e.g., overweight, substance use), mental (e.g., depression, self-esteem, and emotional health) and social relationship stressors confronted by Mi'kmaq female youth in comparison with male Mi'kmaq youth or other female youth.

Methodology

This project used four methods of information collection:

- a systematic literature review
- individual, face-to-face in-depth interviews with 21 female and 5 male youth aged 12-18 located on ten reserves in Nova Scotia. Participants were selected through community-based advertising as well as through community health and education personnel.
- small group discussions with female and male youth using a focus group or talking circle format (8 with female youth and 2 with males)
- interviews with 42 key stakeholders, especially youth-serving professionals such as health personnel, alcohol and drug staff, and family and children's services staff, to provide additional perspective on the challenges facing female youth and the policy/program options available, or potentially available.

In implementing the project, the researcher team continued the process of developing research expertise in First Nation organizations and communities by coordinating the project through the Mi'kmaq Health Research Group. After completion of an earlier quantitative, survey research project known as the health study, members of the Research Group gained practical experience with the conduct of this qualitative research project. In addition, the Union of Nova Scotia Indians (UNSI) assumed responsibility for the financial and personnel administration of the project. Most of the group facilitators and note takers were Mi'kmaq personnel, including the staff who provided support to the youth if needed in the group sessions. However, the principal interviewer was a non-Aboriginal employee of UNSI.

A group of female youth living on reserve agreed to support the project in an advisory capacity. The Research Group met with the Youth Advisory Committee, initially to obtain insights into the subject matter of the research and the design and implementation of the project, and subsequently to obtain their views on the findings and recommendations.

** This research project arose out of an agreement of cooperation in health matters signed by the President of Dalhousie University and representatives of the Union of Nova Scotia Indians (UNSI) and the Confederacy of Mainland Mi'kmaq (CMM). The project was implemented by the Mi'kmaq Health Research Group (MHRG) with the support of MCEWH. MHRG includes Sharon Rudderham and Loraine Ethers, directors of health of the UNSI and CMM respectively; Carla Moore, health policy analyst from the Atlantic Policy Congress of First Nations Chiefs; Lynn McIntyre, Dean, Faculty of Health Professions, Dalhousie University; and Nancy MacDonald and Fred Wien, professors in the Maritime School of Social Work, Dalhousie University.*

Major Findings

- ❖ In a focus group situation, young women described stress as an internal emotional response (e.g., frustration or sadness). However, when individual women spoke of stress, they often mentioned externalizing feelings that were directed outside of the self such as anger, as well as 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 that 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, but was thought to be the top stressor by youth-serving professionals. Youth characterized their friends as brothers and sisters. The so-called peer influence among these youth or the role of peer influences on young people’s choices may need to be reinterpreted.
- ❖ All respondents recognized family problems as an important source of stress. Family problems 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 in young women was associated first with pregnancy, and in young men, with frustration with school work. All groups recognized both school-related and personal issues contributed to school leaving.
- ❖ The overwhelming impression one received from young people was that school was hard and it was difficult to catch up if they fell behind. Suspension policies should be reconsidered given their frequency and their consequences on school retention.
- ❖ Young people sometimes seemed unrealistic in their career aspirations. They may be unaware of the competitiveness and difficulty in 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 achieve their goals.
- ❖ Young women and men proposed similar services and ways of improving their lives such as counselling and recreation, most often suggesting short-term activities that appealed to their immediate gratification needs. 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.

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