

# Voices Project: Aboriginal Women Resource

## ***Health Trends:***

The relatively high birth rate in Canadian Aboriginal communities has resulted in a disproportionately large number of Aboriginal women (two thirds) under the age of 35. Unfortunately, an increased incidence of conditions such as hypertension, diabetes and lung cancer means that Aboriginal women have a life expectancy 7-10 years shorter than that of non-Aboriginal women. Aboriginal women also experience rates of maternal mortality five times higher than the national average, infant mortality twice that of non-Aboriginal women and overcrowded living conditions 16 times more often than most Canadians.

Other disturbing trends in Aboriginal women's health include alcohol related illnesses, sexually transmitted infections and gastro-intestinal conditions. Aboriginal women living in Northern Canada are also vulnerable to the health consequences of environmental contaminants in the form of PCBs and mercury, the long term effects of which have yet to be determined.

Smoking rates among Aboriginal women (57%) are nearly double the rates found in the general Canadian population (32%). In addition to contributing to lung cancer, which is the leading cause of death among Aboriginal women, smoking represents a major determinant of low birth-weight babies and infant mortality.

Mental health issues, particularly depression, also represent primary health concerns for Aboriginal women. Unfortunately, depression, as well as substance abuse, socioeconomic disadvantage, family trauma, cultural stress and sexual abuse, contribute to a rate of suicide that is 6-8 times

higher among young Aboriginal women than among their non-Aboriginal peers.

A more positive trend emerging in Aboriginal women's health can be observed in improvements in overall morbidity and mortality as well as in lower rates of breast cancer among Aboriginal women than among non-Aboriginal women.

## ***Health Determinants:***

Non-Aboriginal society represents a major determinant of the poor health of Aboriginal women. In many respects, the impact of colonialization, and the ensuing marginalization of Aboriginal people, has negatively affected the health of Aboriginal women. The erosion of tribal culture, brought on by European colonialization, has resulted in conditions of poverty rarely experienced by other populations within Canada. In fact, Aboriginal people experience lower socioeconomic indicators than any other group. These statistics are manifest in high unemployment and inadequate housing as well as in unequal educational and professional opportunities.

Mental health concerns such as depression are, in many ways, associated with the social conditions under which Aboriginal women live. Specifically, depression related to physical and sexual abuse is rooted in a combination of sexism and racism, directed toward Aboriginal women from mainstream society as well as internalized within Aboriginal communities.

Alcoholism among Aboriginal women represents a major health consequence of cultural marginality that is exacerbated by poverty and violence as well as by a lack of gender and culturally sensitive treatment programs.

Aboriginal American culture exemplifies strong matrilineal commitment and women perform a number of care-giving responsibilities. Unfortunately, to some extent, this sex-typed role orientation has been associated with higher rates of depression, increased role conflict, lower self-esteem, and reduced life satisfaction among Aboriginal women.

An increased incidence of sexually transmitted infections as well as deaths from cervical cancer among Aboriginal women can be attributed to a lack of available, accessible as well as culturally sensitive education and screening programs. Delayed diagnosis often translates into less effective treatment and less Aboriginal women who survive cervical cancer.

The domestic violence experienced by Aboriginal women, has its roots in the social conditions under which they and their families must live. Poverty represents one of the social determinants of domestic violence, with ensuing health consequences such as depression and stress-related disorders. Substance abuse by partners is also implicated and relates to cultural marginality by non-Aboriginal society. Finally, Aboriginal women who report a history of domestic violence are more likely to live in conditions of poverty and to experience higher rates of alcohol use.

The added disadvantage of living with disabilities is a reality for an estimated 40% of Aboriginal Canadians. The health of Aboriginal women with disabilities is, therefore, further encumbered by issues of education, transportation, housing, employment, recreation, and isolation from cultural opportunities. Many women must relocate for education and rehabilitation services to areas where the culture and, in many cases, the language is different than their own.

For many Aboriginal women, access to education and health care is hampered by jurisdictional encumbrances that are rooted in conflicting ideas

about whether service agencies should provide care to those with status treaty rights. In the case of Aboriginal women living with disabilities, provincial rehabilitative services may not be available.

### ***Research:***

A discussion of the research into Aboriginal women's health must begin with the most fundamental concern regarding that body of literature. The western medical model of health, upon which most research is based, emphasizes the presence or absence of disease or injury. Conversely, a traditional Aboriginal model of health defines illness as an imbalance in the physical, spiritual, emotional, and social realms. Aboriginal health providers, the numbers of which are growing, often use traditional paths to wellness through ceremony, herbal remedies, and a holistic approach to treating the mind, body and spirit.

A review of the current literature reveals that the vast majority of studies related to the health of Aboriginal women focus on issues of prenatal and neonatal complications as well as the incidence and prevalence of cancer. This body of literature also concentrates on obesity as well as tobacco and alcohol use among Aboriginal women.

A small but growing number of studies explore the social determinants of Aboriginal women's health, focusing on the impact of colonialization and the ensuing poverty and social marginality of Aboriginal Canadians. Not surprisingly, the influence of social and community support on Aboriginal women's health is emphasized in research conducted by Aboriginal women.

Internationally, researchers are also exploring the health consequences of colonialization on indigenous populations such as those in the United States, Australia, New Zealand and India. The most germane studies attempt to increase awareness of the diversity among Aboriginal women and emphasize the importance of cultural sensitivity

among health researchers and care providers. These researchers appreciate the unique history of Aboriginal women and its potential impact on their health and well-being.

Critics contend that some methods of examining health status are inappropriate and ineffective when used within Aboriginal populations. Specifically, the use of random selection in telephone surveys produces a systematic bias with respect to capturing Aboriginal households, particularly in areas where as many as 21% of Aboriginal women live in households without a telephone.

Researchers could learn a valuable lesson about conceptualizing health by looking to the Aboriginal Medicine Wheel. This framework for traditional Aboriginal healing symbolizes the four central and inter-related components of health. The wheel represents the four geographic locations (north, south, east and west), the four dimensions of a person (spiritual, mental, emotional and physical), the four stages of life (child, youth, adult and elder) and the four modes of social organization (individual, family, community and nation). The Medicine Wheel also symbolizes the four constituents of the body politic, representing the cultural, social, economic and political determinants of health.

It is interesting to note that, recently, this holistic framework of health has become the model most frequently used by non-Aboriginal health researchers. Yet, there is no mention of the resemblance in health literature that describes this “contemporary and innovative” approach to health research and practice.

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