

Canadian Aboriginal Women and Health

Collectively, this group of papers represents the weaving together of diverse Aboriginal women's voices, experiences and knowledge. Emerging from the collection is an intergenerational narrative describing Aboriginal women's resilience, resistance and strength in the face of historical and present-day adversity. While the papers are diverse in their geographical and cultural locations, methodological approaches, data analysis, and interpretation, each author challenges the reader to re-imagine a future for Aboriginal women, their families and communities that looks remarkably different from present day realities—a future that draws upon the wisdom of Aboriginal cultures (traditional and contemporary), while simultaneously recognizing that the local realities of Aboriginal peoples are entrenched within a global system that in all likelihood will never fully embrace nor nurture their worldviews. Specifically, deep-rooted practices of gender subordination coupled with economic and cultural marginalization have come to intersect in ways that uniquely silence and oppress Aboriginal women in all regions of Canada. These papers, however, offer counter narratives in which First Nations, Inuit and Métis women resist their subordination and its detrimental impact upon their health and wellness.

In areas of health care policy and delivery, a growing association between health and personal responsibility has further added to the marginalization of Aboriginal women. As this association has increasingly captured the imagination and workings of Canadian government policy makers, individual self care and “lifestyle” modification have been identified as central catalysts for improved health and well-being. As this set of papers illustrates, this trend has resulted in an increased burden placed upon Aboriginal women to be responsible not only for their own health but also for that of their families and communities. Simultaneously, the proven health benefits of well-situated and sustainable resources (e.g. affordable and safe housing, water and food security, access to education and employment) are downplayed in strictly “lifestyle” and individual-focused prevention approaches to health (Klienman, 2006).

The crossroads of traditional and contemporary life, including what Aboriginal women include in their definition of traditional practices, is a central question taken up by many of the authors. As illustrated by the papers, historical processes and events provide the underlying social landscape upon which Aboriginal women and their communities negotiate their health and wellness needs within a modern-day context of rapid change. In a study conducted among the James Bay Cree, Helen Vallianatos and colleagues investigate the perceptions and concerns of young mothers and Elders about weight gain during pregnancy and postnatal weight loss following birth.

Similarly, Jennifer Poudrier and Janice Kennedy explore local understandings of the healthy body and body image of First Nations women from the Battleford Tribal Council Region in Saskatchewan. They found that understanding the socio-cultural, historical and gendered context of women's lives in relation to healthy body weight and image is essential for developing local supports to assist women in caring for themselves and their families. Gwen Healey and Lynn Meadows research how Inuit women living in Nunavut negotiate health and wellness in an increasingly non-traditional society. Women identified a loss of traditional practices and language as negatively affecting their health and that of their community, and expressed a growing tension between traditional Inuit practices (e.g. traditional midwifery and adoption) and the non-Inuit medical policies and interventions that marginalize and devalue local knowledge and customs.

From downtown Toronto to remote and isolated northern communities, the geographical place where Aboriginal women live plays a central role in how they access health and social services, build social and cultural networks, and define themselves as Aboriginal peoples. Diane Martz and Bridgette Krieger examine the health care needs of elderly women in a northern Métis community. They point out that despite living close to, and experiencing similar health concerns as, First Nations reserve communities, Métis peoples are not provided the same level of health benefits—particularly Non-Insured



