



From The Women's Health Contribution Program

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W O M E N ' S H E A L T H P O L I C Y B R I E F

CONTACT:

Website:

www.centres.ca

Email:

cwhn@cwhn.ca

Toll-free:

1-888-818-9172

Post:

3rd floor,

Jeanne Mance

Building

Tunney's Pasture,

Postal Locator

1903C

Ottawa, ON

K1A 0K9

A Health and Healing Strategy for Aboriginal Women

At Issue

A Health and Healing Strategy for First Nations, Inuit and Métis women is needed to respect diversity, promote gender equality and reduce health disparities.

First Nations, Inuit and Métis women continue to accept both traditional and modern roles and responsibilities in health and healing. Sustaining these efforts is critical if families and communities are to survive and thrive and Aboriginal cultures are to hold a distinct place in communities and in the larger society. Pre-colonial and contemporary traditions help to define First Nations, Inuit and Métis women, but global approaches still mask the experiences, interests and concerns of female infants, children, youth, adults and elders in communities. Despite some gains, the health system fails most Aboriginal women across the lifespan and over generations.

The Cree word *kitimakisowin* refers to poverties of all kinds, notably those fundamental human needs that are not adequately met and which eventually lead to health and healing problems. First Nations, Inuit and Métis women suffer from the poverty of subsistence (due to food insecurity, climate change, lower average incomes than men, lone parenting, homelessness, matrimonial property provisions in the Indian Act); poverty of sexual and reproductive health (inadequate or inaccessible forms of contraception, lack of control over one's fertility, devaluation of Aboriginal girls and women as sexual and reproductive beings, sexual abuse, sexually transmitted diseases like HIV/AIDS, cervical cancer); poverty of identity (due to Bill C-31, forced urbanization, the residential school legacy); poverty of safety and security (due to spousal and family violence, incarceration, disabilities, motor vehicle accidents, poisonings, diabetes, poor drinking water); poverty of mental health (due to historic trauma, depression, suicide, substance abuse); poverty of participation (due to discrimination based on gender, race, class, sexual orientation and age; chronic health problems, "burn-out") and poverty of power and knowledge (due to research gaps, capacity deficits, loss of culture and languages, gender inequality). Many First Nations, Inuit and Métis women face *impahi-kitimakisowin*—a Cree word for deadly or extreme poverties—and are at very high risk of severe emotional, mental and spiritual problems and premature death.

Our Analysis

A Health and Healing Strategy for Aboriginal women is a lasting and holistic response based on evidence.

Gender equality is imperative for securing the health and healing of First Nations, Inuit and Métis women. In this respect, the Strategy must conform to *Health Canada's Women's Health Strategy* and *Health Canada's Gender-based Analysis Policy* and pay special attention to INAC's *Gender Equality Analysis Policy* without losing sight of health determinants, intersectoral approaches and ongoing health reforms. A Strategy would go some distance in promoting the explicit recognition of First Nations, Inuit and Métis women by the federal government and male dominated Aboriginal organizations, along with guaranteeing equal health and healing opportunities and outcomes. Eliminating discriminatory and exclusionary

Advancing the health of women

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practices foisted on First Nations, Inuit and Métis women and supporting balanced gender relations will require government support. A gender-based analysis (GBA) has to be adopted in First Nations, Inuit and Métis communities and in all Aboriginal policy. A GBA should acknowledge Aboriginal women's dual emphasis on health and healing, giving weight to the absence of disease and to existing strengths like resilience, spirituality and cultural traditions. A Strategy could seek to determine the actual capacities of First Nations, Inuit and Métis women in promoting the well-being of families and communities. Currently they include praying to the Creator for divine grace; reasoning through research and being personally involved in resolving difficult social and health problems.

Aboriginal women's organizations like the national *Aboriginal Women's Health and Healing Research Group* (AWHHRG) present a way for getting and holding public influence and services for women. The AWHHRG has hosted two national gatherings in which Aboriginal women researchers have been able to identify the connection between health research and change at the community level. The AWHHRG is an emerging organization that is increasing the capacity of Aboriginal women to influence policy through research, advocacy and participation at all levels.

Our Recommendations

Develop a health and healing strategy for First Nations, Inuit and Métis women

- Consider the perspectives of First Nations, Inuit and Métis women and overlapping health and healing options.
- Engage an Aboriginal organization with a research, policy and networking focus situated in an information environment to lead the initiative.
- Establish an advisory committee made up of First Nations, Inuit and Métis women with expertise in health and healing, and representatives from the Bureau of Women's Health and Gender Analysis and other government departments.

For more information on the need for an Aboriginal Women's Health and Healing Strategy, please contact the AWHHRG.

Authored by:

**Aboriginal Women's Health and Healing Research Group
c/o Prairie Women's Health Centre of Excellence**

University of Saskatchewan

107 Wiggins Rd.

Saskatoon, SK S7N 5E5

Phone: (306) 966-8658

Email: pwhce@usask.ca

Website: www.centres.ca