

# A Review of Aboriginal Women's Physical and Mental Health Status in Ontario

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In traditional Aboriginal\* cultures, women are the givers of life, and this role is highly respected. Unfortunately, today many Aboriginal women face greater health risks than women in the general population.<sup>1</sup> The following presents a review of Aboriginal women's health status in Ontario, with particular focus on causes of mortality and morbidity; namely the incidence and prevalence of heart disease, diabetes, suicide, cancer, depression, substance use, and family violence in comparison to women of Ontario more generally.

The data presented here have been compiled from health status data regarding urban and community Aboriginal women in Ontario; and when these are not available, national data are presented. The literature on American Indians in the United States is not reviewed. The Ontario First Nations Regional Health Survey<sup>2</sup> (OFNRHS) presents representative data from Ontario First Nation (FN) women and children living in Aboriginal communities across the province. These rates were compared with those of Ontario respondents in general from the National Population Health Survey<sup>3</sup> (NPHS). Statistics Canada has limited census data on Aboriginal women living in urban environments. The Aboriginal Peoples Survey (APS<sup>4</sup>) and the Royal Commission on Aboriginal Peoples Report (RCAP<sup>5</sup>) also present some national data, but without comparison groups. The Ontario Federation of Indian Friendship Centres<sup>6</sup> has recently published data on the health status of urban Aboriginal girls in Ontario. These data sources are reviewed, along with relevant published articles from the literature in the past twenty years (Medline, PsychInfo). Search terms included "Native", "Aboriginal", "First Nation", "Inuit", "Metis", and "Indian" with the health terms as included within the scope of this review.

A few cautionary notes should be heeded. The definition of Aboriginal status is not unambiguous. Minimal data currently exist concerning Métis and Inuit women in Ontario. The prevalence estimates may not be representative provincially owing to differing operational definitions and data collection methods. Moreover, FN communities have not been well represented in major Canadian longitudinal surveys.

In 2000, the Registered Aboriginal population in Ontario was 153,946, 51.6% of whom were female.<sup>7</sup> This represents the largest provincial proportion of Canada's total Aboriginal population, and 1.3% of Ontario's total population.<sup>1</sup> Although data are not available for Ontario, 72.4% of Aboriginal women in Canada live in areas other than FN communities.<sup>1</sup> Figure 1 portrays the Ontario and Aboriginal female population demographic by age.

\* This term is used to refer to the indigenous inhabitants of Canada and their descendants. They comprise people of First Nation, Inuit, and Métis ancestry. In Canada, Aboriginal peoples may be classified as status Indians (which includes people who are registered with the Federal Government as Indian), or non-status Indians (which refers to Aboriginal peoples who are not registered under the Indian Act).

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## Mortality and morbidity indicators

Based on data from the Canadian Mortality Database for the years 1981-1985 by Statistics Canada, community-dwelling Aboriginal women (age-standardized mortality rate per 100,000 population; ASMR=334.6) have higher all-cause mortality rates than Canadian women more generally\* (ASMR=173.4). The most frequent cause of death among registered Aboriginal women living in their communities was alcoholism/cirrhosis (ASMR=29.8), followed by motor vehicle crashes (ASMR=29.4), cardiovascular disease (CVD; ASMR=25.4), cerebrovascular disease (CBVD; ASMR=23.0), suicide (ASMR=16.8), diabetes (ASMR=13.7), cancer of the uterus/cervix (ASMR=11.0), homicide (ASMR=10.2), and pneumonia (ASMR=9.5). While the major causes of death are similar for both groups, Registered Aboriginal women are more likely than the general population of Canadian women to die as a result of alcoholism/cirrhosis, motor vehicle crashes, pneumonia, homicide, suicide and diabetes, while death resulting from cancer is proportionately less common.<sup>8</sup>

## Self-reported health status

Although indicators paint a poor picture of Aboriginal women's health, 76.8% of women in FN communities rate their health as good or better than average.<sup>2</sup> However, self-reported rates of health conditions are generally higher among FN than Ontario residents as a whole<sup>2</sup> (see Figure 2). In the OFNRHS, the only statistically significant differences between FN men and women were in self-reported asthma (FN males 5.1%) and cancer (FN males 1.3%), with FN women reporting significantly higher problems. Data from the Ontario First Nations AIDS and Healthy Lifestyle Survey report that a higher proportion of FN women than men report health problems in the following areas: high blood pressure, back or spine problems, arthritis, digestive problems, hay fever or allergies, mental health, emphysema or bronchitis, heart trouble, diabetes, and anemia; hepatitis and tuberculosis were the only exceptions.<sup>9</sup>

## CVD and CBVD

FN populations had been thought to experience lower CVD mortality rates than the general population.<sup>8</sup> However, recent data

show that FN women experience increasing mortality and morbidity rates than the general Canadian female population for both CVD and CBVD.<sup>10,11</sup> The Study of Health Assessment and Risk Evaluation in Aboriginal Peoples (SHARE-AP) recruited Aboriginal people from Six Nations Reserve in Ontario, who were shown to have significantly more carotid atherosclerosis, and a higher frequency of CVD (18.5%) than a matched sample of European-Canadians (7.6%).<sup>12</sup>

### Diabetes mellitus (DM)

Diabetes has reached epidemic proportions in Aboriginal communities, particularly in Northern Ontario where approximately 7% have been diagnosed with type 2 DM.<sup>13</sup> In the OFNRHS, FN women self-reported DM more often than did FN men (15.6% vs. 14.6% respectively), or women from Ontario more generally (3.8%).<sup>2</sup> Aboriginal women who live in Aboriginal communities have five times greater risk of death from diabetes than Canadians nationally.<sup>8</sup> Women are diagnosed with diabetes at an earlier age than men.<sup>14</sup>

In the remote community of Sandy Lake, DM prevalence reaches over 17% in residents over the age of 10. Through oral glucose tolerance surveys, the prevalence reached as high as 25% among adults in that community, and 80% among women aged 50-64 years.<sup>15</sup> Type 2 diabetes is being diagnosed in young children in Aboriginal communities in Northern Ontario.<sup>16-19</sup>

### Suicide

Suicide rates are consistently higher for the Aboriginal population than for the Canadian population as a whole.<sup>20,21</sup> These rates vary over the life span, increasing in occurrence over the teenage years, and peaking around age 23-25. For instance, adolescent women who are status Indians are 7.5 times more likely to commit suicide than adolescent women in the total Canadian population. In the 20-29 year age range, the suicide rate for female status Indians is 3.6 times the rate for all Canadian women.<sup>22</sup> In both Aboriginal and non-Aboriginal populations, men may complete suicide more frequently than women, but women attempt suicide more frequently than men.<sup>20</sup> Suicide clusters

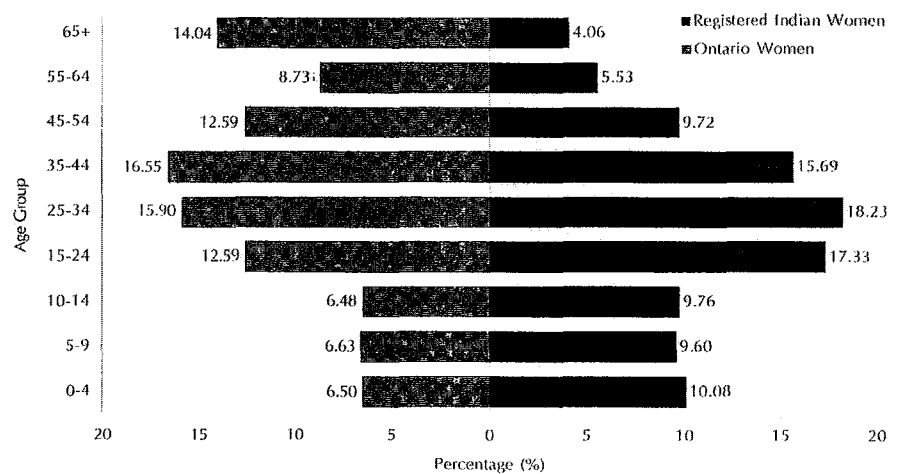


Figure 1. Ontario Female Registered Indian Population and General Population, by Age Source: Statistics Canada, 1996 Census

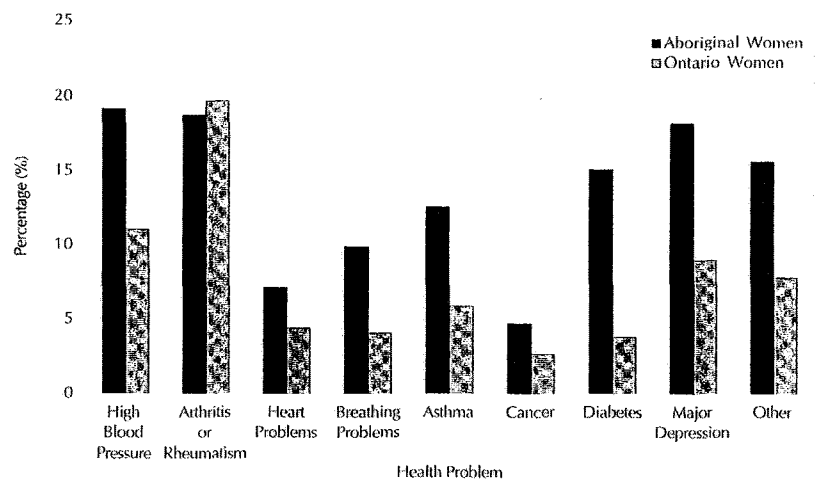


Figure 2. Percentage of Health Problems for FN and Ontario Women Aged 20 and Over Source: Reference 2

pose a special problem in Aboriginal communities.<sup>23</sup>

### Cancer

Data on the frequency of cancer in all persons registered as status Indians in Ontario between 1968 and 1991 were collected by Cancer Care Ontario.<sup>24</sup> Age-standardized incidence of all cancer types was found to be 28% lower in Aboriginal women than in the Ontario population as a whole. However, cervical cancer occurred 73% more often in Aboriginal women (which may result from less access to screening services so that diagnosis tends to occur at a more advanced stage of disease<sup>25</sup>), and gallbladder cancer was found to be more than twice as common. Aboriginal women have a lower incidence of cancer of the colon,

breast, and uterus, and of lymphoma than the general population.<sup>26</sup>

### Depressive symptomatology

Paralleling the ratio of depression in women to men in non-Aboriginal communities, there is a higher ratio of major depression among Aboriginal women to men, and girls to boys.<sup>27,28</sup> In the OFNRHS, 9.8% of FN women reported that they felt "everything was an effort" all or most of the time,<sup>2</sup> a symptom that is indicative of depressed mood.

### Substance use

Alcohol and substance abuse are considered to be major problems in Aboriginal communities.<sup>2,28</sup> Aboriginal youth are two to six times more likely to suffer alcohol-

related problems than their non-Aboriginal counterparts in the Canadian population.<sup>29</sup> According to the OFNRHS, when asked whether they had consumed an alcoholic beverage in the previous 12 months, 54% of FN women responded yes, and 74% of Ontario women responded yes. When asked whether they had ever regularly drunk more than 12 drinks a week however, 28.7% of FN women responded affirmatively and 5.2% of Ontario women responded affirmatively.<sup>2</sup> These findings suggest that fewer Aboriginal women drink moderately than non-Aboriginal women, but some are prone towards heavy consumption.

Findings from the Ontario FN AIDS and Healthy Lifestyle Survey indicated that 14% of FN women in Ontario report having used marijuana, cocaine, LSD, glue, or gasoline in the previous month.<sup>26</sup> Solvent use has been increasingly reported in isolated Aboriginal communities.<sup>29</sup> One in five Aboriginal youth has used solvents and one third of users are under the age of 15 years.<sup>29</sup>

### Violence indicators

At least three quarters of Aboriginal women in Canada have been the victims of family violence.<sup>30,31</sup> Retrospective reports of child physical abuse are very high among FN women in Ontario. Over 55% of FN women reported physical abuse,<sup>2</sup> and 45.5% reported sexual abuse.<sup>2</sup> The prevalence of sexual abuse is generally higher among Aboriginal women than among non-Aboriginal women (44.8% vs. 30.1%).

### CONCLUSIONS

The major causes of mortality among Aboriginal women in Ontario consist of alcoholism/cirrhosis, motor vehicle crashes, CVD/CBVD, and suicide, and the major causes of morbidity consist of hypertension, arthritis, DM, and asthma. Aboriginal women of Ontario clearly continue to have a poorer health status than women of Ontario more generally. Culturally appropriate public health interventions such as those flowing from the First Nation and Inuit Regional Health Survey (FNIRHS)<sup>32,33</sup> will be necessary to effectively address risk factors for these chronic conditions, while keeping an eye

to broader social determinants and efficacy. With the transfer of control over healthcare services to FN communities, and the growing acceptance of traditional forms of healing, there is a need to evaluate these approaches as effective modalities in improving the status of Aboriginal women's health in Ontario.

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