ABORIGINAL WOMEN HEALTH IN CANADA WITH SPECIAL REFERENCE TO CHRONIC DISEASES

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Abstract: Aboriginal peoples have strong and diverse cultures. Aboriginal peoples in Canada are comprised of three main groups: First Nations, Métis, and Inuit peoples. The term 'Aboriginal' used when referring to all three groups together. There are growing evidences that aboriginal women living on reserves in Canada have poorer health compared to other non-aboriginal women. It includes poor health behaviours, geographical isolation, lack of access to medical care, and lower socioeconomic status of aboriginal women and they are more prone to chronic diseases than infectious diseases. Health is determined by many factors affecting individuals, communities, and populations. There are significant disparities exist between aboriginal and non-aboriginal women's health in Canada. The present paper examined that it is not an infectious disease that poses threats to health of aboriginal women, but it is chronic diseases are the reason of more premature deaths than infectious diseases. So far as methodology is concerned the paper relies mainly on qualitative research methods and applies content analysis of primary and secondary sources to draw conclusion.

Keywords: Aboriginal, Chronic Diseases, First Nations, Inuits, Métis

Introduction: The health status of a population reveals many things about its social and economic circumstances. It includes healthiness; ill health; causes of death and life expectancy reflects important characteristics about the nature and quality of people's living conditions [1]. Aboriginal peoples continue to have less access to health care services compared with other Canadians. This is a result of such factors as geographic isolation, inadequate allocation of federal funding for aboriginal services, and a lack of personnel trained to meet the needs of aboriginal populations [2]. These are the factors which reflect on the aboriginal women's health in Canada. In the course of this paper tried to study the tools used by Statistics Canada and other secondary sources which deals with chronic diseases which are largely faced by aboriginal population mainly women. There are significant disparities between Aboriginal and non-Aboriginal Canadians both in their overall health and in their ability to access health care services. The reasons for this are very complex and relate to a number of different factors. The most common are biological and cultural factors. As Bolaria rightly points out, biological approach assumes that people's health is a product of their natural endowments, in terms of either their physical characteristics, their organic capacity to adapt to new diseases or conditions, or their mental capabilities to follow correct preventative procedures. Persons who share similar living conditions are likely to experience similar health problems over the course of time [1].But according to cultural analysis, differences in the health status of particular social groups are more a product of the everyday practices of those groups and of the standards employed in the health diagnosis and delivery process than of individual pathologies[1].In this context one needs to understand health problems are not caused by culture of poverty but also treatment processes. Many aboriginal women still believed in natural healing and traditional practices to cure their diseases.

The other factors like living conditions. Aboriginal peoples generally live in poorer housing because of poverty. The relationship between poverty and illness are closely related to each other in the case of chronic diseases of Aboriginal populations because poverty as a risk factor for chronic disease development, as well as chronic diseases as a risk factor for poverty [3]. The below quote highlights this:

Chronic diseases inflict an enormous direct and indirect economic burden on the poor, and push many people and their families into poverty. Further, the death or illness of parents or caring adults can lead to the impoverishment of their children and/or their community. Existing knowledge underestimates the implications of chronic diseases for poverty and the potential that chronic disease prevention and health promotion have for alleviating poverty (WHO, 2008)[3].

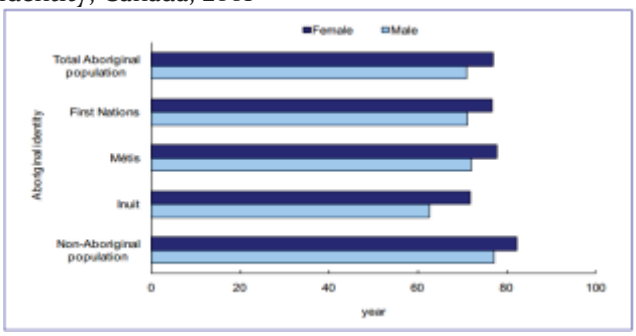
Chronic Diseases: Chronic diseases are cardiovascular diseases; cancers, respiratory diseases; and diabetes are the leading global causes of death. Individual's behaviours are not always the causes of these deaths, but also societal factors often determine these behaviours. Such factors include the promotion of tobacco; the high levels of saturated and fats, sugars, and salt hidden in processed foods; and urbanisation [4].

According to WHO Report in 2005 alone, it is estimated that Canada has lost 500 million dollars in national income from premature deaths due to heart disease, stroke and diabetes. At least 80% of

premature heart disease, stroke and type 2diabetes, and 40% of cancer could be prevented through healthy diet, regular physical activity and avoidance of tobacco products [5].

Who are Aboriginal Peoples? 'Aboriginal peoples' in Canada including First Nations, Inuit, and Métis peoples, as defined in Section 35(2) of the *Canadian Constitution Act, 1982* and collectively refers as aboriginal peoples. Each of these groups has a distinct culture and traditions. First Nations peoples are the original inhabitants of the area now known as Canada, whereas as Inuit peoples are the original inhabitants of the Arctic regions of the area now known as Canada. In French, the word "Métis" translates as "mixed."The Métis are of mixed Aboriginal and European descent [6].

Chart 1: Life expectancy at birth, by Aboriginal identity, Canada, 2001



Source: Statistics Canada, Demography Division quoted in Women in Canada: A Gender-based Statistical Report, July 2011.

The life expectancy of aboriginal women has been improving in 2001.The figure shows in 2001, Métis women had a life expectancy of 77.7 years and the First Nations woman was 76.7years. While the figure shows that Inuit women had a shorter life expectancy of 71.7 years as a comparison to the other two groups. In 2001, Aboriginal females had a life expectancy at birth of 76.8 years, compared with 70.9 years for Aboriginal males [7]. In all three Aboriginal groups, women had longer life expectancies than men. Because their life expectancy is higher, women are more likely than men to develop chronic health problems that often appear with age, like arthritis.

Table 1: Aboriginal population, Canada, 2006

Aborigi	Females	Males	Female

nal Population	Number %		Number %		as a % of the Aboriginal Group
Total-Aboriginal Identity population	600,695	100.0	572,095	100.0	51.2
First Nations	359,975	59.9	338,050	51.9	51.6
Métis	196,280	32.7	193,500	33.8	50.4
Inuit	25,455	4.2	25,025	4.4	50.4
Multiple Aboriginal Identities	4,055	0.7	3,685	0.6	52.4
Other	14,930	2.5	11,830	2.1	55.8

Source: Statistics Canada, Census of Population, 2006 quoted in Women in Canada: A Gender-Based Statistical Report, July 2011.

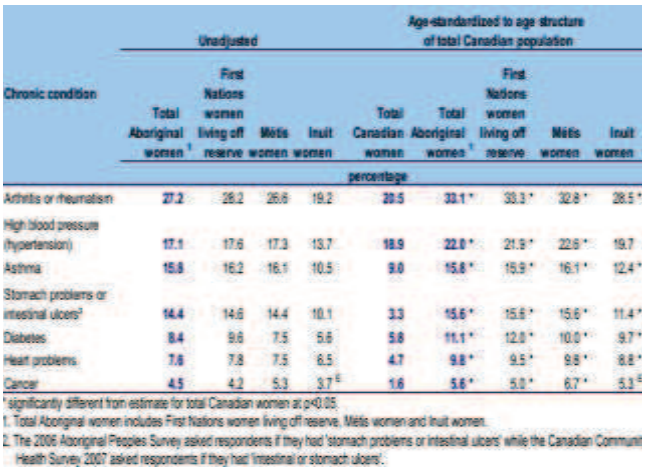
The above table shows in 2006, there were 600,695 Aboriginal females in Canada. In 2006, 60% of the Aboriginal female population was First Nations while 33% were Métis and 4% were Inuit. The female Aboriginal population is growing much more rapidly than the rest of the female population in Canada [7].

After the 1982 constitution enshrined the Métis as aboriginal people, the number of people claiming Métis ancestry grown dramatically. The number of persons claimed to be Métis in Canada increased by 91 percent between 1996 and 2006[8].

The two tables show the life expectancy and other shows the population of aboriginal women has been improving since 2001 but chronic diseases also increased and the next section would focus on chronic disease suffering by Aboriginal women.

Table 2: Unadjusted and age-standardized prevalence of diagnosed chronic conditions for

women aged 20 years and over, by Aboriginal identity, Canada, 2006/2007



Chronic condition	Unadjusted				Age-standardized to age structure of total Canadian population				
	Total Aboriginal women [1]	First Nations women living off reserve	Métis women	Inuit women	Total Canadian women	Total Aboriginal women [1]	First Nations women living off reserve	Métis women	Inuit women
	percentage								
Arthritis or rheumatism	27.2	28.2	26.6	19.2	20.5	33.1 *	33.3 *	32.8 *	28.5 *
High blood pressure (hypertension)	17.1	17.6	17.3	13.7	18.9	22.0 *	21.9 *	22.6 *	19.7
Asthma	15.8	16.2	16.1	10.5	9.0	15.8 *	15.9 *	16.1 *	12.4 *
Stomach problems or intestinal ulcers [2]	14.4	14.6	14.4	10.1	3.3	15.6 *	15.6 *	15.6 *	11.4 *
Diabetes	8.4	9.6	7.5	5.6	5.8	11.1 *	12.0 *	10.0 *	9.7 *
Heart problems	7.6	7.8	7.5	6.5	4.7	9.8 *	9.5 *	9.8 *	8.8 *
Cancer	4.5	4.2	5.3	3.7 E	1.6	5.6 *	5.0 *	6.7 *	5.3 E

* significantly different from estimate for total Canadian women at p<0.05
1. Total Aboriginal women includes First Nations women living off reserve, Métis women and Inuit women.
2. The 2006 Aboriginal Peoples Survey asked respondents if they had 'stomach problems or intestinal ulcers' while the Canadian Community Health Survey 2007 asked respondents if they had 'intestinal or stomach ulcers'.

Source: Statistics Canada, Aboriginal Peoples Survey, 2006, and Canadian Community Health Survey, 2007 quoted in Women in Canada: A Gender-Based Statistical Report, July 2011.

In 2006, 28% of First Nations women aged 20 and over living off reserve had been diagnosed with arthritis or rheumatism. About 18% had high blood pressure, 16% had asthma, 15% had stomach problems or intestinal ulcers, and 10% had diabetes. While Métis women aged 20 and over, arthritis or rheumatism was the most commonly diagnosed chronic conditions (27%). This was followed by high blood pressure (17%), asthma (16%), stomach problems or intestinal ulcers (14%), heart problems (7%) and diabetes (7%) [7].

In 2006, nearly one-fifth (19%) of Inuit women had been diagnosed with arthritis or rheumatism while 14% had been diagnosed with high blood pressure. One in ten Inuit women were also diagnosed with asthma (10%) and stomach problems or ulcers (10%) [7].

Thus, one need to understand that there is a higher prevalence of these chronic conditions like arthritis, high blood pressure, asthma, heart conditions, and diabetes among Aboriginal women compared to women in the overall population.

Aboriginal people living in urban areas, women and particularly aboriginal people living in southern Canada have an increased risk of diabetes. Various forms of diabetes are prevalent among aboriginal populations at critically high rates. For example, Type 2 diabetes, where the body has trouble using the insulin it produces, is three to four times more prevalent in aboriginal people than in non-aboriginals. Diabetes is solidly linked to poor diets; however, this disease may also be the result of dietary changes from a diet consisting primarily of meat and vegetables to one that now includes many starches, sugars, and fried foods [8].

The Aboriginal Diabetes Initiative was established in 1999.The main objective of the Initiative is to reduce type 2diabetes by supporting health promotion and disease prevention activities and services, delivered by trained community diabetes workers and health service providers. The Initiative delivers a range of primary prevention, screening and treatment programs in partnership with Tribal Councils, First Nations organizations, Inuit community groups, and provincial and territorial governments [8].

Conclusion: Chronic non communicable diseases are costing millions of premature deaths throughout the world. Chronic diseases are the major cause of death and disability worldwide [5].So one needs to understand that chronic diseases suffered by aboriginal women such as diabetes, cancer, arthritis, mental illness, cardiovascular, and chronic respiratory diseases are major contributors to reduced quality of life, loss of productivity, and increased hospitalization and health care costs as well as premature death in Canada. Chronic diseases can be prevented and manage like overweight, physical inactivity, poor eating habits, and smoking. For this sustained programs and supportive policies are needed to improve the aboriginal quality of life. We also cannot deny from the above data the increased growth rate of aboriginal women's was an improved level of health care and an awareness of aboriginal issues in the country.

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