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Voices from the Land: Reflections on Teenaged Pregnancy in Aboriginal Communities Today - The Voices of Traditional Healers

Delores Cardinal
University of Alberta

Clifford Cardinal
University of Alberta

Earle Waugh
University of Alberta, earle.waugh@ualberta.ca

Darryn Baddour

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Voices from the Land: Reflections on Teenaged Pregnancy in Aboriginal Communities Today - The Voices of Traditional Healers

Abstract

While the precarious state of Aboriginal health is often noted, and several studies have detailed the issues raised by teenage pregnancy, the voices from traditional healers, many of whom have to deal with the youth are scarcely recorded. These reflections are in response to the conversation of select traditional practitioners at The Gathering, held in the Faculty of Medicine and Dentistry, the University of Alberta, in October, 2010. They spent about one-and-a-half hours discussing the issue with health care professionals and physicians. This article reprises high points of that discussion along with additional material offered to support their contentions.

French Abstract

LES VOIX DE LA TERRE : RÉFLEXIONS SUR LES GROSSESSES DES ADOLESCENTES DES COMMUNAUTÉS AUTOCHTONES CONTEMPORAINES – LES VOIX DES GUÉRISSEURS TRADITIONNELS

Delores Cardinal, Clifford Cardinal, Earle Waugh, & Darryn Baddour
Université de l'Alberta, Edmonton (Alberta) Canada

Résumé

Lors d'une rencontre internationale des intervenants en médecine traditionnelle tenue à l'Université de l'Alberta, on a demandé à des guérisseuses de donner leur opinion au sujet de la hausse spectaculaire du nombre d'adolescentes enceintes, laquelle constitue une situation grave pour les services sociaux et de santé. Au total, 25 femmes et 2 hommes se sont réunis pour résumer les opinions présentées dans cet article. Ils ont formulé des recommandations stratégiques précises sur la façon de remédier à cette crise, notamment la création d'un centre de service unique inspiré du modèle australien, où les adolescentes enceintes pourraient étudier et trouver un emploi.

Spanish Abstract

VOCES DE LA TIERRA: REFLEXIONES SOBRE LOS EMBARAZOS ADOLESCENTES EN LAS COMUNIDADES INDÍGENAS EN LA ACTUALIDAD – VOCES DE LOS CURANDEROS TRADICIONALES

Delores Cardinal, Clifford Cardinal, Earle Waugh, Darryn Baddour
Universidad de Alberta, Edmonton, Alberta, Canadá

Resumen

En la reunión de curanderos tradicionales celebrada en la Universidad de Alberta se pidió a las curanderas que hablaran sobre las reservas indígenas en las que se habían multiplicado los embarazos de adolescentes hasta el punto de constituir una situación grave para los servicios sociales y de salud. Participaron en el debate —que se resume en este artículo— veinticinco mujeres y dos hombres. Se hicieron propuestas concretas de políticas sobre la forma de enfrentar la crisis, entre ellas desarrollar el concepto australiano de un solo centro (One-Stop Centre) para todas las cuestiones de aprendizaje y trabajo de las adolescentes embarazadas.

Keywords

teenage pregnancy, traditional Aboriginal healers, the Gathering, One-Stop Centre

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Voices from the Land: Reflections on Teenaged Pregnancy in Aboriginal Communities Today – The Voices of Traditional Healers

The precarious state of health among Canada's Aboriginal people is so well known that it has become an accepted part of Aboriginal reality. Both Canadian statisticians and government officials are aware of the situation and its application to children (see for example Health Canada, 2005; Health Canada, 2012; Roterman, 2007). Of the many pressing demands from this crisis, it is evident that the birthrate among teenaged Aboriginal women (9% under 18 years of age) will lead to severe consequences for both reserve and off-reserve communities (Canadian Institute of Child Health [CICH], 1994).¹ Some issues include: insufficient pregnancy care, higher infant mortality, lower birth weight, children raising children without the usual family support system, increased demand for childcare facilities, unbalanced resource demands on health care facilities, unplanned demands on community social services, social or familial discord in a small community. As Health Canada (2005) has documented, it also has major consequences for Canada's health care and social programs.

Students of health care have had much to say about this issue², and government concerns have been articulated both here and in other venues. Yet, little in the literature reflects the views of those who encounter this reality on the ground in Indigenous communities, where they must deal with the day-to-day hope and tragedy involved. Of particular importance are the voices of the traditional healers, whose work among their peoples goes on behind the scenes where they try to deal with the conflicted outcomes in the lives of youth who have nowhere to turn for support.

In this article, we wish to give recognized place to the views of this unheard voice of traditional authority, since they remain part of not only the heritage of their respective Peoples but also are intimately acquainted with the health dimensions of this issue. The occasion for these views was a national "Gathering of Traditional Medical Practitioners". The meeting was held at the University of Alberta's Faculty of Medicine and Dentistry from October 24 to 26, 2010 with the support of Blue Quills Native College in St. Paul, Alberta. The Gathering was one element of a number of initiatives whose strategy is to engage traditional practices and knowledge for inclusion into the teaching and research processes of a major medical faculty in Canada and to further their impact in the larger community.

In order for you to gauge the significance of these voices, a little background needs to be provided. This was expressed by Chief Clifford Cardinal (2010), co-host for the Gathering and resident Cree healer in the Department of Family Medicine at the University of Alberta. His statement underlines the importance of these voices:

¹ No attempt will be made here to address the deeper philosophical and political issues that theorist have

² A survey of the academy's response to this issue has been included in the original report conveyed to Indian and Northern Affairs Canada (INAC, now called Aboriginal Affairs and Northern Development Canada [AANDC]) in December 2010; most sources for that document have been listed in the references, but we do not have the space to include that analysis here.

The last gathering of healers in Alberta was in 1933 ... in a place called Heart Lake. Because of the word *mitiyo* meaning heart and *metiyo* meaning the institutions of medicine; *metiyo*, that word has lost some of its meaning over time and through semantics. I know that the healers here probably know what a *metiyo* is because it is the career as a healer usually given before a person is even born. The people who are here are gifted long before they are born, through gifts, through signs ... About two years ago, Earle and I went to Calgary to approach Fred Eagletail, who is the keeper of the Beaver Bundle. We were fortunate enough for him to allow us to be blessed with the Bundle itself ... In September 2007, the previous Dean of Medicine, Tom Marrie, participated along with some prominent members of the campus to allow the Bundle to bless all the initiatives of this campus, all the Aboriginal initiatives, so we are indeed living under the umbrella, under the protectorate of this particular umbrella. We have five people that were seated at the front at that time when Fred came out and endorsed this campus to go ahead, to never mind what people say, there will always be people that are putting you down ... Your faith in the Creator rests on the protection of the Bundle that will be keeping you. I thank my friend here for going with me at that time to make representation to the Beaver Bundle and bring its philosophy here, bring its essence to the University of Alberta.

The list of invitees is too long to discuss here. All those who came were personally presented with tobacco and the special request that they come and share their knowledge with us. Not all could come, but those who came reflect the following geographical areas: Alberta, North West Territories, Nova Scotia, Saskatchewan, South Dakota, Ontario, Quebec, Arizona, and British Columbia. The healers self-identified as Dene, Woodland Cree, Plains Cree, Northern Cree, Metis, Mi'kmaw, Akwasane (Iroquois), Mohawk, and Dakota. One other note needs to be made here: no photos, videos, or taped recordings were made. The Elders did not, however, have any objection to court reporters writing down the discussion.

With respect to oral tradition, we wish to make everyone aware that certain stories are told at certain times because they may be very private, but they are shared under the tobacco. There are ethical considerations that researchers need to be aware of in documenting knowledge that is shared in an oral fashion. We hope to maintain integrity to the personal quality of the knowledge shared by attempting to present our reflections without specific, identifying details.³ Since we had agreed that no names or elements of identity would be used when tobacco was presented, no identification will be used here.

Still the voices arose out of this important Gathering. With regard to the concerns that were expressed, it is critical that readers understand the significance of the Beaver Bundle's authority when considering the strength of the remarks discussed.

³The importance of applying distinct ethics in documenting oral knowledge follows Cruikshank (2000).

The Context of the Voices: Traditional Practitioners Perspectives on the Health Condition of Aboriginal Peoples

The practitioners of traditional medical knowledge are very aware of the health issues their people face and the difficult social and medical conditions on many of the reserves they serve. We agreed that a special deliberation could be held for the women practitioners at the Gathering. The result was a session held for one-and-a-half hours during the afternoon of the general meeting. The session involved women healers, medical personnel from the Faculty of Medicine and Dentistry, scholars from diverse areas of study, students in medicine, arts, and social sciences, and community knowledge-keepers. Over 25 women and 2 men sat together with the healers as they specifically addressed teenage pregnancy and related maternal issues on reserves across Canada. Additional healers' views were incorporated after the session to form the basis of these reflections.

The healers pointed out that their people resist being evaluated by assessments devised for immigrants; they are rightly concerned that many specialty services, including health services, are arrayed for a "minority" population, which, of course, places them with the 200 odd ethnic groups in Canada today. Traditional healers were united in insisting on programs being designed for Indigenous communities, based on proper research techniques with their communities. Some writers, such as Devries and Free (2010) have already noted that the available health promotion programs have been adapted from programs designed to suit other populations; there is little research in Canada pertaining to the actual experiences of Aboriginal people (in relation to culturally-appropriate health promotion strategies).

We also have to make clear that there was limited opportunity with the healers to address all the issues in traditional culture that are often taken for granted. Those who are familiar with Indigenous cultures are aware that there are underlying factors about their cultures and these are crucial in shaping discussion. A few relevant to this issue are:

- a. The meaning of kinship in traditional societies (relatively enlarged when compared to Western cultures, as reflected in Indigenous languages);
- b. The practical issues required in traditional family-building (i.e., division of roles between husband and wife, roles of the female in gathering food provisions, home comforts, providing status for her husband, and a host of negotiated requirements depending upon locale and size of the community);
- c. Status issues relative to the public role of men; and,
- d. The amount of assimilation with other cultures and/or reactions to Western culture that have taken place. Furthermore, the wide variety of social forms, such as moieties, which also guide some Indigenous societies, was not part of our discourse.

Finally, it is important to bear in mind that the healers had already participated in the larger *Gathering* sessions, where many cultural issues had already been raised. They were aware, then, that the context out of which they spoke had been set by the priorities of *The Gathering's* themes. They did not believe that they would have to re-state some of those conceptions. However, a quick survey might be helpful to the reader: traditional medicine's holistic viewpoint; the four elements in an Indigenous person's well-being

– physical, social, mental, and spiritual; the giftedness of traditional medical leadership and its variety and diversity in caring for the community; the role of nature and land in identity and medical understanding; and the spheres of influence of both genders in traditional societies. These elements had already been part of the discussion.

Traditional Teachings on Womanhood

The framework for understanding the traditional viewpoint rests upon what Western scholars have called worldviews. In addition, there are critical values arising out of these worldviews. Traditional healers believe that speaking about these values is a matter for the knowledge keepers, elders, medicine people, and community wisdom holders. Such knowledge was originally conveyed during ceremonial and properly sanctified occasions. These rites were essential because it put receivers of the information in the proper state of mind. Unfortunately, print media is neither able to provide that kind of context, nor to put readers in the proper attitude towards the teachings. Distortion may occur. Despite that, the healers are determined to convey, as best they can, across the gulf that modern technology has fixed between the oral and written traditions. They are also aware of the distance between generations, but believe that their message is so important for their people that they are willing to speak with awareness that their words may not be comprehended by all.

No traditional voice would be considered truthful without someone who is party to the deeper knowledge speaking about these matters. The following rests upon that of knowledge keeper, P. Quinn, and medicine practitioner, Clifford Cardinal:

Specific issues related to womanhood among Canada's Indigenous people have surfaced since a joint meeting on the topic took place at Slave Lake, AB in 2006; for example, the name of these teachings differs within different tribes and linguistic groups. Nevertheless, the teachings themselves remain at the center of the Original Peoples' identity. Both tribal politics and the expression of "holiness" or "sacredness" are expressed in these teachings.

The original teachings were expressed primarily during rituals for that purpose. In fact, the nature of womanhood was revealed through oral tradition at that time and in that place. Because the ritual was recited by the woman leaders, men were not privy to this information. It is only through the words of five practicing woman of this ritual that I am sharing what I know and what my mother (who saw the need to revive this in the 70s) told me that this is now being shared.

The name given to these rites by each tribe is not of great importance, rather it is the concept of teaching young girls how to become women in the tribe and still be themselves as individuals that is the key and is of great importance today. In 2006, I referred to these teachings as *Turtle Teachings* for lack of better terminology. Since then I have learned that other ceremonial people have given other names to this ritual. Unfortunately, the diversity of names may have confused practitioners. But we know that these rites have been continuously practiced since time immemorial. The origin of this ritual has been retold many times but this is what has been told to me when I received my first Pipe over 40 years ago by woman healers.

Central to the ceremony is the ritual use of a sacred woman's Pipe. Any woman can offer to have their pipe used in this gathering; however, it is customary for the senior member to lead the ceremony. These rites take place 13 times each year due to the 13 full moons that women experience. In the Cree language the Full Moon is called *Kohkomaw*, meaning our Grandmother (i.e. the *Grandmother Teachings*). It is also referred to as the Turtle Teachings owing to the 13 "plates" a turtle has on its back plate – these 13 plates coincided with the Thirteen Teachings or Virtues as they are designated today.

The ritual is also referred to as the *Tepee Teachings* because the 13 poles of the traditional living abode of the Plains people are recognized as the Pillars of Womanhood. Hence, the 13 months composed of 28 days indicating the cycle of time in a woman's cycle, makeup one year. The Original People believed one year consisted of 364 days and the one day, June 21st, was counted as a void, owing to its designated sacredness. Hence, 13 moons times 28 days from cycle to cycle produced one year.

Traditionally, this experience by mature women was a period of time considered holy, since all things with life have an element of holiness. The Power a woman has during this moon time is immense and therefore she is exempt from community ceremony and any duties she might serve. The teachings begin with the sharing of origin stories of one's given tribes, their unique tribal puberty rites, and their ability to give life and of prayer. Then follows a reciting of the *Thirteen Teachings and Virtues*. These can be summarized as follows:

1. **Be Holy** as the Creator has given you the great gift of giving birth.
2. **Be Humble** to your Grandmother (menstrual cycle) as she allows you time to prepare yourself for her each month before her arrival.
3. Give **great care to always be clean** during your own private moments.
4. Be **respectful to your sisters** in the circle as they will also be respectful towards you.
5. Be **mindful of your senses and feelings** as they will guide you closer to Grandmother's thoughts.
6. **Be mindful of your mentors** the turtle and the old women who have that sacred connection, this connection can be helpful to you.
7. Always **remember your sacredness in the presence of men's ceremonies and rituals** as it can alter the direction of the Pipe's calling; some ceremonial leaders may not understand your holiness at this time so always be humble whatever is said of Grandmother's (menstrual cycle) presence.
8. Your presence may be needed when **picking sacred plant medicine(s)**, do not feel you are being singled out during this time.

9. In the presence of great healers, you will be noticed as holy and may **be called upon to perform certain duties** you do not know. Remember it is not your knowledge they seek but your sanctity.
10. **Be proud of your womanhood** and the power to give life so you can teach this to your children.
11. **Never seek a partner overtly**, such a person will be revealed to you in a most sacred manner.
12. **Know the difference between duty and work**, it can mean the difference between respect and disrespect.
13. **Participate in social, spiritual, personal, and physical rituals** as they are preparing you for your role of being a woman. Know the cycles of life especially your womanhood and **how this life fits around the equinox(es) and solstice(s)** and of each full moon. There are patterns there only you will have insight into.

In Teepee Teachings, the perception is that you should share your knowledge without prejudice as there are many who cannot ask, or even talk in public; so make this your mission in life, to teach what little you know. However, remember to always be humble as there will be always someone who knows more than you.

It is a big life challenge today on how this view of womanhood should be presented. Often this is presented to original people as social issues – with many seeing this view as a problem – because we have thrown away our culture and language and henceforth the essence. It is up to us, the knowledge keepers of the original people, to provide that knowledge link for our woman (P. Quinn, personal communication reported to C. Cardinal, Jan 2, 2011; emphasis in original).

Voices Concerning “the Cultural”

As is to be expected, cultural differences in attitude will play a significant role in defining issues such as teenage pregnancy and maternal health. Indeed, culture continues to be a primary filter through which much of the healers’ discussion took place at *The Gathering*. We are reminded of the importance of this feature since Canada had just signed the United Nations (UN, 2008) Declaration on Indigenous Rights, a declaration it had hitherto refused to validate⁴. A key element of the document is that each group of Aboriginal peoples embraces a cultural viewpoint that may differ significantly from other Indigenous notions. This is not regarded as problematic by traditional people since community awareness of boundaries is part of that group’s identity. Traditional communities do not need uniformity of cultural descriptors in order to affirm their respective identities.

Traditional healers insisted that there are many voices in their communities concerned with the notion of “traditional.” Whatever scholars may say, as far as the healers were concerned, there is almost uniform

⁴The signing was dated November 12, 2010 (see AANDC, 2010). Canada’s view is that this is an “aspiration” document, which will not change its laws or modify its current relationship.

acceptance of “tradition” as a concrete basis for meaning within their communities today. This suggests that “traditional ways,” however they are conceived, have a larger role in providing acceptable norms for young people than is generally acknowledged. Healers spoke of the great need to return to tradition in their communities because there is just no other accepted value system in place. Interestingly, even where this tradition has been impacted by Euro-Christian values or a current form of relationship (i.e., “living together” as opposed to marriage), traditional healers continue to believe that it still has an authority among youth today who value their Aboriginal identity.

It will surprise no one that the legacy of the residential school issue was also part of today’s healers’ voices. Traditional people’s perceptions are that Canada’s current social policies, despite recent apologies and other attempts at healing the past, are somehow stacked against the legitimate aspirations of traditionally-oriented attempts to rebuild their communities. They will tell you personally that they want to engage Canada’s culture; however, to do this they need the willing assistance and support of Canada’s institutions, and especially the professionals in health care and social services. They do not find much willingness there.

One cultural issue that healers pointed to was the social welfare system. This is a good example of how Canadian social policies impinge on proper maternal care. As reported by Valerie Taliman (2010) in Canada’s Native newspaper *Indian Country*, Cherry Smiley of the *Aboriginal Women’s Action Network* indicated at a recent conference why so many Aboriginal women have disappeared:

A single Native mother on welfare with one child receives about \$580 per month to live on. But if social services takes her child and gives it to a non-Native family, they get \$1,000 per month to care for the child. Instead of policies designed to keep families together, we’re dealing with rules and regulations that break our families apart. (para. 13)

The social welfare system weighed heavily in healers’ voices. They asked why it is easier for a young woman who has a child to go on welfare than receive funded-training that would provide a livelihood for her so she could have the dignity of working for her family. Healers related many stories illustrating how the system, originally designed to help the struggling family, has moved to become an encouragement for young women to get pregnant: Rather than foster Indigenous communities, these policies are not helping people care for their own children or develop their own communities. They really push young women to have children just for the financial assistance. Traditional people indicated they are normally reluctant to speak candidly in a Canadian forum for fear of unknown impacts, especially when they are not sure their position in their communities is known to the wider public. In private conversation, their voices were strong and clear: Social policies should foster good community life, not motivate people to have children for financial purposes, or provide these children for adoption agencies that force the children out of the community.

Traditional Discourses from the Healers

As far as traditional healers were concerned, Canadians should be aware that teenaged pregnancy in and of itself is not an issue within traditional Native culture. Aboriginal girls were known for marrying on the onset of puberty. However, as we know, oftentimes girls began menstruating much later than they do now, probably because of traditional food sources. Furthermore, when European culture came to dominate, society changed and the rules changed. Girls could not marry at the onset of puberty given

that the colonizing culture deemed it as an inappropriate practice. Therefore, they were, and are not, allowed to get married at the onset of puberty because they are considered too young and still developing – both in mind and body. And this is likely the case because they have not been taken through the rituals that traditionally helped to instill mature values in a young person's life.

In contemporary Canadian society, social services' rules do not comply with traditional Aboriginal values. The system looks down upon Native culture with respect to how it views pregnancy, life, and childcare. Whereas Aboriginal culture values life and views a pregnancy as a gift, very often in today's communities the issues surrounding the causes and consequences of young people's choice to have sex, particularly unprotected sex, are not directly addressed. It is not part of the traditional viewpoint because tradition trained young people for community participation and contributions before they engaged in sexual activity. Furthermore, the value system deriving from Europe and America, which is supposed to support young mothers and their babies, largely fails them because it does not provide the sanctioned teachings: Where coming of age meant the choosing of a mate and start of a family between a young man and woman. For example, by tying welfare to the young woman and her child alone, the structure of the traditional family is broken. In other words, the system is a failure to the Native mothers and their children because the young man is not part of the picture.

The healers' voices were quite clear: Their communities are not blind to what is happening. They know that young women are menstruating earlier and choosing to have sex at an earlier age than ever before. These liaisons do not fit the traditional pattern and so are outside their value system. There are major questions related to the spread of disease, HIV and AIDS, and sexually transmitted infections (STIs). They believed these issues are cross-cultural and affect everyone regardless of race, class, religion, and culture. Their children cannot escape the larger culture. Still, because teenage pregnancy is on the rise specifically in Native communities, Aboriginal families and communities are stressed by the results. Their voices were unified in crying out against the coming of so many babies into communities already plagued with poor health services. The babies do not have even a fighting chance at a good life in such circumstances, and mortality numbers verify that there is a problem.

The psychological and social impact of teenage pregnancy on the young women, many of whom are children themselves, is regarded as quite phenomenal within contemporary Aboriginal society and, therefore, a partnership between traditional people and Canadian social services is crucial. The girls need community support in terms of family and friends, and traditional health care providers. Moreover, the reinforcement of traditional culture is necessary to foster community support and build a foundation for healthy mothers and children in the community. The healers spoke honestly that, regardless to which Aboriginal peoples one points, a debate is underway on how to deal with the problems that arise from this issue. Condemning the young women will not fix the problem. It is larger than the choices that young women can immediately see.

Both contemporary Aboriginal communities and community healthcare providers are faced with considerable stress because some of the children born from these relationships have major health issues and most communities have to find a way to deal with them. Why this occurs was the subject of various discussions within *The Gathering* session. Sometimes, traditional people believed it was the loss of traditional ceremony and the structure offered by a traditional marriage; some emphasized that we do not have the resources to meet the needs of these children that is the primary problem. Some hold that

the personal wish to get pregnant by a teen really arises because she has not learned who she is in the traditional way and she has very low self-esteem – she gives up on herself because she is young and does not have the inner motivation or knowhow for going to school or seeking higher life achievements for herself; she takes the easy way out and gets pregnant.

For the traditional healers, it was primarily a matter of legitimate choices. Young women lose sight of what they can achieve and abandon hope for their futures. Having a child is the best choice among poor options. The girls need community support in terms of family and friends, and concerned health care providers. They need the support of traditional values under and around them, since they hear so much that does not promote these values. Moreover, the reinforcement of traditional culture is necessary to foster a sense of community support and through that to build a foundation for healthy families for mothers, fathers, and children.

The healers noted a number of elements that bear on teenage pregnancy. Thus, while the healers praised the role of mothers and grandmothers in helping these young women, they feared the pressure on these women from grandchildren with so many needs. This stress will negatively impact their own health and likely reduce their own life potential. They voiced concern because several key ailments, like HIV and AIDS, and STIs, that are part of modern life pose risks that never really existed when they were young women and so they have not developed the ability to deal with them; for traditional healers, these diseases were a greater problem than the birth of a child. The healers noted: No traditional society allowed the kind of attitude prevalent today – widespread promiscuity and disposable sex – and the healers stood unified against this practice. They insisted this was largely an influence from the larger Canadian culture on Aboriginal children, and they urgently require assistance to handle its negative impacts.

Traditional healers had real concerns about the lack of community support offered to these young women. Even Canadian health care workers are judgmental of these pregnant, young women without realizing that many of these young people are quite lost when it comes to family values. Many are from dysfunctional families. They have little education when they become pregnant and the majority of them have not been trained in the traditional way so they have no solid identity. The level of drug, alcohol, and other addictions among these young mothers distressed healers and they worried that resources are not available within communities to offset some of the outside influences that have undermined the Aboriginal way of life. Nor do their concerns stop there—they spoke of being alarmed at the rate of rape, sexual assault, and abuse that comes about because these young people have an alarming low sense of personal worth. Traditional women were strong and resourceful. For traditional healers, this issue needed immediate, major attention. As an example of a response, some attention is being given through a support group at the Alberta Hospital, which was started to deal with contemporary mental health concerns such as teenage pregnancy, addictions, family violence, depression, and loss of identity.

Another matter, which is growing throughout the Treaty Regions, is what are referred to as “Receiving Homes;” these homes are privately owned by citizens of First Nation Communities and offer a residence for children from the newly born to adolescent aged children. Currently, up to 15 children are kept in these homes by people other than their immediate family members. The first of these homes was opened in the late 1990s with the notion that they would be temporary living settings for children that the young mothers were not able to support. The children would stay until such time as the mothers were capable

of supporting their own offspring. Since then, up to four or five such homes, where the children are reared and prepared for the life outside this receiving home, have been set up in reserves.

Clifford Cardinal has spoken about this matter and other health related issues on the media and received both praise and angst from the public. His point in speaking about this matter in a public forum was to share with Aboriginal People what he thought was another element of colonization rearing its head within the social culture of the people: As, for example, how similar the concept appears to be with the Residential Schools of the past and how these children are going to be impacted in their formative years of learning and adopting behaviours that are learned in a non-familial setting. However, at issue is the cultural environment of these homes.

Traditional voices speak with authority about the traditional values system. They indicated that when they to have the opportunity to lead young women into traditional ways, they address sexual mores quietly and calmly within the ceremonial environment. This sanctifies the discussion. Ordinarily in Aboriginal cultures, speaking about sexual matters in mixed publics is taboo; it is just in bad taste. In fact, the issue divided traditional voices because some wondered whether sex education is placed in a serious enough environment. In the ceremonial environment, the discussion carries the weight of tobacco gifts; it authorizes it in a way that teachers in class cannot do.

Healers uniformly held that, for their communities, something as important as life and bearing children requires significant community commitment to traditional ways of teaching. This was seen as essential for moving from one stage of life into another. They pointed out that traditional knowledge keepers should be valued for some aspects of young people's education in schools, and teaching about life is one of them. Healers suggested that the elders' abilities in the community have not been valued enough by school authorities, and they believe that policies should be changed in Aboriginal education to recognize this fact.

Outcome Recommendations

As a response to the healers' positions on the issue of teenaged pregnancy, the authors have formulated some suggestions that might be addressed by social and cultural policy agents. Our recommendations certainly require testing within the wider environment of traditional communities, but we think they are good starting points for further discussion, both within and outside of the Aboriginal community. We have summarized these into four areas of recommendation:

1. Affirm a culturally-appropriate model.

- a. The traditional belief is that children are a blessing from the spirit world, with connections to spirit sources of one's family and totem identity; therefore, there is a cultural tendency to view the coming of children as a natural extension of a young woman's being when she reaches puberty. This view should be affirmed and respected.
- b. Teach a worldview in which children are part of the growth of a young woman's potential, not a burden, since traditional ways never considered children a burden. They were a natural outcome of family life.

- c. All institutions and health care facilities, teachers, and social workers should be committed to the model if they are to work with young women.

2. Apply a community construction⁵ role in all work with teenage women.

This can be constituted this way:

- a. From a traditional point of view, it is not teenaged pregnancy that should be the concern, but the offering of community enhancing options for teenage women.
- b. Layout a ladder of achievement for both the mother and her child. Provide a *One-Stop Centre*⁶ – a daycare, training school, health clinic, counselling unit, integrated traditional medicine and biomedicine environment. Make sure there is adequate transportation to get her and her baby to the centre from wherever she is living. This should apply to both rural and urban settings.
- c. Portray a visible, remunerated ladder of development: a paid job as a daycare assistant or bakery helper while the young mother is going to school or receiving specialized training, then a move up to a teacher's helper or waitress, then a kindergarten team-teacher or hospitality management trainee, then an assistant teacher or food hospitality supervisor, then a teacher or supervisor. Not only can she learn while she works and gets paid, but she learns how to support herself and her child in a manner that leads to progressive development. She can see how she can progress, and her child is well cared for while she continues on her personal journey. This model can also work for young women who are not parents.
- d. A parallel, "Young Warriors," program for young fathers should also be developed through the One-Stop Centre, which affirms the male role as the child's guide and support as the child grows. This will undergird the common family life envisaged in traditional culture with parallel roles and responsibilities, while preserving the notion of different roles with common purpose in relationships. Given Indigenous ideological commitments to a traditional family model, this component must be present or the institution will not be legitimate in the community's eyes.

3. Undergird this model with a traditional educational structure:

- a. Use grandmothers and female elders as trainers and role models; employ traditional women ceremonialists to teach the young women about their ceremonies, their long

⁵ The community construction model depends upon empowering women from grandmothers down to the smallest girl, as the key bricks in Aboriginal life. It should affirm the positive role women played in traditional culture and re-affirm that role today. It should embrace the desire for children as part of the traditional balance of nature, but provide a way forward for both mother and child together in a world that does not recognize these traditional values.

⁶ A notion developed in Australia for children and brought to my attention by Sherry Thompson of Alberta's Ministry of Health (see Department for Education and Child Development, 2010).

identity in Canada, and the importance of their way of well-being as a viable way to live in the world; and incorporate this into school educational projects.

- b. Apply the same model for the young men, with elders and healers involved in their counselling and training in the Centre.
 - c. Make this structure central to the girls' education from kindergarten, and certainly as a part of the general training philosophy *as soon as they come to the Centre*.
 - d. Since sexuality and moral fibre are regarded as mainstays of women's lives, build upon traditional cultural values: In that way, education is cloaked in traditionalist teachings, not imposed from a system foreign to the natural balance sought in traditional worldviews. This also means offering gender segregated teachings headed by women healers and traditional women and featuring their skills at conveying sexual information in a culturally-appropriate manner. This education should be available to girls from school age on.
 - e. Make every effort to integrate traditional lifestyles into learning, including "book learning." That is, while she is learning at school, keep the young mother and her child safe and comfortable within easy reach of each other in the Centre so there is no significant physical space separating them.
 - f. Ensure that women work and interconnect with the young women so that the young mother can see the values of women who work within a system and how it pays off. She should be able to see what the right kind of skill development can provide for her and her child.
 - g. Employ a traditional woman healer and provide her with current information about problem areas in girls' lives, including fetal alcohol syndrome (FAS), drug abuse, family violence, etc., and have her act as counsellor and surrogate grandmother for both the child and the young mother. Use the power of ceremony to teach community values. Allow her to reinforce the responsibility of both the young woman and the young man as parents and community builders.
- 4. A partnership between reserve funding and public assistance funding in this model.**
- a. In rural environments, this model will require reserve administration backing and support, both for the reconstruction of physical space around the One-Stop Centre idea and the centralizing of services. It is particularly important to provide the transportation infrastructure because the model will not work if transportation is not completely integrated into the system. Otherwise, the young mother will feel a barrier right from the beginning.

- b. Participation in the program should bring with it adequate funding. This will remove the incentive to become pregnant just to gain livelihood and will positively tie the young woman into an advancement system based on traditional values.
- c. Funding should rest jointly with the reserve and social services system so that the administration can respond if the young woman decides to move to another reserve or into the city.
- d. In the urban environment, a surrogate model of the reserve should be built with the One-Stop Centre idea replicated. In that locale, housing should be negotiated so that public transportation can be used, but the concept of free and available transportation should still predominate. A pick-up van would be best, but subsidizing bus tickets might work.
- e. Maintain the notion of payment for work while going to school and use role models of Aboriginal women in urban centres as the backbone of the organization.
- f. Create partnerships between social work and municipal governments to underwrite the cost of this model of care.

These traditional healers' voices, then, represent a cross-section of those participants in the Gathering. The recommendations arise from their vision of tackling the more difficult aspects of teenage pregnancy. These would now need to be evaluated by traditional people in each community to see what is relevant to their situation and to adapt them to their cultural traditions.

Two further notes: When interpreting this material, it is crucial that the context be kept in mind. In an environment stressing traditional values and traditional lifestyles, the voices we heard remained fairly close to what some will argue is a conventional narrative. We think this view is crucial because it appears to be the only option for addressing some very tough issues in Canada today.

Furthermore, hovering in the background is the major resentment around colonization and residential schools (see Brascoupé & Waters, 2009). These issues cast a long shadow. We have made no attempt to unpack the relationships with the voices we have expressed here.

Because of space, little attempt has been made to articulate differences between groups in various parts of the country. By not doing so, the implication is that all Indigenous people have the same experience, all the time, and everywhere. We know that is not the case, as the healers carefully expressed. Clearly, the healers could not say much about the negative results of abuse, addiction, and family violence that mar so many communities and modify the family contexts within which many of the teenaged pregnant young women are embedded. The healers have tried, nevertheless, to address issues that have broad representation throughout the land.

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