

Jeannine Sevileno | [jeannine.sevileno@mail.utoronto.ca](mailto:jeannine.sevileno@mail.utoronto.ca) | Student #: 1003913018

Professor Kathleen Liddle and TA Lauren Spring

SOCA30Y3 | TUT0004

15 January 2018

## **Marginalization of Indigenous Women in the Canadian Health Care System: Reproductive Health and Health Policies**

Currently, Indigenous women are marginalized and face several conflicts as a cultural minority in comparison to non-Indigenous people (Hanson 2009). In many ways, Indigenous women's rights are impeded, including their reproductive rights and autonomy and are marginalized in health care (Mann 2013). With this in mind, I pose the following question, how are Indigenous women's rights and dignities protected and marginalized in the health care system of Canada in terms of their reproductive health and well-being? In this literature review, I have read two articles on this topic, in which one is titled "Regionalization as an Opportunity for Meaningful Indigenous Participation in Healthcare: Comparing Canada and New Zealand" and the other article, "International Teen Reproductive Health and Development: The Canadian First Nations Context" (Lavoie, Boulton and Gervais 2012; Mann 2013). The first article argues for the necessity of Indigenous participation in health policy-making (Lavoie, Boulton and Gervais 2012). Additionally, the second article entails the barriers associated with the reproductive health services accessible to Indigenous teens (Mann 2013). For the purposes of the review, I focused on research based on the Indigenous people of Canada from these articles. Although, Indigenous people are provided with many benefits that non-Indigenous people in Canada are not given, such as land rights and freedom from taxation (Hanson 2009); the rights of Indigenous people are impeded by the dominant patriarchal view of health care and racial discrimination, especially toward Indigenous women (Mann 2013); thus, Indigenous women's rights and dignities are not

always acknowledged in the Canadian health care system (Lavoie, Boulton and Gervais 2012; Mann 2013).

*Summary of “Regionalization as an Opportunity for Meaningful Indigenous Participation in Health Care: Comparing Canada and New Zealand”*

In this article, two studies were conducted in different countries where health care policies are in place for Indigenous people including Canada and New Zealand (Lavoie, Boulton and Gervais 2012). The research studied in Canada analyzed the policies for Indigenous people in the healthcare systems (Lavoie, Boulton and Gervais 2012).

*Method(s) of Research:* The method of research used in this study was the secondary analysis of official documents of policies concerning Indigenous health in Canada (Ravelli and Webber 2016; Lavoie, Boulton and Gervais 2012). The purpose of the study was to create a collection of public policies and legislation that involved the health of Indigenous people from the 1960s to 2012 (Lavoie, Boulton and Gervais 2012).

*Findings of Research:* The research concluded that there are no policies involving the participation of Indigenous people in health care decision-making. Further, Indigenous people have access to primary health care services on reserves, that are under federal jurisdictions, while non-Indigenous people have access to all levels; primary, secondary and tertiary of health services that are under provincial jurisdiction (Lavoie, Boulton and Gervais 2012). According to the article, the factors that contributed to no provincial health care systems for Indigenous people are that the populations in the Territories and the North are small and sparsely distributed and past policies which involved marginalizing the Indigenous people (Lavoie, Boulton and Gervais 2012). One of the findings states, that the majority of on-reserve health care funding comes from the federal public and finances from arrangements with provincial health services or Regional

Health Authority (Lavoie, Boulton and Gervais 2012). In addition, all health care services including off-reserves follow the 1979 Indian Health Policy agreement based on the joint partnership between the government and Indigenous people that acknowledge their responsibilities to the preservation of Indigenous culture and the health of the Indigenous people (Lavoie, Boulton and Gervais 2012).

*Literature Review of “Regionalization as an Opportunity for Meaningful Indigenous Participation in Health Care: Comparing Canada and New Zealand”*

Particularly, this article examined Canadian policies regarding Indigenous health. In this article, I studied that the Metis people do not receive benefits like other Indigenous people have due to the treaties of the Confederation that resulted in limited health care services as there are no health policies involving the role of the participation of the Indigenous people (Lavoie, Boulton and Gervais 2012). A question that I raised from this article is, is there other solutions other than Indigenous participation to better enhance the health care system? Furthermore, other factors can play a role in Indigenous health including government intervention and funding for health care services. Another question that I considered was, how can participation from the Indigenous people be embarked if they fear of marginalization? Not to mention, the government has not always considered the concerns of the Indigenous people and the government (Bruser 2017; Nicholson 2016). For instance, the Grassy Narrows mercury poisoning and Keystone Pipeline XL project in which both involve Indigenous land rights (Bruser 2017; Nicholson 2016). Also, the article states that traditional practices are preferable than health care services due to the fear of marginalization (Mann 2013).

*Summary of “International Teen Reproductive Health and Development: The Canadian First Nations Context”*

In essence, the second peer-reviewed article is based on the research of reproductive health services that are available to Indigenous teens around the world including the Indigenous women of Canada (Mann 2013).

*Method(s) of Research:* The method of triangulation was used in the article which involved content analysis and quantitative research (Ravelli and Webber 2016; Mann 2013).

*Findings of Research:* Indigenous women are faced with barriers to their access to reproductive health services and experience many social problems as a result from teen pregnancy, such as substance abuse and child negligence (Mann 2013). Moreover, factors in teen reproductive health include lack of education (e.g. poor literacy and lack of access to education), economic status, and culture discrimination (Mann 2013). In Indigenous communities, there are higher fertility rates and higher infant mortality rates than non-Indigenous people (Guimond & Robatille, 2008; Farrell et al., 1999).

*Literature Review of “International Teen Reproductive Health and Development: The Canadian First Nations Context”*

The second peer-reviewed article accounts for the access of Indigenous teens to reproductive health services. Additionally, this article entails the problem of intersectionality for Indigenous women. To clarify, Crenshaw’s concept of intersectionality is the idea that an individual can be marginalized by more than one aspect of their status such as age, race and gender (Crenshaw 1989). That is to say, Indigenous women face marginalization due to their status as women and as Indigenous women (Crenshaw 1989). Subsequently, this can be supported by the first-peer-reviewed article that claims Indigenous people lack participation in

health policy-making and do not have access to health care services, unlike their non-indigenous counterparts who have access to free healthcare (Lavoie, Boulton and Gervais 2012; Mann 2013). Further, the second article elaborates on the barriers associated with reproductive health services for Indigenous teens which are inflicted by the lack of cultural context in health care as the article argues (Mann 2013). The research of this article provides more in-depth results due to the information produced to be qualitatively more than quantitative (Mann 2013). For instance, the article uses a triangulation method of research resulting information such as lack of education and culture marginalization like prejudice causing teens to be reluctant to seek health care services and instead prefer traditional practices (United Nations Development Fund for Women [UNIFEM], n.d.). From this article, the following question came to mind, what can be done to solve the social problems that Indigenous women face in terms of their reproductive health? Furthermore, I have learned from the article that due to the circumstances of Indigenous people and they face different hardships that non-Indigenous people do not face. Also, why are Indigenous people, especially women marginalized in the healthcare sector? These are questions I ask in response to my research question and to understand how Indigenous health is acknowledged in health care.

#### *Comparative Analysis of Articles*

Notably, these articles express the importance of Indigenous health services and present different methods of research and findings to argue their corresponding views. Both articles revolve around the concern for the understanding of the cultural context in health care and the importance of the recognition of Indigenous health. Also, both articles show the lack of policies established for Indigenous health (Lavoie, Boulton and Gervais 2012; Mann 2013). In contrast, the first peer-reviewed article provides insight on the need for facilitation of Indigenous people

in health services decision-making, while the second article studied the reproductive health services for Indigenous teens (Lavoie, Boulton and Gervais 2012; Mann 2013). Moreover, the second article provided more detailed research with the method of triangulation whereas the first article used the method of secondary analysis of official documents of policies involving Indigenous health (Lavoie, Boulton and Gervais 2012; Mann 2013). Furthermore, the method of triangulation resulted in qualitative results such as elaborating on the barriers to the access of Indigenous teens in reproductive health services (Ravelli and Webber 2016; Mann 2013). In comparison, the second article used the method of secondary analysis of official documents of policies which resulted in quantitative results (Ravelli and Webber 2016; Lavoie, Boulton and Gervais 2012). Ultimately, both articles provide various information on how Indigenous health is treated in Canada.

#### *The Importance of Understanding the Cultural Context in Health Care*

Overall, this literature review suggests that the health of the Indigenous women should be acknowledged in the health care system of Canada; especially when these articles advocate for the demand for cultural context in the health care of Canada (Lavoie, Boulton and Gervais 2012; Mann 2013). From the two articles, I have concluded that Indigenous women face many social problems and struggle due to intersectionality mainly evident in terms of their reproductive health and welfare (Lavoie, Boulton and Gervais 2012; Mann 2013). In particular, the teen pregnancy of Indigenous women involves a repeating cycle of social problems such as substance abuse and child negligence (Mann 2013). As the first peer-reviewed article suggests, that there are no policies involving Indigenous participation (Lavoie, Boulton and Gervais 2012). Moreover, I agree with the main argument of the first peer-reviewed article argues that decision-making of policies should include Indigenous participation (Lavoie, Boulton and Gervais 2012).

More prominently, health equity must be instituted in Canada, where the prevalent culture involves acknowledging the rights and freedoms of individuals and the importance of healthcare (Contenta 2009). Further, this would involve the suggestion of the first peer-reviewed article which is the Indigenous facilitation in health policymaking in order for their rights and freedoms of Indigenous women to be acknowledged in health care (Lavoie, Boulton and Gervais 2012). Indeed, the rights and dignities of the Indigenous women should be acknowledged in the health care system of Canada especially when their identity as women are tied to their reproductive health and in a country, that comprises of the cultural identity of the Indigenous people.

## References

- Bruser, David. "Province and Ottawa criticized for handling of Grassy Narrows mercury poisoning". *Toronto Star Newspapers Ltd.* November 2017. Accessed at:  
<https://www.thestar.com/news/canada/2017/11/16/province-and-ottawa-criticized-for-handling-of-grassy-narrows-mercury-poisoning.html>
- Contenta, Sandro. "Canadian health care – it's their right". *PRI Public Radio International.* 2009.  
 Accessed from: <https://www.pri.org/stories/2009-10-15/canadian-health-care-its-their-right>
- Crenshaw, Kimberle. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics" *University of Chicago Legal Forum*: Vol. 1989 Iss. 1, Article 8. Retrieved at:  
<https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?referer=http://www.law.columbia.edu/news/2017/06/kimberle-crenshaw-intersectionality&httpsredir=1&article=1052&context=ucIf>
- Farrell, M.M., Rosen, J. E., & Terborgh, A (1999). *Reaching Indigenous youth with reproductive health information.* From "International Teen Reproductive Health and Development: The Canadian First Nations Context" Retrieved from:  
<http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/InFOCUS/indigenousinfose>
- Indian Health Policy 1979 (Updated November 9 2014)  
<https://www.canada.ca/en/health-canada/corporate/about-health-canada/branches-agencies/first-nations-inuit-health-branch/indian-health-policy-1979.html>
- Guimond, E., & Robitaille, N (2008). When teenage girls have children: Trends and consequences. *Horizons*, 10 (1), 49-51. From "International Teen Reproductive Health and Development: The Canadian First Nations Context"

Hanson, Erin. "Marginalization of Aboriginal Women" and "Land Rights". *First Nations & Indigenous Studies. The University of British Columbia*. 2009. Accessed at:

[http://indigenousfoundations.web.arts.ubc.ca/marginalization\\_of\\_aboriginal\\_women/](http://indigenousfoundations.web.arts.ubc.ca/marginalization_of_aboriginal_women/)

Lavoie, Josée G., Amohia F. Boulton and Gervais, Laverne. 2012. "Regionalization as an Opportunity for Meaningful Indigenous Participation in Healthcare: Comparing Canada and New Zealand." *International Indigenous Policy Journal*”(1)

(<http://myaccess.library.utoronto.ca/login?url=https://search-proquest-com.myaccess.library.utoronto.ca/docview/1400428692?accountid=14771>).

Mann, Michelle M. 2013. "International Teen Reproductive Health and Development: The Canadian First Nations Context." *International Indigenous Policy Journal*”(1) (<https://search-proquest-com.myaccess.library.utoronto.ca/socabs/docview/1400415271/3F7886B5BAA94C1APQ/3?accountid=14771>).

(<https://search-proquest-com.myaccess.library.utoronto.ca/socabs/docview/1400415271/3F7886B5BAA94C1APQ/3?accountid=14771>).

Nicholson, Blake. "Indigenous people in Canada, U.S. to sign anti-Keystone XL declaration". *The Globe and Mail*. May 16, 2017 Accessed at: <https://www.theglobeandmail.com/report-on-business/industry-news/energy-and-resources/indigenous-people-in-canada-us-to-sign-anti-keystone-xl-declaration/article35008495/>

<https://www.theglobeandmail.com/report-on-business/industry-news/energy-and-resources/indigenous-people-in-canada-us-to-sign-anti-keystone-xl-declaration/article35008495/>

Ravelli, Bruce and Webber Michelle. 2016. *Exploring sociology: A Canadian perspective Third Edition*.

Canada: Pearson Canada Inc.

United Nations. (1979). Convention on the Elimination of All Forms of Discrimination against Women.

Adopted by General Assembly Resolution 34/180 of December. From "International Teen Reproductive Health and Development: The Canadian First Nations Context"

I, Jeannine Sevilleno, affirm that this assignment represents entirely my own efforts.

I confirm that ( please type an x next to each statement that you agree with):

I have acknowledged the use of other's ideas with accurate citations.

If I used the exact words of another (e.g., author, instructor, information source), I have acknowledged this with quotation marks (or appropriate indentation) and proper citation.

When paraphrasing the work of others, I put the idea into my own words and did not just change a few words or rearrange the sentence structure.

I have checked my work against my notes to be sure I have correctly referenced all direct quotes or borrowed ideas.

My bibliography includes only the sources used to complete this assignment.

This is the first time I have submitted this assignment (in whole or in part) for credit.

Any proofreading by another was limited to indicating areas of concern, which I then corrected myself.

This is the final version of my assignment and not a draft.

I have kept my work to myself and did not share answers/content with others, unless otherwise directed by my instructor.

I did not purchase this assignment or allow others to write parts of it for me.

I understand the consequences of violating the University's academic integrity policies as outlined in the Code of Behaviour on Academic Matters.

By submitting this form I agree that the statements above are true.

If I do not agree with the statements above, I will not submit my assignment and will consult the course instructor immediately.

Student name: Jeannine Sevilleno

Date: January 14, 2018