

Breastfeeding Our Children for the Health of Our Nation

Stephanie MacDonald, IBCLC
Aboriginal Midwife
Hons. BA
Mom to 4



Objectives

- Identify Social Determinates of Health, and the inequality between First Nations women, and Canadian women,
- List ways non-Native Health Care Workers or Home Visitors can serve and help First Nations women see their own strength and value,
- Discuss the Maternal Child Health Program as one way of improving maternal and child health outcomes,
- Identify different realities of First Nations Communities (southern, northern, fly-in),
- Learn Traditional Teachings of different First Nations cultures, to understand that "cookie-cutter" approaches do not work,
- Understand why breastfeeding can be the central component to healing as women, families, and communities.

Letter from Director of Health

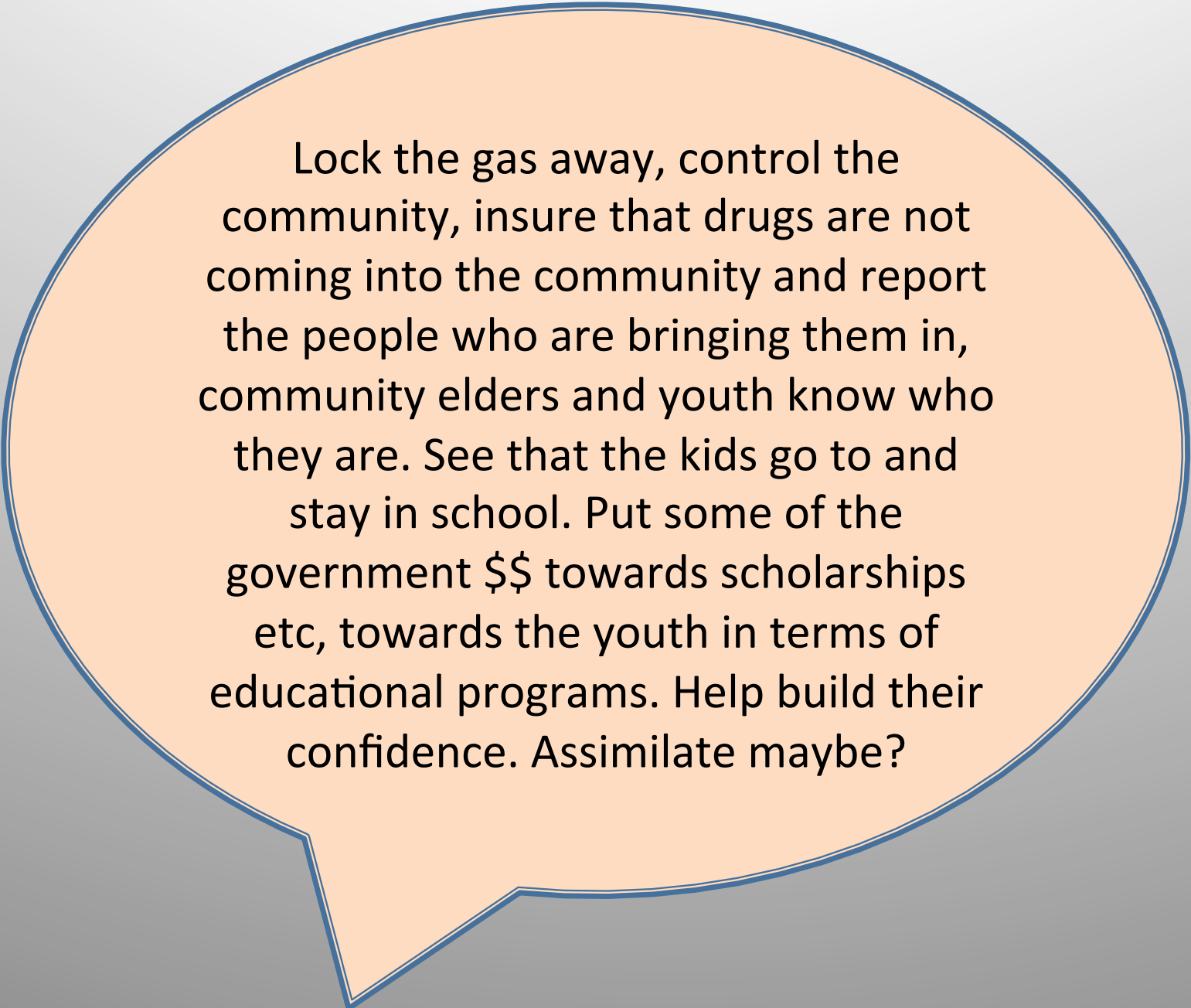
Let's make this day the start of a community-wide commitment to bring back the normalcy of breastfeeding in our community. Together, we will promote the significant benefits of breastfeeding to everyone. Mothers, fathers, grandparents...let us all remember these benefits of breastfeeding not just for the baby or the mom, but to our families, and to our community as a whole.

The parents of these youth have to start... parenting.


The problem isn't substance abuse, it's a lack of parenting. If I came home drunk or high on drugs when I was a youth, my parents would have taken swift, corrective action. They wouldn't have turned to the government to solve the problem.

When you squish all the poverty, dysfunction, depression and limited opportunities you can into such a small geographic area, of course people turn to substance abuse as an escape.

It's time to end the reservations completely. They've outlived any usefulness they ever had.

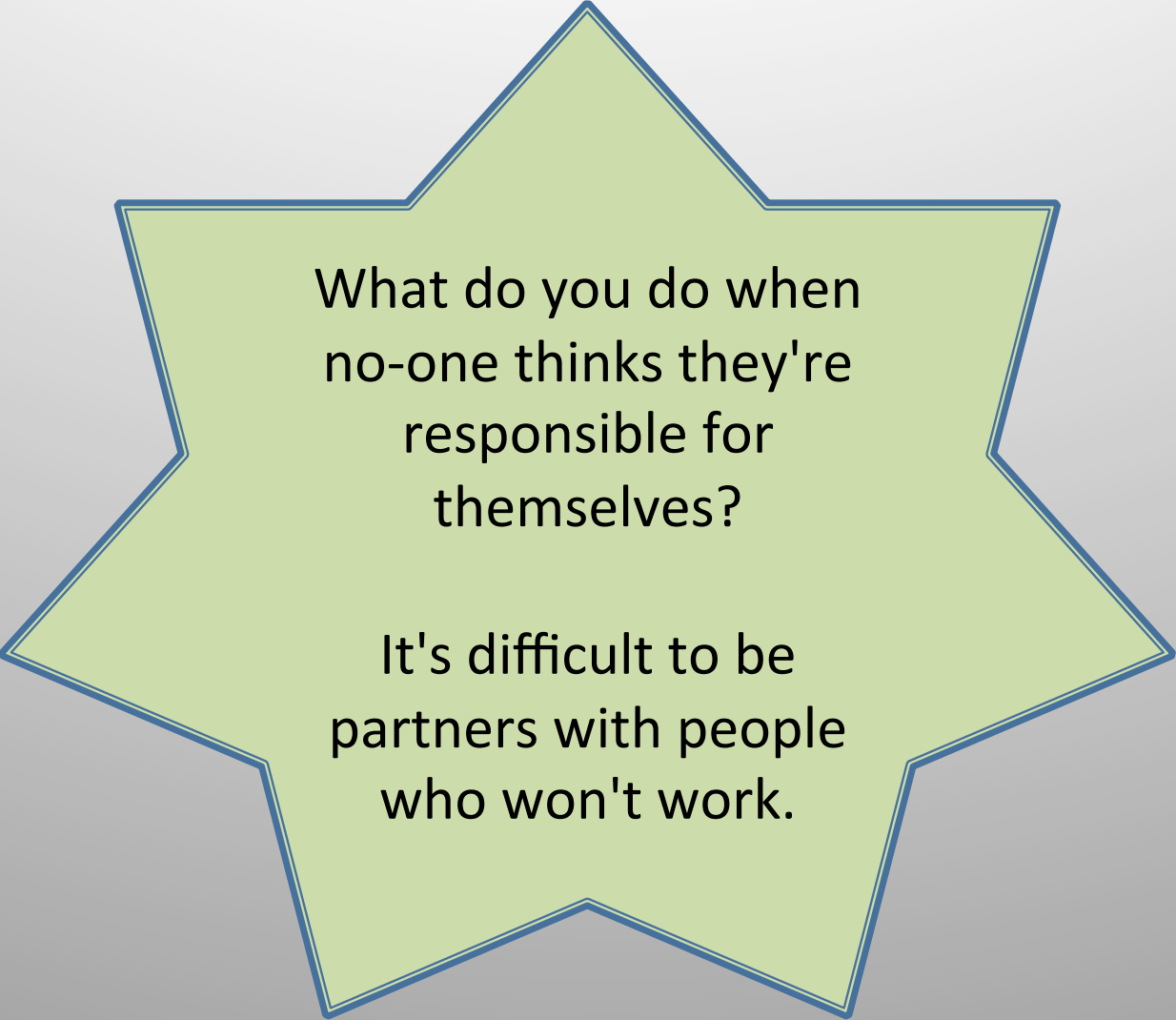


Lock the gas away, control the community, insure that drugs are not coming into the community and report the people who are bringing them in, community elders and youth know who they are. See that the kids go to and stay in school. Put some of the government \$\$ towards scholarships etc, towards the youth in terms of educational programs. Help build their confidence. Assimilate maybe?



Trans-
generational
trauma sounds
like a
convenient cop-
out to avoid
taking
responsibility.

Other cultures managed to
overcome such stigmas in
much less time. some by
immigrating, others through
pulling themselves out of
despair.



What do you do when
no-one thinks they're
responsible for
themselves?

It's difficult to be
partners with people
who won't work.



Why am I Poor: First Nations Child Poverty in Ontario

Best Start Resources 2012

Almost 30% of water in First Nations was potentially harmful.

22 % on reserve households lived in inadequate housing and were in core-housing need, compared 2.5% of Non-Aboriginal households.

Off-reserve, 21% of Aboriginal households had problems affording housing and were in core-housing need, compared to 14% of NAH (CMIHC, 2009)

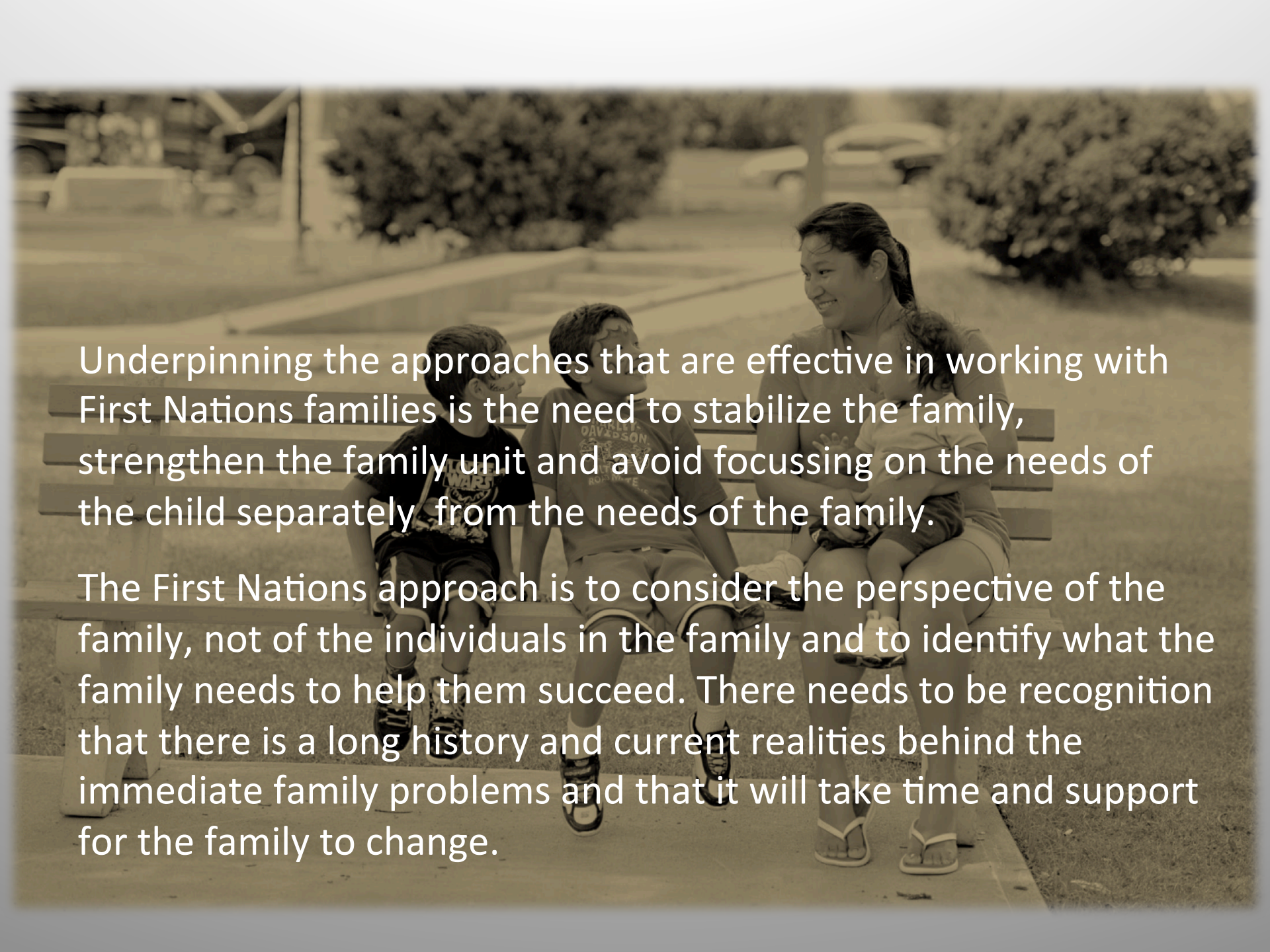
Living in poverty over extended periods is linked to an increased risk of behaviour problems, depression, emotional problems and family dysfunction (AFN, 2006)

Education: Report from BC by Canadian Teachers Federation confirms that not only do Aboriginal students experience racism in schools, Aboriginal teachers experience it as well (St. Denis, 2010)

Food insecurity: 33% of Aboriginal households in Canada experienced food insecurity compared to 9% of NAB.

In areas of the north, there is often a lack of local child mental health services to deal with serious issues such as FASD, depression, autism, and behavioural problems...waiting list of 18 months to get a child diagnosed, after which, there was no local service provider available to work with the child and the family. The only alternative was to take the child outside of the community for critical services.

The majority of protection workers are straight out of university and are armed with the best intentions. They go into a First Nations home and see overcrowding for example, or that there may not be a lot of food in the home, and the worker immediately sees neglect. The worker is evaluating the situation from their own perspective and not from that of the family or culture. (WAIP)

A photograph of a woman and two children sitting on a wooden bench outdoors. The woman is on the right, smiling and looking towards the children. The two children are on the left, also smiling and looking towards the woman. The background shows a paved area, some bushes, and a building. The image has a warm, slightly desaturated color palette.

Underpinning the approaches that are effective in working with First Nations families is the need to stabilize the family, strengthen the family unit and avoid focussing on the needs of the child separately from the needs of the family.

The First Nations approach is to consider the perspective of the family, not of the individuals in the family and to identify what the family needs to help them succeed. There needs to be recognition that there is a long history and current realities behind the immediate family problems and that it will take time and support for the family to change.

Home and Community Life



Residential Schools led to loss of:



ANNEX A. RIO POLITICAL DECLARATION ON SOCIAL DETERMINANTS OF HEALTH

Rio Political Declaration on Social Determinants of Health
RIO DE JANEIRO, BRAZIL, 21 OCTOBER 2011



Native Women's Association of Canada: Social Determinants of Health and Canada's Aboriginal Women.

NWAC's Submission to the World Health Organization's Commission on the Social Determinants of Health

June 4, 2007



6. Health inequities arise from the societal conditions in which people are born, grow, live, work and age, referred to as social determinants of health.

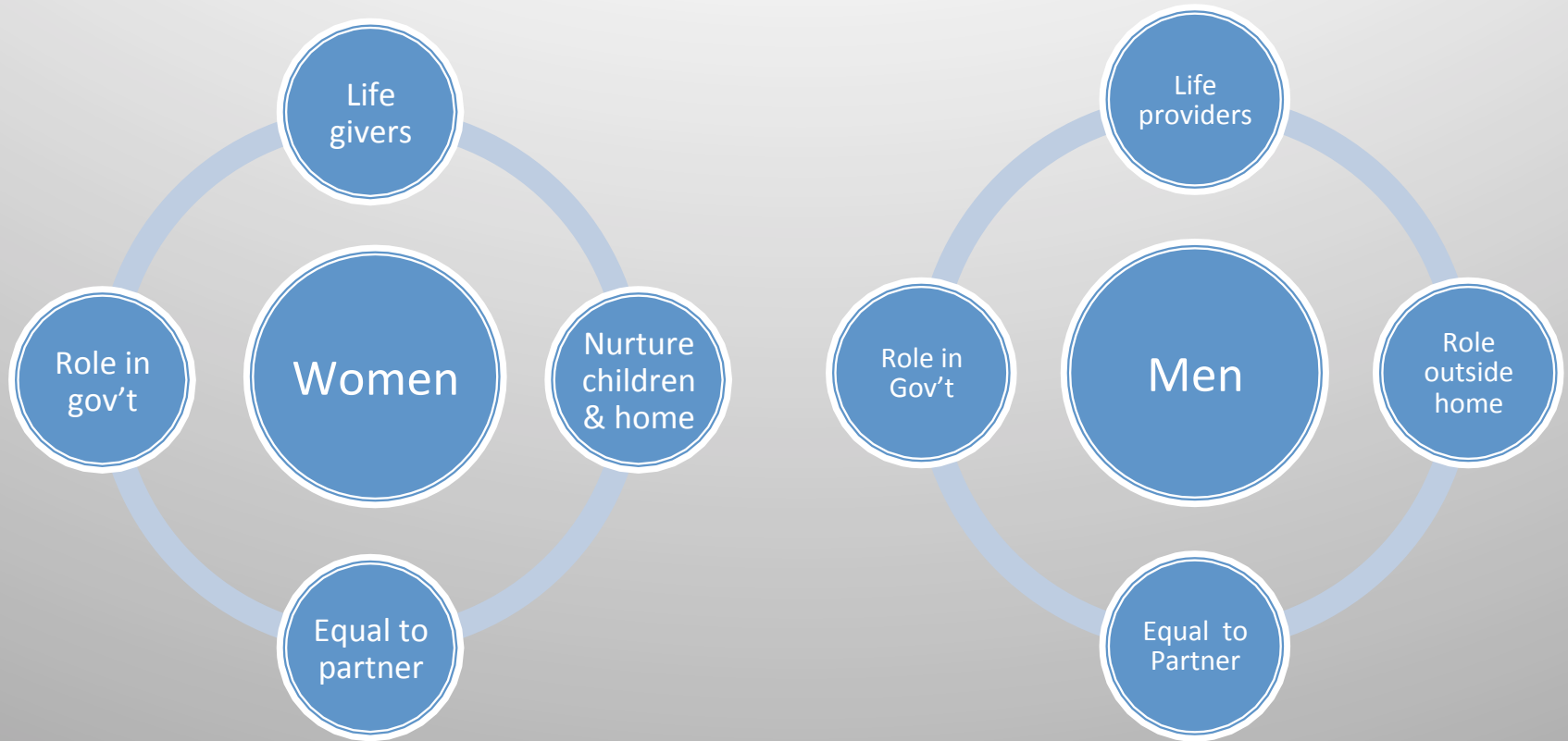
7. Good health requires a universal, comprehensive, equitable, effective, responsive and accessible quality health system.

8. We recognize that we need to do more to accelerate progress in addressing the unequal distribution of health resources as well as conditions damaging to health at all levels.

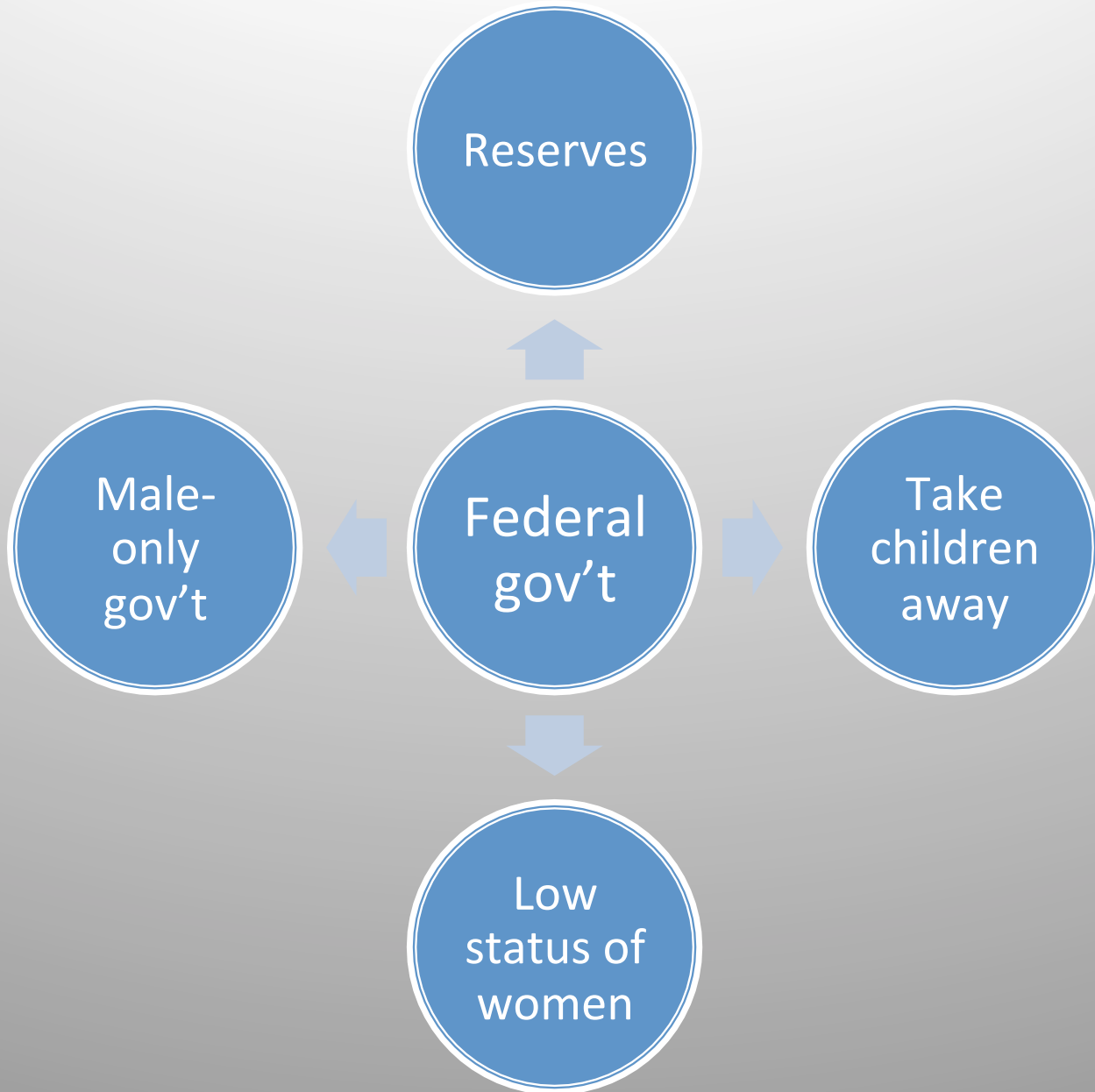
“The vulnerable and marginalized in Canadian society, particularly Aboriginal women, are suffering from...lack of action, continuing to endure the poorest socioeconomic and health status of all Canadians.”

...the lived experiences of Aboriginal women in the 21st century often impose disconnection on Aboriginal women, isolation and marginalization in and from their own communities; due to a number of factors the population health approach now commonly labels the social determinants of health.”

Family



Some Nations are Matriarchal, some Patriarchal. Males and females had equal roles in government. Some follow Medicine Wheel, some 7 Generation teachings, Metis rich with Aboriginal & French beliefs, some were agriculturally-based, some followed herds, etc...



Women

Men

Have babies

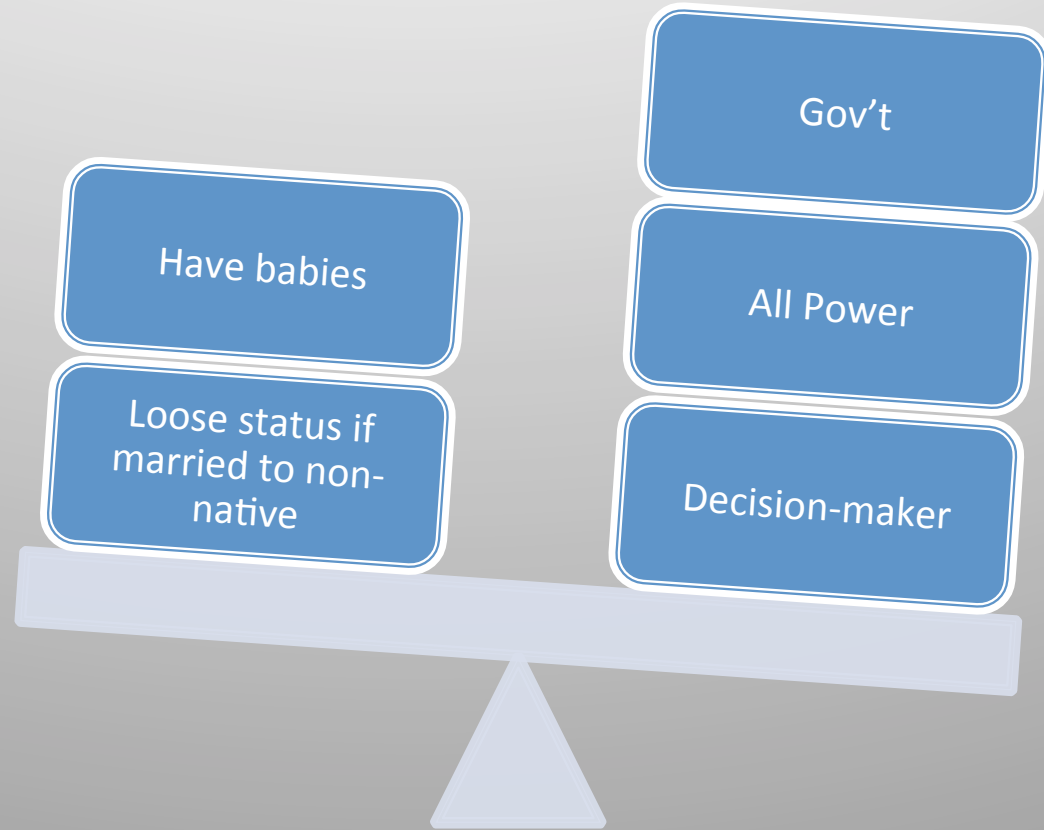
Loose status if
married to non-
native

Gov't

All Power

Decision-maker

In homes and communities, traditions secretly kept alive, away from government agents.



Why Am I Poor? First Nations and Child Poverty in Ontario. Best Start Resource Centre, 2012

In some residential schools, the death rate was as high as 75% from disease, starvation and abuse.

The children who survived often had low literacy rates and did not have parenting or life skills.

35% of First Nations adults believed that their parents' attendance at residential schools negatively affected the parenting they received as children. Additionally, 67% of the adults surveyed believed that their grandparents' attendance at residential schools affected their parenting skills. (Chiefs of Ontario, 2003)



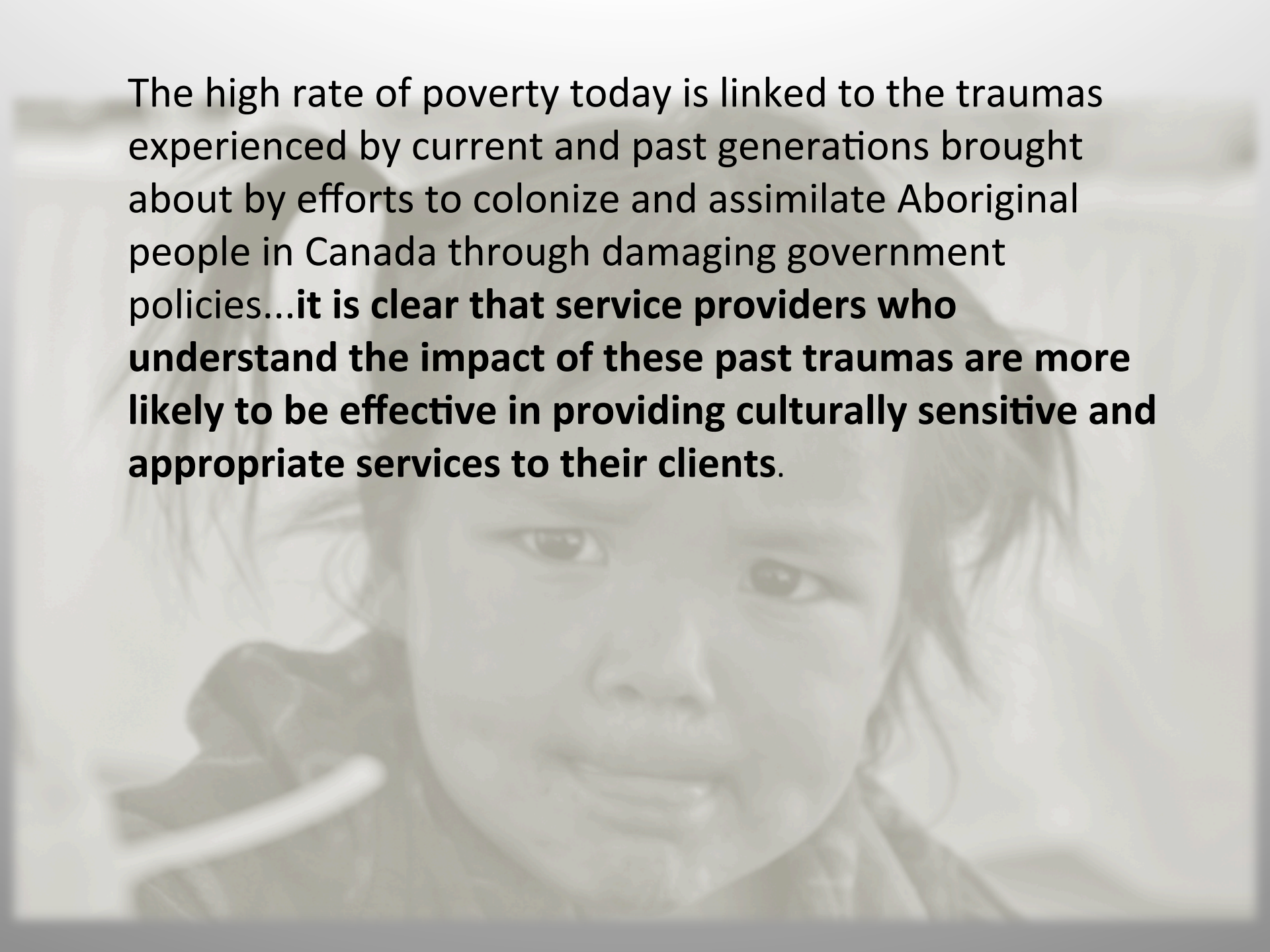
Considering population size, Aboriginal children in Canada were 5 times more likely to be substantiated for neglect than non-Aboriginal children (Trocmé et al, 2005).

In contrast, maltreatment of non-Aboriginal children is most often in the categories of domestic violence, physical abuse or neglect, each occurring in about a third of cases (Trocmé et al, 2006).

A study of 3 sample provinces found 10.23% of status First Nations children in out-of-home care, versus 3.31% of Métis children and 0.67% of other children (Blackstock et al., 2005).

Another study found that Aboriginal children represent 40% of the children in out-of-home care in Canada (Farris Manning & Zandstra, 2003).

There are 3 times as many Aboriginal children in child welfare care today than were in residential schools at their peak (Blackstock, 2003).



The high rate of poverty today is linked to the traumas experienced by current and past generations brought about by efforts to colonize and assimilate Aboriginal people in Canada through damaging government policies...**it is clear that service providers who understand the impact of these past traumas are more likely to be effective in providing culturally sensitive and appropriate services to their clients.**

Trauma – Dr. UppityScienceChick.com

Dr. Kathleen Kendall-Tackett

In a sample of primary care of 35 patients, those who experienced childhood abuse or partner violence in adolescence or adulthood reported twice as many symptoms on a review of systems than their age-matched, non-abused counterparts. They were also more likely to abuse substances and report a wide variety of chronic pain syndromes

(Kendall-Tackett, Marshall, & Ness, 2000, 2003).

Research on non-native communitites

Dr. UppityScienceChick.com

Violence against women in the perinatal period: The influence of lifetime violence and abuse on pregnancy and postpartum.

Kendall-Tackett, K. A. (2008). *Trauma Psychology*, 3(1), 8-11

...we do know that women experiencing past or current VAW are at increased risk for depression, PTSD and physical health consequences antenatally and postpartum...

Dr. Karleen Gribble

Gribble, K. D. (2006). Mental health, attachment and breastfeeding: Implications for adopted children and their mothers.

International Breastfeeding Journal, 1(5), doi
10.1186/1746-4358-1181-1185

Dr. Gribble's Conclusion

Breastfeeding has the potential to promote the development of the child-maternal attachment relationship in vulnerable adoptive dyads...

However, the impact of breastfeeding as observed in cases of adoption has relevance to *all* breastfeeding situations and this deserves further investigation. **In particular, there may be applicability of the experience of adoptive breastfeeding to other at risk dyads, such as intact families with a history of intergenerational relationship trauma.**

The Health Effects of Childhood Abuse: Four Pathways by Which Abuse Can Influence Health.

Dr. Kendall-Tackett Child Abuse & Neglect, 6/7, 715-730

Children who are breast fed may be more resilient to the stress associated with parental divorce.

Breast feeding may be associated with a variety of exposures and family characteristics that confer resilience against stress related to parental divorce.

Montgomery, S. M., Ehlin, A., & Sacker, A. (2006).
Breast feeding and resilience against psychosocial
stress. *Archives of Diseases of Childhood*, 91, 990-994

George Albert Smith: “You cannot drive people to do things which are right, but you can love them into doing them, if your example is of such a character that they can see you mean what you say.”



Centre for Research on the Wider Benefits of Learning
Research Report The impact of mothers' learning on
their children's academic performance at Key Stage 3:
evidence from ALSPAC, 2009

Ricardo Sabates and Kathryn Duckworth

“Breastfeeding had a positive impact with parenting behaviours regardless of marital status or income level. However, it appeared to be particularly important for single and lower-income mothers, continuing to have a positive effect for these groups when their children were 5 years of age...

...parenting of lower income mothers is more vulnerable when they feel less control over their lives, targeting resources at these mothers may be particularly beneficial.

Maternal Child Health Programme

At the September 13 2004 Special Meeting of First Ministers and National Aboriginal Leaders, the Prime Minister announced additional funding for programs that promote the health status of Aboriginal people - one of these programs is the Maternal Child Health program in First Nations communities, on-reserve.



Case Studies



Summary

