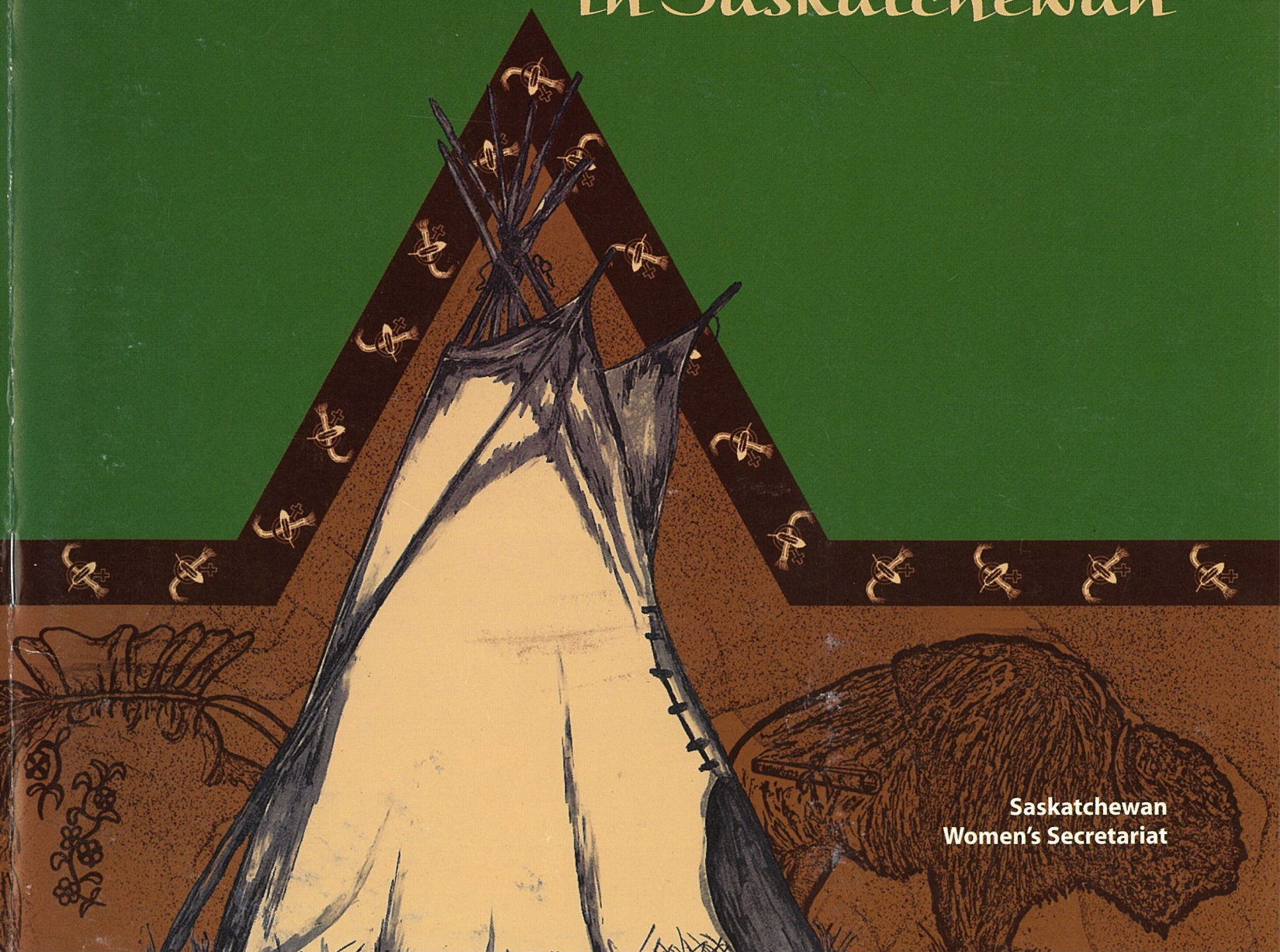


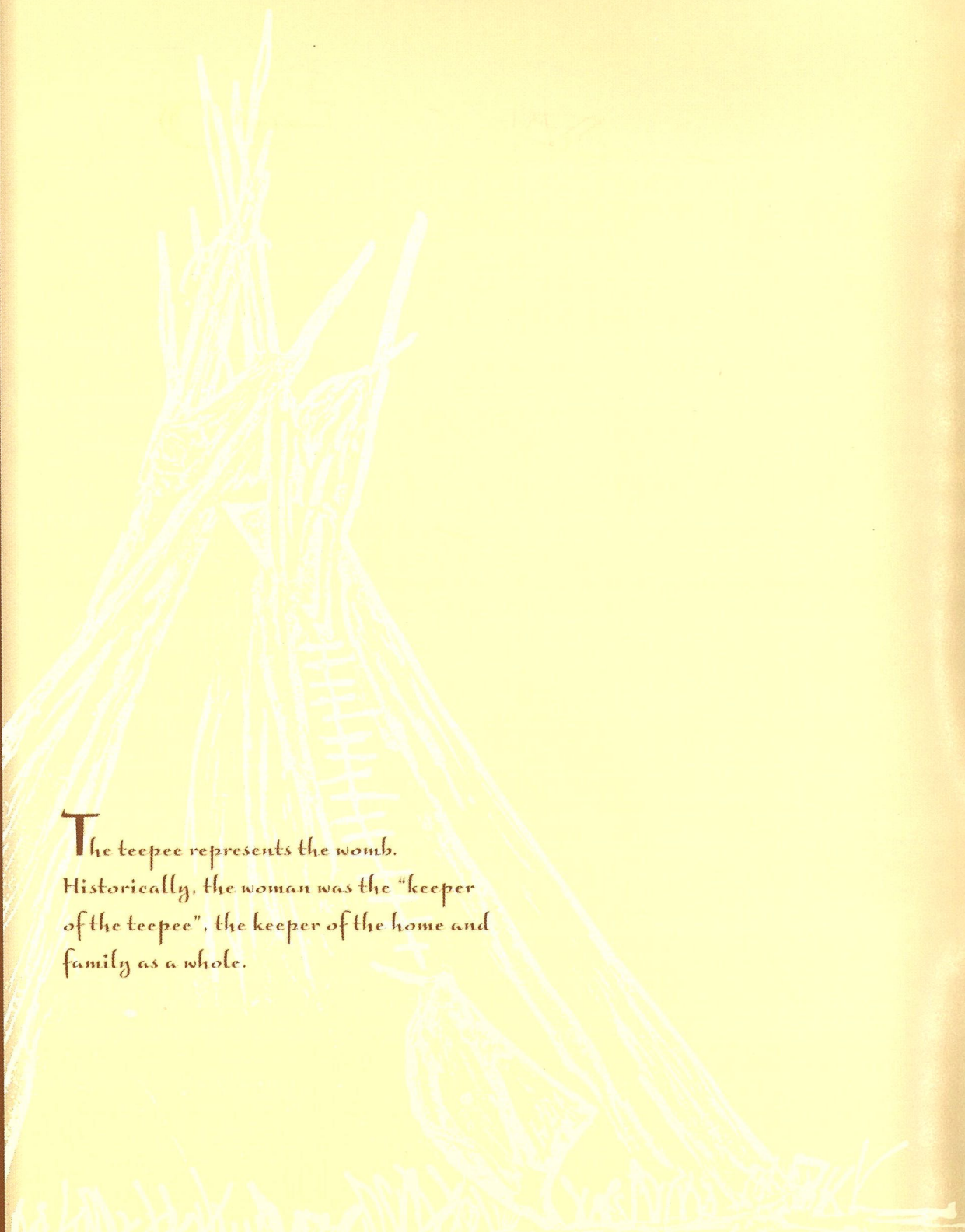
Profile of
Aboriginal Women
in Saskatchewan



Linda Anderson
Aboriginal Artist

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Profile of Aboriginal Women
in Saskatchewan

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The teepee represents the womb.
Historically, the woman was the "keeper
of the teepee", the keeper of the home and
family as a whole.

Table of Contents

<i>Executive Summary</i>	3
<i>Introduction</i>	7
<i>Demographics</i>	11
Number of Aboriginal People in Saskatchewan	12
Population, Saskatchewan, 1996	13
Aboriginal Identity Population, Saskatchewan, 1996	13
Registered Indian Population, Saskatchewan, 1996	13
Age Distribution	13
Aboriginal Identity Females by Age, Saskatchewan, 1996	13
North American Indian Identity Females by Age, Saskatchewan, 1996	13
Metis Identity Females by Age, Saskatchewan, 1996	13
Non-Aboriginal Identity Females by Age, Saskatchewan, 1996	14
First Nations Females Living Off-Reserve by Age, Saskatchewan, 1996	14
First Nations Females Living On-Reserve by Age, Saskatchewan, 1996	14
Location of the Aboriginal Population	15
Population Breakdowns, Saskatchewan, 1996	15
Population Projections	15
To Conclude	16
<i>Education</i>	17
Educational Attainment	18
Educational Attainment, Saskatchewan, 1996	18
Women's Educational Attainment, Saskatchewan, 1996	18
Women's Educational Attainment by Aboriginal Status	18
Young Women's School Attendance	19
Young Women's School Attendance, Saskatchewan, 1996	19
Employment Prospects of Aboriginal SIAST Graduates	19
First Nations, Metis and Northern Institutions and Programs	19
Field of Study	19
Women's Field of Study, Saskatchewan, 1996	20
To Conclude	20
<i>Employment</i>	21
Paid Labour Force Participation Rate	22
Women's Paid Labour Force Participation Rate by Age of Children, Saskatchewan, 1996	22
Paid Labour Force Activity	22
Employment to Population Ratio	23
Women's Employment to Population Ratio by Age of Children, Saskatchewan, 1996	23
Unemployment Rate	23
Women's Unemployment Rate by Age of Children, Saskatchewan, 1996	23
Metis Women and First Nations Women	23
Employment in Selected Saskatchewan Workplaces	24
Employment in Selected Saskatchewan Workplaces, Permanent Positions	24
Employment Earnings	24
Women's Average Earnings, Saskatchewan, 1995	24
Women's Average Earnings, Full-Time, Full-Year Employment, Saskatchewan, 1995	25
Women's Average Earnings, Part-Time or Part-Year Employment, Saskatchewan, 1995	25
To Conclude	26

Income	27
Sources of Income	28
Sources of Income, Aboriginal Women, Saskatchewan, 1995	28
Sources of Income, Non-Aboriginal Women, Saskatchewan, 1995	28
Sources of Income, Aboriginal Men, Saskatchewan, 1995	29
Sources of Income, Non-Aboriginal Men, Saskatchewan, 1995	29
Median Annual Income	29
Median Annual Income, Saskatchewan, 1995	29
Income Distribution	30
Income Distribution, Women, Saskatchewan, 1995	30
Income Distribution, Aboriginal Peoples, Saskatchewan, 1995	30
Income Distribution, Non-Aboriginal People, Saskatchewan, 1995	30
To Conclude	30
Housing	31
The Link Between Housing and Well-being	32
Determining Housing Need	32
Aboriginal Families and Core Housing Need	32
The Housing Crisis Among Aboriginal Lone Parent Families	33
To Conclude	34
families	35
Marital Status	36
Women's Legal Marital Status	36
Children	36
Lone-Parent Families	36
Living Arrangements	37
Mobility	37
Females' Movement of Residence in Past Five Years, Saskatchewan, 1996	37
Females' Movement of Residence in Past Year, Saskatchewan, 1996	37
Aboriginal Children in Care	38
Unpaid Work	38
To Conclude	38
Violence	39
The Extent of Violence	40
The Contributing Factors	41
To Conclude	42
Health	43
Life Expectancy	44
Infant Mortality	44
Hospitalization Rates	44
Reasons for Hospitalization	44
Pregnancy and Childbirth	45
Injuries and Poisoning	45
Infections and Infectious Illnesses	45
Tuberculosis	46
Diabetes	46
Disabilities	46
Smoking	47
Alcohol Use	47
Fetal Alcohol Syndrome	47
Injection Drug Use	48
HIV/AIDS	48
To Conclude	48

Executive Summary



Intertwined with the symbol for women is the feather, representing First Nations peoples, and the sash, representing Métis people.

Executive Summary

This *Profile of Aboriginal Women in Saskatchewan* offers a comprehensive overview of the issues that are most important to Aboriginal women in their struggle to improve their lives and those of their children. It is designed to assist community based organizations and policy makers at all levels of government to better serve the needs of Aboriginal women and their families in Saskatchewan.

The *Profile* merges gender-inclusive analysis with a population health approach and uses indicators that link with the key determinants of health. Adopting these two approaches enables us to expand the evidence base to identify priorities and interventions regarding risk factors faced by Aboriginal women.

The evidence gathered in this *Profile* shows us that the Aboriginal female population is much younger than the non-Aboriginal female population. Recognizing the different age structures of these two populations is one of the most basic factors that must be considered for effective policy making in relation to Aboriginal and non-Aboriginal girls and women in Saskatchewan today.

Following are some key findings for consideration:

- Aboriginal women over 15 years of age are less likely to participate in the paid labour force and more likely to spend substantial amounts of time caring for children and seniors on an unpaid basis. They have a different pattern of paid and unpaid work compared to non-Aboriginal women. This, in turn, has an impact on their incomes, which are lower than those of non-Aboriginal women.
- Aboriginal women are more likely to have children living with them than non-Aboriginal women, and they are also more likely to be lone-parents. In Regina and Saskatoon, about half of all Aboriginal children live with a single parent, most often a lone-mother. Aboriginal women are also much more likely to move their place of residence than their non-Aboriginal counterparts.
- Aboriginal women have made some significant gains in terms of educational levels. Between 1991 and 1996 there was a substantial increase in the percentage of Aboriginal women holding university degrees. And although they may not have yet graduated, 40 per cent of off-reserve First Nations women and 42 per cent of Metis women had some post-secondary education in 1996. This compares to 49 per cent of non-Aboriginal women.

VOICES OF THE WOMEN

"WHAT WE ARE STRIVING FOR IS TO HELP CHILDREN, ADULTS, ELDERLY AND THEIR FAMILIES TO LIVE IN A SUPPORTIVE, PRODUCTIVE COMMUNITY WHICH IS IN CONTROL OF ITS DESTINY, HAS GOOD LIVING CONDITIONS AND STANDARDS OF RESPECT AND CARING WHICH LEAD TO PEACE, HEALTH AND SECURITY FOR ALL."

Wendy Lemaigre, Manager, La Loche Community Development Corporation

The concluding section of the *Profile* addresses the health status of First Nations women. Their health status is not equal to that of other Saskatchewan women. Given the difference between Aboriginal women and non-Aboriginal women in terms of the key determinants of health such as income, this finding is not unexpected.

This *Profile* contains information that raises many concerns. But it is not intended to demoralize. It is intended as a tool to focus the attention of people in all sectors of society, both public and private, on key areas. It provides evidence that underlines the need to make decisions on the basis of taking both gender and culture into account. Strategies, programs and policies, if they are to be effective for all women, must be designed in relation to the kind of information found in this *Profile*.

In addition to statistical information, this profile features comments by a number of First Nations and Metis women in the province. Their voices are interwoven with the statistics to provide a personal perspective on a number of the issues. The women speak both of the numerous obstacles faced by Aboriginal women and their strength in the face of considerable adversity.

We thank all of these women for their contributions to our *Profile of Aboriginal Women in Saskatchewan*. Their voices and their thoughts have shaped and inspired it. We hope the *Profile* makes a contribution to their ongoing work and that of the many Aboriginal women in Saskatchewan today who are working toward a better future.

VOICES OF THE WOMEN

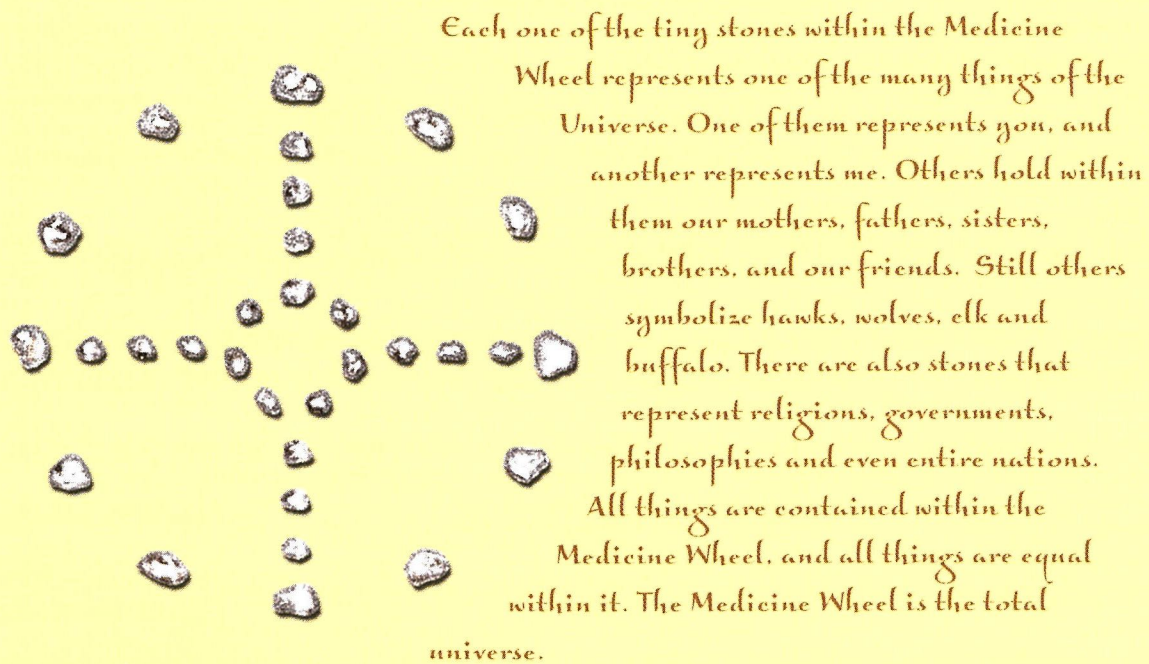
"I THINK FIRST NATIONS PEOPLE ARE SURVIVORS. I THINK WOMEN IN PARTICULAR HAVE STRONG SURVIVAL INSTINCTS."

Alma Favel-King, Executive Director, Health and Social Development Commission, Federation of Saskatchewan Indian Nations, Saskatoon

The Medicine Wheel

"The Medicine Wheel is the Universe, which is the Mirror of the People," the old Teachers tell us, "and each person is a Mirror to every other person."

Here is a drawing of a simple medicine wheel. Among the People, the Teachers usually constructed it from small stones or pebbles, which they would place like this, before them upon the ground.



Our Teachers tell us that all things within this Universe Wheel know of their Harmony with every other thing, and know how to Give-Away one to the other, except humans. Of all the Universe's creatures, it is we alone who do not begin our lives with knowledge of this great Harmony.

All the things of the Universe Wheel have spirit and life, including the rivers, rocks, earth, sky, plants and animals.

But it is only humans, of all the Beings of the Wheel, who are the determiners. Our determining spirit can be made whole only through the learning of our harmony with all our brothers and sisters, and with all other spirits of the Universe. To do this we must learn to seek and to perceive.

We must do this to find our place within the Medicine Wheel.

Introduction



When the earth was created there were only trees, grasses and flowers upon it. There were no birds, no animals and no insects. There was only one living being - Spirit Woman.

Time passed and Spirit Woman looked down upon her daughters. She saw many of them had begun to lose their way as they abandoned the teachings of the Medicine Wheel.



The woman was the keeper of many things—one of these was the teepee, symbolic of the woman's womb.

Introduction

Aboriginal women's groups in Saskatchewan have identified a need for research on the economic and social status of First Nations and Metis women. This *Profile of Aboriginal Women in Saskatchewan* is designed to meet this need.

The information contained in this report will assist organizations and all levels of government, including First Nations and Metis institutions, to better serve the needs of Aboriginal women in Saskatchewan.

This report offers a comprehensive overview of the most up-to-date information available on the issues which are most important to Aboriginal women in their struggle to improve their lives and the lives of their children.

Profile of Aboriginal Women in Saskatchewan clearly documents the reality that Aboriginal women, compared to other women in the province, have lower incomes and less formal education. They live in poorer housing, have lower health status, have a greater chance of becoming lone parents and are more likely to be victims of violence.

As the section on demographics shows, the Aboriginal population is much younger and is growing much more rapidly than the non-Aboriginal population in the province. This makes it even more pressing that we address the social and economic inequities facing Aboriginal women and families. The future prosperity of Saskatchewan, as a whole, depends upon closing the gap between Aboriginal and non-Aboriginal people.

Framework

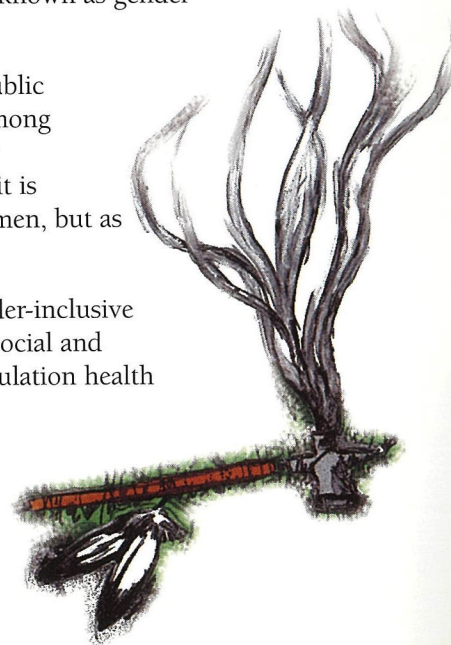
Women and men have different experiences as workers, parents and members of their communities. As a result, they are affected differently by social and economic policy initiatives. This means we need to look at how women as a group will be affected by public policy decisions. In other words, we need to take gender into account when we analyze problems and develop solutions. This is known as gender-inclusive analysis.

While taking gender into account is essential for creating sound public policy, it is not sufficient by itself. There is tremendous diversity among women in Saskatchewan. Aboriginal women, as a group, have very different life experiences than non-Aboriginal women. As a result, it is necessary to recognize their unique circumstances, not only as women, but as Aboriginal people.

To that end, *Profile of Aboriginal Women in Saskatchewan* links gender-inclusive analysis with an approach that takes into consideration the broad social and economic situation of groups of peoples. This is known as the population health approach.

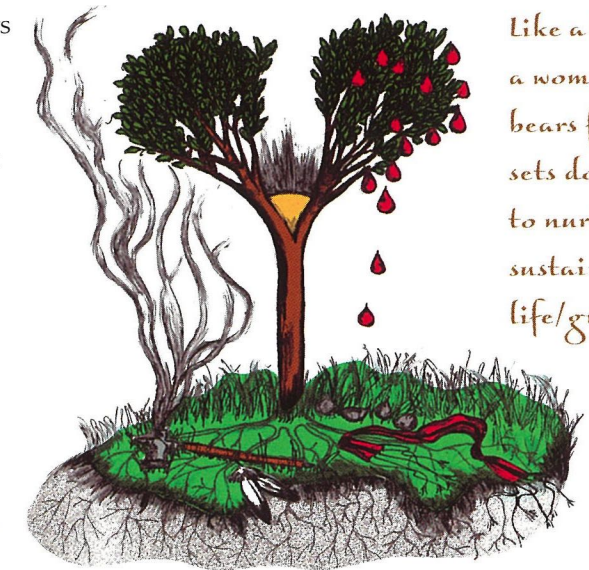
The goal of population health is to achieve the best possible health status for the entire population. Population health strategies address a range of individual and collective factors that determine health.

Spirit Woman was also the keeper of the Pipe which she gave to man for his ceremonies.



The population health approach addresses all of the factors which contribute to the well-being of a group. "Determinants of health" is the label given to the many inter-related factors that research has shown to contribute to the health of populations. They include factors such as:

- income and social status
- social support networks
- education
- employment and working conditions
- physical environments
- biology and genetic endowment
- personal health practices and coping skills
- healthy child development
- health services
- gender
- culture¹.



Like a tree, so is a woman. She bears fruit and sets down roots to nurture and sustain life/growth.

The indicators used in this *Profile* link with the key determinants of health and help provide us with an understanding of some of the differences and similarities between Aboriginal women and their non-Aboriginal counterparts in Saskatchewan today.

Adopting a population health approach enables us to expand the evidence base to identify priorities and interventions regarding risk factors and conditions. It also fosters discussion, research and initiatives around issues of equity. It is here that gender-inclusive analysis converges with one of the main goals of the population health approach. Together these approaches provide a solid foundation for evidence-based decision-making.

This *Profile* shows that Aboriginal women in Saskatchewan have much in common with Canadian Aboriginal peoples generally, who, "as a group, are the most disadvantaged of our citizens, and have the poorest health status."²

It is our hope that this *Profile* contributes to the gathering of evidence required for setting policy and program priorities that will improve the life of Aboriginal women and their families in the years to come.

Population Health Determinants

Income and Social Status

"Income and social status appear to be the single most important determinant of health."³ Individuals with higher incomes are able to purchase adequate housing and sufficient nutritious food. They are also able to make more choices and consequently feel more in control of their lives. "This feeling of being in control is basic to good health."⁴

Social Support Networks

"Research from several countries has found clear links between social support networks and death rate. This suggests that the lack of support from families, friends and communities is a major risk factor to health."⁵ For example, living in a family in which violence and abuse occur would be a risk factor. Being unemployed would also be a risk factor, in that it can lead to both poverty and social isolation.

Education

"In any society, education links to health. Gains in education produce gains in health. Education increases opportunities for income and job security. It also equips people with coping skills... Income, job security and coping skills are key factors that influence health... Education, occupation and income are all markers of a person's living and working conditions."⁶

Spirit Woman saw that her daughters to the east were beginning to bear the fruit of a new nation of people – the Metis.

¹ Health Canada, *Towards a Common Understanding: Clarifying the Core Concepts of Population Health*, A Discussion Paper, December 1996, page 4.
² Health Canada, *Strategies for Population Health: Investing in the Health of Canadians*, Prepared by the Federal, Provincial and Territorial Advisory Committee on Population Health, September 1994, page 27.
³ Saskatchewan Health, *Population Health Promotion Model: A Resource Binder*, C-1 Determinants of Health – Income and Social Status, page C-1.47.
⁴ *Ibid.*, page C-1.16.
⁵ *Ibid.*, page C-2.2.
⁶ *Ibid.*, page C-3.2 and C-3.4.

Employment and Working Conditions

"There are a variety of risk factors related to employment and working conditions. These include stress, work hazards, injuries and unemployment... Even for employed workers, fear of unemployment can have an impact on health." The challenge of balancing work and family responsibilities and the stress of doing so, is experienced by women in particular.⁷

Physical Environments

The physical environment includes factors in the natural environment such as air, land and water, and those in the human-built environment such as housing, workplace environments, transportation and so forth. "Both the physical condition of a house and the number of people living in a house, impact on health... Overcrowded, poor-quality housing adversely affects children's health and is directly related to socio-economic status."⁸

Biology and Genetic Endowment

Although the genetic make-up one is born with may set the stage for particular diseases or health problems, biology and genetics do not work in isolation. Differences may not necessarily be due to biology but could be partly the result of social and cultural factors.⁹

Personal Health Practices and Coping Skills

Personal health practices are the decisions people make that directly affect their health. Coping skills are the ways people deal with a situation or a problem. People's choices about their daily lives are made in the context of social and economic environments that are supportive or unsupportive.¹⁰

Healthy Childhood Development

The quality of early childhood development affects intelligence, life long learning skills, social development and also influences health and well-being later in life. "Studies show that child poverty has negative results later in life... Studies also show that family violence, neglect, mental illness and instability can have a profound negative effect on the health and well-being of children."¹¹

Health Services

"Health care itself plays an important but limited role in the health of a population. Health care can influence who gets well once they become ill. But, health care doesn't determine who gets ill in the first place." In order to understand that, one needs to look at other determinants of health.¹²

This determinant of health in particular necessitates consideration of all the others listed above. And they too are all inter-related. Indeed, health and well-being is determined by the complex interactions between individual characteristics, economic and social factors and physical environments.

Gender

Gender is an analytical concept that goes beyond biological differences to include the socially and politically constructed relationship that exists between men and women. It incorporates the relative power and influence that society ascribes to men and women on a differential basis. Not all women share the same consequences of a gendered society in exactly the same way. However, many factors that affect their health and well-being, such as vulnerability to violence, higher probability of lone parenthood, and their tendency to have lower incomes and occupational status than men, are experienced by women generally.

Culture

"Culture and ethnicity are products of both personal history and wider situational, social, political, geographic and economic factors."¹³ It is impossible to consider physical, mental, spiritual, social or economic well-being in isolation from culture. "Cultural affirmation is an important determinant of health. Strong cultural ties and identity are, for many people, necessary for developing a positive social environment and promoting healthy individuals."¹⁴

7 Ibid, page C-4.2 and C-4.21.
8 Ibid, C-5.2 and C-5.68-5.69.
9 Ibid, C-6.2.
10 Ibid, C-7.2.

11 Ibid, C-8.2.
12 Ibid, C-9.2.
13 Health Canada. Towards a Common Understanding: Clarifying the Core Concepts of Population Health, A Discussion Paper, December 1996, page 19.
14 Saskatchewan Provincial Health Council. Your Health, My Health, Our Health: Our Individual and Collective Responsibilities, A Discussion Paper on the Determinants of Health, June 1996, page 5.

Demographics

The Seven Basic Needs of Children



Like the mighty tree, a woman bears fruit.

The color green represents growth – beauty – chance and innocence.

Demographics

This *Profile* is based primarily on data from the 1996 Census of Canada. There is considerable debate about whether the 1996 Census statistics adequately represent the real number of Aboriginal people in Saskatchewan. However, the Census results are the only available data base which provides the wide variety of information required to construct a comprehensive portrait of Aboriginal women in Saskatchewan.

Using Statistics Canada's numbers to provide information on the Aboriginal population is not a straightforward matter. The variety of categories and the way they overlap reflect the involvement of the federal government in the lives of Aboriginal peoples, as well as the complex social and political environments in which Aboriginal peoples continue to live their daily lives.

The statistics are compiled from the answers to four different Census questions which ask about the following:

- ancestry
- identity
- membership in a First Nation or an Indian Band
- Registered or Treaty Indian status.

Thus there are a number of categories in which First Nations people appear and there is considerable overlap between them.¹

Throughout this *Profile*, where the Census statistics identify Registered Indian people, we refer to them as First Nations people. People who identify themselves as North American Indians are also referred to as First Nations people in this profile.

- Aboriginal peoples refers to all people who are the descendants of the original peoples of the land. The Constitution Act, 1982, recognizes that the Aboriginal peoples of Canada include First Nations, Metis and Inuit.
- Registered, Status or Treaty Indian refers to all people who hold official Indian status under The Indian Act.
- Metis refers to all people who are descendants of First Nations and European people.

Number of Aboriginal People in Saskatchewan

The 1996 Census shows 109,540 people reported having Aboriginal identity in Saskatchewan.² People who identify themselves as Aboriginal make up more than 11 per cent of Saskatchewan's total population.³

A breakdown of the Aboriginal population indicates that 72,835 people identify themselves as First Nations (North American Indian) and 35,855 identify themselves as Metis. First Nations make up between seven and eight per cent of Saskatchewan's population and the Metis make up between three and four per cent.

Females make up 51 per cent of the First Nations (North American Indian) population and Metis females make up 50.7 per cent of the total Metis population.

About 850 other Aboriginal people (Multiple Response Aboriginal and Inuit) do not identify themselves as either First Nations or Metis, but are included in calculations relating to the Aboriginal population overall.

The Registered Indian population is made up of 74,095 people, 38,225 females and 35,870 males.

Just over half of First Nations females live off-reserve, and just under half of First Nations men reside off-reserve. Of the 38,225 females, 18,020 live on reserve and 20,210 live off reserve. On the other hand, 53 per cent of First Nations males live on reserve and 47 per cent live off reserve.

Age Distribution

The age structure of the Aboriginal and non-Aboriginal populations is strikingly different. The Aboriginal population is much younger than the non-Aboriginal population.

The charts below illustrate half of a population pyramid. Pyramids with very sloped sides and wide bases depict populations with a rapid growth rate. Pyramids with more vertical sides depict a slow growth rate.

Of the female Aboriginal population in Saskatchewan in 1996:

- 28 per cent were nine years of age and under
- 12 per cent were between 10 and 14 years
- 19 per cent were between 15 and 24 years.

Population
Saskatchewan, 1996

	Number	Total Percent	Female Number	Male Number
Total Population	976,615		492,805	483,805
Non-Aboriginal Population	867,070	88.8%	437,010	430,065
Aboriginal Population	109,540	11.2%	55,795	53,745

Source: Statistics Canada. 1996 Census of Canada. Custom Tabulation. 20% sample data.

Aboriginal Identity Population
Saskatchewan, 1996

	Number	Total Percent	Female Number	Male Number
Total Population	976,615		492,805	483,805
North American Indian Identity	72,830	7.5%	37,175	35,655
Metis Identity	35,855	3.7%	18,190	17,665
Multiple Response Aboriginal	685	0.1%	345	345
Inuit	170	0.0%	90	80

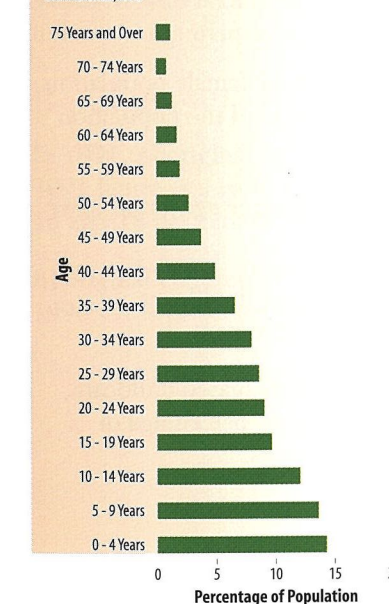
Source: Statistics Canada. 1996 Census of Canada. Custom Tabulation. 20% sample data.

Registered Indian Population
Saskatchewan, 1996

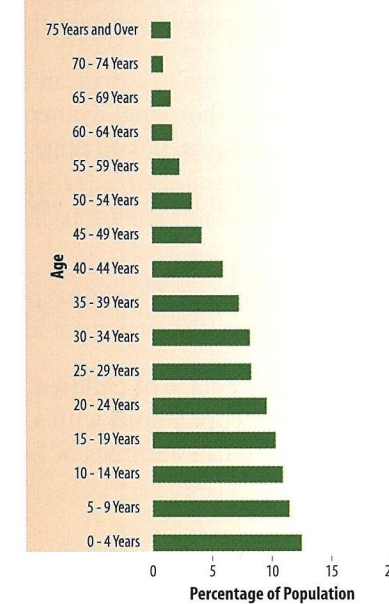
	Number	Total Percent	Female Number	Male Number
Total Population	976,615		492,805	483,805
Registered Indian Total Population	74,095	7.6%	38,225	35,870
On Reserve	37,075	3.8%	18,020	19,055
Off Reserve	37,025	3.8%	20,210	16,815

Source: Statistics Canada. 1996 Census of Canada. Custom Tabulation. 20% sample data.

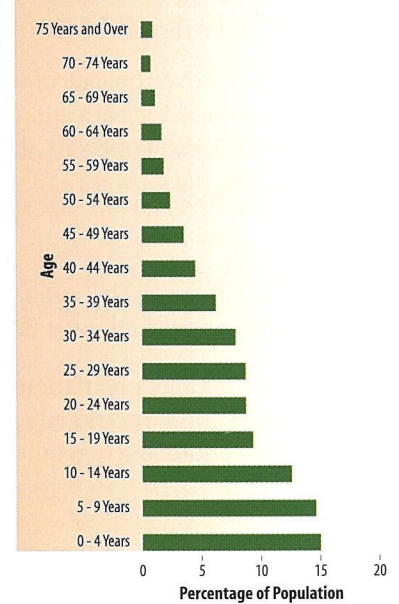
Aboriginal Identity Females by Age
Saskatchewan, 1996



Metis Identity Females by Age
Saskatchewan, 1996



North American Indian Identity Females by Age
Saskatchewan, 1996

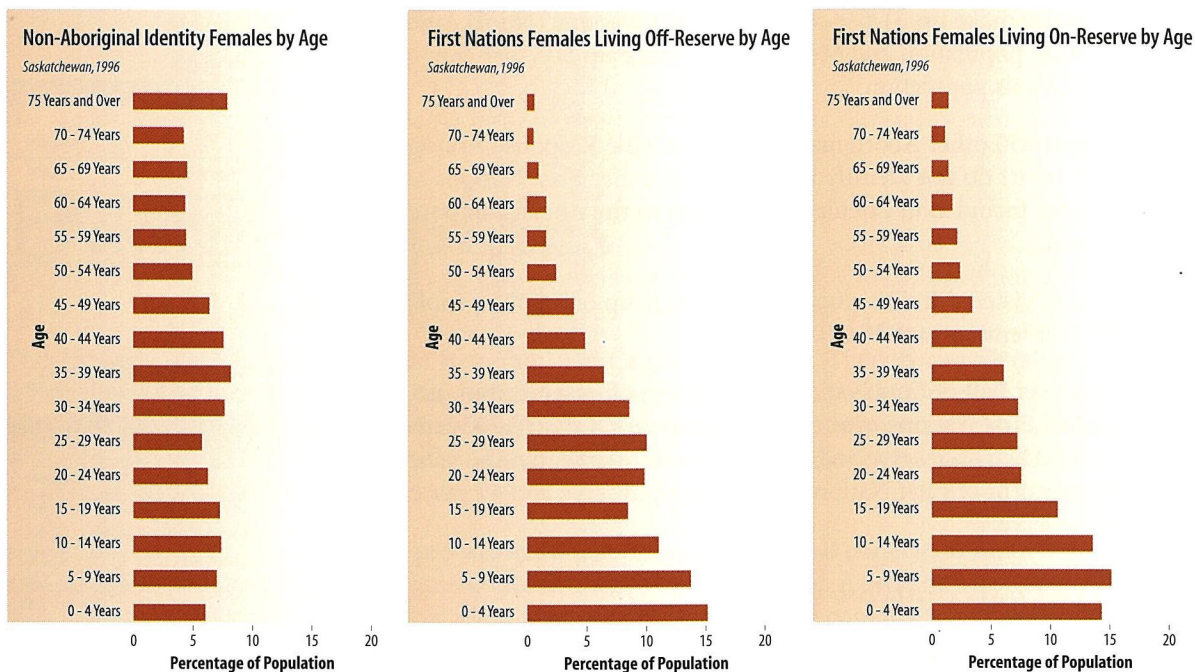


¹ The figures available for First Nations and Registered Indians are very close. However, of the 73,855 people who indicated on the Census that they belonged to a First Nation or Band, 2,900 identify themselves as Metis and 1,590 identify themselves as non-Aboriginal. In the case of Registered Indians, of the 74,095 in this category, 3,090 identify themselves as Metis and 1,655 identify themselves as non-Aboriginal. Clearly many of the Registered Indians are First Nations or Band members and vice versa.

² If the 1,705 people with non-Aboriginal identity, but who are Registered Indians or Band members, are counted, the total Aboriginal population rises to 111,245. In this report we use the figure of 109,540 to count the Aboriginal population.

³ The 20% sample does not include residents of institutions such as senior citizens residences, correctional facilities and so forth. Therefore, it under-represents the total Saskatchewan population to some extent, including the Aboriginal population. The original figure for the 100% sample for the Saskatchewan population is 990,237. Recent revisions to the Census numbers have caused the figure for the total Saskatchewan population to be increased to 1,019,500. In spite of these qualifications, the calculations done in this report for the purpose of portraying the situation of Aboriginal women would remain virtually identical if the adjusted Census numbers were used.

Source: Statistics Canada. 1996 Census of Canada. Custom Tabulation - 20% Sample Data.



Source: Statistics Canada, 1996 Census of Canada, Custom Tabulation - 20% Sample Data.

Girls 14 and under make up 40 per cent of the total female Aboriginal population. In comparison, girls 14 and under make up just 20 per cent of the non-Aboriginal population.

Young women between the ages of 15 and 24 years make up 19 per cent of the total female Aboriginal population. In the non-Aboriginal female population, young women between these ages make up slightly more than 13 per cent of that population.

Women between the ages of 25 and 44 years make up comparable percentages of both the Aboriginal and non-Aboriginal female populations in Saskatchewan, with non-Aboriginal females making up 29 per cent of their total population and Aboriginal females making up 28 per cent of their total population.

Twenty per cent of the non-Aboriginal female population is between the ages of 45 and 64 years, while 10 per cent of the Aboriginal female population is in this age range.

Women over the age of 65 represent a very small proportion of the Aboriginal female population – a mere three per cent. In the case of non-Aboriginal women, the proportion of the population over 65 years of age is almost six times as big at 17 per cent.

In 1998, the average age of First Nations women was 23 years while the average age for all other women was 38 years.⁴

The differences between the Aboriginal and non-Aboriginal populations have significant implications and must be considered by decision-makers at all levels of government.

For example, populations with a large percentage of children likely require increased childcare, family supports and educational facilities. Populations with a large or growing percentage of aging adults likely require increased health care facilities or home care services.

4 Saskatchewan Person Registry System (PRS) at June 30, 1998.

Location of the Aboriginal Population

Almost one-quarter of both First Nations and Metis populations live in northern Saskatchewan, compared to three per cent of the total Saskatchewan population.

Twenty-five per cent of the First Nations population lives in Regina and Saskatoon combined, while 42 per cent of the total provincial population lives in the province's two main cities.

Of all Saskatchewan cities, Prince Albert has the highest percentage of Aboriginal population at 25 per cent, followed by North Battleford at 14 per cent, Saskatoon at 7.5 per cent, and Regina and Yorkton at just over seven per cent.

Almost one-third of the Metis in Saskatchewan live in Regina and Saskatoon. The Metis make up 27 per cent of the population of northern Saskatchewan and 13 per cent of Prince Albert's population.⁵

The Metis population is more inclined to live in the urban centres of southern Saskatchewan than is the First Nations population. The only city where a comparable percentage of both First Nations and Metis populations live is Regina.

The factors behind the urbanization of the Indian and Metis population are similar to those that apply to the general population, but in the case of First Nations, the trend is also reinforced by the even greater lack of economic opportunity on reserves in comparison to rural areas in general. The proportion of women living off-reserve has increased dramatically from 16 per cent in 1966, to 29 per cent in 1976, to 53 per cent in 1996.

One exception to the tendency toward rural depopulation is found on Indian reserves. "Migration has not been at the numerical expense of the reserve populations which have continued to grow," according to a report published by the Federation of Saskatchewan Indian Nations, *Saskatchewan and Aboriginal Peoples in the 21st Century*.

The report also points out that the flow of the Aboriginal population of Saskatchewan is different from the rural migration pattern of the non-Aboriginal residents who tend to leave the province, whereas the Aboriginal people leaving reserves stay within the province.⁶

Population Projections

In 1991, Aboriginal ancestry was declared by 9.9 per cent of the Saskatchewan population. Using the 1991 figure as a base, it is predicted that the Aboriginal population will comprise somewhere between 16 and 18 per cent of the total provincial population by 2016.⁷

Aboriginal children made up 20 per cent of all youngsters under the age of 15 in Saskatchewan in 1996. "It is projected that they could account for up to 25 per cent by the year 2016...."⁸

Population Breakdowns*

Location	Percentage of Group		Percent of Location	
	Total Population	First Aboriginal Nations	Metis	Aboriginal
Saskatchewan	100	100	100	11.4
Northern Saskatchewan	3.2	22.6	22.5	80.9
Southern Saskatchewan	96.8	77.4	77.5	9.1
Regina	19.6	12.2	11.9	7.1
Saskatoon	22.2	14.5	12.9	7.5
Prince Albert	4.2	9.1	6.6	24.9
North Battleford	1.8	2.2	2.0	14.0
Moose Jaw	3.5	0.9	0.4	2.8
Yorkton	1.8	1.1	1.0	7.2
Remainder of Southern Saskatchewan	43.9	37.4	42.7	9.7

Source: Adele Furrle Consulting Inc. First Nations and Metis of Saskatchewan: A Demographic Profile. Ottawa, March 31, 1998. Annex F, page 30 and Annex H, page 38.
*In this table 111,245 is the figure used for the total Aboriginal population. It includes the 1,705 individuals with non-Aboriginal identity, but who are Registered Indians or Band members.

VOICES OF THE WOMEN

"SOME WOMEN LEAVE [THE RESERVE] TO PROVIDE THEIR CHILDREN WITH MORE OPPORTUNITY; OR TO ESCAPE THE VIOLENCE. OTHERS LEAVE TO FIND HOUSING, BECAUSE ON MOST RESERVES THERE ISN'T ENOUGH."

Theresa Lanigan, Aboriginal Women's Council of Saskatchewan, Prince Albert

5 Adele Furrle Consulting Inc. First Nations and Metis of Saskatchewan: A Demographic Profile. March 31, 1998. Pages 10-11.

6 Federation of Saskatchewan Indian Nations. Saskatchewan and Aboriginal Peoples in the 21st Century. 1997. Page 8.

7 Statistics Canada. Projections of Population with Aboriginal Ancestry, Canada, Provinces and Territories, 1991-2016. Employment Equity Data Program. Catalogue 91-5390XPE. Page 32 and Table 5.4 page 34.

8 Statistics Canada. 1996 Census: Aboriginal data. The Daily, Tuesday, January 13, 1998. Page 7.

To Conclude:

- The age structure of the Aboriginal population is much different than it is for the rest of the province's population. Young people make up a large percentage of the First Nations and Metis population, while the non-Aboriginal population is aging.
- One quarter of Aboriginal peoples live in the north and another quarter live in Saskatchewan's two largest urban centres, Regina and Saskatoon.
- Prince Albert has the highest concentration of Aboriginal people, at about 25 per cent .
- The Aboriginal population is expected to grow rapidly in the next millennium.

Education



The color purple represents wisdom – power – real commitment.

The color yellow represents creativity – vision – ceremony.

Education

Aboriginal women are attaining higher levels of education than they have in the past. However, they still have less formal education than their non-Aboriginal counterparts.

Educational Attainment

In Saskatchewan in 1996, 22 per cent of Aboriginal women had less than a grade nine education. This represents an improvement from 1991, when 26 per cent fell into the same category.¹ By comparison, 11 per cent of non-Aboriginal women had less than grade nine.

In 1996, more than half of Aboriginal women had not graduated from high school, compared to just under 40 per cent of non-Aboriginal women.

Nineteen per cent of Aboriginal women held post-secondary or trade certificates, compared to 28 per cent of other women.

Aboriginal women are more likely than Aboriginal men to have a university degree. In 1996, five per cent of Aboriginal women had university degrees, up from three per cent in 1991. This is a significant increase in percentage terms in just five years.²

Educational Attainment Saskatchewan, 1996*				
Highest Level Attained	Aboriginal		Non-aboriginal	
	Men	Women	Men	Women
Less than grade 9	25%	22%	13%	11%
Some High School only	36%	34%	30%	28%
High School Diploma only	6%	6%	11%	11%
Some Post Secondary	11%	14%	10%	11%
Post Secondary/Trade Certificate	19%	19%	24%	28%
University Degree	3%	5%	11%	10%

*Population 15 years and over.
Source: Statistics Canada, 1996 Census of Canada. Custom Tabulation - 20% sample data.

Women's Educational Attainment by Aboriginal Status

First Nations women living on-reserve have the lowest levels of formal education. In Saskatchewan in 1996, 31 per cent of on-reserve women had grade nine or less, compared to 19 per cent of First Nations women off-reserve.³

Seventeen per cent of Metis women had less than grade nine education, compared to 11 per cent of non-Aboriginal women.

Saskatchewan women who in 1996 had at least a high school diploma and possibly further education:

- 35 per cent of First Nations women living on-reserve
- 45 per cent of First Nations women living off-reserve
- 50 per cent of Metis women
- 60 per cent of non-Aboriginal women.

Women who have some post-secondary or university education, but may not have graduated:

- 29 per cent of First Nations women living on-reserve
- 40 per cent of First Nations women living off-reserve
- 42 per cent of Metis women
- 49 per cent of non-Aboriginal women.

Women's Educational Attainment Saskatchewan, 1996*				
Highest Level Attained	First Nations	First Nations	Metis	Non-Aboriginal
	On-Reserve	Off-Reserve	Identity	Identity
Less than grade 9	31%	19%	17%	11%
Some High School only	35%	36%	33%	28%
High School Diploma only	6%	5%	8%	11%
Some Post Secondary	11%	16%	14%	11%
Post Secondary/Trade Certificate	15%	17%	23%	28%
University Degree	3%	6%	5%	10%

*Population 15 years and over.
Source: Statistics Canada, 1996 Census of Canada. Custom Tabulation - 20% sample data.

1 Statistics Canada, 1991 Census, Special Tabulation.

2 Statistics Canada, 1991 Census, Special Tabulation.

3 It should be noted that these figures capture the education level of women of all ages. Wide variations may reflect differences in the age of the populations and the lower levels of formal education among older people. For example, many young people have moved off-reserve, leaving behind an older population, which could account for the lower level of educational attainment on-reserve.

Young Women's School Attendance

Aboriginal women aged 15 to 24 years are less likely to attend school than their non-Aboriginal counterparts.

Young First Nations women living on-reserve were least likely to be involved in formal education. In Saskatchewan in 1996, more than half of these women were not attending school.

First Nations women aged 15 to 24 living off reserve were somewhat more likely to be going to school. Forty-six per cent were attending school full-time.

Among Aboriginal women, young Metis women are most likely to be spending time in the classroom. Fifty-one per cent were involved in full-time studies.

Employment Prospects of Aboriginal SIAST Graduates

In 1996, 60 per cent of Aboriginal students who graduated from the Saskatchewan Institute of Applied Science and Technology (SIAST) were women. This is up from 54 per cent in 1992.⁴

The employment prospects of Aboriginal graduates of SIAST are good. Seventy-eight per cent of 1996 graduates found employment. However, their employment rate was slightly lower than that of non-Aboriginal students, of which 83 per cent found work.⁵

In that same year, 56 per cent of Aboriginal graduates were Metis, and 43 per cent were First Nations.⁶

The average monthly salary of Aboriginal graduates who had found training-related employment was \$1,790, compared to \$1,744 for their non-Aboriginal counterparts.⁷

First Nations, Metis and Northern Institutions and Programs

The emergence of First Nations and Metis-controlled post-secondary institutions has increased the number of Aboriginal graduates. In particular, Aboriginal women, who are often single parents with low incomes, show strong enrollment in Aboriginal educational institutions.

- In the fall of 1998, women made up 70 per cent of the students at the Saskatchewan Indian Federated College (SIFC).⁸
- Women make up approximately 60 per cent of the students at the Saskatchewan Institute of Technologies (SIIT).⁹
- Seventy-eight per cent of graduates of the Saskatchewan Urban Native Teacher Program (SUNTEP), which is run by the Gabriel Dumont Institute of Native Studies and Applied Research, are women.¹⁰
- Between 1979 and 1998, women made up 76 per cent of all graduates of the Northern Teachers Education Program (NORTEP). Of these graduates, 88 per cent were Aboriginal women.¹¹

Field of Study

One-quarter of First Nations off-reserve and 20 per cent of on-reserve women in Saskatchewan in 1996 were studying commerce, management and business administration. Thirty per cent of Metis women and 29 per cent of non-Aboriginal women were enrolled in this field of study.

A significant proportion of Aboriginal women studied educational, recreational and counselling services. First Nations on-reserve women were most likely to study in this area; 28 per cent were enrolled in this field.

"I SAW THAT I NEEDED TO GET EDUCATED IN ORDER TO GET WORK. BECAUSE A MINIMUM WAGE JOB DOESN'T CUT IT. BEING A SINGLE MOTHER - YOU CAN'T RAISE KIDS AND EXIST ON THAT. SO, I NEEDED AN EDUCATION TO SUPPORT MY FAMILY".

Germaine Coates, Community Co-ordinator, Grandmothers and Youth Violence Prevention Education Project, Fort Qu'Appelle

Young Women's School Attendance
Saskatchewan, 1996*

	First Nations On-Reserve	First Nations Off-Reserve	Metis Identity	Non-Aboriginal Identity
Not attending school	55%	48%	43%	39%
Attending school full-time	43%	46%	51%	56%
Attending school part-time	3%	6%	5%	5%

*Female Population 15 to 24 years
Source: Statistics Canada, 1996 Census of Canada. Custom Tabulation - 20% Sample Data.

4 Saskatchewan Institute of Applied Science and Technology. Aboriginal Graduate Employment Statistics Report, 1996. Page 28.

5 Saskatchewan Institute of Applied Science and Technology. Aboriginal Graduate Employment Statistics Report, 1996. Page 13.

6 Saskatchewan Institute of Applied Science and Technology. Aboriginal Graduate Employment Statistics Report, 1996. Page 31.

7 Saskatchewan Institute of Applied Science and Technology. Aboriginal Graduate Employment Statistics Report, 1996. Page 1.

8 Interview with Registrar, Saskatchewan Indian Federated College, Regina, July 1998.

9 Interview with Vice-President Planning and Development, SIIT, January 1999.

10 Gabriel Dumont Institute of Native Studies and Applied Research, 1996 Update Report, Page 9-11.

11 Post-Secondary Education and Skills Training, La Ronge, Northern Teacher Education Program (NORTEP): Female Graduates, January 15, 1999.

Women's Field of Study

Saskatchewan, 1996*

	First Nations On-Reserve	First Nations Off-Reserve	Metis Identity	Non-Aboriginal Identity
Educational, recreational and counselling services	28%	22%	16%	20%
Fine and applied arts	3%	5%	8%	8%
Humanities and related fields	2%	4%	3%	4%
Social sciences and related fields	19%	23%	14%	6%
Commerce, management and business administration	20%	25%	30%	29%
Agricultural and biological sciences/technologies	5%	4%	5%	4%
Engineering and applied sciences	0%	**	**	**
Engineering and applied science technologies and trades	8%	5%	8%	3%
Health professions, sciences & technologies	15%	12%	15%	24%
Mathematics and physical sciences	0%	**	1%	1%

*Population 15 years and over with post secondary qualifications, which includes women who completed a trades certificate or diploma, other non-university certificate or diploma, university without degree with a certificate or diploma, or university bachelor's degree or higher.

**Numbers too small to indicate

Source: Statistics Canada, 1996 Census of Canada, Custom Tabulation - 20% sample data.

Aboriginal women were more likely to study social sciences and related fields. For example, almost one quarter of First Nations off-reserve women were enrolled in this area, compared to only six per cent of non-Aboriginal women.

Almost one quarter of non-Aboriginal women pursued studies in health professions, sciences and technologies. This compares to 14 per cent for Aboriginal women.

Virtually no women studied engineering at the university level. However, Aboriginal women are more than twice as likely to study engineering and applied science technologies and trades compared to non-Aboriginal women.

To Conclude:

- Educational attainment levels for Aboriginal women are improving. Between 1991 and 1996 there was a substantial increase in the percentage of Aboriginal women holding university degrees. However, Aboriginal women still have less formal education than their non-Aboriginal counterparts.
- Although they may not have yet graduated, 40 per cent of First Nations women off-reserve and 42 per cent of Metis women have some post-secondary or university education. This compares to 49 per cent of non-Aboriginal women.
- In the fall of 1998, women made up 70 per cent of the students at the Saskatchewan Indian Federated College.
- Aboriginal women are more likely than non-Aboriginal men to be enrolled in post-secondary educational institutions.

VOICES OF THE WOMEN

"I AM SO PROUD OF THESE WOMEN [SIFC STUDENTS] BECAUSE THEY GO THROUGH PHENOMENAL HEARTACHE AND HARDSHIP, AND THEY'RE COMING TO SCHOOL AND MANY OF THEM HAVE PROBLEMS. THEY COME IN WITH ALL THE BAGGAGE THAT ABORIGINAL PEOPLE HAVE THROUGH THE PAST MANY YEARS. SOME OF THESE WOMEN HAVE SUFFERED AND GONE THROUGH ADDICTIONS, AND THEY'RE IN ABUSIVE RELATIONSHIPS. BUT THEY COME IN AND SECURE HOUSING, WHATEVER PROGRAMS THEY CAN ACCESS..."

Diedre Desmarais, Registrar,
Saskatchewan Indian Federated College
(SIFC), Regina

VOICES OF THE WOMEN

"WE NEED DAY CARES FOR OUR STUDENTS WHO HAVE CHILDREN. AND MOST OF THEM DO HAVE CHILDREN. IT WOULD BE WONDERFUL FOR THEM TO BE ABLE TO TAKE THEIR CHILD TO A PLACE WHERE THEY FEEL SAFE AND SECURE THAT THEIR CHILDREN WILL BE WELL LOOKED AFTER."

Diedre Desmarais, Registrar, SIFC,
Regina

Employment

Historically, everyone had a job, everyone played a role. Women worked side by side with men, with children, and with the Elders. No one job was more important than another, and all were valued.

Like the beaver, education allows us to build our dreams, make things happen, take a new path.

The fox gives us the ability to know, to have wit and cleverness, and the willingness to persevere.



The color red gives us confidence and strength for a new beginning.

Employment in Selected Saskatchewan Workplaces, Permanent Positions

Workplace	Male and Female Employees	Percent Aboriginal	Female Employees	Percent Aboriginal	Year
SaskTel	3880	3%	1753	4%	1997
SaskEnergy	898	4%	339	6%	1997
SaskPower	2305	2%	538	4%	1997
The Co-operators	349	4%	275	5%	1997
Regina School Division	1812	4%	1195	4%	1998
SGI	1456	6%	771	6%	1997
Regina Police Service	415	6%	215	5%	1997
Gov't of Saskatchewan	7416	6%	3669	7%	1998
STC	263	4%	74	1%	1997
CIC	66	2%	37	3%	1997

Source: Saskatchewan Human Rights Commission, May 15, 1998.

Employment in Selected Saskatchewan Workplaces

Although Aboriginal people make up approximately 12 per cent of the province's working age population, they are underrepresented in many workplaces. Some employers, particularly in the public sector, have adopted employment equity plans, and as a result, some progress has been made in addressing this problem. However, the percentage of Aboriginal employees in most of these workplaces remains well below the goal of 12 per cent.

Employment Earnings

Non-Aboriginal women earn more than their Aboriginal counterparts, both in full-time and part-time employment.

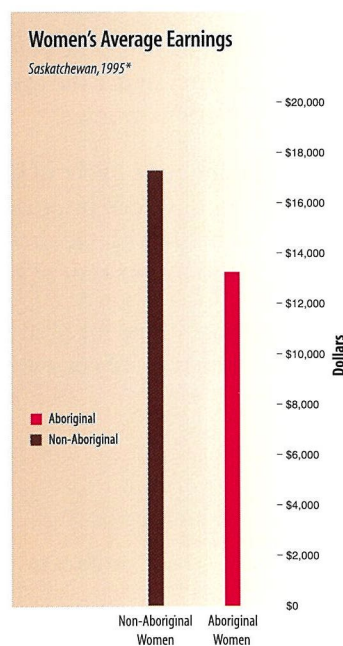
Average earnings for Aboriginal women in Saskatchewan in 1995, were \$13,250. This compares to \$17,278 for non-Aboriginal women.

The gap in earnings between Aboriginal and non-Aboriginal women working full-time, full-year widened between 1990 and 1995. In 1990, average employment earnings of full-time full-year Aboriginal women workers were \$21,130, compared to \$22,025 for non-Aboriginal women.¹ This represents a four per cent gap.

VOICES OF THE WOMEN

"I HAVE THE EDUCATION AND MY EXPERIENCE IS ALL WITH ABORIGINAL INSTITUTIONS SO IT DOESN'T SEEM TO COUNT. YOU KNOW EMPLOYMENT EQUITY, AFFIRMATIVE ACTION AND ALL OF THAT. I WOULD LOVE TO WORK WITH NON-ABORIGINAL INSTITUTIONS FOR THE EXPERIENCE, BUT IT'S NOT HAPPENING. I AM SURE IT WILL CHANGE FOR THE BETTER. I'M JUST NOT SURE THAT I'LL BE AROUND TO SEE IT."

Judy Okanee, Program Co-ordinator, Aboriginal Teacher Associate Certificate Program, Gabriel Dumont Institute, Meadow Lake



* Population 15 years and over
Source: Statistics Canada, 1996 Census of Canada. Custom Tabulation - 20% Sample Data.

In 1995, the average employment earnings of Aboriginal women working full-time, full-year were \$22,697, compared to \$25,353 for non-Aboriginal women – a 10 per cent wage gap.

The earnings gap between non-Aboriginal and Aboriginal women working part-time is even greater. Aboriginal women working part-time or part-year receive 75 per cent of the earnings of their non-Aboriginal counterparts.

Aboriginal women are also more likely to work part-time or part-year. In 1995 in Saskatchewan, 65 per cent of all employed Aboriginal women worked less than full-time, full-year compared to 56 per cent of non-Aboriginal women.²



* Population 15 years and over
Source: Statistics Canada, 1996 Census of Canada. Custom Tabulation - 20% Sample Data.



* Population 15 years and over
Source: Statistics Canada, 1996 Census of Canada. Custom Tabulation - 20% Sample Data.

² It is important to note that many Saskatchewan women work full-time for some part of the year. When this tendency of women to move in and out of the labour force is taken into account, the percentage of women who work full-time increases.

¹ Saskatchewan Women's Secretariat, The Economic Status of Saskatchewan Women, 1997, Page 21.

To Conclude:

- Living with young children affects women's paid labour force participation. Those with young children are less likely to be employed. This appears to be particularly true for Aboriginal women.
- Aboriginal women who want to be in the paid labour force, especially those living with young children, experience high unemployment rates.
- Aboriginal women's earnings lag behind those of their non-Aboriginal counterparts. The wage gap between Aboriginal and non-Aboriginal women working full-time, full-year grew from four to 10 per cent from 1990 to 1995.

Income

Before reservations, the buffalo was like income to the people. It provided everything they needed - food, clothing, shelter, utensils, and sinew for sewing. Education has replaced the buffalo and empowers women with the opportunity to seek other ways of providing income.



The color purple represents power and real wisdom.

Income

Aboriginal women's income is considerably lower than other women's income. They receive less from employment earnings and more from government transfers. Aboriginal women are also less likely to receive income from other sources such as employer pensions, RRSPs and investments.

Extensive research demonstrates that income levels are linked to the overall health and well-being of a population. "Studies in provinces and cities across Canada have shown that people on each step of the income ladder are healthier than those on the step below."¹ Low incomes, such as those experienced by many Aboriginal people, can produce stressful living conditions and ultimately poor physical and mental health.

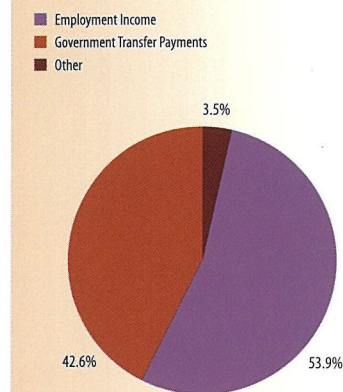
Sources of Income

Aboriginal women in Saskatchewan in 1995, received 54 per cent of their income from employment, compared to 67 per cent for non-Aboriginal women.

Aboriginal women depend on government transfer payments for almost half of their income (43 per cent). In comparison, non-Aboriginal women rely on government transfers for 19 per cent of their income. Government transfers include the Child Tax Benefit, Employment Insurance benefits, social welfare benefits, GST refunds, Canada Pension Plan, Old Age Security, and so forth.

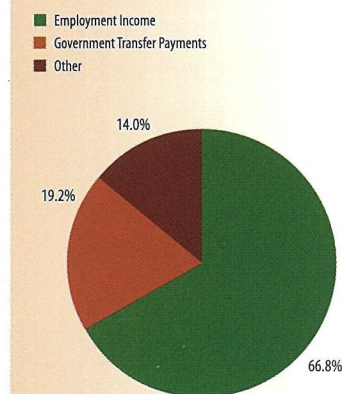
Fourteen per cent of non-Aboriginal women's income comes from sources such as employer pensions, RRSPs and investments. Aboriginal women receive four per cent of their income from this category.

Sources of Income, Aboriginal Women
Saskatchewan, 1995*



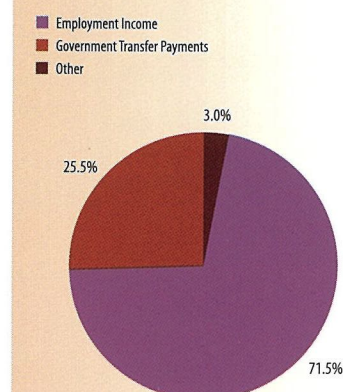
* Population 15 years and over
Source: Statistics Canada, 1996 Census of Canada, Custom Tabulation - 20% Sample Data.

Sources of Income, Non-Aboriginal Women
Saskatchewan, 1995*



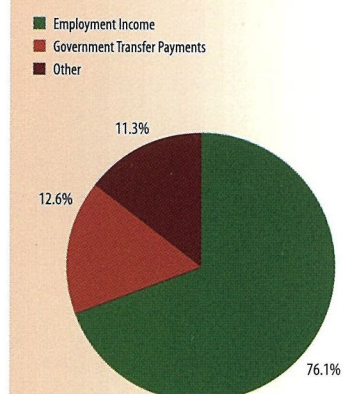
* Population 15 years and over
Source: Statistics Canada, 1996 Census of Canada, Custom Tabulation - 20% Sample Data.

Sources of Income, Aboriginal Men
Saskatchewan, 1995*



* Population 15 years and over
Source: Statistics Canada, 1996 Census of Canada, Custom Tabulation - 20% Sample Data.

Sources of Income, Non-Aboriginal Men
Saskatchewan, 1995*



* Population 15 years and over
Source: Statistics Canada, 1996 Census of Canada, Custom Tabulation - 20% Sample Data.

Median Annual Income

In 1995, the median annual income for Aboriginal women in Saskatchewan was \$8,613, compared to \$13,563 for non-Aboriginal women. Aboriginal men's median income was just slightly higher than their female counterparts at \$9,024. Non-Aboriginal men had a median income of \$24,504.

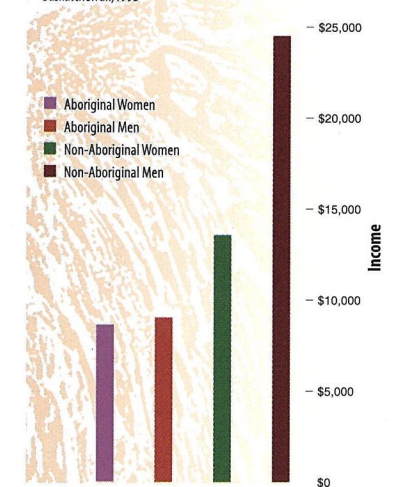
Median income is a measure of the middle of the income distribution. Fifty per cent of individuals have incomes below this figure, and fifty per cent have incomes above it.

VOICES OF THE WOMEN

"THEY ARE POOR, THEY'RE IN POVERTY. THEY COME WITH BACKGROUNDS IN VIOLENCE, CRIME AND ADDICTIONS AND THEY NEED HELP JUST TO GET BACK INTO BEING A FUNCTIONING MEMBER IN THEIR FAMILY AND SOCIETY."

Delora Parisian, Executive Director,
Aboriginal Family Services, Regina

Median Annual Income
Saskatchewan, 1995*



* Population 15 years and over
Source: Statistics Canada, 1996 Census of Canada, Custom Tabulation - 20% Sample Data.

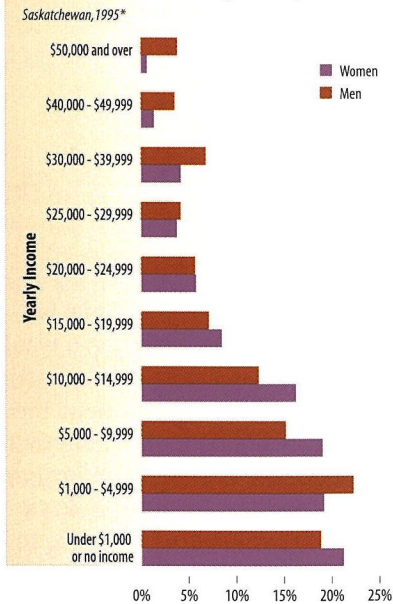
¹ Saskatchewan Health, Population Health Promotion Model: A Resource Binder, C-1.2.

Income Distribution, Women



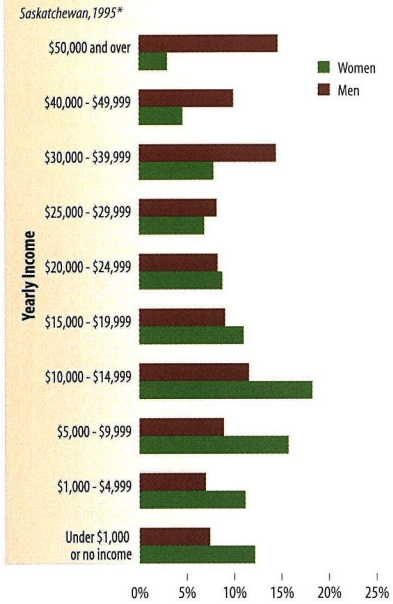
* Population 15 years and over
Source: Statistics Canada, 1996
Census of Canada, Custom
Tabulation - 20% Sample Data.

Income Distribution, Aboriginal Peoples



* Population 15 years and over
Source: Statistics Canada, 1996
Census of Canada, Custom
Tabulation - 20% Sample Data.

Income Distribution, Non-Aboriginal Peoples



* Population 15 years and over
Source: Statistics Canada, 1996
Census of Canada, Custom
Tabulation - 20% Sample Data.

Income Distribution

Three-quarters of Aboriginal women in Saskatchewan in 1995 had incomes of less than \$15,000.

Twenty-one per cent of Aboriginal women had no income or an annual income of less than \$1,000. This compares to 12 per cent of non-Aboriginal women and 19 per cent of Aboriginal men.

Only six per cent of Aboriginal women in Saskatchewan received \$30,000 or more. By way of comparison, 16 per cent of non-Aboriginal women are in this income range as are 15 per cent of Aboriginal men. In contrast, 40 per cent of non-Aboriginal men have incomes of \$30,000 and higher.

Two per cent of Aboriginal women earn \$40,000 or more, compared to eight per cent of non-Aboriginal women. About one-quarter of non-Aboriginal men earn \$40,000 or more.

To Conclude:

- Aboriginal women's income levels are considerably lower than non-Aboriginal women's income.
- Employment earnings tend to be the largest source of income for most people. Aboriginal women's lower income is a reflection of their lower levels of employment, as well as their higher reliance on government transfer payments.

Housing

It is believed that Aboriginal people were traditionally nomadic. In fact, they located their homes in areas that suited their needs for shelter, water, fish, buffalo and other wild game.



Housing

The Link Between Housing and Well-being

Housing conditions are a major contributing factor to physical and mental health. Serious housing shortages, as well as the sub-standard quality of housing of Aboriginal people in Canada and Saskatchewan, have been well-documented.

Poor quality housing has had an impact on the well-being of Aboriginal people. For example, tuberculosis, which is linked to crowded and substandard housing conditions, is much more common among First Nations people.¹

Crowded housing conditions can also result in increased incidences of abuse. A report on violence against women in Canada noted a high rate of physical and sexual abuse for Aboriginal children. "Because of chronic housing shortages, existing units are overcrowded, sometimes housing two or three families together. It has been suggested that this situation has aggravated the problem of physical and sexual abuse."²

Determining Housing Need

Canada Mortgage and Housing Corporation (CMHC) sets housing standards. It uses a formula to determine what is sub-standard housing, which is known as "core housing need".

There are three standards which determine core housing need:

- affordability (spending 30 per cent or more of household income on shelter)
- adequacy (dwelling in need of major repair)
- suitability (housing is crowded according to the National Occupancy Standard, i.e. based on age and gender of children).

Households whose housing does not meet one or more standards and whose income is insufficient to afford rental housing which does meet standards are considered to be in core housing need.

Aboriginal families and Core Housing Need

Aboriginal families, both on and off-reserve, are more likely than non-Aboriginal families to live in core housing need.

In Canada, 52 per cent of Aboriginal households fall below core housing need, compared to 32 per cent of non-Aboriginal households.³

"[This situation] is primarily the result of low incomes that stem from inequities experienced in the labour force and elsewhere by women and Aboriginal people in general. These inequities are amplified by low levels of schooling, and the inability of many to enter the labour force because of child-rearing responsibilities."⁴

VOICES OF THE WOMEN

"A LOT OF THE HOUSING (OUR PEOPLE) LIVE IN... IS REALLY, REALLY POOR. WE HAVE ONE LITTLE PERSON RIGHT NOW, NINE MONTHS OLD, WHO HAS BURNED HER HAND ON A HEATER THAT HEATS THE HOUSE BY CRAWLING OVER - AND THEY WEREN'T QUICK ENOUGH TO CATCH HER. GOOD PARENTS BUT NOT QUICK ENOUGH."

Debra Edin, President,
Metis Heritage Corporation, Melfort

In Saskatchewan, the disparity in housing conditions between non-Aboriginal and Aboriginal peoples is even greater. In 1991, 37,000 families or 11 per cent of all Saskatchewan families were in core housing need.⁵ In comparison, 70 per cent of Aboriginal households on-reserve were below housing standards. Forty-six per cent of Aboriginal families living off-reserve were below housing standards.⁶

Metis people in Canada are in core housing need at about the same rate as other Aboriginal households.⁷

The Housing Crisis among Aboriginal Lone Parent families

Among lone parent families, low income and housing need are the norm. In Canada in 1991, 51 per cent of Aboriginal lone parent households spent 30 per cent or more of their income for shelter, compared to 10 per cent of all Canadians.

Twenty-two percent of Aboriginal lone parent households suffered from over-crowding while at the same time, many of these households spent 30 per cent or more of their income on housing. These households are prepared to accept the overcrowding resulting from sharing accommodation to afford housing.⁸

The state of repair of housing was inadequate for 16 per cent of Aboriginal lone parent households, compared to only 1 per cent of all Canadian households.

There is a larger proportion of off-reserve lone parent Aboriginal families in core housing need in Saskatchewan than in any other province or territory.⁹

In Saskatchewan in 1991, 72 per cent of off-reserve Aboriginal lone parent families were in core housing need.¹⁰ Women head the vast majority of Aboriginal lone parent families.

Younger lone parents living in urban areas are particularly vulnerable. The most serious off-reserve housing problems are found among young female Aboriginal lone parents living as renters in the urban areas of Winnipeg, Saskatoon, Prince Albert, North Battleford and Vancouver. Just over 80 per cent are living in core housing need.¹¹

1 1997 Annual Report of the Saskatchewan Tuberculosis Control Program.
2 Canadian Panel on Violence Against Women, *Changing the Landscape: Ending Violence - Achieving Equality*, Ottawa, 1993, Page 158.
3 Canadian Mortgage and Housing Corporation, *Research and Development Highlights*, Issue 27, August 1996, Page 2.
4 Canadian Mortgage and Housing Corporation, *Research and Development Highlights*, Issue 34, July 1997, Ottawa, Page 3.

5 Canada Mortgage and Housing Corporation (CMHC), *Core Housing Need in Canada*, 1991.
6 CMHC, *Research and Development Highlights*, Issue 27, August 1996, Page 3.
7 CMHC, *Research and Development Highlights*, Issue 36, July 1997, Page 1.
8 CMHC, *Research and Development Highlights*, Issue 34, July 1997, Ottawa, Page 3.

9 CMHC, *Research and Development Highlights*, Issue 34, July 1997, Page 2.
10 CMHC, *Research and Development Highlights*, Issue 34, July 1997, Page 2.
11 CMHC, *Research and Development Highlights*, Issue 34, July 1997, Page 3.

To Conclude:

- Aboriginal families, especially those living on reserves, are more likely to be in housing need.
- There is a larger proportion of off-reserve lone parent Aboriginal families in core housing need in Saskatchewan than in any other province or territory.
- Experts are coming to believe that crowded housing conditions aggravate the problem of physical and sexual abuse.

families

The inner circle is where everybody begins as daughter, son, granddaughter or grandson. In the first outward ring we are the sister or brother. As the rings move progressively outward, we are the niece/nephew; cousin; friend; wife/husband; and finally we are the mother/father.

At one time there was no word that described orphan or the concept of foster care. When a child was without parents, individuals in the outer rings became the parents.

Every child, when they reached a certain age spent time with the Elders to learn their wisdom.

The color orange represents how we all need a sense of balance, choice, success and responsibility throughout our lives.



families

Marital Status

There are vast differences in the legal marital status of non-Aboriginal and Aboriginal women.

In Saskatchewan in 1996, twice as many Aboriginal women had never been married compared to non-Aboriginal women. Fifty-five per cent of First Nations women and 49 per cent of Metis women over the age of 15 years had never been legally married, compared to 24 per cent of non-Aboriginal women.

When they do marry, Metis and off-reserve women are the most likely to divorce. In 1996, nine per cent of women in both these groups were divorced. On-reserve First Nations women, with a four per cent divorce rate, are the least likely to get divorced, while non-Aboriginal women experience a six per cent divorce rate.

Off-reserve First Nations women are the most likely to be separated, with an eight per cent separation rate, followed by Metis women at five per cent, on-reserve women at four per cent and non-Aboriginal women at just over two per cent.

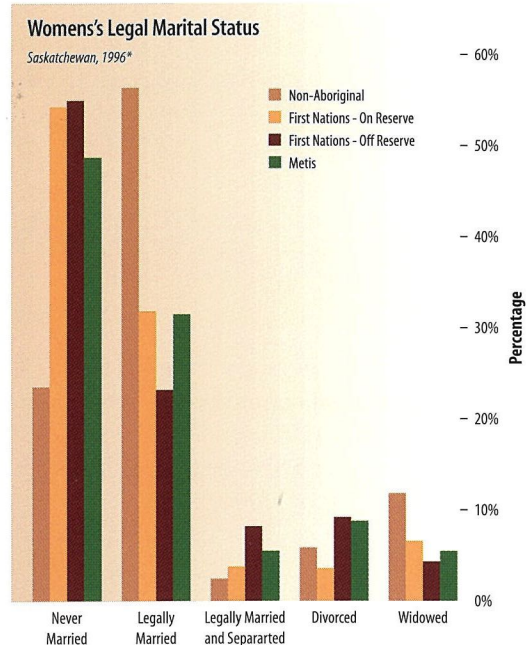
Children

First Nations women have an average of 50 per cent more children than other Saskatchewan women. In 1997 in Saskatchewan, First Nations women had an average of almost three children, compared to two for other women.¹

Aboriginal women are more likely to have children living with them. In Saskatchewan in 1996, 56 per cent of Aboriginal women 15 years and older living in private households lived with children. This compares to 40 per cent of non-Aboriginal women.²

Lone Parent families

Aboriginal families are much more likely to be headed by a lone parent. In Canada in 1996, almost one-third of Aboriginal children under the age of 15 lived with a lone-parent. This figure is twice the rate within the general population.³



* Population 15 years and over
Source: Statistics Canada, 1996 Census of Canada, Custom Tabulation - 20% Sample Data.

VOICES OF THE WOMEN

"THE WOMEN OF LA LOCHE ARE PROUD AND I AM PROUD OF THEM. IT'S VERY STRESSFUL WHEN YOUR COMMON-LAW OR YOUR BOYFRIEND ISN'T ACCEPTING HIS RESPONSIBILITIES AS A FATHER. IT'S ALWAYS LEFT UP TO THE WOMEN TO MEET THE NEEDS OF THE CHILDREN. BUT I TELL THE WOMEN WE HAVE TO BE STRONG. IT IS IMPORTANT TO FOCUS ON SELF AND BUILDING SELF-ESTEEM, BECAUSE WE HAVE WOMEN OUT THERE WHO DON'T FEEL GOOD ABOUT THEMSELVES AND THAT IS PASSED ON TO THEIR CHILDREN."

Ida Lemaigre, Community Justice Co-ordinator,
Community Development Corporation, La Loche

In Regina and Saskatoon, about half of all Aboriginal children live with a single parent. About 30 per cent of all children in lone-parent families in these cities are Aboriginal children.⁴

Since families headed by lone parents experience high poverty rates, most of these families are likely to be living below the poverty line. In Canada in 1996, nine out of 10 families headed by young single mothers under 25 were poor.⁵

Living Arrangements

Living with relatives is four times as common for Aboriginal women as it is for their non-Aboriginal counterparts.

In 1996 in Saskatchewan, eight per cent of Aboriginal females, compared with two per cent of non-Aboriginal females, lived with relatives. Conversely, three times as many non-Aboriginal females lived alone - 12 per cent as compared to four per cent of Aboriginal females.

Aboriginal females were also more likely to live with non-relatives in comparison to non-Aboriginal females, although this living arrangement pertained to only three per cent of Aboriginal women and two per cent of non-Aboriginal women.

Aboriginal seniors are much more likely to live with relatives than are their non-Aboriginal counterparts. Twenty-two per cent of Aboriginal senior women live with relatives. On the other hand, only four per cent of non-Aboriginal female seniors live with family members. Twenty-six per cent of Aboriginal senior women report living alone, compared to 45 per cent of non-Aboriginal women.

On-reserve First Nations senior women are six times as likely to live with relatives as non-Aboriginal women - 30 per cent live with relatives. Only 17 per cent live on their own.⁶

In Canada in 1996, about 11 per cent of Aboriginal children and youth under 15 years of age did not live with their parents.⁷

Mobility

Aboriginal females in Saskatchewan are much more likely than non-Aboriginal females to move their place of residence.

Well over half (58 per cent) of Aboriginal females relocated between 1991 and 1996, compared to 37 per cent of non-Aboriginal females. For off-reserve First Nations women, the situation is more extreme. Only 27 per cent of them maintained the same residence between 1991 to 1996.

When a one year period is considered, Aboriginal women are shown to be more than twice as likely to move than non-Aboriginal women. Almost one-third of Aboriginal women moved between 1995 and 1996, compared to just 14 per cent of non-Aboriginal women. Again, in the case of off-reserve First Nations women, the tendency to move is even greater, with 41 per cent changing their place of residence between 1995 and 1996.

VOICES OF THE WOMEN

"MANY WOMEN ARE RAISING THEIR GRANDCHILDREN. IT'S PART OF THE CULTURE - THAT'S WHAT YOU DO. THEY TAKE PRIDE IN IT AND IT'S NOT A BURDEN ON THEM. THEY DON'T COMPLAIN ABOUT IT. THE MOTHERS ARE DOING THEIR OWN THING, GETTING THEIR ACT TOGETHER, GROWING UP."

Marlene Hawes, Office Manager,
Fort Qu'Appelle Friendship Center

Females' Movement of Residence in Past Five Years

	Non-Aboriginal Females Number	Percent	Aboriginal Females Number	Percent
Non-movers	259,465	63%	20,015	42%
Movers	151,095	37%	27,870	58%

* Population 5 years and over
Source: Statistics Canada, 1996 Census of Canada, Custom Tabulation - 20% sample data.

Females' Movement of Residence in Past Year

	Non-Aboriginal Females Number	Percent	Aboriginal Females Number	Percent
Non-movers	371,760	86%	37,990	70%
Movers	60,290	14%	16,235	30%

* Population 1 year and over
Source: Statistics Canada, 1996 Census of Canada, Custom Tabulation - 20% sample data.

VOICES OF THE WOMEN

"WHEN THINGS GOT BAD, I MOVED SOMEWHERE ELSE. I MOVED RIGHT ACROSS THE COUNTRY AND THEN HE'D COME FIND ME. THE VIOLENCE I GUESS HAD A LOT TO DO WITH THE MOVING."

Theresa Lamigan, Aboriginal Women's
Council of Saskatchewan, Prince Albert

1 Saskatchewan Vital Statistics, SQL Server Data Base. Includes reported total number of children live born plus the total number of children stillborn on birth registrations.
2 Statistics Canada, 1996 Census, Custom Tabulation, 20% sample data.
3 Statistics Canada, 1996 Census: Aboriginal data, The Daily, January 13, 1998, Page 2. (www.statcan.ca/Daily/English/980113/d980113.htm)

4 Statistics Canada, 1996 Census: Aboriginal data, The Daily, January 13, 1998, Page 8. (www.statcan.ca/Daily/English/980113/d980113.htm)
5 National Council of Welfare, Poverty Profile 1996, Spring 1998, Page 36.
6 Statistics Canada, 1996 Census: Special Tabulation, 20% sample.
7 Statistics Canada, 1996 Census: Aboriginal data, The Daily, January 13, 1998, Page 8. (www.statcan.ca/Daily/English/980113/d980113.htm)

Aboriginal Children in Care⁸

The effects of residential schools, as well as unemployment and poverty, have taken their toll on Aboriginal people and their ability to cope as parents.

While Aboriginal children under 15 years of age accounted for only 20 per cent of all children in Saskatchewan in 1996, in 1997 they made up nearly two-thirds of all children in care.⁹

Unpaid Work

Aboriginal women are more likely than their non-Aboriginal counterparts to spend substantial amounts of time caring for both children and seniors.

Caring for Children

Women who spend 60 or more hours per week in unpaid child care:

- 38 per cent of on-reserve First Nations women
- 29 per cent of off-reserve First Nations women
- 24 per cent of Metis women
- 12 per cent of non-Aboriginal women.

Caring for Seniors

At 14 per cent, on-reserve First Nations women spend the most time caring for elders without compensation. Only three per cent of non-Aboriginal women spend 10 or more hours per week on unpaid elder/senior care. Four per cent of off-reserve First Nations women care for seniors for 10 or more hours, while eight per cent of Metis women are in the same category.

Although there may be limited employment opportunities for on-reserve First Nations women, they are nevertheless spending a significant amount of time in unpaid labour.¹⁰

To Conclude:

- Aboriginal families are much more likely to be headed by lone parents.
- Living with relatives is much more common for Aboriginal women than non-Aboriginal women.
- Aboriginal women in Saskatchewan are much more likely to move their place of residence.
- More than two-thirds of all children in care in Saskatchewan are Aboriginal children.
- Aboriginal women, especially First Nations women living on-reserve, are much more likely to spend substantial amounts of time caring for children and seniors.

VOICES OF THE WOMEN

"WE'VE DONE A LOT OF HARD WORK AND MADE SOME DIFFERENCES IN THE COMMUNITY. WE HAVE RUN A LOT OF PROGRAMS ON PARENTING AND LIFESKILLS AND WE'VE PARTNERED WITH THE CUMBERLAND REGIONAL COLLEGE FOR CULTURAL WORKSHOPS."

Debra Edin, President, Metis Heritage Corporation, Melfort

Violence



Like her daughters, so too had Spirit Woman's sons lost their place in the Medicine Wheel. The unity of man and woman had been split by a closed fist.

The symbol of the bear paw has long represented the concept of protector and provider – in this case, protecting the unity of man and woman.

The bear itself teaches us to go within ourselves. It asks us to look at our lives, at all aspects and at all costs, to find the truth that lies within.

The color blue represents truth, healing, depth, faithfulness and understanding, while the red color means strength, nurture, beginnings and accountability.

⁸ Here "care" refers to children who fall under the care of the Minister of Social Services, under the terms of Section 11 of *The Child and Family Services Act*.
⁹ Saskatchewan Social Services, May, 1998.
¹⁰ Statistics Canada, 1996 Census, Special Tabulation, 20 % sample.

Violence

There is mounting evidence to suggest that Aboriginal women and their children are more likely to experience violence and abuse in their lives than are other Canadian women. The causes of violence are many and varied; they include poverty, alcohol and drug addictions, geographic and social isolation, as well as racism. Many Aboriginal families and communities are caught in the grip of an intergenerational cycle of violence.

The Extent of Violence

Eight out of 10 Aboriginal women are abused, according to a 1989 regional study by the Ontario Native Women's Association.¹ Many believe that these findings would be replicated in Aboriginal communities across the country.

In her 1993 report for the Royal Commission on Aboriginal Peoples, Professor Emma LaRocque underlines the relevance of this data: "While this study focussed on Northern Ontario, it is statistically representative of other communities across the country. There is growing documentation that Aboriginal female adults, adolescents and children are experiencing abuse, battering and/or sexual assault to a staggering degree."²

An indication that Aboriginal women experience high levels of violence is evidenced by their use of battered women's shelters. In Saskatchewan, Aboriginal women are five times more likely to use a shelter than are non-Aboriginal women.

According to a 1995 study by Saskatchewan Social Services:

- At least 57 per cent of the women who use shelters are of Aboriginal ancestry, yet they are only 11 per cent of the total female population.
- First Nations women account for 45 per cent of all shelter clients, yet they make up less than eight per cent of the female population.
- Nine per cent of clients were of Metis origin, while Metis women comprise only four per cent of the female population in the province.
- Shelter users tend to be young Aboriginal women with one or more children who are already involved with the Department of Social Services in some way, the most common type of involvement being with the Social Assistance Plan (SAP).³

VOICES OF THE WOMEN

"VIOLENCE IS TIED DIRECTLY TO THE SOCIAL PROBLEMS IN THE COMMUNITIES—THE SOCIAL PROBLEMS THAT ARE ATTACHED TO POVERTY, FOR INSTANCE. ALCOHOLISM, DRUG ABUSE— I THINK IT'S SAFE TO SAY IN MOST OF THOSE CASES, THE VIOLENCE IS INITIATED BECAUSE OF THOSE ADDICTIONS."

Diedre Desmarais, Registrar, Saskatchewan Indian Federated College, Regina

The Contributing factors

There are many complex and interconnected factors which contribute to the high levels of violence in Aboriginal communities. A 1991 study by the Indian and Inuit Nurses of Canada identifies three leading factors which are linked to family violence:

- alcohol and substance abuse
- economic problems
- violence as a learned behavior that has been passed down for two or three generations.

According to the study, other related factors that contribute to violence include:

- residential school upbringing
- loss of traditional values
- overcrowded housing
- low self-esteem.

Violence in the home typically has far-reaching repercussions. Approximately 40 per cent of the people surveyed in the Indian and Inuit Nurses of Canada study identified all family members as suffering from abuse. The report makes the argument that widespread abuse often continues until the entire community decides to confront and eradicate the problem from within.⁴

There is mounting evidence which suggests that children who witness spouse abuse are more likely to have "more behavioral problems and lower social competence; boys tend to externalize and be more aggressive including the commission of offences as adolescents, while girls tend more towards depression." Both boys and girls have "lower self esteem and higher anxiety, as evidenced by sleep disturbance and nightmares." They are also more likely to "[become] involved in abusive situations as adults—boys as abusive partners and girls as abused women."⁵

Victims of family violence and sexual abuse are often afraid to discuss their abuse "...if it involves a prominent family or community member. For example, in B.C., the Beyond Violence report by Helping Spirit Lodge indicates that 67 per cent of the respondents state that people are discouraged from receiving medical treatment because of reprisals from the abuser or the abuser's family."⁶

Aboriginal women are often reluctant to charge their abuser, sometimes for fear of retribution, but often because they care for the individual and do not want to see him incarcerated.

Aboriginal people in Saskatchewan may be reluctant to deal with violence issues through the justice system, according to a 1996 consultation report by Victim's Services, Saskatchewan Justice. Participants suggested that many family violence and sexual assault crimes are not reported. One estimate placed the percentage of unreported crimes at 60 to 70 per cent. The reasons given for this include mistrust of the criminal justice system, fear of harassment by the community and family members, feelings of shame and isolation and lack of support systems.⁷

"It is estimated that the combination of substance abuse and family violence is far higher in native communities, 85 per cent to 95 per cent."⁸

Tlaz'ten Nations

Report to the Royal Commission on Health Care and Costs

VOICES OF THE WOMEN

"(THE YOUNG PEOPLE IN THE GRANDMOTHERS AND YOUTH VIOLENCE PREVENTION EDUCATION PROJECT) ARE LEARNING THAT THEY ARE NOT ALONE. THAT THERE IS ANOTHER WAY OUT. THEY'VE SEEN THE GRANDMOTHERS SURVIVE AND MAKE IT. THE GRANDMOTHERS ARE SAYING, WE HAVE WALKED THROUGH MANY YEARS OF SORROW, AND WE DON'T WANT YOU TO DO THE SAME THING. THERE IS A DIFFERENT WAY. THERE ARE PEOPLE WHO CAN HELP YOU."

Germaine Coates, Community Coordinator, Grandmothers and Youth Violence Prevention Education Project, Fort Qu'Appelle

VOICES OF THE WOMEN

"THERE SEEMS TO BE MORE ACCEPTANCE OF DEVELOPING SOME COMMUNITY HEALING PROCESSES AS OPPOSED TO FAMILY VIOLENCE PROJECTS. ONE OF THE THINGS WE HAVE REALLY LOBBIED FOR IS THE GOVERNMENT NOT TO STOVE PIPE THESE APPROACHES—THIS IS FAMILY VIOLENCE, THIS IS DAY CARE, THIS IS SOMETHING ELSE. WE ARE REALLY TRYING TO HAVE A BLENDING AND A CO-ORDINATION PROCESS HAPPENING AT THE COMMUNITY LEVEL."

Alma Favel-King, Executive Director, Health and Social Development Commission, Federation of Saskatchewan Indian Nations, Saskatoon

¹ Cited in Final Report of the Canadian Panel on Violence Against Women Changing the Landscape: Ending Violence ~ Achieving Equality, Minister of Supply and Services Canada, 1993, Page 156.

² LaRocque, Emma. *Violence in Aboriginal Communities*. National Clearinghouse on Family Violence, Health Canada, March, 1994 Page 72.

³ Saskatchewan Social Services. *Saskatchewan Shelter Clients and Their Use of Shelter Resources - 1993-94*. September 1995. These figures underestimate the number of shelter clients with Aboriginal ancestry. Regina Native Women's Shelter was not included in the study and is known to have a client population which is almost exclusively Aboriginal.

⁴ Sharlene Frank. *Family Violence in Aboriginal Communities: A First Nations Report*. March, 1992. Page 6.

⁵ Status of Women Canada. *Spousal Violence in Custody and Access Disputes: Recommendations for Reform*. March 1998. Pages 11-12.

⁶ Sharlene Frank. *Family Violence in Aboriginal Communities: A First Nations Report*. March, 1992. Page 18.

⁷ Victim Services, Saskatchewan Justice. *Victim Services Program 1996 Consultations Report: Seeking Community Input on Aboriginal Victimization*. December 1996. Page 9.

⁸ Cited in Sharlene Frank. *Family Violence in Aboriginal Communities: A First Nations Report*. March 1992. Page 6.

To Conclude:

- Aboriginal women and their families are more likely to experience violence and abuse in their lives.
- Factors which contribute to violence in Aboriginal communities include alcohol and substance abuse, poverty and learned patterns of behavior.

“Aboriginal women and their children suffer tremendously as victims in contemporary society. They are victims of racism, of sexism and of unconscionable levels of domestic violence. The justice system has done little to protect them from any of these assaults.”⁹

Report of the Aboriginal Justice Inquiry of Manitoba, 1991

“Metis women, like their First Nations sisters from reserves, have suffered enormously and silently from violence, including rape and child sexual abuse.”¹⁰

Emma LaRocque

Health



A small bag was often worn around the neck. It contained an individual's personal "medicine". The Medicine Bag acted as a link between the person and the spiritual world. This Medicine was not just a symbol; its loss or destruction meant spiritual death.

In today's terms, the symbol of the Medicine Bag represents how each of us must be responsible for our own health and growth in all forms.

⁹ Cited in Sharlene Frank, *Family Violence in Aboriginal Communities: A First Nations Report*, March, 1992, Page 15.

¹⁰ Cited in LaRocque, Emma, *Violence in Aboriginal Communities*, National Clearinghouse on Family Violence, Health Canada, March 1994, Page 72.

Health

As discussed in the Introduction, the determinants of health that affect our well-being include a range of social and economic conditions. Low income and social status as well as exposure to violence are among the factors that need to be considered in relation to the health status of Aboriginal women.

"Studies have shown that health differences are reduced when economic and status differences between people, based on things such as culture, race, age, gender and disability, are reduced."¹

Life Expectancy

The difference in health status between First Nations² women and other women is shown in life expectancy rates. In 1990, the average life expectancy at birth was 74 years for First Nations women in Canada, compared to 81 years for all Canadian women. In 1975, the average life expectancy of all Canadian women was 77, while the life expectancy for First Nations women in Canada was 66 years.³

Infant Mortality

One cause of shorter life expectancy for First Nations people has been a much higher infant mortality rate. Infant mortality was higher for First Nations peoples in Canada in 1990 – 12.2 deaths per thousand live births, compared to 6.8 deaths per thousand live births for all Canadians. The infant mortality rate for Canadian First Nations has improved significantly from 39 deaths per thousand in 1975.⁴

Hospitalization Rates

Hospitalization rates are a rough indicator of health status. Comparisons between First Nations women and other Saskatchewan women show that First Nations women were more than twice as likely to be hospitalized in Saskatchewan in 1996-97. This pattern held across all age groups. However, the length of time First Nations women spent in hospital was shorter – on average, 3.9 days per hospital visit compared to 5.3 days for other Saskatchewan women.⁶

Reasons for Hospitalization

First Nations females, regardless of age, were more likely to be hospitalized than other Saskatchewan women for the following causes:

- 24 times more likely to be hospitalized for homicide and injury purposefully inflicted by other persons
- 12 times more likely to be hospitalized because of tuberculosis
- 12 times more likely to be hospitalized because of alcoholic psychoses
- 10 times more likely to be hospitalized because of alcoholic dependence syndrome
- eight times more likely to be hospitalized because of ear infections
- seven times more likely to be hospitalized for suicide and self-inflicted injury
- six times more likely to be hospitalized for poisoning by drugs or other substances
- five times more likely to be hospitalized for pneumonia

VOICES OF THE WOMEN

"ABORIGINAL WOMEN'S HEALTH IS VERY POOR. THEY ARE IN HOSPITAL ALL THE TIME. I THINK A LOT OF IT IS STRESS RELATED, BECAUSE WHEN THEY LAND IN THE HOSPITAL, THERE IS ALWAYS AN INCIDENT SURROUNDING IT."

*Marlene Hawes, Office Manager,
Fort Qu'Appelle Friendship Centre*

- five times more likely to be hospitalized for kidney infections
- five times more likely to be hospitalized because of diabetes mellitus
- four times more likely to be hospitalized for normal childbirth delivery
- three times more likely to be hospitalized for motor vehicle traffic accidents.

Pregnancy and Childbirth

In 1997, there were 12,729 live births to Saskatchewan women, including 1,959 babies borne by First Nations women.⁷

In 1996-97 in Saskatchewan, about 27 per cent of First Nations female hospital visits were directly related to pregnancy and childbirth, including normal deliveries and those where there were complications. This compares to 19 per cent for other Saskatchewan women.⁸

The greater portion of hospital visits related to childbirth reflects the fact that a greater portion of First Nations women, in comparison to other Saskatchewan women, are of child-bearing age and that First Nations women, on average, have more children.

A study of Saskatchewan women conducted in 1992-93 examined pregnancy and delivery rates for females between 15 and 44 years of age. It found that:

- northern First Nations women had 136 deliveries per thousand women
- other Northern women had 103 deliveries per thousand women
- southern First Nations women had 121 deliveries per thousand women
- southern non-First Nations rural women had 62 deliveries per thousand women
- urban, non-First Nations women had 60 deliveries per thousand women.⁹

Injuries and Poisoning

Injuries and poisoning are a major source of hospitalization for First Nations women.

A study of the health status of children and youth from 1989 to 1994 in Saskatchewan found that intentional injuries were a major cause of hospitalization for a number of young women.

For females aged 15 to 19, in cases where the cause of injury is unclear to the hospital, self-injury and assault in combination resulted in:

- 66 per cent of the hospitalizations of Northern females
- 54 per cent of the hospitalizations of First Nations females
- 42 per cent of the hospitalizations of urban non-First Nations females
- 18 per cent of the hospitalizations of rural non-First Nations females.¹⁰

First Nations women aged 35 to 44 were 10 times more likely to be hospitalized due to suicide and self-injury in 1996-97 than other Saskatchewan women.¹¹ "The suicide rate for Aboriginal girls is 8 times that of the national average for non-Aboriginal girls. Girls attempt suicide 4 to 5 times more often than do boys, but use less lethal means to do so. Girls are more likely to attempt suicide if they have experienced sexual assault and sexual harassment."¹²

Infections and Infectious Illnesses

First Nations females were more likely to be hospitalized for certain infections and infectious illnesses in 1996-97. For example, their rate of hospitalization was five times higher than that of other Saskatchewan females for pneumonia and kidney infections; and eight times higher for ear infections.

Higher rates of diarrheal diseases occur especially in Northern Saskatchewan, and are related to crowded housing conditions and lack of safe clean water for drinking and washing.¹³

¹ Saskatchewan Provincial Health Council. *Your Health, My Health, Our Health: Our Individual and Collective Responsibilities: A Discussion Paper on the Determinants of Health*. June 1996. Regina, Saskatchewan. Page 9.

² In this Chapter, as in the rest of this document, the term First Nations is used when data refers to persons who are Registered Indians under the Indian Act of Canada.

³ Nault, François et al. *Population Projections of Registered Indians 1991 – 2015*. Population Projections Section, Demography Division, Statistics Canada. February 1993. Table 2.2. Page 23.

⁴ Nault, François et al. *Population Projections of Registered Indians 1991 – 2015*. Population Projections Section, Demography Division, Statistics Canada. February 1993. Page 22-23.

⁵ Saskatchewan Health, Corporate Information and Technology Branch, Information Products Group. January 1999. Unless otherwise noted, all hospitalization data are from the Saskatchewan Hospital Services Plan database. Data are for Registered Indian females. All hospitalization statistics in this report exclude separations from hospital due to death.

⁶ Saskatchewan Health, Corporate Information and Technology Branch, Information Products Group. January 1999.

⁷ Saskatchewan Health, Corporate Information and Technology Branch, Information Products Group. January 1999.

⁸ Refers to Canadian List Diagnostic Code XI. "Complications of Pregnancy, Childbirth and Puerperium" (Puerperium is the period immediately after childbirth).

⁹ Stockdale, Donna; Irvine, James; Tan Leonard. "Childbirth Complications and Interventions Among Northern, First Nations and Other Saskatchewan Women, 1992/93." *Journal of the Society of Obstetricians and Gynaecologists of Canada*. Forthcoming, 1999. "Urban" is defined as a city or town with population over 5000.

¹⁰ Saskatchewan Institute on Prevention of Handicaps. *Child Injury in Saskatchewan: Injury Hospitalizations and Deaths 1989-1994*. Saskatoon. May 1996. Pages 79-91.

¹¹ Saskatchewan Health, CIB, Information Products Group. January 1999. Data are for Registered Indian females.

¹² The Alliance of Five Research Centres on Violence. February, 1999. *Violence Prevention and the Girl Child*. Page 7.

¹³ Mamawetan Churchill River Health District. Mamawetan Churchill River Health District Health Status Report. July 1, 1998. Page 16.

Tuberculosis

Tuberculosis (TB) is a preventable disease that is more likely to spread among people who live in poverty, have poor general health and live in crowded housing.

In Saskatchewan from 1995 to 1997, the average number of new tuberculosis cases per year was 122, which translates to 12 new cases per 100,000 people. Higher rates of new cases per 100,000 people were found among Aboriginal peoples in Saskatchewan:

- 98 among First Nations people
- 89 among Metis people
- 50 among Asiatic people
- one among Caucasians.¹⁴

About two-thirds of First Nations people with new cases of TB were under age 20, in comparison to just 18 per cent of the non-First Nations people.¹⁵

Diabetes

Aboriginal women are more likely to have diabetes than non-Aboriginal women. First Nations women aged 55 to 64 were 24 times more likely to be hospitalized because of diabetes in 1996-97 than other Saskatchewan women.¹⁶

A study published in 1993 indicated that if current trends continued, one in five Aboriginal Canadians would be diagnosed with diabetes by 2000.¹⁷

When left untreated, diabetes often leads to serious complications including blindness, amputations, cardiovascular disease and kidney disease.

Disabilities

In Canada in 1991, 31 per cent of Aboriginal adults had a disability compared to 13 per cent of the general Canadian population. For 15 to 24-year-olds, the Aboriginal disability rate in 1991 was more than three times higher than the rate for similarly aged Canadians – 22 per cent compared to seven per cent.

A study that examined Canadian data noted that the higher disability rates among Aboriginal people could be partly explained by higher rates of health problems in general. The higher rates for Aboriginal youth were not found to be surprising considering their higher rates of illness and death from injuries, violence and suicide. Among Aboriginal Canadians, injuries were most often cited as the underlying cause of disability, followed by aging and congenital factors.

Aboriginal women were slightly more likely to have a disability than Aboriginal men – 33 per cent compared to 30 per cent, according to the Canadian data.¹⁸

In 1991 in Saskatchewan, 16,070 or one-third of Aboriginal adults reported having a disability. Based on a level of disability scale used in the 1991 Aboriginal Peoples Survey, a mild disability was reported by 22 percent of Aboriginal adults; six per cent reported a moderate disability; and four per cent stated they had a severe disability.

The disability rate rose dramatically with age, from 23 per cent for those 15-24 years to 69 per cent for Saskatchewan Aboriginal adults 55 years or older.¹⁹

VOICES OF THE WOMEN

“DIABETES IS A REAL KILLER. THERE ARE A LOT OF METIS AND FIRST NATIONS PEOPLE WHO SUFFER FROM IT. DIET IS IMPORTANT. TRADITIONALLY IT WAS A LOT OF MEAT AND A FEW BERRIES AND WHATEVER, SO THE DIETS HAVE CHANGED SUBSTANTIALLY. YOU THROW IN THE THE LOW INCOMES AND THE POVERTY AND IT'S TOO MUCH NOODLES AND CHIPS AND THAT SORT OF THING.”

Debra Edin, President, Metis Heritage Corporation, Melfort

Smoking

Almost half of Aboriginal adults in Saskatchewan smoked on a daily basis, compared to about one-quarter of the general population in the province.²⁰ There appears to be slight differences between the smoking patterns of Aboriginal men and women. Older women are slightly more likely to be light smokers or to have never smoked.²¹

People with lower incomes, less formal education and lower levels of literacy are more likely to be smokers than more educated, higher income individuals. Unemployed people have the highest prevalence of smoking.²²

While smoking is decreasing among the general population, it is on the rise among Aboriginal people, according to a 1998 study by the Assembly of First Nations. The highest levels of smoking are among the largest proportion of the population — those under 40. Almost three out of four Aboriginal people between 20 and 24 smoke.²³

Lung cancer has been identified as an important concern in Northern Saskatchewan, where rates of lung cancer are higher than the Saskatchewan average.²⁴

Alcohol Use

About 49 per cent of Aboriginal people in Regina report drinking alcohol more than once a month, compared to 51 per cent of the general Saskatchewan population.²⁵ Eighteen per cent of Aboriginal people in 1991 reported not drinking alcohol within the past year. Sixteen percent had never drank alcohol.²⁶

First Nations communities were more likely to perceive alcohol abuse as a problem in their community than either Metis or Inuit groups. Over 70 per cent of Indian groups on-reserve and off-reserve reported alcohol abuse as a problem, compared to 50 per cent of Metis and 60 per cent of Inuit groups.²⁷

A 1985 study commissioned by the Federation of Saskatchewan Indian Nations reported that 26 per cent of adult First Nations women abused alcohol.²⁸

Fetal Alcohol Syndrome

It would appear that a disproportionate number of individuals with fetal alcohol syndrome (FAS) are Aboriginal.

FAS describes a specific pattern of birth defects which affects intellectual functioning in terms of either a borderline IQ or retardation; behavioral and psychological problems, including attention deficit disorder and/or hyperactivity and educational status requiring special schooling.

A 1996 study conducted by a psychologist at the Royal University Hospital in Saskatoon, Saskatchewan, attempted to identify all known cases of FAS in the province from 1992-94. Of the 207 cases, 86 per cent were Aboriginal.²⁹

Royal University Hospital psychologist Josephine Nanson pointed out that:

“We have 207 we can identify (with full-blown FAS). We're talking about more than a \$300 million cost to our society, and those are just the ones we've identified.”...an American study pegged the cost of treating those with FAS at about \$1.5 million per case... “We're talking about a disorder that's very common in this province. It affects a large number of individuals and most that we've identified are under 25. They're young people and there are at least 1,000. Probably more.”³⁰

20 United Way of Regina, City of Regina, Council on Social Development Regina Inc. *Focusing on People – a social and demographic profile of the Regina community*, 1994 Edition, Page 64. The Regina Census Metropolitan Area, as defined in the Census.

21 Canadian Centre on Substance Abuse. *Canadian Centre on Substance Abuse 1997 Canadian Profile*, Pages 140-141.

22 Canadian Centre on Substance Abuse. *Canadian Centre on Substance Abuse 1997 Canadian Profile*, Page 66 ff.

23 Saskatoon Star Phoenix, March 3, 1998, Page 1. Based on the summary of the National Reports from the First Nations and Inuit Regional Longitudinal Health Surveys, Assembly of First Nations, Ottawa, March 1998. Regional data to be released at a future date.

24 Mamawetan Churchill River Health District. *Mamawetan Churchill River Health District Health Status Report*, July 1, 1998, Page 34.

25 United Way of Regina, City of Regina, Council on Social Development Regina Inc. *Focusing on People – a social and demographic profile of the Regina community*, 1994 Edition, Page 63.

26 Statistics Canada. *Language, Tradition, Health, Lifestyle and Social Issues: 1991 Aboriginal Peoples Survey Catalogue 89-533, Table 4.1*, Pages 110-111.

27 Canadian Centre on Substance Abuse. *Canadian Profile: Alcohol, Tobacco & Other Drugs 1997*, Chapter 5: Indigenous Canadians. (Statistics originally from Aboriginal People's Survey - Smoking Among Aboriginal People in Canada, 1991.) Page 145.

28 Cited in Habbick, Brian, et al. “Foetal Alcohol Syndrome in Saskatchewan: Unchanged Incidence in a 20-year Period”, *Canadian Journal of Public Health*, Volume 85, Number 3, May-June 1996, Page 206. (The study was done by WMC Research Associates (Sask) Ltd. Its title is: *Alcohol and Drug Abuse Among Treaty Indians in Saskatchewan: Needs Assessment and Recommendations*. Health and Social Development Committee, Federation of Saskatchewan Indian Nations, 1984.)

29 Cited in Habbick, Brian, et al. “Foetal Alcohol Syndrome in Saskatchewan: Unchanged Incidence in a 20-year Period”, *Canadian Journal of Public Health*, Volume 85, Number 3, May-June 1996, Pages 204-207, Results: page 205.

30 Zakreski, Dan. “Fetal alcohol syndrome linked to crime”, *Saskatoon Star Phoenix*, March 10, 1998, Page A-1.

14 Calculations are based on the following reports from the Tuberculosis Control Program. *Tuberculosis Control Program Annual Report, 1995, 1996 and 1997*. Tuberculosis Services, University of Saskatchewan, Saskatoon, Saskatchewan, Table 1 in all reports. First Nations and Saskatchewan total rates based on SHSP population data, rates for Metis and Asiatic peoples use Census population estimates.

15 Tuberculosis Control Program, Tuberculosis Services, University of Saskatchewan. *Tuberculosis Control Program 1997 Annual Report*. Saskatoon, Saskatchewan, July 1998, Table 3.

16 Saskatchewan Health, CITB, Information Products Group, August 1998. Data are for Registered Indian females.

17 Cited in Eagle Feather News. “Communities Confronting Diabetes”, May 1998, Page 24.

18 Statistics Canada. *Health Reports*, Summer 1996, Vol. 8, No. 1 “Disability among Canada's Aboriginal Peoples in 1991”, Pages 25-27.

19 Statistics Canada. *1 - Disability, 2 - Housing: 1991 Aboriginal Peoples Survey*, Catalogue 89-535, Table 1.1 “Persons with Disabilities Among the Adult (15+) Population Reporting Aboriginal Identity for Canada, Provinces and Territories, 1991”, Pages 2-3.

The number of people with FAS has implications for not only the education and health system, but also the justice system. Many who have this condition face difficulty in learning from experience, and have poor judgment, poor cause and effect reasoning and a lack of awareness of the consequences of behavior. Those with partial FAS may not have the physical abnormalities, but display the same behavioral and psychological problems.

A Saskatchewan Legal Aid Commission lawyer, Kearny Healy, stated:

"...The criminal justice system is based on the premise that people understand there are rules, why they have to be obeyed, and if they aren't obeyed then society has the right to come up with any number of options... All of those things are irrelevant to these kids. It's got nothing to do with good or bad – they just don't see it the same way."³¹

Injection Drug Use

Aboriginal clients made up 60 per cent of current injection drug users in Saskatchewan Health treatment centres in 1995-96. Of the total number of clients in alcohol and drug treatment in 1995-96, 47 per cent were Aboriginal. Sixty-three per cent of new users and 56 per cent of chronic users were Aboriginal.

There is little difference in the numbers of Aboriginal men and women who are drug injecting clients. However, the ratio of men to women was three to one among non-Aboriginal current drug injecting clients.

People who use injection drugs illegally are at high risk from contracting HIV/AIDS from contaminated needles and other equipment. The risk to their sexual partners is substantial. The drug users also suffer from other side effects, especially if drugs intended for oral administration are injected, such as Talwin and Ritalin.³²

HIV/AIDS

There has been a rapid increase in the number of Aboriginal people with HIV. In Saskatchewan in 1997, Aboriginal people made up almost half (48 per cent) of new HIV cases. This is a dramatic increase from 1993, when only 11 per cent of HIV victims were Aboriginal.³³

Aboriginal women are two-and-a-half times more likely than non-Aboriginal women to contract HIV. In Saskatchewan between 1993 and 1997, 47 per cent of the Aboriginal HIV cases reported were women. Among non-Aboriginal people, 18 per cent of the cases were women.

In 1997, the majority of HIV cases in the Aboriginal community in Saskatchewan resulted from injection drug use – 72 per cent compared to 30 per cent in the non-Aboriginal community.³⁴

To Conclude:

- Aboriginal women experience poor health outcomes to a much greater extent than non-Aboriginal women. Their life spans are shorter; they are more likely to be disabled; they are hospitalized more frequently.
- Aboriginal women are more likely than non-Aboriginal women to smoke, to be in treatment for drug and alcohol addiction, and to contract HIV.
- The poor health status of Aboriginal women is linked to other factors such as poverty and unemployment, lower social status, instability and violence in their families and communities, and inadequate housing and living conditions.
- Improvements in the determinants of health should lead to better well-being for Aboriginal women.

³¹ Zakreski, Dan. "Fetal alcohol syndrome linked to crime." *Saskatoon Star Phoenix*, March 10, 1998, Page A-1.

³² Saskatchewan Health. "Fact Sheet: Alcohol and Drug Centre Client Profile and Injection Drug Users in Treatment," Regina, February 1998.

³³ Leader Post. "Campaign focuses on aboriginal HIV increase." January 20, 1999, Page A6.

³⁴ Health Canada, First Nations/Medical Services Branch. *Saskatchewan HIV/AIDS Information*, December 1997, Page 1.

And Spirit Woman looked into the eyes of her daughters and reminded them of what was said long ago...



We are the keepers of that seventh generation, and it is time again, for us to find our place in the Medicine Wheel.

The colour burgundy represents impeccable, great, grand, mystery, the path.



Dear Friend:

The Saskatchewan Women's Secretariat is pleased to send you a copy of *Profile of Aboriginal Women in Saskatchewan*. This report was developed in response to a need expressed by Aboriginal women's groups, and provides a comprehensive look at the economic and social status of First Nations and Métis women in Saskatchewan.

Profile of Aboriginal Women in Saskatchewan uses gender as well as the population health approach to reflect the reality of Saskatchewan Aboriginal women. Demographically, the number of Aboriginal youth is increasing at a rate much higher than the non-Aboriginal population. Socially and economically, Aboriginal women typically experience lower incomes and education levels, poorer housing, health, and a higher incidence of violence in their lives.

Linda Anderson, a well-known Aboriginal artist who lives in Regina, created each illustration to complement the report and her interpretation of the story of "Spirit Woman". Both the narrative and each illustration have significant meaning in Aboriginal culture. Now these messages can be shared and enjoyed by all *Profile of Aboriginal Women in Saskatchewan* readers.

Interspersed in the text of the report are quotes selected from personal interviews conducted with a number of Aboriginal women who live and work in communities throughout Saskatchewan. These women speak about the undaunted strength, perseverance and spirit of First Nations and Métis women in their daily struggles. They also speak to the need for more support to ensure Saskatchewan's thriving communities as we turn the page on a new era.

Profile of Aboriginal Women in Saskatchewan allows organizations and government to use the information as a tool to help in making important decisions now and in the future. I hope you find this resource beneficial in helping to develop the policies, programs and services that will make a positive impact on the lives of Aboriginal people.

The Saskatchewan Women's Secretariat thanks the many people who contributed to the making of this *Profile of Aboriginal Women in Saskatchewan*. Should additional copies be required, please contact the Women's Secretariat at (306) 787-7401.

Sincerely,

A handwritten signature in black ink that reads "Joanne Crofford". The signature is written in a cursive, flowing style.

Joanne Crofford
Minister Responsible for
the Status of Women

WOMEN'S

S E C R E T A R I A T

Saskatchewan Women's Secretariat
7th Floor
1855 Victoria Avenue
Regina, Saskatchewan
S4P 3V5
Telephone: (306) 787-7401
Fax: (306) 787-2058
Website: www.womensec.gov.sk.ca

