

Colonialism is a project that situates itself between the various levels of the nation, the community, and the self: women's bodies have long been a site of some of the most internalised aspects of the imperial project. The Canadian government has resorted to the use of women's bodies to subordinate Indigenous peoples, most easily demonstrated through the use of legislation, such as the Indian Act, which enabled government policy to dictate what uses of the woman's body were tolerable within the framework of so-called 'Indian-ness'. What may be less apparent, however, is that women's bodies continue to be grounds on which struggles for self determination are being fought- self determination for the community, but also self determination for the *self*. The Inuit communities inhabiting Canada's Arctic provide an effective case study as to how neocolonialism, and its subtle practices of cultural imperialism, can be seen as manifest in women's bodies. Because of the significance of reproduction-both biological and cultural-for the imperial project, women's bodies and the practice of motherhood is in a way a very *natural* place to start. This research aims to provide a brief understanding of maternal health practices in the Canadian Arctic from the 1960s to the present, and analyses the success of local health centres at promoting culturally relevant maternal care, as well as preserving social cohesion among communities.

Eliminating the cultural roles of mothers impacts, and sometimes inhibits altogether, their ability to reproduce their own culture, clearing a path for the cultural imperialism of Western society to reproduce citizens to their own ideals. Since the establishment of permanent settlements and the imposition of a nuclear family organisation, the Canadian government has maintained a steady presence in the lives of the Inuit. Regardless of intention, the Canadian government spent the latter part of the twentieth century rupturing the bond between the individual Inuk and the wider community, especially where practices of childbirth are concerned. It can be said, for this

reason, that policy approaches to Inuit health care have been actively colonising the nature of motherhood for Inuit women, accomplished often by a removal of the birthing practices from the local community and placing them in the context of medical centres further south. Inuit communities have spent this same time fighting these government policies and demanding that practices of wellbeing, especially those as intimate as childbirth, be returned to the local community and extended beyond the nuclear family. Though they have experienced some challenges along the way, communities have begun implementing local midwife-led community health centres, specialising in maternal, perinatal, and sexual health, which have been successful at returning childbirth to the Inuit communities.

Following the Second World War, the Canadian government began steadily increasing its presence in the Canadian Arctic, often to the detriment of the original Inuit inhabitants of the land. Particularly since the 1960s, the Canadian government has repeatedly intervened in the welfare of the Inuit, encouraging, if not enforcing, a social reorganisation of life in the Arctic. This included the transition to permanent settlements and the implementation of a wage labour economy, so as to replicate within Inuit communities the same recognisable nuclear family unit with which settler Canadians were so familiar. This process attempted to nucleate the Inuit family, and assert the nuclear family's importance as "the basis of Inuit domestic organisation" (Stern 71), despite the fact that culturally, Inuit social relationships are grounded within a broader community context and the extended family. This same process of nucleation has been brought to bear on processes of childbirth. In its attempts to fit Inuit society into the framework of settler Canadian society, the Canadian government has spent the last fifty or so years replacing traditional birthing practices with the biomedical practices of non-Arctic communities. Increased availability of medical services was "matched by intrusive attempts to extend political and

administrative control over the Inuit populace” (Douglas 122), and perinatal and maternal health soon came to be understood as an informal duty of the Canadian government, one that was used to justify the neo-colonial government practices of the time.

Literature dealing with the traditional birthing practices of the Inuit is hard to come by, due in large part to the great range of diversity between communities in different parts of the Arctic. Because of this diversity, many researchers have presented contradictory evidence regarding birthing traditions and how they are expressed within the community context; however, these contradictions must be understood as representative of varying communities and of varying times within Inuit history, as tradition varies not only regionally, but grows and evolves to adapt to new and changing circumstances. Generally, however, childbirth has long been a community practice for the Inuit. Circumstances permitting, mothers would be accompanied by a midwife, and one or more other women and girls who would learn about childbirth through this experience. The pregnant woman, her community and the Elders would arrive at a consensus based decision on “what would be best for the mother, her child, and the community” (Douglas 122), and this is partially due to the fact that the Inuit understanding of wellbeing situates itself within the wider community. To be healthy, a mother and child could not be detached or distant from their community.

By the late 1960s, as medical centres and services became more accessible throughout the Arctic, the practice of childbirth gradually shifted from this community centred approach to a more westernised ideal. That being said, the mother’s community still played an important role, and traditional midwives were still present for the birth. However, by the 1970s, most childbirths occurred within a medical environment, infringing upon the cultural importance of traditional practices (Douglas 123). Many other colonial assumptions and practices were carried out within

the context of Inuit childbirth. For instance, despite the fact that local health centres maintained the use of nurse-midwives, most were not Inuit, and in fact many were not even Canadian: rather they were imported from the United Kingdom or elsewhere, due to the belief that “Canada possessed no native midwifery tradition”(Douglas 124). Additionally, colonial patriarchal assumptions were projected onto Inuit communities, which diminished the roles of Inuit midwives by revering western science over the knowledge of Inuit women.

Increasingly, pregnant women were evacuated from their communities and sent to hospitals further south. This practice decisively severed traditional community based childbirth, distancing the mother and the child from their extended families. As time passed, the government came to justify its intervention in mothering by asserting its improvement of child mortality and morbidity; however, it ignored conclusive reports that suggested that this would not dramatically alter or improve perinatal health, and that the single most important factor would be “an improved socio-economic status” (Douglas 123). Retrospective analyses could not prove that evacuations had led to decreased mortality rates, and, additionally, communities began taking issue with the potential health threats involved in evacuations, where practices such as caesarean sections and other surgical interventions could equally pose health risks to the mother and her child (Douglas 123-4). The controversy over evacuation births was furthered because of the intense rupture it would cause between the newborn child and the land, which is a central relationship in the life of an Inuk. Many Inuit felt that evacuation birthing procedures could be “associated with loss of autonomy, poor health, family stress, and medicalized birth, and recreated the trauma and social dislocation of the residential school experience” (Van Wagner 231).

Research looking into the perinatal health outcomes for Inuit women and their children has been furthered by studies demonstrating no improved outcomes for Inuit women residing in urban centres. In fact, rural living often demonstrated a link to “much lower rates of poor fetal growth” for Inuit women (Simonet 29). This is in spite of many factors that the Canadian government and medical professionals have attributed to healthier births, such as greater access to services and improved health coverage. This research helps lend some additional credence to theories that support improved socioeconomic status as being one of the crucial deciding factors in maternal and perinatal health. Research generally attributes most of the health risks that are part of Inuit women’s experiences of childbirth to causes distinctly tied to socioeconomic status: “substance abuse, young age, single marital status and poor nutrition” (Healey and Meadows 205). This suggests that an alternative understanding of health and a more suitable approach to maternal services needs to be provided in order for Inuit women to not only bring cultural meaning back into the mothering process, but also an approach that can tailor its care to provide for the overall health outcomes of the mother and her child. Evidently, settler Canadian medical practices have not demonstrated the desired outcomes for improved maternal and perinatal health. Demands have been made for a return to traditional birthing practices, and in some respects, these demands are being heard. Nunavik, in Northern Quebec, is one region making a demonstrable effort to incorporate culturally relevant practices into the experience of childbirth.

The goal of the midwifery-led birthing centre, opened in 1986 in Innulitsivik, Nunavik, was to put an end to evacuation birthing for the region’s Inuit women. The health centre is facilitated by an intercultural and interdisciplinary team intended to provide the best services possible for Inuit women while maintaining the cultural integrity and importance of childbirth. In addition, the role of the midwives has expanded dramatically, so that the midwives are now seen

as a vital part of community wellbeing, dealing with maternal and perinatal health, but also sexual wellbeing for non-pregnant women, a service largely provided by nurses and doctors in the rest of Canada (Van Wagner 231). With the help of the midwife birthing centre, more births are taking place within Nunavik, whereas in 1986, before the implementation of the clinic, up to 91% of pregnant women were evacuated to give birth (Van Wagner 235). In addition, many of the births are spontaneous vaginal deliveries, instead of caesarean sections, which were highly controversial among the Inuit communities. Lower rates of intervention and perinatal mortality have also been experienced in Nunavik. In addition, women living in Nunavik are more likely to access prenatal care from the midwives, demonstrating that the midwives are competent in administering a culturally sensitive level of care that encourages Inuit women to be more involved in prenatal care (Van Wagner 235).

Another midwifery birthing centre was created in 1993 in the Rankin Inlet community, and unlike the community birthing centre in Nunavik, has been regarded primarily as a “peripheral” institution, with most births not taking place in the centre, and with many women still being evacuated to cities such as Churchill or Winnipeg to give birth (Douglas 178). This problematises the assumptions that community midwifery clinics are indeed the best way of improving perinatal and maternal health outcomes in Inuit women. However, with closer analysis, it can be seen that some of the issues arising with the Rankin Inlet community birthing centre might have fairly logical responses: for instance, many of the midwives working in Rankin Inlet are not Inuit, but rather midwives from southern Canada, and merely rotate through the community on a term basis (Douglas 178). This would certainly perpetuate the sense of rupture for many Inuit women: despite having access to their own midwifery birthing centre, those making the decisions regarding the birth, the midwives, are not only culturally distant, but

also perceived as potentially lacking an important connection with the land that is seen to be a crucial part of childbirth among Inuit communities. This is not to say that midwifery need be a race based practice, but rather that it is crucial for midwives to have a capable and well rounded understanding of community perspective and cultural knowledge.

Midwifery clinics in the Arctic can only be viewed as successful if they operate on a basis of challenging colonially imposed practices as discussed earlier in this paper. Employing midwives who are external to the community replicates earlier policies which were viewed as problematic due to their cultural insensitivity. Not only is it important for a woman and her baby to have the community as a support centre, but it is also important for the community to be involved, and to continue this practice. Midwifery education can be seen as a hugely beneficial process for the entirety of the community. There is an officially recognised program at place in Nunavut which aims at delivering midwifery education specific to the region. This means that within the program, theoretical and practical components of midwifery *outside* of Nunavut are complemented by cultural and regional specificities that make it possible for midwives to deliver the most appropriate forms of care. The education is delivered in part in consort with Canadian standards for physiology, pharmacology and maternal care, but includes an essential component whereby students learn from traditional Inuit midwives and elders (James, np). This type of educational programming is crucial, not only for midwifery specific programs, but for all programs that genuinely intend to counteract colonial legacies and not re-impose them. Storytelling, a “respected Inuit cultural way of conveying knowledge” is incorporated into the learning processes at the midwifery educational centre in order to create a more significant relationship between the community and the midwives (Epoo 287). That being said, the clinical component of the program is still especially important and doesn’t suffer from sharing

educational value with other forms of learning. In this way, western medical science and Inuit traditional knowledge are used to complement each other, rather than having one supersede the other in perceived importance. This embodies the significance of tradition as a living and changing phenomenon. Rather than being situated in the past, tradition is something that is constantly reorganising itself in order to preserve its meaning in a constantly changing world. To this end, midwives are educated within different knowledge frameworks and encouraged to be in dialogue with Elders from the community, but also knowledgeable experts from other fields. In this way, discourse is ongoing and midwifery is a wholly interdisciplinary and intercultural project.

Additionally, many graduates of the midwifery program continue mentoring new students within the program. Strong emphasis is placed on learning from community Elders, as well, and students are encouraged to invite Elders to come to births and share their wisdom. The community and its Elders also play an important role in deciding who will be accepted into the midwifery program. This structure helps Inuit communities return to traditional methods of birthing, where the Elders and the community had an important voice in determining what would be best for the mother, her child, and the wider community. Allocating important roles to the community is helpful in that it facilitates a move away from nuclear familial assumptions and towards an extended family network, which many Inuit feel to be more culturally attuned. The creation of educational programs such as these helps reclaim childbirth as an Inuit practice, and in turn to resituate this practice within the community, rather than externally, cementing community relationships and encouraging social cohesion.

Although statistical evidence is lacking, it is also possible that the creation of these educational midwifery programs will bring added benefits to the community. Because

socioeconomic status is such a determinant of poor maternal and perinatal health for Inuit women, the potential improvements that may be experienced by this demographic could significantly reduce these numbers. If Inuit women become more likely to have access to secure employment, such as with a midwifery health centre, their socioeconomic status may improve, further solidifying the benefits of these clinics. On the other hand, there is the potential that jobs in these health clinics may be given to non-Inuit women from Southern Canada, which would risk continuing paternalistic attitudes towards Indigenous communities as incapable of providing the necessary services. For this reason, special attention should be given to incorporating Inuit women into the educational programming and the employment opportunities as much as possible.

Midwifery clinics in Canada's Arctic are a small but significant part in the anti-colonial project. Rather than being a proponent of traditionalism or a return to the past, midwifery clinics offer an alternative structure to the decision making practices that occur within communities. This means that their significance lies not just in their ability to respect Inuit traditional knowledge, but in their ability to reorganise the way decisions can be made within a community by providing a venue for discourse between different knowledge frameworks. Just as Inuit people are willing to see the relevance of medical science for the provision of certain services, healthcare professionals need to re-examine their methodology in order to allow for varying theories of knowledge to complement and inform each other in order to provide the most beneficial treatment possible. As an example of restructuring, midwifery works very well to demonstrate communities' abilities to re-localise decision making practices and work towards an anti-colonial society where decisions are focused on community relations rather than imposed through policy decisions from outside. In addition to relocating decision making within the

community, it promotes the voices of the individual women as they make decisions about their own bodies. The project of creating midwifery clinics within the Arctic isn't about replacing a colonially imposed practice with an imposed Indigenous practice, but rather about ensuring that individual women and the community at large have access to different venues. While it promotes this importance within the larger context of the community, it nonetheless expresses that individual self determination plays an important role within this project.

They also embody a significant alternative to liberal understandings of self-determination in that they assert the importance of the individual self within the original context. Most western literature dealing with the subject of self-determination speaks broadly about a practice of asserting one's own cultural, political, and economic identity and autonomy. Literature which defines self-determination in such ways uses strong liberal language in its descriptions: self-determination is seen to be "the responsibility of human beings for their own destiny, having within themselves the answers to improving their own lives" (Wichmann 16). However, when focus shifts to Indigenous perceptions of self-determination, something different is happening: challenges to colonialism are happening not only in explicit political ways, but also in the smaller spaces of daily life. The healing of colonially oppressed peoples is happening in stories and songs, and in "working with traditional ways to reconstruct families and communities," as well as shifts in political authority and autonomy (Neeganagwedgin 332). The Inuit midwifery clinics discussed in this paper are doing just that: navigating the spaces between colonial policies and ideologies on the one hand, and Indigenous lifeways and values on the other.

Despite their potential setbacks, as demonstrated through the clinic at Rankin Inlet, the midwifery clinics which have been established thus far in Inuit communities in the Canadian Arctic have experienced significant levels of success in returning childbirth to the communities.

Medical intervention and evacuation practices have dropped substantially, particularly in communities where midwives are more community centred. The wellbeing of the mother, the child, and the community have all benefitted from this community effort, and it stands to provide even greater rewards as the projects develop and move forward under Inuit management. Through the practice of reincorporating the Elders and the community in consensus decisions regarding maternal health, an additional element of self determination can be seen as accomplished. Processes such as the implementation of these clinics and their subsequent educational programs might also help to provide employment opportunities and improved socioeconomic status.

Works Cited

- Douglas, V.K. "Childbirth Among the Canadian Inuit: A Review of the Clinical and Cultural Literature." *International Journal of Circumpolar Health* 65(2) (2006): 117-132. EBSCOhost. Web. 9 Nov. 2013.
- Douglas, V.K. "The Rankin Inlet Birthing Centre: Community Midwifery in the Inuit Context." *International Journal of Circumpolar Health* Vol. 70 (2) (2011): 178-185. EBSCOhost. Web. 9 Nov. 2013.
- Epoo, Brenda et al. "Learning Midwifery in Nunavik: Community Based Education for Inuit Midwives." *Pimatsiwin: A Journal of Aboriginal and Indigenous Community Health*. Vol 10, Issue 3 (2012): 283-299. EBSCOhost. Web. 9 Nov. 2013.
- Healey, GK and LM Meadows. "Inuit Women's Health in Nunavut, Canada: A Review of the Literature." *International Journal of Circumpolar Health* 66 no. 3 (2007): 199-214. EBSCOhost. Web. 9 Nov. 2013.
- James, S. et al. "Meeting the Needs of Nunavut Families: A Community Based Midwifery Education Program." *Rural and Remote Health* Vol 10(2) (2010). EBSCOhost. Web. 9 Nov. 2013.
- Simonet, Fabienne et al. "Urban Living Not Associated with Better Birth and Outcomes among Inuit and First Nations in Quebec." *Open Women's Health Journal* (2010) 25-31. Web. 16 Nov. 2013.
- Van Wagner, Vicki, et al. "Remote Midwifery in Nunavik, Quebec, Canada: Outcomes of Perinatal Care for the Inuulitsivik Health Centre, 2000-2007." *Birth (Berkeley Calif.)* 39.3 (2012): 230-237. MEDLINE. Web. 9 Nov. 2013.
- Wichmann, Sonia Secher. "Self-Determination Theory: The Importance of Autonomy to Well-Being Across Cultures." *Journal of Humanistic Counselling*. 50.1 (2011): 16-26. ERIC. Web 3 Apr. 2014.