

ADULTHOOD



Women are respected as matriarchs in First Nations cultures and as leaders of their communities.^{1,2} Many Nations are traditionally matrilineal, meaning that people’s identities, including their clans and roles, are passed down through their mothers.³ While many First Nations matriarchs continue to thrive and hold positions of leadership in their communities,⁴ the ongoing structures, policies, and attitudes of colonialism have had devastating effects on the lives, relationships, and health of many First Nations women, which have impacted the strength and balance of families and communities.⁵

This chapter provides detailed charts for findings presented in the Adulthood chapter of the report, *Sacred and Strong: Upholding our Matriarchal Roles*. The chapter focuses on the health and wellness of First Nations women age 18–54 (and up to 65 for some data), and celebrates First Nations women’s resilience and their ability to adapt and thrive amidst ongoing challenges stemming from colonial structures and systems. Please refer to the main report—[*Sacred and Strong: Upholding our Matriarchal Roles*](#)—for further interpretation of the data presented here.

HEALTHY, SELF-DETERMINING WOMEN & COMMUNITIES – ROOTS OF WELLNESS

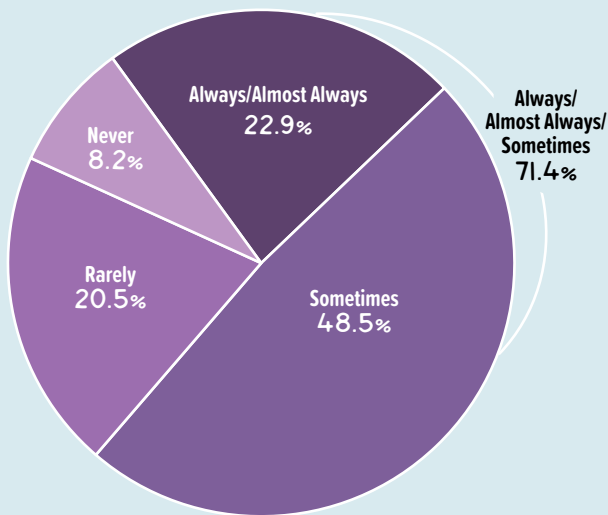


The health and wellness of First Nations women are grounded in their roots of wellness, such as their connections to culture, identity, the land, family, and community. Families, communities, and Nations continue to actively resist colonization and exercise their self-determination to maintain their distinct ways of knowing and being.⁶ As matriarchs of their communities, First Nations women preserve their culture by passing on language, teachings, and protocols to children and grandchildren.³

PARTICIPATION IN CULTURAL EVENTS

p.72

FIG 4.1 REPORTED DEGREE OF PARTICIPATION IN CULTURAL EVENTS IN THEIR LOCAL COMMUNITY AMONG FIRST NATIONS WOMEN, AGE 18–54, BC, 2015–17



First Nations women play a key role in leading, preserving, and revitalizing cultural activities and ceremonies,⁷ presiding over feasts, and leading ceremonies to mark key life transitions.⁴ Regional Health Survey, Phase 3 (RHS3; 2015–17) showed that nearly three quarters (71.4%) of First Nations women age 18–54 reported “sometimes” or “always/almost always” participating in cultural events in their local community.

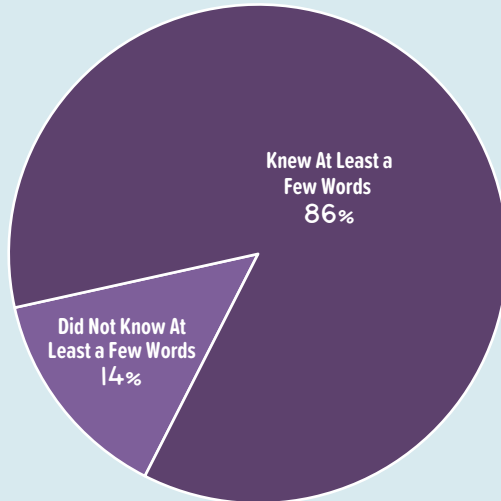
Notes: Data reflect responses from First Nations women age 18–54 living on reserve in BC. “Female” reflects how respondents identified themselves when completing the survey. Non-binary options were not provided.
Source: Regional Health Survey, Phase 3 (2015–17). Prepared by FNHA, 2020.



FIRST NATIONS LANGUAGE

p.72

FIG 4.2 FIRST NATIONS WOMEN WHO REPORTED KNOWING AT LEAST A FEW WORDS OF THEIR NATION'S LANGUAGE, AGE 18–54, BC, 2015–17



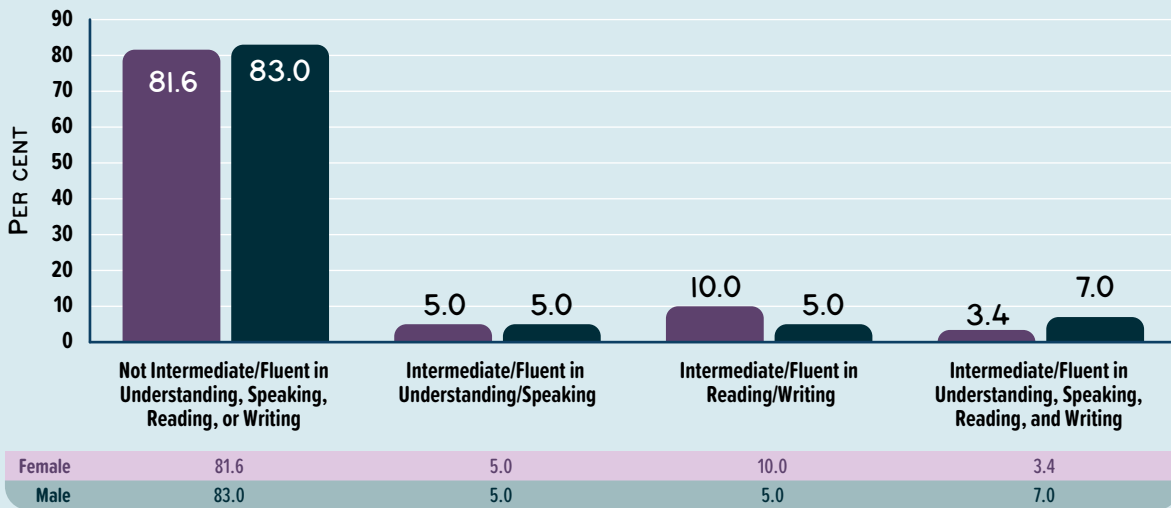
Notes: Data reflect responses from First Nations women age 18–54 living on reserve in BC. “Female” reflects how respondents identified themselves when completing the survey. Non-binary options were not provided.
Source: Regional Health Survey, Phase 3 (2015–17). Prepared by FNHA, 2020.

From RHS3 (2015–17), 86% of First Nations women age 18–54 reported knowing at least a few words in their Nation’s language. Connecting to culture and language is a core aspect of wellness and identity for First Nations women, and a powerful way to break the cycle of trauma.⁸ A growing number of First Nations parents are taking action to learn their language to be able to pass it on to their children.⁹



p.72

FIG 4.3 LANGUAGE FLUENCY AMONG FIRST NATIONS ADULTS WHO REPORTED KNOWING AT LEAST A FEW WORDS OF THEIR NATION'S LANGUAGE, AGE 18–54, BY SEX, BC, 2015–17



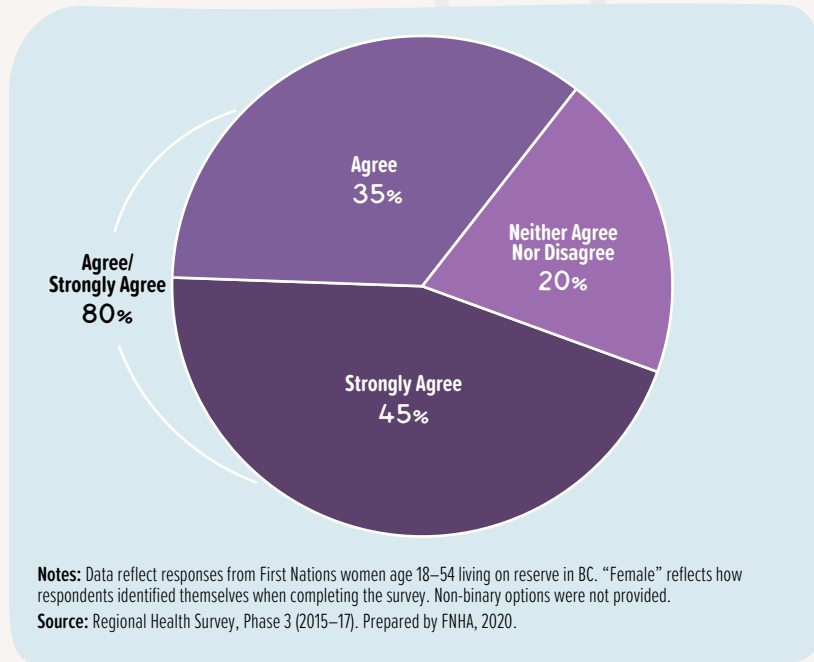
Notes: Data reflect responses from First Nations adults living on reserve in BC, age 18–54. “Female” and “Male” reflect how respondents identified themselves when completing the survey. Non-binary options were not provided.
Source: Regional Health Survey, Phase 3 (2015–17). Prepared by FNHA, 2020.

From RHS3 (2015–17), among First Nations women age 18–54 who reported knowing at least a few words in their Nation’s language, 5.0% identified their language fluency as intermediate or fluent in speaking *and* understanding, 10.0% identified as being intermediate or fluent in reading *and* writing the language, and 3.4% identified as being intermediate or fluent in understanding, speaking, reading, *and* writing the language.

IMPORTANCE OF SPIRITUALITY

p.72

FIG 4.4 LEVEL OF AGREEMENT ON THE IMPORTANCE OF TRADITIONAL SPIRITUALITY AMONG FIRST NATIONS WOMEN, AGE 18–54, BC, 2015–17

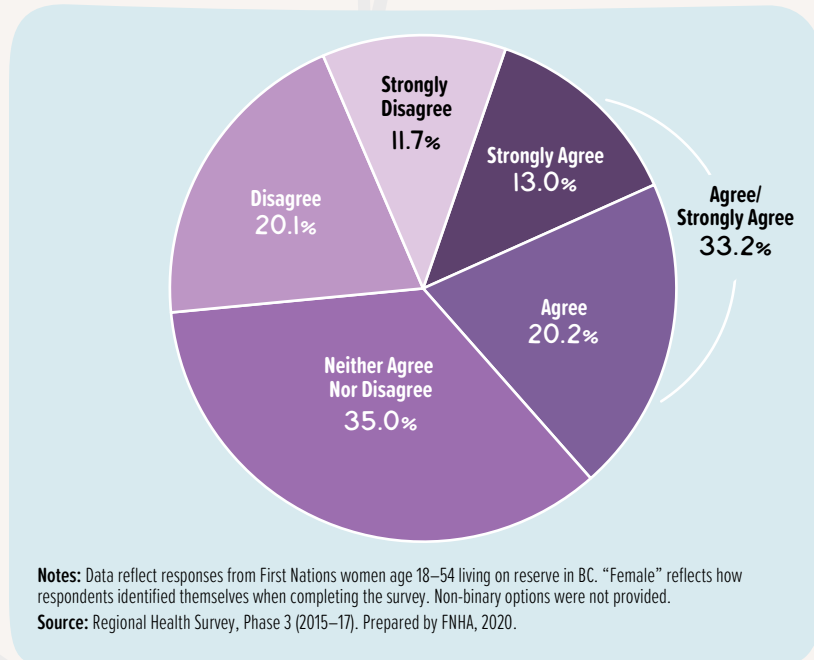


RHS3 (2015–17) data showed that 80% of First Nations women age 18–54 strongly agreed or agreed that traditional First Nations spirituality is important to them.



p.72

FIG 4.5 LEVEL OF AGREEMENT ON THE IMPORTANCE OF ORGANIZED RELIGION AMONG FIRST NATIONS WOMEN, AGE 18–54, BC, 2015–17

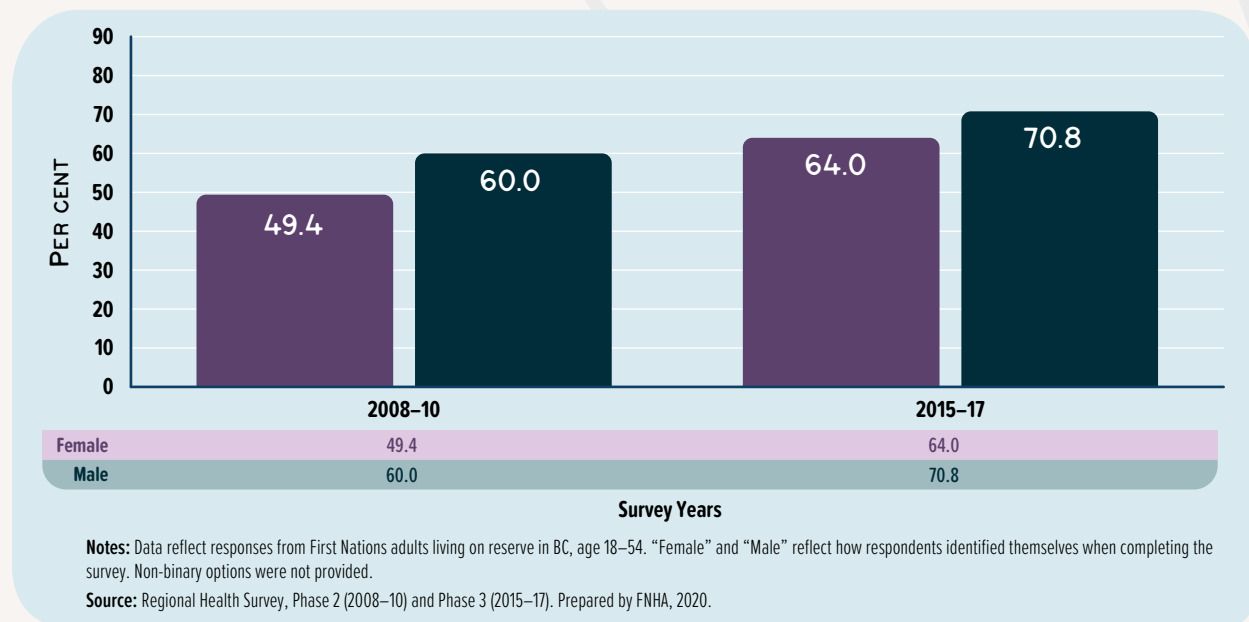


RHS3 (2015–17) data showed that 33.2% of First Nations women age 18–54 strongly agreed or agreed that organized religion (e.g., Christianity, Buddhism, Islam) was important to them.

FIRST NATIONS FOODS

p-72

FIG 4.6 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED EATING TRADITIONAL FOODS (NOT INCLUDING BANNOCK) "OFTEN" IN THE PAST YEAR, AGE 18–54, BY SEX, BC, 2008–10 AND 2015–17

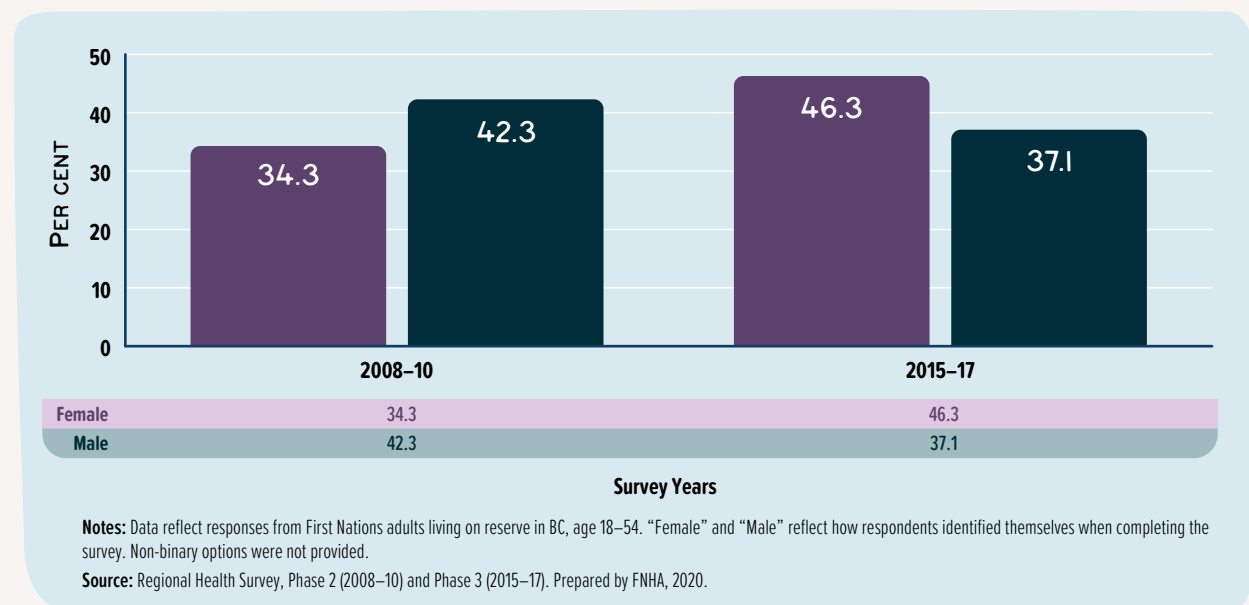


From RHS3 (2015–17), 64.0% of First Nations women age 18–54 reported eating traditional foods (not including bannock) “often” in the past year, an increase of 14.6 percentage points from 2008–10 (49.4%). Traditional foods and medicines are essential components of healing and maintaining wellness for First Nations women.¹⁰

TRADITIONAL MEDICINE

p-73

FIG 4.7 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED HAVING USED TRADITIONAL MEDICINE IN THE PAST YEAR, AGE 18–54, BY SEX, BC, 2008–10 AND 2015–17

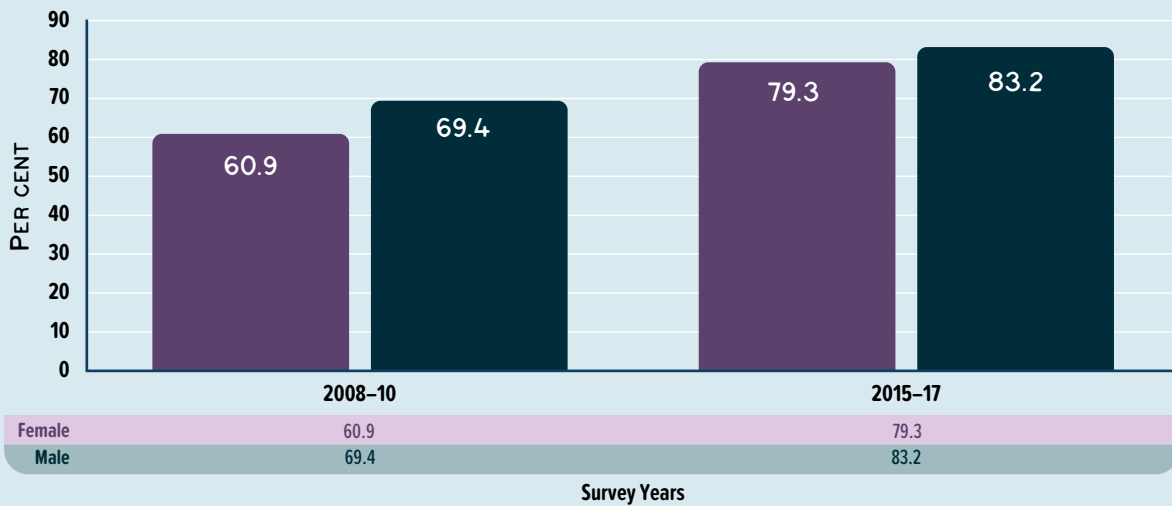


From RHS2 (2008–10) to RHS3 (2015–17), the percentage of First Nations women age 18–54 who reported having used traditional medicine in the past year increased 12.0 percentage points, from 34.3% to 46.3%.

ACCESS TO SAFE DRINKING WATER

p.73

FIG 4.8 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED HAVING SAFE DRINKING WATER ALL YEAR ROUND, AGE 18–54, BY SEX, BC, 2008–10 AND 2015–17



Notes: Data reflect First Nations adults living on reserve in BC, age 18–54. “Female” and “Male” reflect how respondents identified themselves when completing the survey. Non-binary options were not provided.

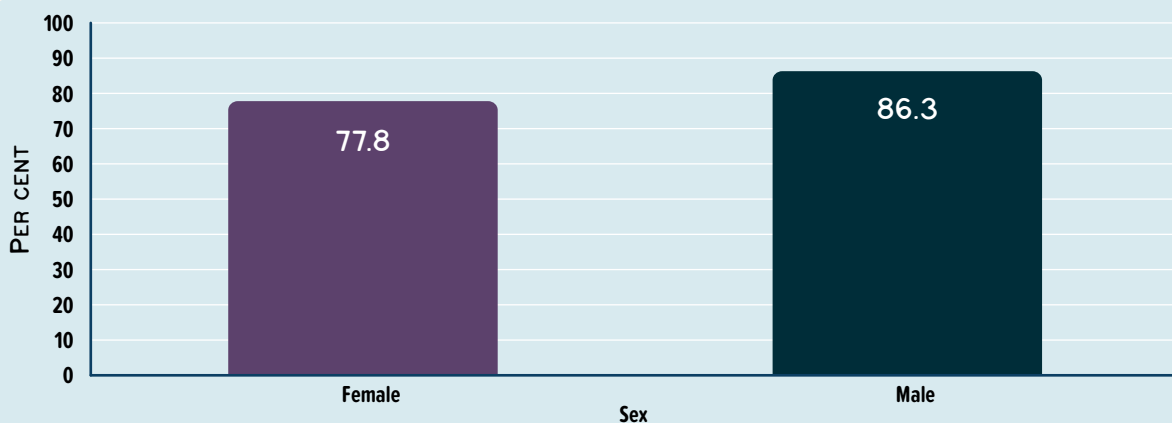
Source: Regional Health Survey, Phase 2 (2008–10) and Phase 3 (2015–17). Prepared by FNHA, 2020.

The percentage of First Nations women age 18–54 who reported having safe drinking water all year round increased by 18.4 percentage points, from 60.9% in RHS2 (2008–10) to 79.3% in RHS3 (2015–17). First Nations recognize that connections to land, water, and territory are foundational to wellness. Colonialism continues to disrupt First Nations’ rights and access to water resources, including safe and clean drinking water, through the Indian reservation system, ecological destruction, and contamination.¹¹

SENSE OF BELONGING

p.73

FIG 4.9 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED HAVING A STRONG SENSE OF BELONGING TO THEIR LOCAL COMMUNITY, AGE 18–54, BY SEX, BC, 2015–17



Notes: Data reflect responses from First Nations adults living on reserve in BC, age 18–54, to the question: “How would you describe your sense of belonging to your local community: strong or weak?” “Female” and “Male” reflect how respondents identified themselves when completing the survey. Non-binary options were not provided.

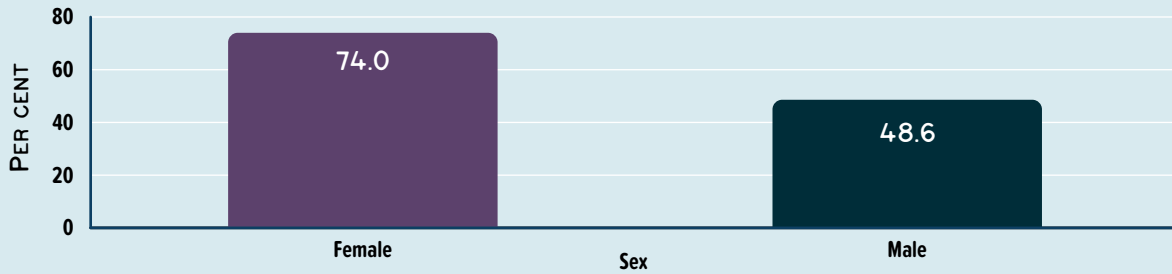
Source: Regional Health Survey, Phase 3 (2015–17). Prepared by FNHA, 2020.

The relationships that First Nations women have with their families, communities, and Nations shape their health and identities. These relationships serve as anchoring points that foster a sense of being loved and supported.^{12,13} From RHS3 (2015–17), 77.8% of First Nations women age 18–54 reported having a strong sense of belonging to their local community.

SOCIAL SUPPORTS

p.73

FIG 4.10 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED THAT THEY HAD SPOKEN TO SOMEONE ABOUT THEIR MENTAL AND/OR EMOTIONAL HEALTH IN THE PAST YEAR, AGE 18–54, BY SEX, BC, 2015–17



Notes: Data reflect responses from First Nations adults living on reserve in BC, age 18–54. “Female” and “Male” reflect how respondents identified themselves when completing the survey. Non-binary options were not provided.

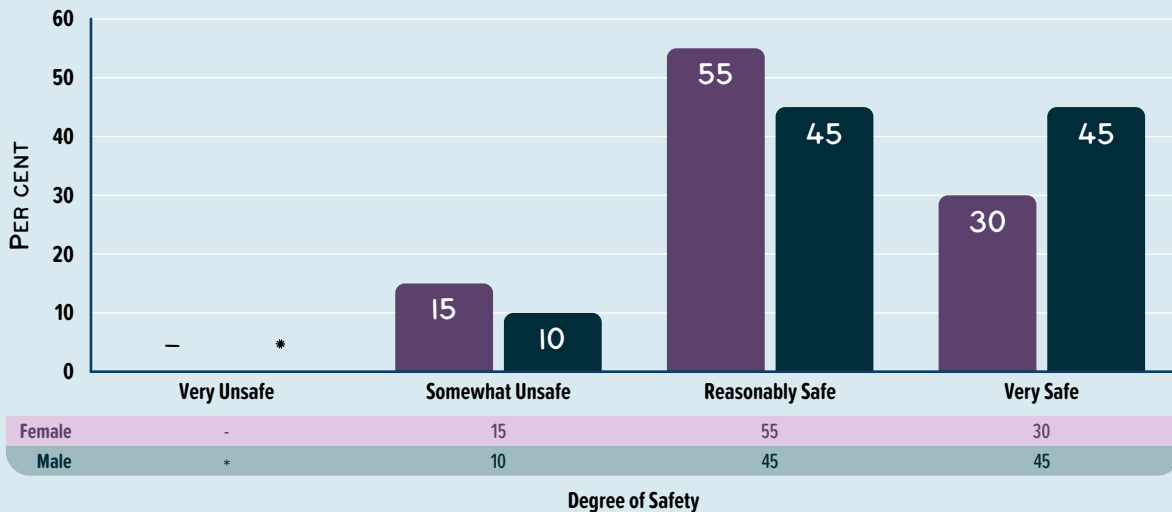
Source: Regional Health Survey, Phase 3 (2015–17). Prepared by FNHA, 2020.

From RHS3 (2015–17), 74.0% of First Nations women age 18–54 reported having spoken to someone about their mental and/or emotional health in the past year.

FEELING SAFE

p.73

FIG 4.11 PERCENTAGE REPORTED FEELINGS OF SAFETY IN THEIR COMMUNITY AMONG FIRST NATIONS ADULTS, AGE 18–54, BY SEX, BC, 2015–17



Notes: “-” means that the percentage has been suppressed due to co-efficient of variation > 0.333. “*” means that the percentage has been suppressed as it is based on a cell count <10. Data reflect responses from First Nations adults living on reserve in BC, age 18–54. “Female” and “Male” reflect how respondents identified themselves when completing the survey. Non-binary options were not provided.

Source: Regional Health Survey, Phase 3 (2015–17). Prepared by FNHA, 2020.

RHS3 (2015–17) data showed that 30% of First Nations women age 18–54 felt “very safe,” 55% felt “reasonably safe,” and 15% felt “somewhat unsafe” in their community. The important role that women play in their communities as matriarchs contributes to their sense of belonging and safety.¹⁴ However, a greater proportion of First Nations men felt “very safe” (45%) in their community compared to First Nations women (30%). *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* documented how First Nations women and girls and 2SLGBTQQIA+^a peoples continue to be subjected to more violence than others.¹⁴

a 2SLGBTQQIA+ stands for Two-Spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex, and asexual. The plus sign acknowledges the many sexual and gender minority peoples who don’t see themselves in the umbrella acronym.

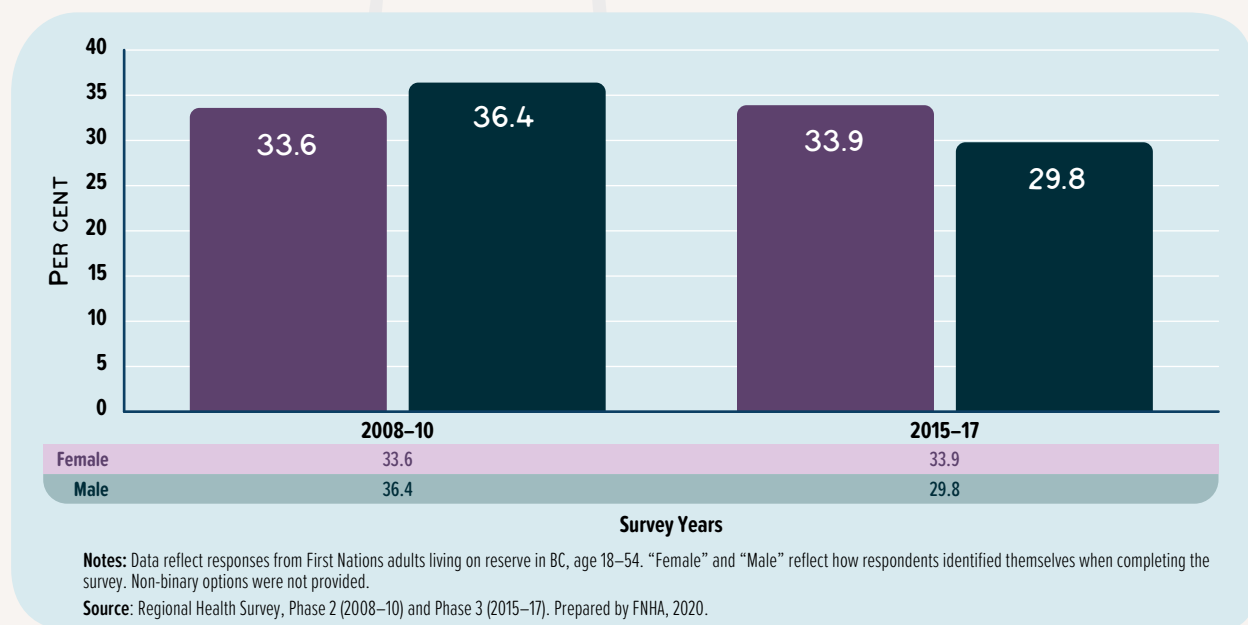
SUPPORTIVE SYSTEMS

The health and wellness of First Nations women are shaped by interconnected systems and structures rooted in Canada’s colonial history. As a result, many First Nations women continue to be subjected to social, economic, cultural, and political exclusion.¹⁴ First Nations women are leading the important work to decolonize the systems and institutions that create systemic barriers leading to health inequities.⁴

RACISM

p.75

FIG 4.12 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED HAVING PERSONALLY EXPERIENCED INSTANCES OF RACISM IN THE PAST YEAR, AGE 18–54, BY SEX, BC, 2008–10 AND 2015–17



From RHS2 (2008–10) to RHS3 (2015–17), the percentage of First Nations women age 18–54 who reported having personally experienced instances of racism in the past year remained consistent (33.6% between 2008–10 and 33.9% between 2015–17).

Racism and discrimination are embedded in the everyday lives of First Nations women. In mainstream society, the values are so deeply entrenched that those holding them do not see them as discriminatory. Racism and discrimination [that] manifest at the individual level and the structural level, through systems, institutions, laws, and policies and structures as well as interpersonal relationships – result in stereotyping, marginalization, stigmatization, and violence.¹⁴ Racism compounds other forms of social exclusion based on intersections such as gender, sexual orientation, age, class and ability, causing further injustice and harm.¹⁴ The pain and trauma resulting from racism and discrimination affects First Nations women and their children and communities in countless ways.¹⁵

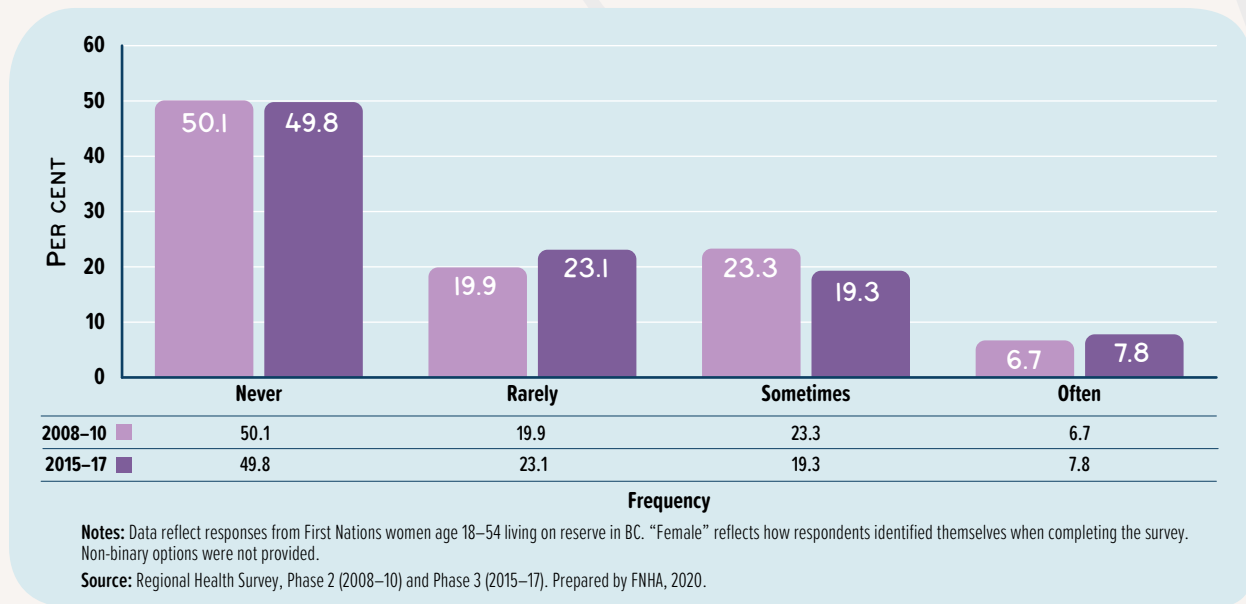
- *Sacred and Strong: Upholding our Matriarchal Roles* (p.75)



VIOLENCE AND ABUSE

p.76

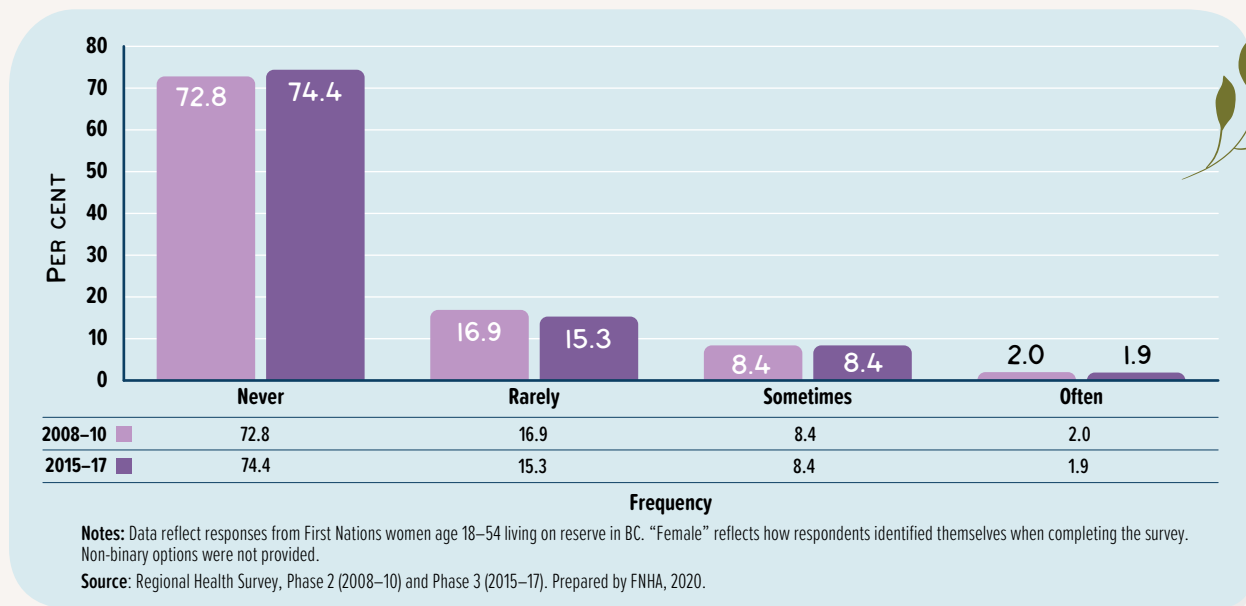
FIG 4.13 PERCENTAGE OF FIRST NATIONS WOMEN WHO REPORTED HAVING EXPERIENCED VERBAL AGGRESSION TOWARDS THEM IN THE PAST YEAR, AGE 18–54, BC, 2008–10 AND 2015–17



First Nations women experience disproportionate levels of violence and aggression due to historical and ongoing impacts of colonialism compounded by misogyny and racism.¹⁴ From RHS2 (2008–10) to RHS3 (2015–17), reported experiences of verbal aggression remained consistent with approximately half (50.2%) of First Nations women age 18–54 experiencing verbal aggression towards them. This result is calculated by adding the 2015–17 results for response categories “rarely” (23.1%), “sometimes” (19.3%), and “often” (7.8%).

p.76

FIG 4.14 PERCENTAGE OF FIRST NATIONS WOMEN WHO REPORTED HAVING EXPERIENCED PHYSICAL AGGRESSION TOWARDS THEM IN THE PAST YEAR, AGE 18–54, BC, 2008–10 AND 2015–17

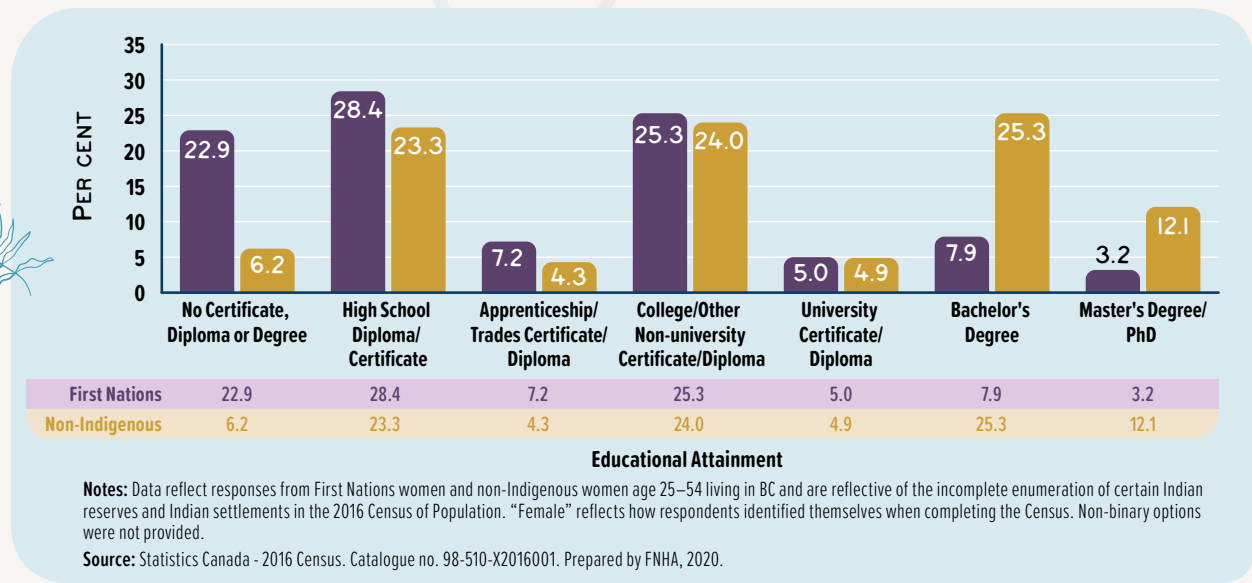


From RHS2 (2008–10) to RHS3 (2015–17), the proportion of First Nations women age 18–54 who reported experiencing physical aggression towards them in the past year remained relatively consistent across each response category. The majority of First Nations women across both time points (72.8% in 2008–10 and 74.4% in 2015–17) reported “never” experiencing physical aggression towards them.

POST-SECONDARY EDUCATION

p-77

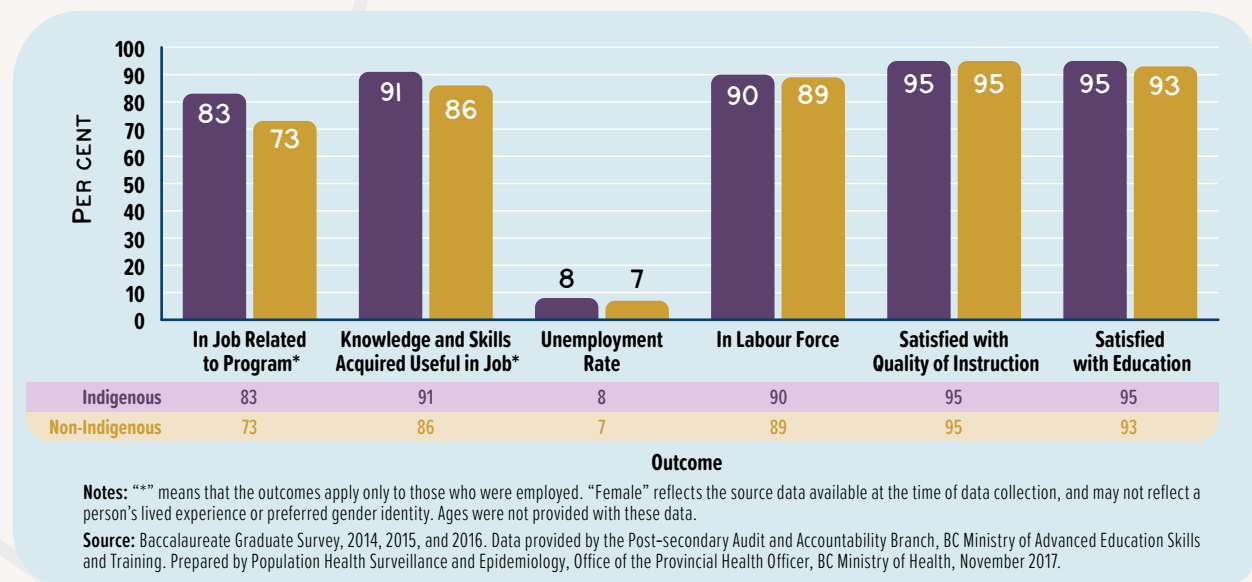
FIG 4.15 PERCENTAGE OF EDUCATIONAL ATTAINMENT AMONG FIRST NATIONS AND NON-INDIGENOUS WOMEN, AGE 25–54, BC, 2016



In 2016, Statistics Canada reported that 48.6% of First Nations women in BC age 25–54 had some level of post-secondary training or education, and 28.4% had a high school diploma or certificate. The mainstream education systems experienced by many First Nations children and youth are grounded in colonialist perspectives, values, and assumptions that perpetuate racism and harm. Post-secondary education institutions continue to be culturally unsafe for First Nations students.^{16,17} Since the *Truth and Reconciliation Commission of Canada: Calls to Action* report was released in 2015, acknowledgements and commitments have been made to increase the relevance of post-secondary programs for Indigenous learners^{18,19} by better integrating Indigenous perspectives, knowledge, and teaching methods into the curriculum.

p-77

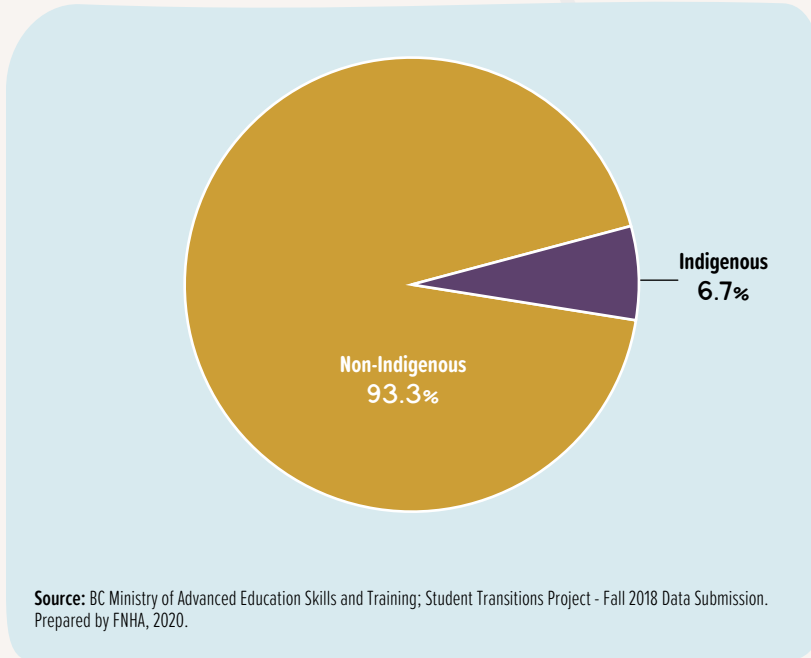
FIG 4.16 STUDENT OUTCOMES FOR BACCALAUREATE GRADUATES AMONG INDIGENOUS AND NON-INDIGENOUS WOMEN, BC, 2014–2016



Results from the 2014–2016 Baccalaureate Graduate Survey showed that 83% of female Indigenous graduates were employed related to their program of study, as compared to only 73% of female non-Indigenous graduates.

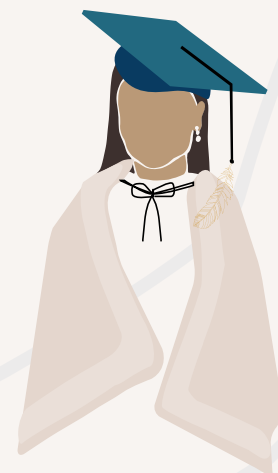
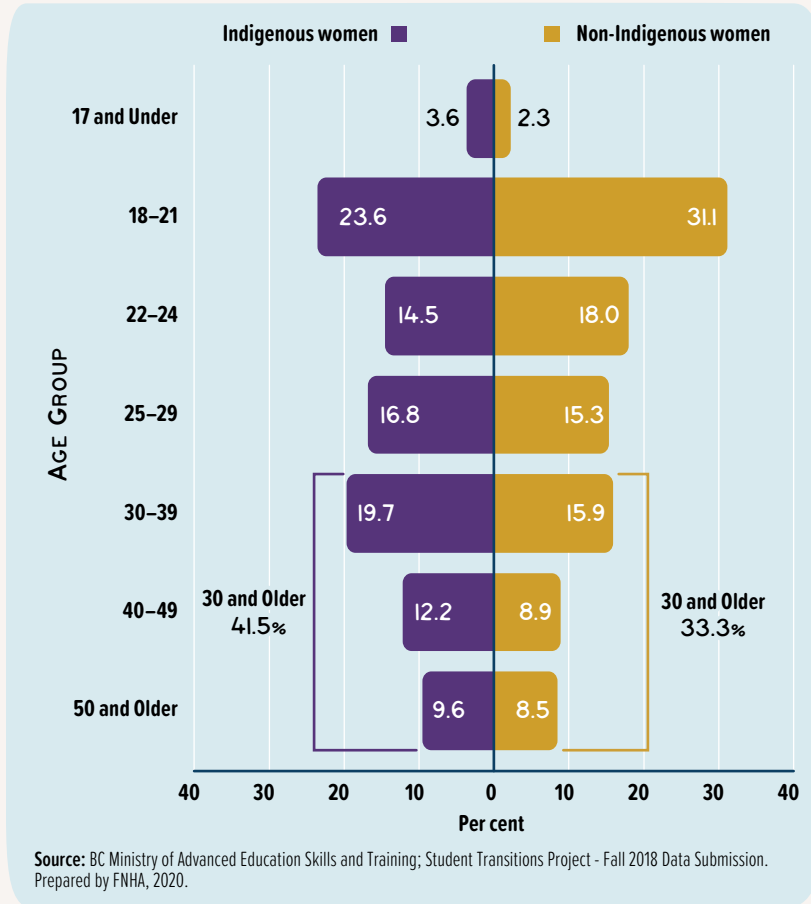


FIG 4.17 PROPORTION OF SELF-IDENTIFIED INDIGENOUS WOMEN AMONG WOMEN ENROLLED IN POST-SECONDARY INSTITUTIONS, BC, 2018



In Figure 4.17, data from the Student Transitions Project (2018) indicated that 6.7% of all women enrolled in post-secondary institutions across BC identified as Indigenous. Figure 4.18 shows that, among Indigenous women enrolled in post-secondary institutions, 41.5% were age 30 and older. In comparison, among all non-Indigenous women enrolled in post-secondary institutions, 33.3% were age 30 and older. There are many different reasons why First Nations women might delay enrollment in post-secondary institutions, including prioritizing family responsibilities, cultural responsibilities, and community leadership roles. Post-secondary institutions inflict racism on First Nations learners, and some First Nations women may choose to delay entry to develop greater resilience to endure the culturally unsafe spaces created by mainstream post-secondary institutions. Colonialism and manufactured poverty create financial barriers to accessing post-secondary education, and First Nations women may require more time to persist and overcome these barriers.¹⁶

FIG 4.18 PERCENTAGE ENROLLMENT IN POST-SECONDARY INSTITUTIONS AMONG INDIGENOUS AND NON-INDIGENOUS WOMEN, BY AGE GROUP, BC, 2018

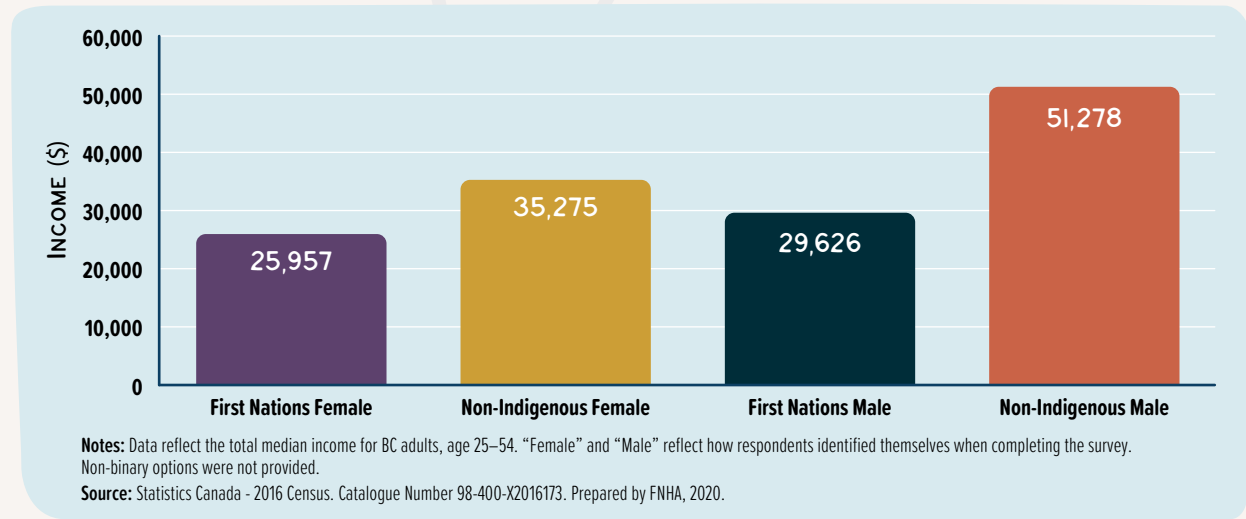




INCOME

p-78

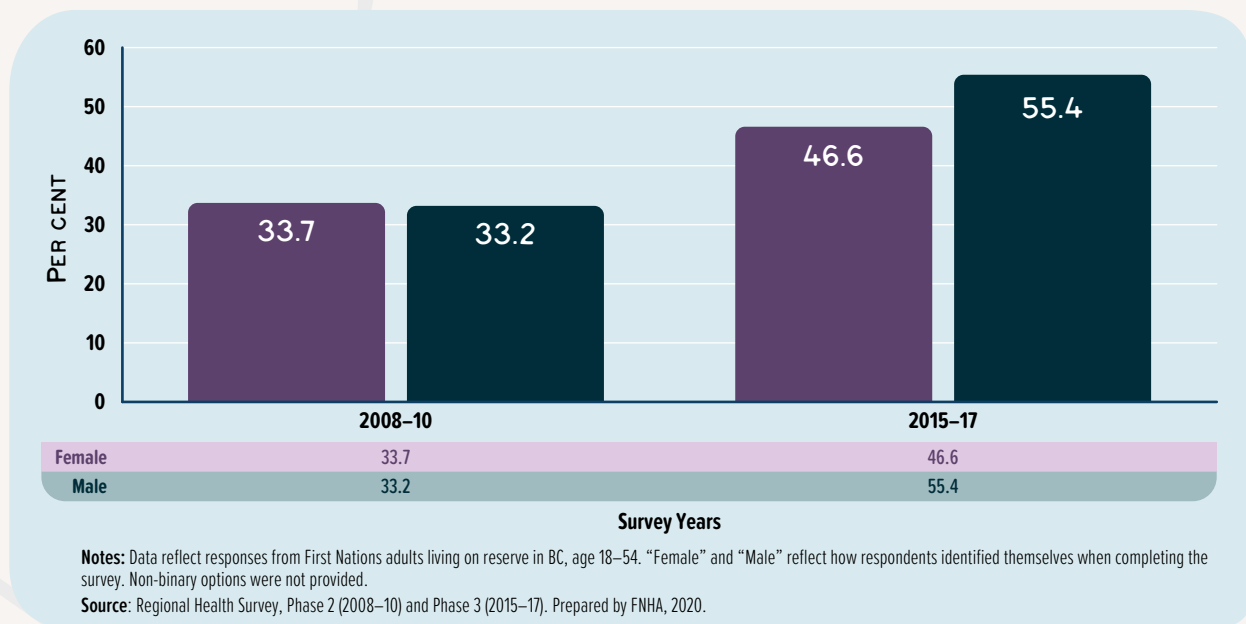
FIG 4.19 MEDIAN TOTAL INCOME AMONG FIRST NATIONS AND NON-INDIGENOUS POPULATIONS, AGE 25–54, BY SEX, BC, 2016



Racist laws and policies continue to benefit settler Canadians by limiting First Nations’ inherent rights, including preventing access to their ancestral lands, resources, and employment opportunities, thereby perpetuating socioeconomic disadvantage among First Nations women and their communities.²⁰ These racist laws and policies result in First Nations people being disproportionately marginalized when it comes to meeting their basic needs and the needs of their families.²⁰ In 2016, Statistics Canada reported that the median total income among First Nations women age 25–54 was \$25,957 per year, the lowest in comparison to non-Indigenous women (\$35,275), First Nations men (\$29,626), and non-Indigenous men (\$51,278) in the same age group.

p-78

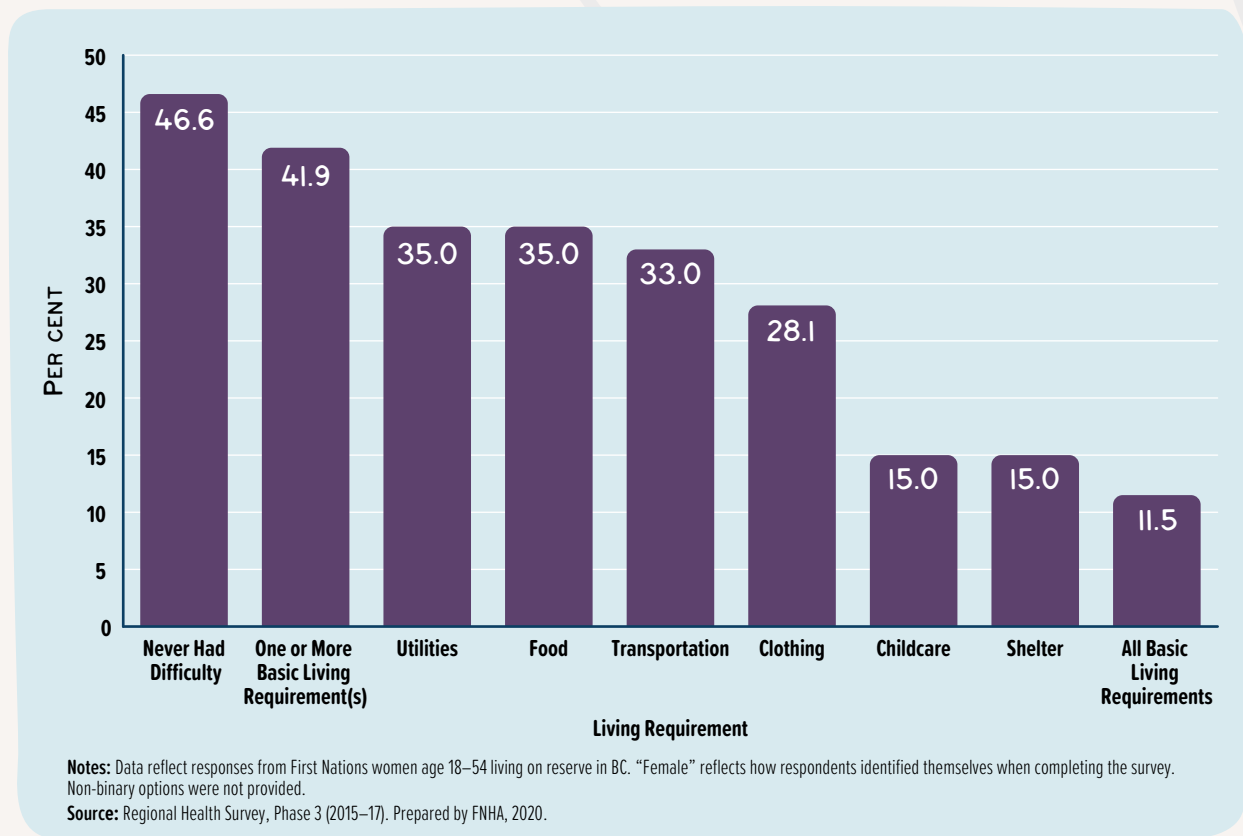
FIG 4.20 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED THAT THEY NEVER HAD DIFFICULTY MEETING THEIR BASIC NEEDS IN THE PAST YEAR, AGE 18–54, BY SEX, BC, 2008–10 AND 2015–17



From RHS2 (2008–10) to RHS3 (2015–17), the proportion of First Nations women age 18–54 who reported that they never had difficulty meeting their basic needs in the past year increased 12.9 percentage points, from 33.7% to 46.6%.



FIG 4.21 PERCENTAGE OF FIRST NATIONS WOMEN WHO REPORTED THAT THEY STRUGGLED AT LEAST A FEW TIMES PER YEAR TO COVER THE COSTS OF BASIC LIVING REQUIREMENTS, AGE 18–54, BC, 2015–17



From RHS3 (2015–17), 41.9% of First Nations women age 18–54 reported struggling at least a few times per year to cover the costs of at least one basic living requirement (i.e., utilities, food, transportation, clothing, childcare, or shelter), while 11.5% reported struggling to cover all basic living requirements at least a few times per year. In comparison, 46.6% reported never having difficulty covering the costs of any basic living requirements.



Poverty can force women to make difficult choices between things that many families take for granted such as putting food on the table, paying for medicine, enrolling their children in sports or dance classes, or buying gifts.²¹ It can force them into situations where they are more vulnerable and/or unsafe—and compel their dependence on male partners and precarious work.²² At times, the circumstances of living in poverty are perceived as neglect. Far too many First Nations women are placed in positions of having to make impossible decisions, such as whether to remain in an abusive relationship or face poverty and homelessness.²³

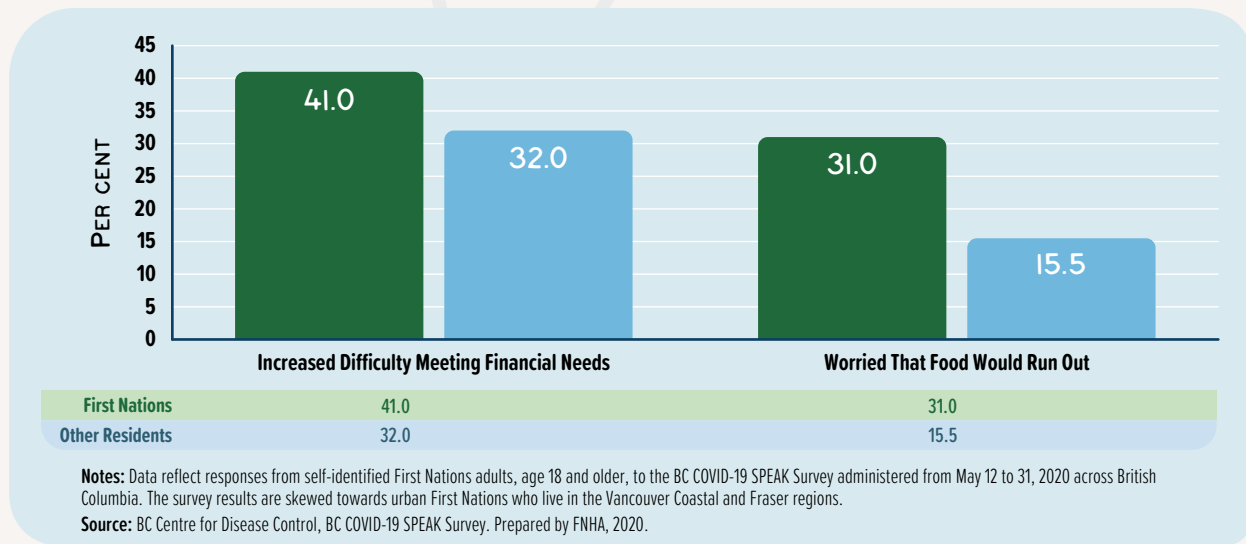
- *Sacred and Strong: Upholding our Matriarchal Roles* (p.78)



BASIC NEEDS

p-78

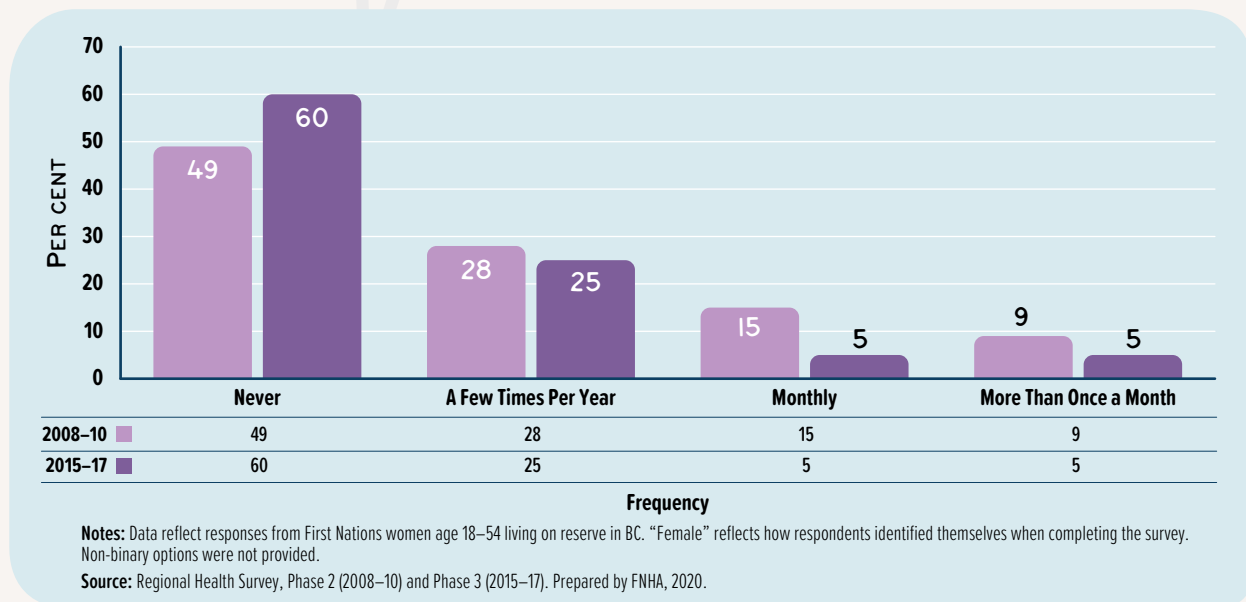
FIG 4.22 PERCENTAGE OF FIRST NATIONS AND OTHER RESIDENTS WHO REPORTED DIFFICULTY MEETING BASIC NEEDS DUE TO THE COVID-19 PANDEMIC, AGE 18 AND OLDER, BC, MAY 2020



The BC COVID-19 SPEAK (2020) showed that 41.0% of First Nations adults age 18 and older experienced increased difficulty meeting their household financial needs due to the COVID-19 pandemic, as compared to 32.0% of Other Residents. Similarly, due to the pandemic, 31.0% of First Nations adults—twice the percentage of Other Residents (15.5%)—reported that they worried that food would run out before they had money to buy more.

p-79

FIG 4.23 PERCENTAGE OF FIRST NATIONS WOMEN WHO REPORTED STRUGGLING TO COVER THE COSTS OF FOOD IN THE PAST YEAR, AGE 18–54, BY FREQUENCY, BC, 2008–10 AND 2015–17



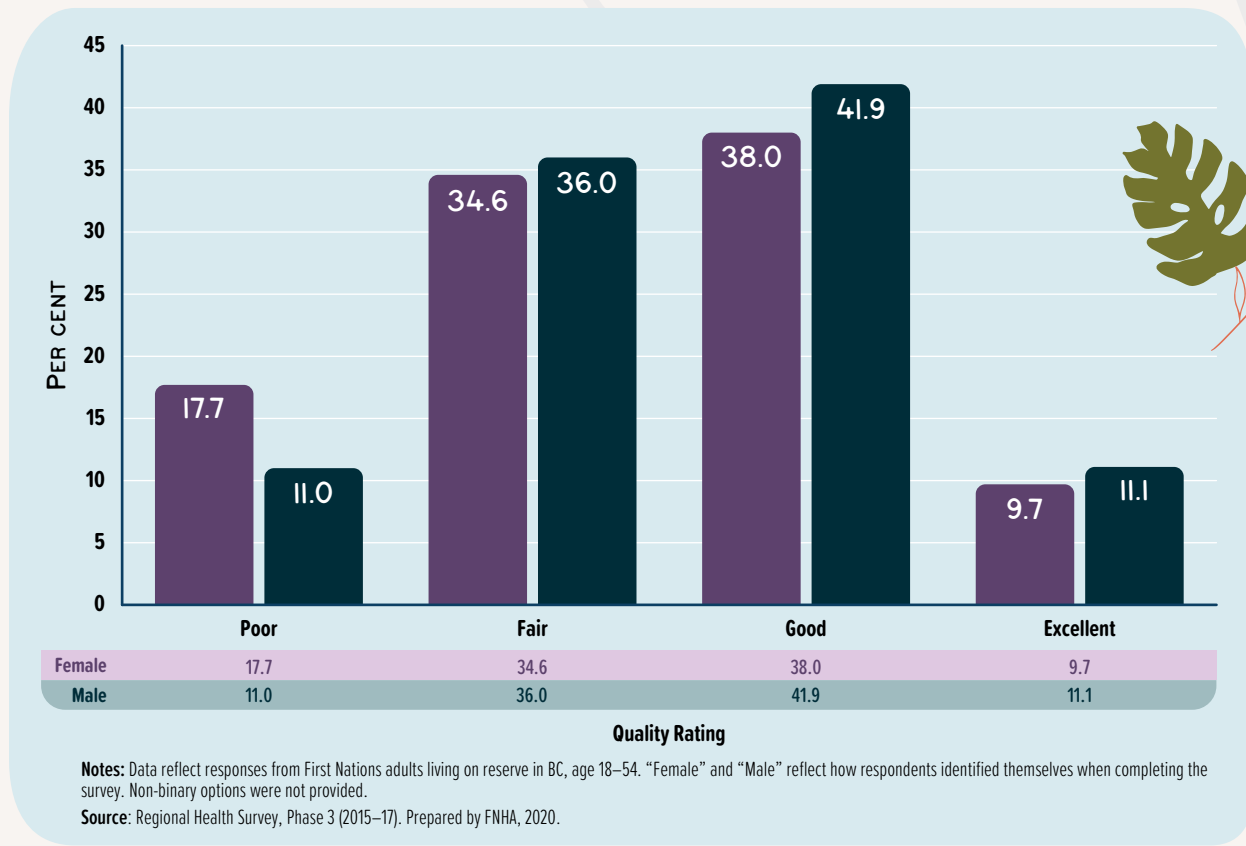
From RHS3 (2015–17), the majority of First Nations women age 18–54 (60%) never struggled to cover the costs of food in the past year. This is an increase of 11 percentage points from RHS2 (2008–10). In comparison, 35% reported struggling at least a few times per year to cover the costs of food. This result is calculated by adding the response categories “a few times per year” (25%), “monthly” (5%), and “more than once a month” (5%) for RHS3 (2015-17). Accessing affordable and fresh food is more challenging in lower-income, rural, and remote areas.²⁴ Many First Nations women and communities are regaining control of their own food practices by starting community gardens and reinitiating traditional hunting and harvesting practices.^{25,26}



QUALITY OF AVAILABLE HEALTH SERVICES

p.80

FIG 4.24 PERCENTAGE REPORTED QUALITY RATINGS OF THE HEALTH CARE SERVICES IN THEIR COMMUNITY BY FIRST NATIONS ADULTS, AGE 18–54, BY SEX, BC, 2015–17



RHS3 (2015–17) data showed that 9.7% of First Nations women age 18–54 rated their community health care services as “excellent” and 38.0% as “good.” However, fewer First Nations women than men rated their health care services as “excellent,” “good,” or “fair.” *In Plain Sight* clearly indicated that BC’s health care system inflicts disproportionate anti-Indigenous racism on First Nations women that results in lower quality health care being provided;⁵ this is especially true for First Nations people who are gender-diverse and experience compounded stereotypes and biases in the health care system.²⁷

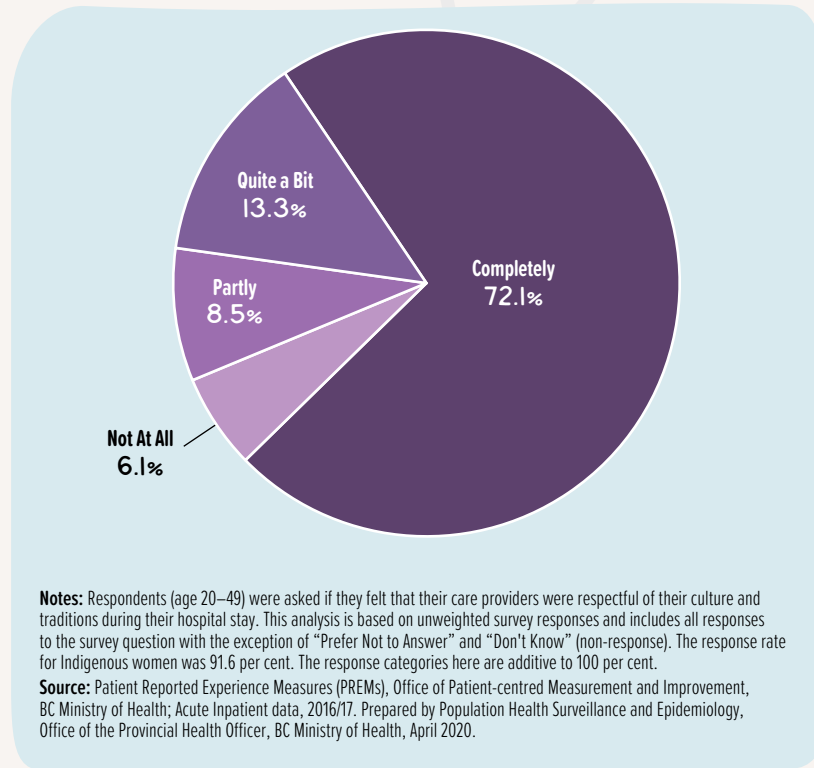




RECEIVING CULTURALLY SAFE CARE

p.80

FIG 4.25 REPORTED DEGREE TO WHICH HEALTH CARE PROVIDERS WERE RESPECTFUL OF INDIGENOUS WOMEN'S CULTURE AND TRADITIONS DURING THEIR HOSPITAL STAY, AGE 20–49, BC, 2016/17



From the 2016/17 Patient Reported Experience Measures Acute Inpatient Survey, 72.1% of Indigenous women age 20–49 reported that health care providers were “completely” respectful of their culture and traditions during their hospital stay. These results are not aligned with the disproportionate anti-Indigenous racism documented in *In Plain Sight*, including the findings that Indigenous respondents were significantly less likely to make complaints and significantly more likely to cite barriers to filing a complaint when they had the grounds to do so.⁵ Additionally, Indigenous women were less likely to make complaints compared to Indigenous men.⁵ As such, this chart must be interpreted with caution. Providing First Nations women with culturally safe care is key to both preventing and reducing the severity or impact of various health issues, as having positive experiences will encourage them to seek out health services when needed in the future.⁵ Increasing health care providers’ competency and confidence in providing culturally safe care through training is fundamental in improving the health and wellness of First Nations women.

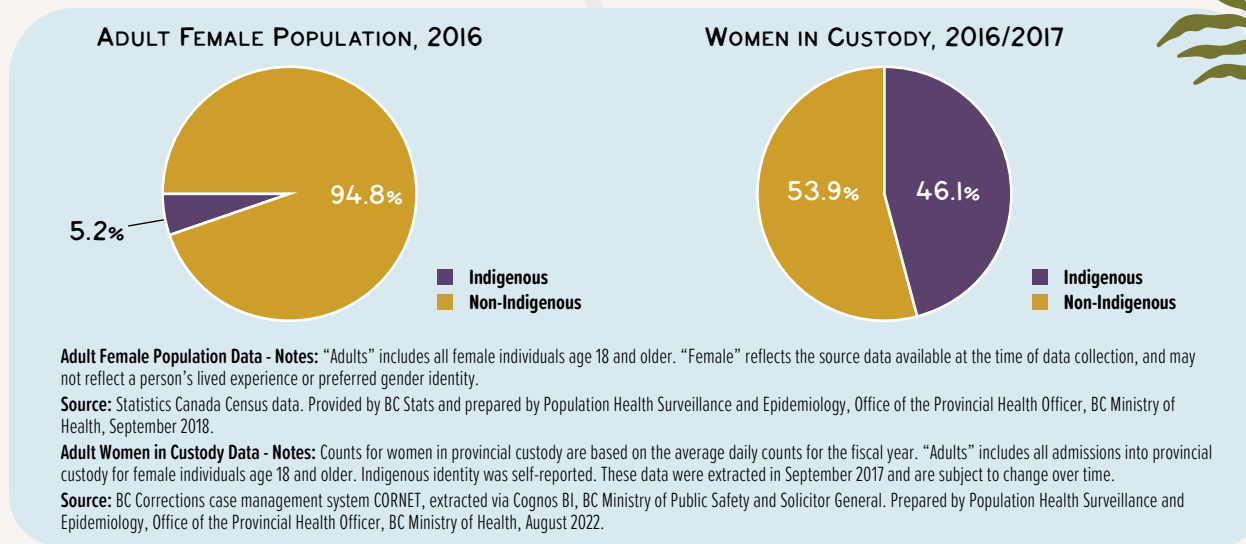




CUSTODY RATES

p.81

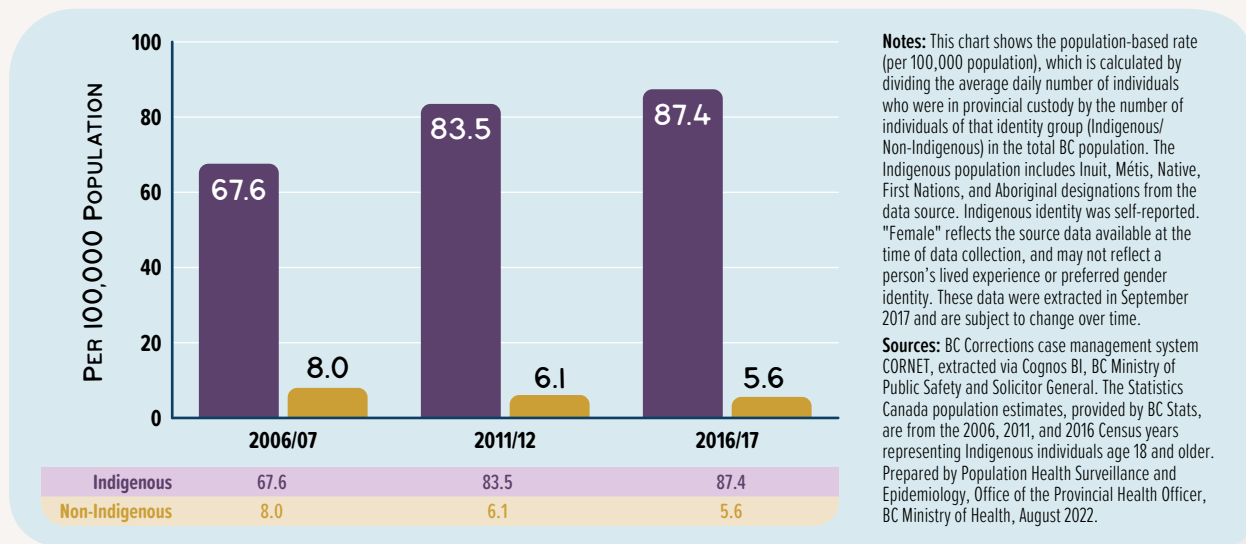
FIG 4.26 PROPORTION OF POPULATION AND AVERAGE POPULATION IN PROVINCIAL CUSTODY AMONG INDIGENOUS AND NON-INDIGENOUS WOMEN, AGE 18 AND OLDER, BC



Indigenous women are disproportionately criminalized and more likely to be incarcerated than non-Indigenous women due to racist laws and policies, manufactured poverty, impacts of intergenerational trauma, and for resisting the violence and destruction inflicted on their communities.¹² According to Census data, Indigenous women age 18 and older represented 5.2% of the adult female population in BC in 2016, but 46.1% of women in custody in 2016–17. This is a stark comparison to non-Indigenous women who represented 94.8% of the adult female population, but only 53.9% of women in custody. Indigenous women are targeted by law enforcement and criminalized for protecting themselves, their loved ones, and their land from violence.¹² To decrease custody rates among First Nations women, there is a need for reform to non-Indigenous enforcement practices.²⁸ In addition, there is a need for Indigenous-grounded, restorative justice programs and community-based law enforcement to restore power imbalances created by colonialism.

FIG 4.27 RATE OF INDIGENOUS AND NON-INDIGENOUS WOMEN IN PROVINCIAL CUSTODY, AGE 18 AND OLDER, BC, 2006/07, 2011/12, AND 2016/17

p.81



In the 10-year span from 2006/07 to 2016/17, the rate of Indigenous women age 18 and older in provincial custody increased from 67.6 per 100,000 to 87.4 per 100,000. However, BC Corrections has intentionally worked to improve the collection of Indigenous identity information during these years, so the increase is partly due to this change.

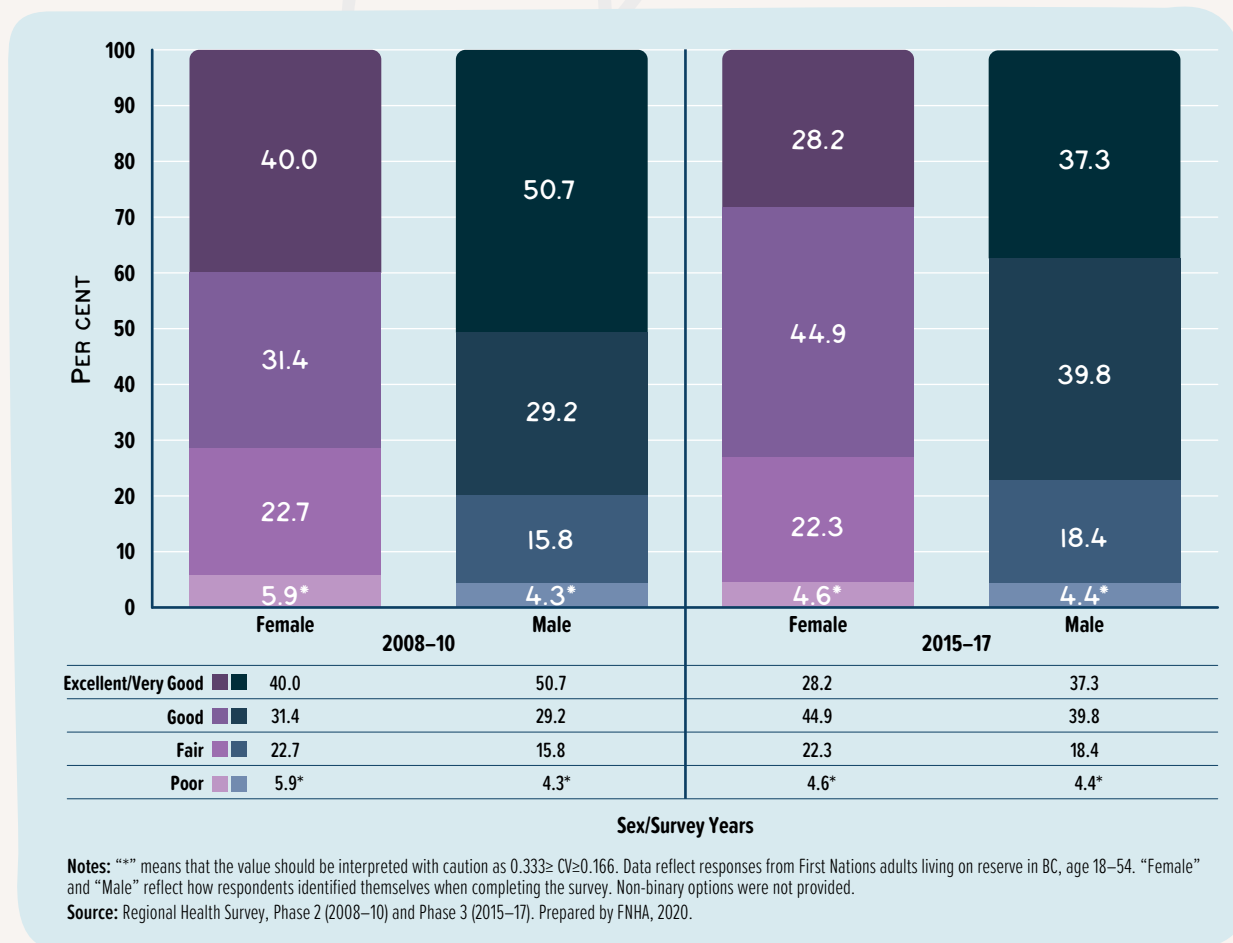
HEALTHY BODIES, MINDS AND SPIRITS

The connections First Nations women have with their culture, family, and community are essential to their health and wellness.^{29,30} Supportive systems are needed that respect First Nations cultural values and traditions, and that arrest racist policies and practices. Work must still be done to eradicate racist policies and practices that suppress the rights and self-determination of First Nations women. Restoring the inherent rights and self-determination of First Nations women will result in improved physical, mental, spiritual, and emotional health.

SELF-RATED HEALTH

p.82

FIG 4.28 PERCENTAGE SELF-RATED GENERAL HEALTH AMONG FIRST NATIONS ADULTS, AGE 18–54, BY SEX, BC, 2008–10 AND 2015–17

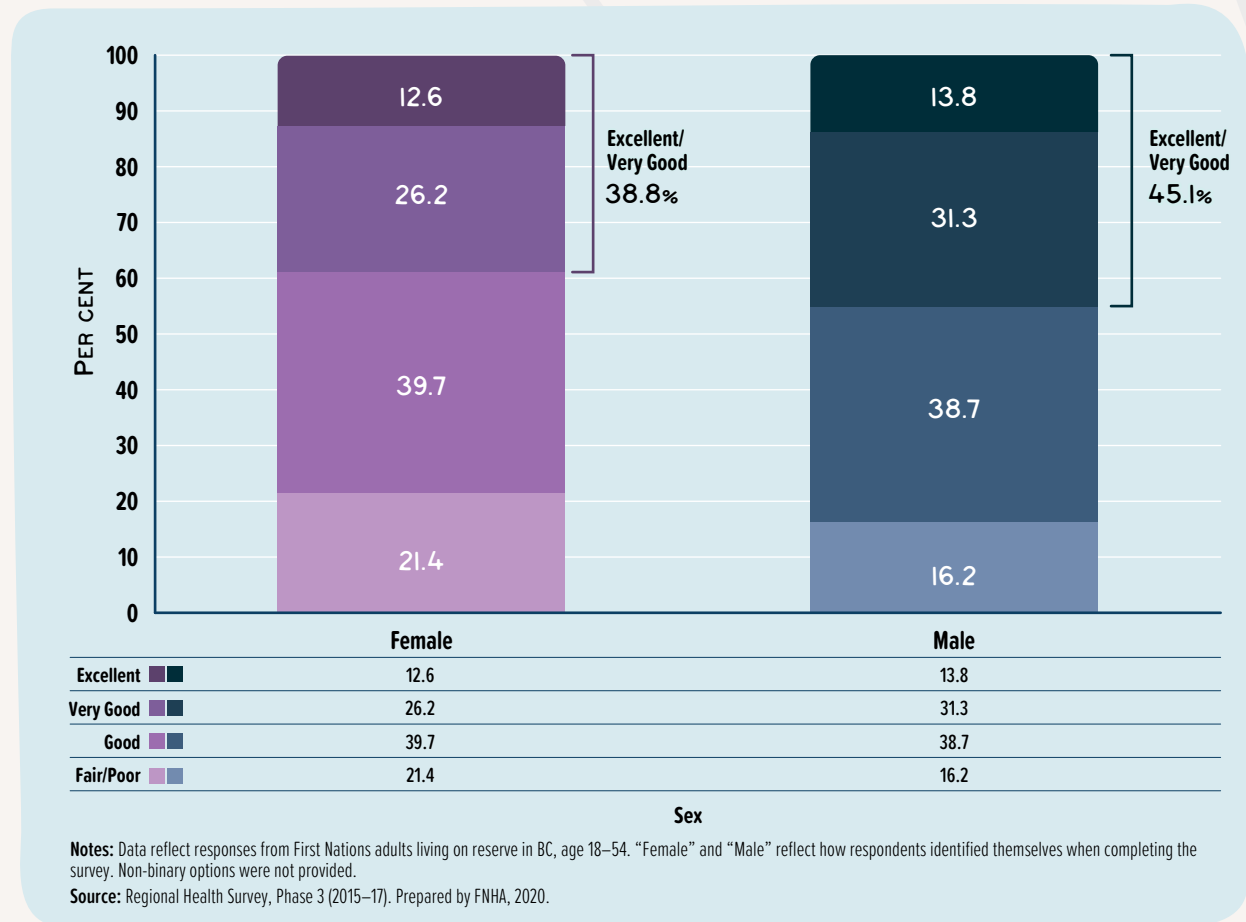


Balanced physical, mental, spiritual, and emotional health are all necessary components of health and wellness. First Nations women’s self-rated general health is centered on their feelings of connectedness to themselves, nature, their friends, family, community, and ancestors.³¹ RHS3 (2015–17) data showed that 28.2% of First Nations women rated their health as “excellent” or “very good,” while 44.9% rated their health as “good.” There was a decrease of 11.8 percentage points among First Nations women reporting “excellent” or “very good” health from RHS2 (2008–10) to RHS3 (2015–17).

SELF-RATED MENTAL HEALTH

p.83

FIG 4.29 PERCENTAGE SELF-RATED MENTAL HEALTH AMONG FIRST NATIONS ADULTS, AGE 18–54, BY SEX, BC, 2015–17



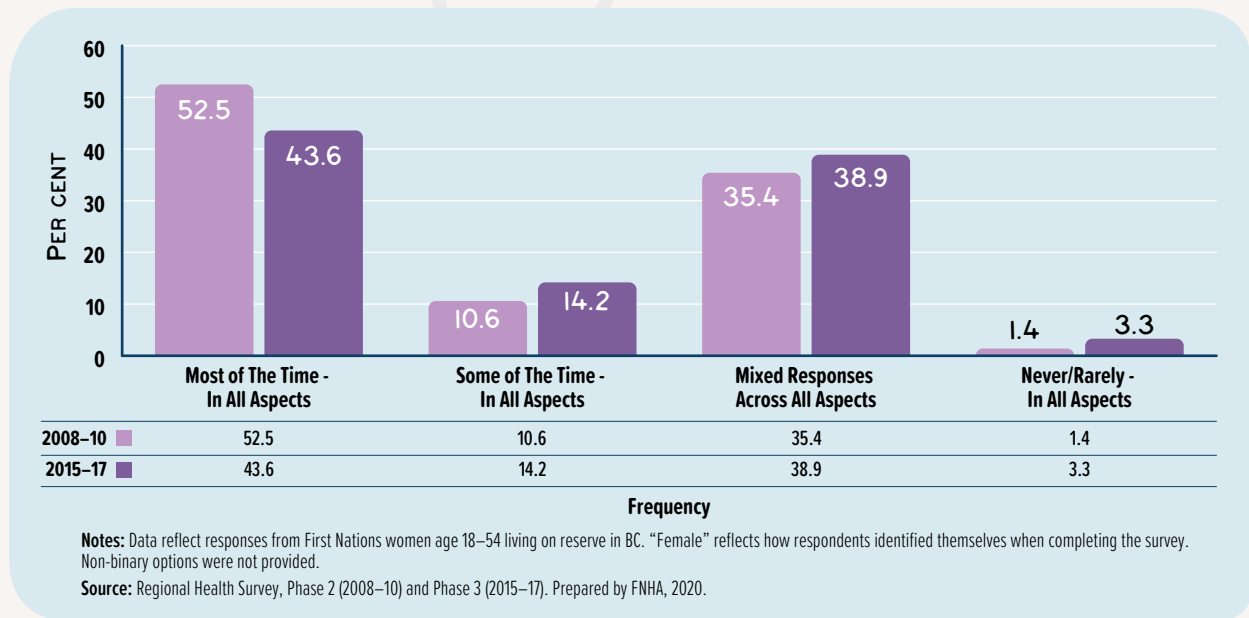
From RHS3 (2015–17), a lower percentage of First Nations women age 18–54 rated their mental health as “excellent” or “very good” compared to First Nations men in the same age group (38.8% vs. 45.1%). Research has consistently found a greater prevalence of anxiety and stress disorders among women than among men.³² First Nations women look to their traditions, customs, and culture to help them reclaim and maintain their strength and resilience in the face of racism, discrimination, and intergenerational trauma.³³



SENSE OF BALANCE

p.83

FIG 4.30 PERCENTAGE SELF-RATED FREQUENCY OF BALANCE IN WELLNESS ASPECTS OF LIFE (PHYSICAL, MENTAL, SPIRITUAL, AND EMOTIONAL) AMONG FIRST NATIONS WOMEN, AGE 18–54, BC, 2008–10 AND 2015–17



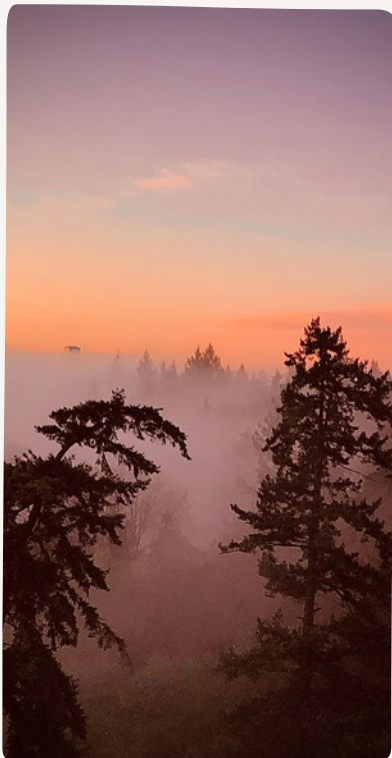
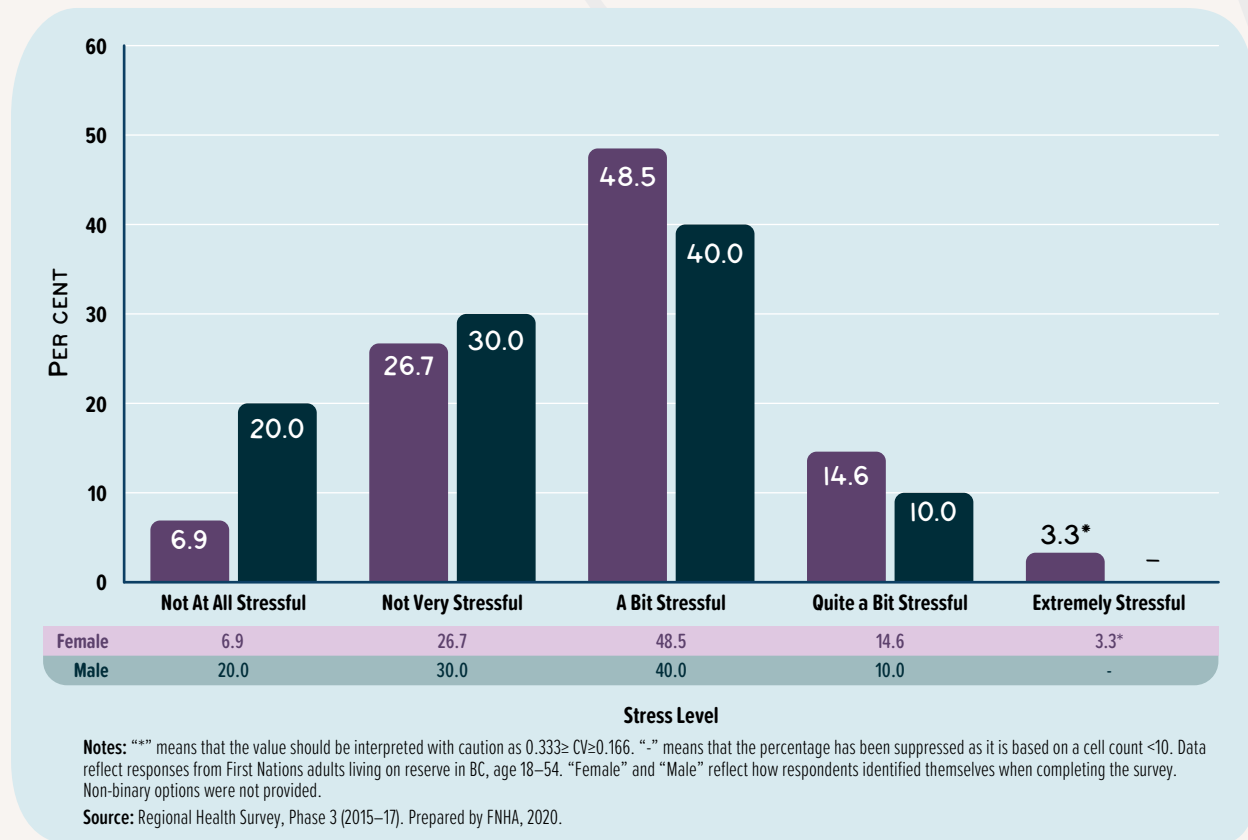
RHS3 (2015–17) data showed that 43.6% of First Nations women age 18–54 felt balanced “most of the time—in all aspects” of wellness, which is a decrease of 8.9 percentage points from RHS2 (2008–10). More First Nations women felt balanced “some of the time—in all aspects” in 2015–17 than in 2008–10 (14.2% vs. 10.6%). Being connected to the land, community, and family helps First Nations women to have balance in wellness.³⁴ First Nations women also value having avenues for communication to speak freely and openly about issues they might be facing.³⁵



LIFE STRESS

p.84

FIG 4.31 PERCENTAGE REPORTED STRESS LEVEL OF MOST DAYS AMONG FIRST NATIONS ADULTS, AGE 18–54, BY SEX, BC, 2015–17



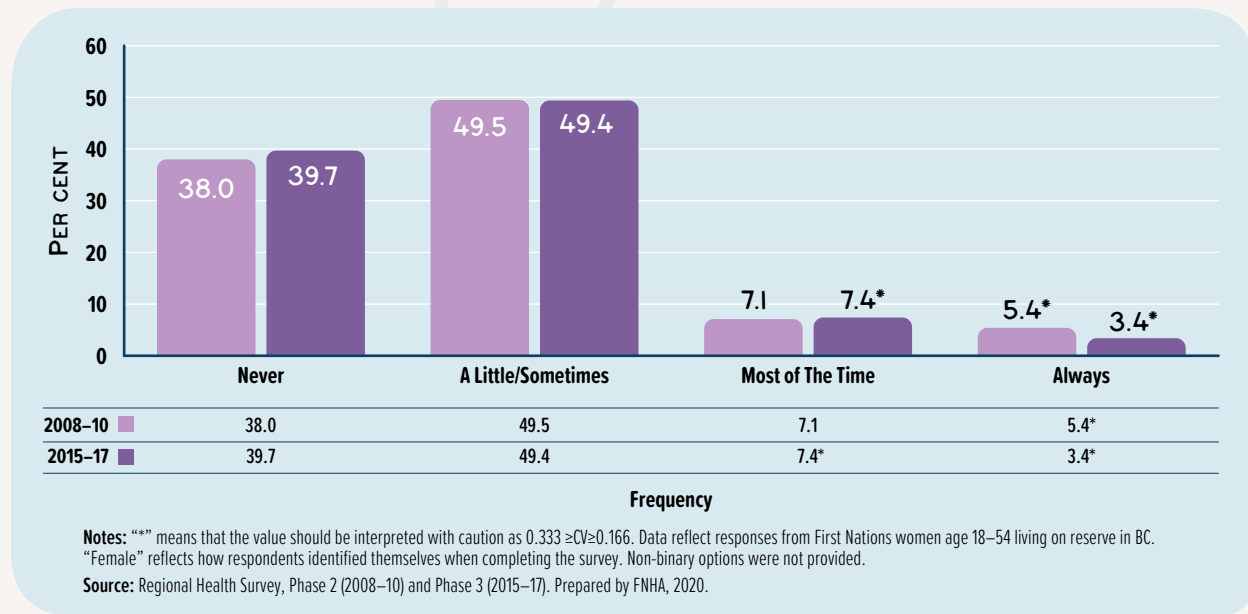
From RHS3 (2015–17), 48.5% of First Nations women age 18–54 reported that most days in life were “a bit stressful,” while 14.6% felt most days were “quite a bit stressful.” Only 33.6% of First Nations women felt that most days in life were “not at all stressful” (6.9%) or “not very stressful” (26.7%). First Nations women may experience higher levels of stress due to the impacts of interpersonal racism and racist laws and policies that have impacted their overall wellness and sense of balance.



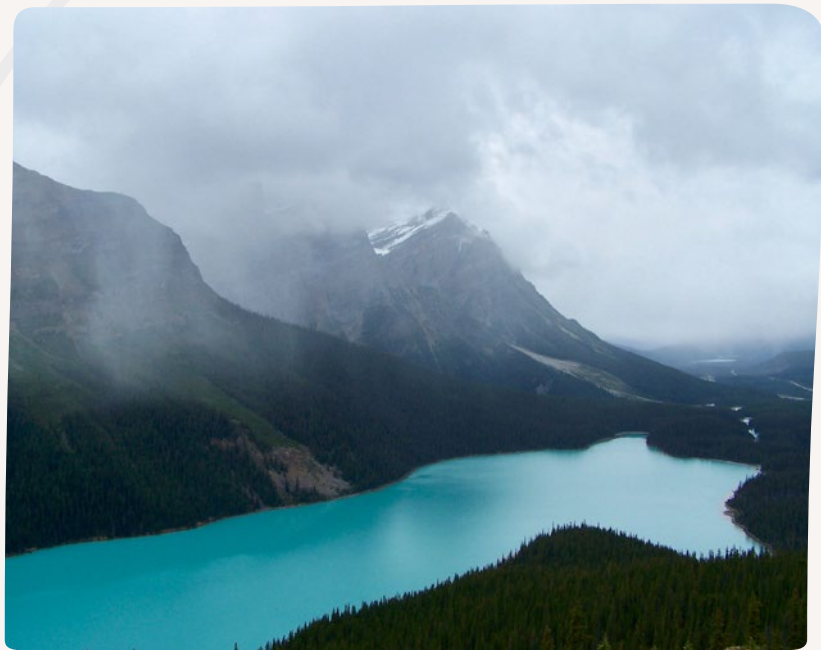
DEPRESSION

p.84

FIG 4.32 SELF-REPORTED FREQUENCY OF FEELINGS OF DEPRESSION IN THE PAST MONTH AMONG FIRST NATIONS WOMEN, AGE 18–54, BC, 2008–10 AND 2015–17



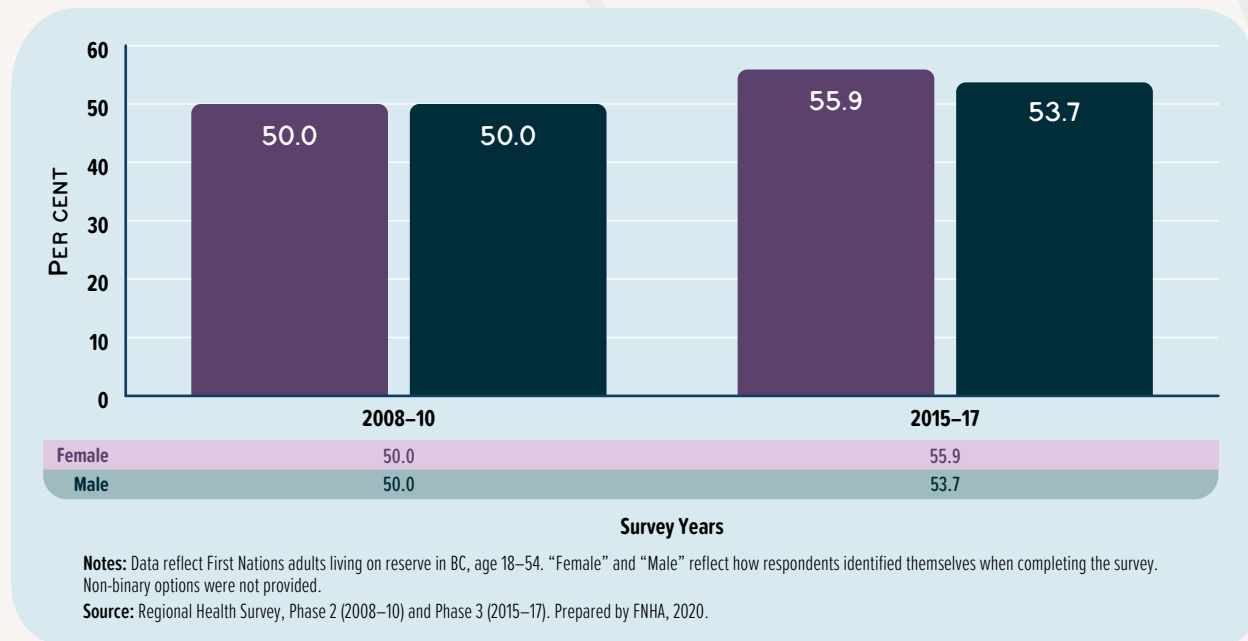
From RHS3 (2015–17), the majority (89.1%) of First Nations women age 18–54 either “never” (39.7%) or “a little/sometimes” (49.4%) experienced feelings of depression in the past month. First Nations women are two times more likely than First Nations men to experience depression or mood disorders.⁵ This gender difference is likely due to many complex factors, but the racist laws and policies that result in stereotyping, marginalization, stigmatization, and violence against First Nations women undoubtedly have an impact on their mental health.¹⁴



NON-SMOKING RATES

p.84

FIG 4.33 PERCENTAGE OF FIRST NATIONS ADULTS WHO WERE NON-SMOKERS AT TIME OF SURVEY, AGE 18-54, BY SEX, BC, 2008-10 AND 2015-17



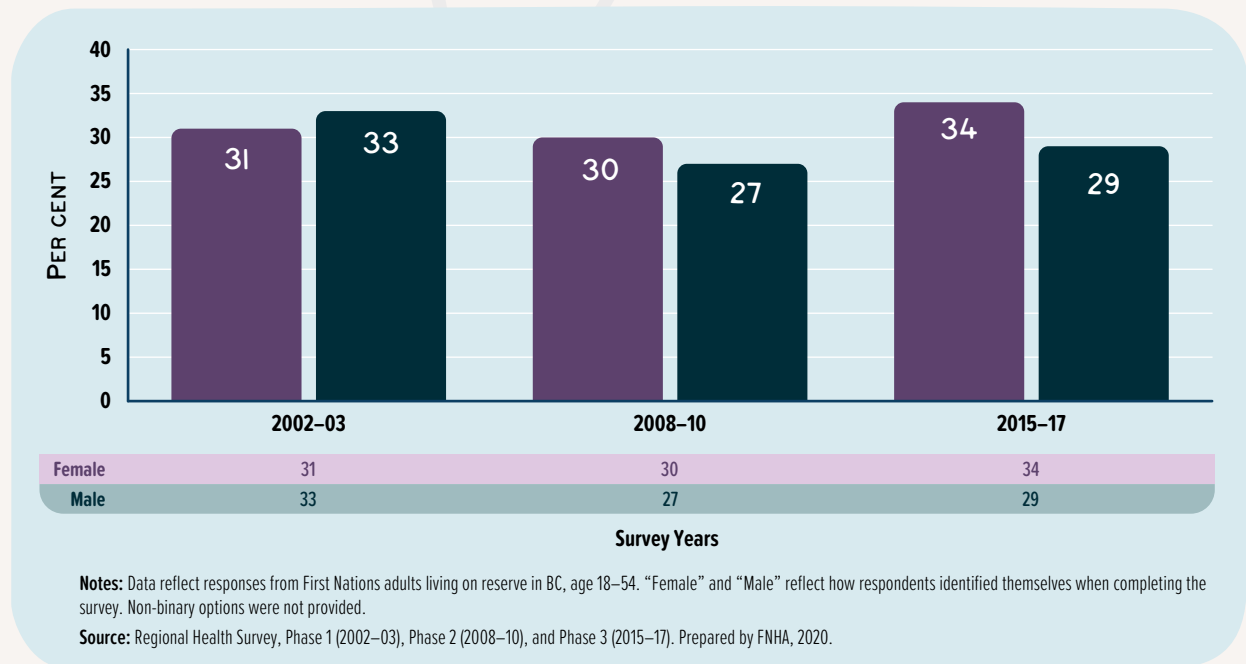
From RHS2 (2008-10) and RHS3 (2015-17), the percentage of First Nations women age 18-54 who did not smoke cigarettes increased by 5.9 percentage points from 50.0% to 55.9%. Broad awareness of the negative impacts of commercial tobacco use—including the impact of second-hand smoke on children and families—may be a factor in the reduction of commercial smoking among First Nations women.³⁶



ALCOHOL USE

p.85

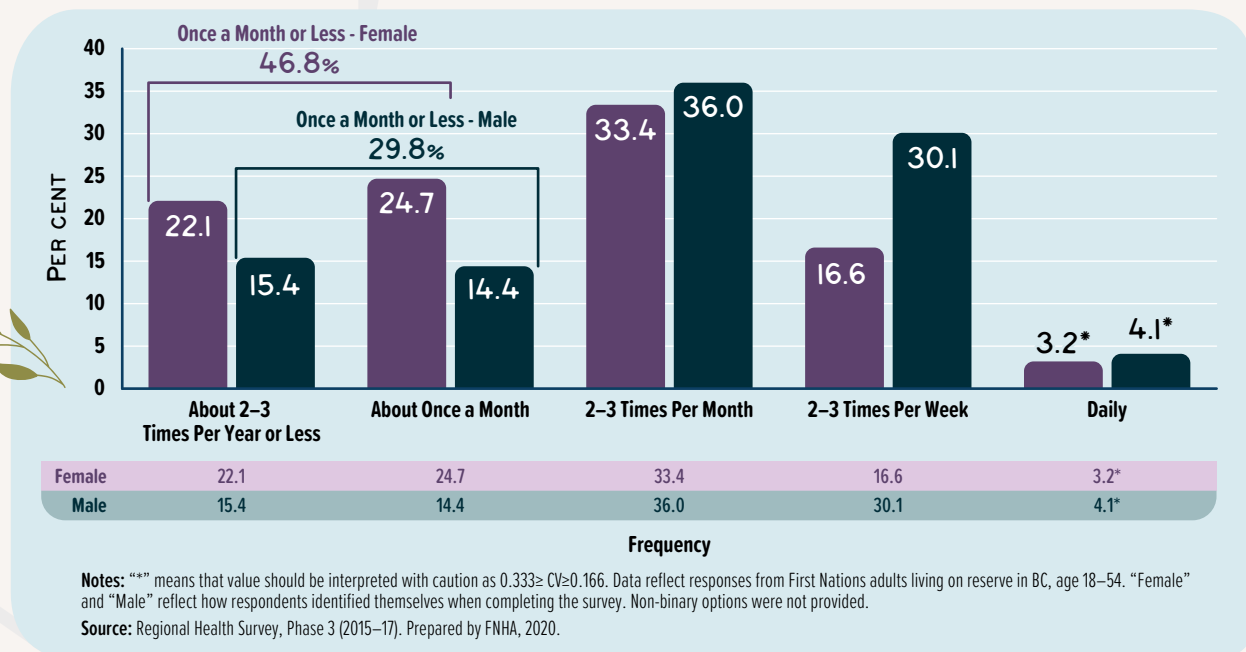
FIG 4.34 PERCENTAGE OF FIRST NATIONS ADULTS WHO DID NOT DRINK ALCOHOL IN THE PAST YEAR, AGE 18–54, BY SEX, BC, 2002–03, 2008–10, AND 2015–17



From RHS1 (2002–03), RHS2 (2008–10), and RHS3 (2015–17), the proportion of First Nations women age 18–54 who did not drink alcohol in the past year consistently remained at or over 30%. Many First Nations women have experienced significant traumas due to colonialism and have seen the impacts of alcohol use in their communities; however, they remain both resilient and strong.

p.85

FIG 4.35 PERCENTAGE REPORTED FREQUENCY OF ALCOHOL CONSUMPTION AMONG FIRST NATIONS ADULTS WHO DRANK ALCOHOL IN THE PAST YEAR, AGE 18–54, BY SEX, BC, 2015–17

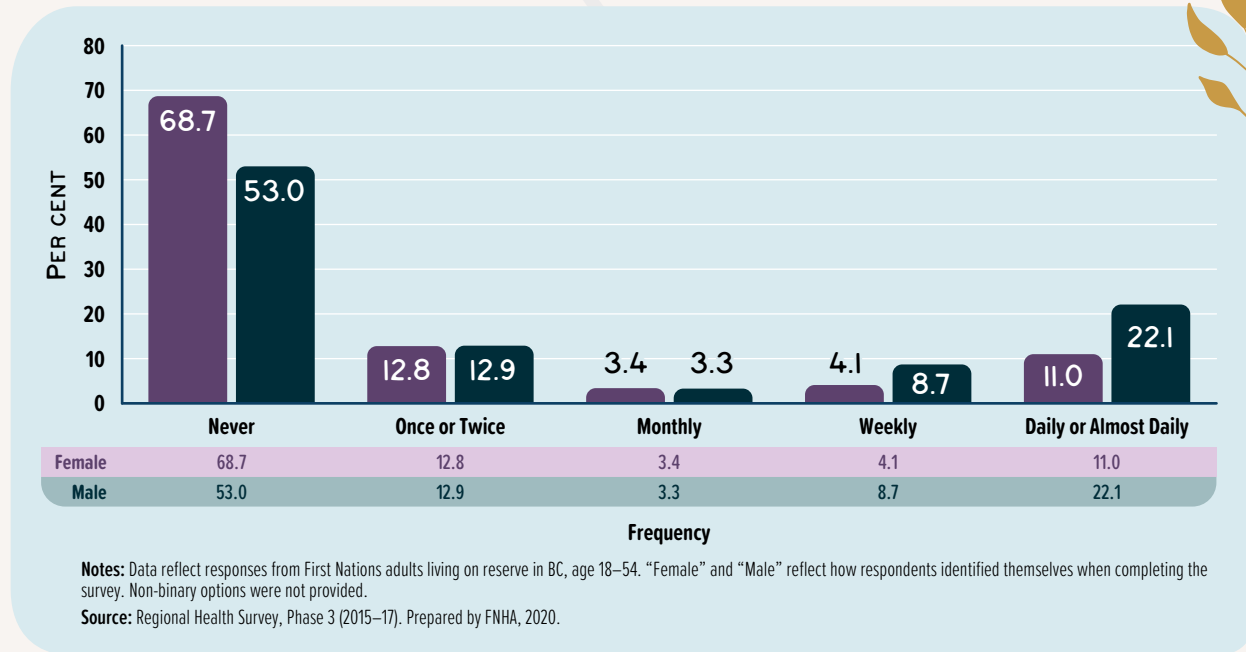


From RHS3 (2015–17), of the First Nations women age 18–54 who drank alcohol in the past year, 46.8% drank rarely—“about once a month” (24.7%) or “about 2–3 times per year or less” (22.1%).

CANNABIS USE

p.85

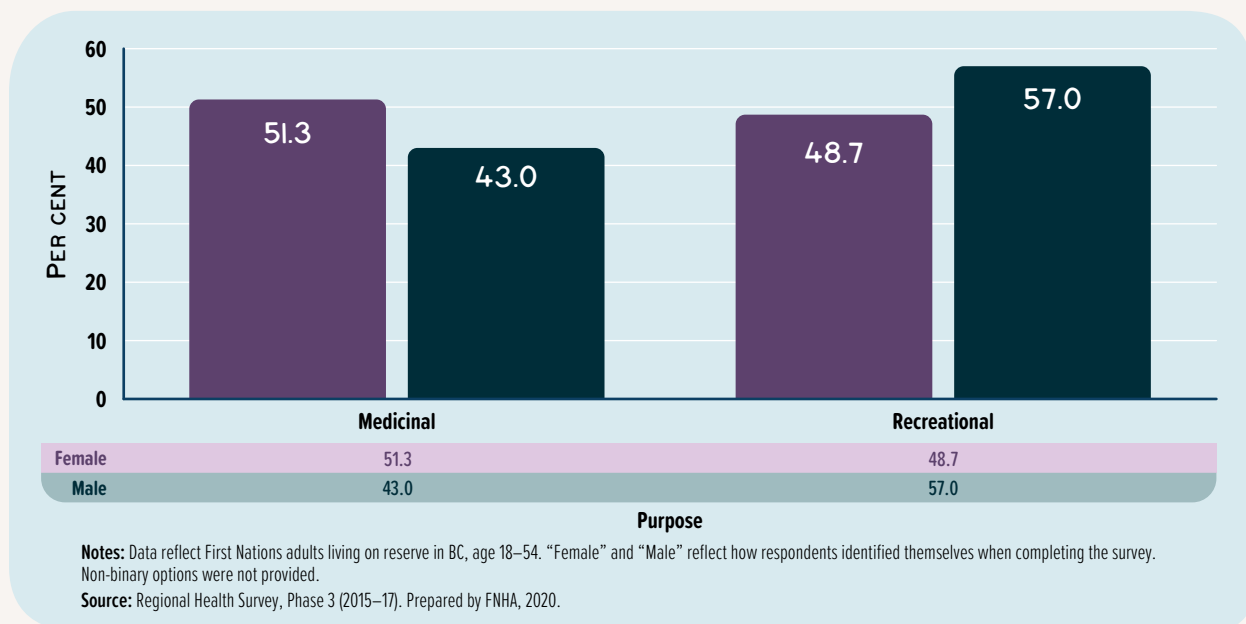
FIG 4.36 PERCENTAGE REPORTED FREQUENCY OF CANNABIS USE IN THE PAST YEAR AMONG FIRST NATIONS ADULTS, AGE 18–54, BY SEX, BC, 2015–17



From RHS3 (2015–17), 31.3% of First Nations women age 18–54 used cannabis in the past year. Some First Nations women use cannabis recreationally or for medicinal purposes; however, it may also be used as a coping mechanism for intergenerational trauma, psychological distress, or racism.³⁷

p.85

FIG 4.37 PERCENTAGE REPORTED CANNABIS USE FOR MEDICINAL OR RECREATIONAL PURPOSES AMONG FIRST NATIONS ADULTS WHO USED CANNABIS IN THE PAST YEAR, AGE 18–54, BY SEX, BC, 2015–17

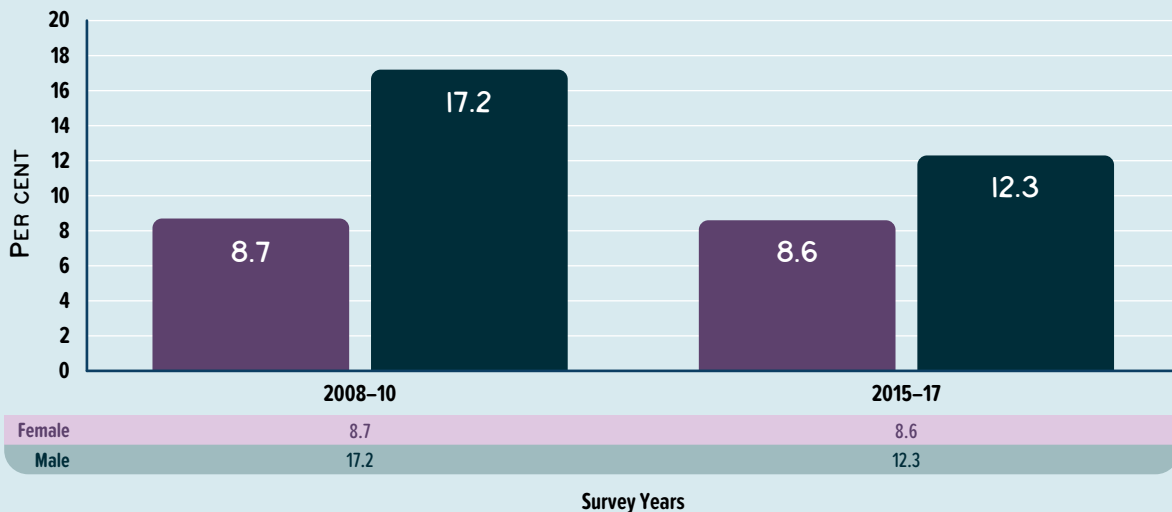


From RHS3 (2015–17), of First Nations women age 18–54 who used cannabis in the past year, 51.3% did so for medicinal purposes.

OTHER SUBSTANCE USE

p.86

FIG 4.38 PERCENTAGE REPORTED USE OF OTHER SUBSTANCES IN THE PAST YEAR AMONG FIRST NATIONS ADULTS, AGE 18–54, BY SEX, BC, 2008–10 AND 2015–17



Notes: Data reflect responses from First Nations adults living on reserve in BC, age 18–54. “Female” and “Male” reflect how respondents identified themselves when completing the survey. Non-binary options were not provided. Data reflect any use of the following: cocaine, amphetamines, methamphetamines, ecstasy, hallucinogens, heroin, or other specified substances (reported by respondents). Data exclude use of cannabis, inhalants, and salvia.

Source: Regional Health Survey, Phase 2 (2008–10) and Phase 3 (2015–17). Prepared by FNHA, 2020.

Across RHS2 (2008–10) and RHS3 (2015–17), less than 9% of First Nations women age 18–54 reported any use of substances in the past year, including cocaine, amphetamines, methamphetamine, ecstasy, hallucinogens, inhalants, heroin, salvia, opioids, sedatives, and other specified substances. Racism, intergenerational trauma, and attempted genocide harm First Nations women; however, First Nations women continue to actively resist the continued effects of colonialism and seek diverse ways of coping and healing, including relying on their culture and spirituality.³⁸

A harm reduction approach is about taking a compassionate, non-judgemental approach to alcohol and substance use: meeting people where they are at, accepting them, and understanding the complexities of substance use and addiction.³⁹

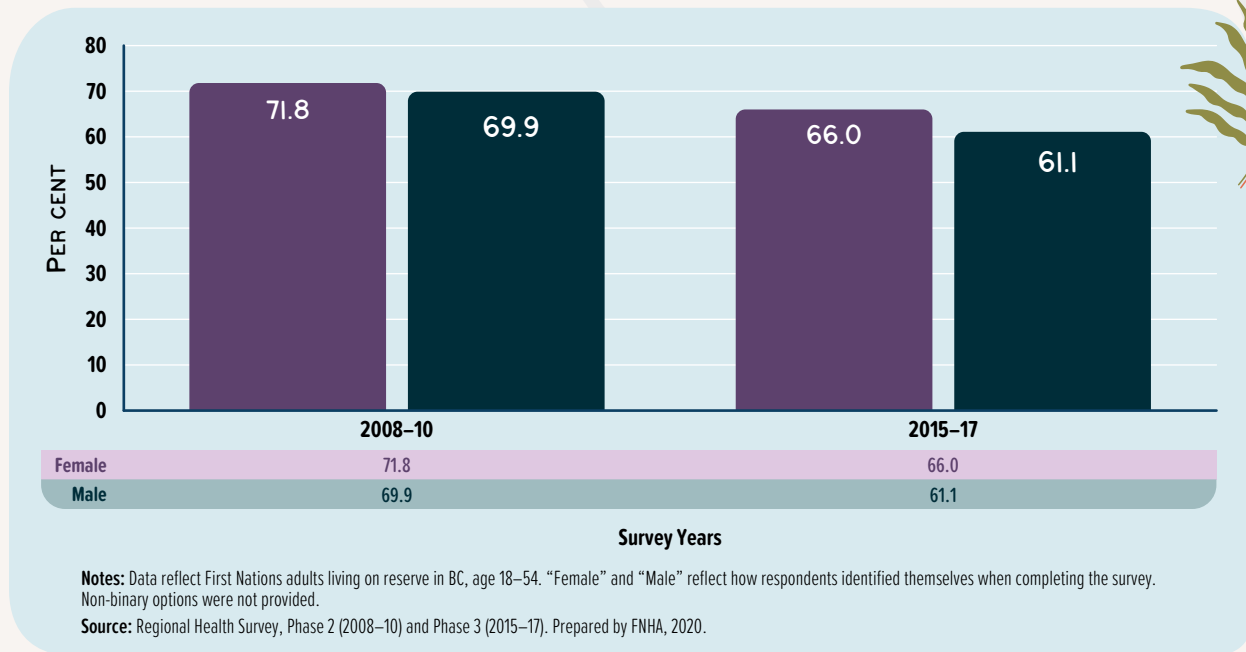
This approach focuses on building relationships based in trust to support individuals in reducing the harms associated with their substance use and finding safer ways of coping. These connections can be life-saving – and in response to the toxic drug crisis, many Nations have developed innovative and culturally relevant harm reduction and housing programs—often involving Elders—to strengthen supports and reduce the risks of overdoses.

- *Sacred and Strong: Upholding our Matriarchal Roles* (p.85)

GAMBLING

p.86

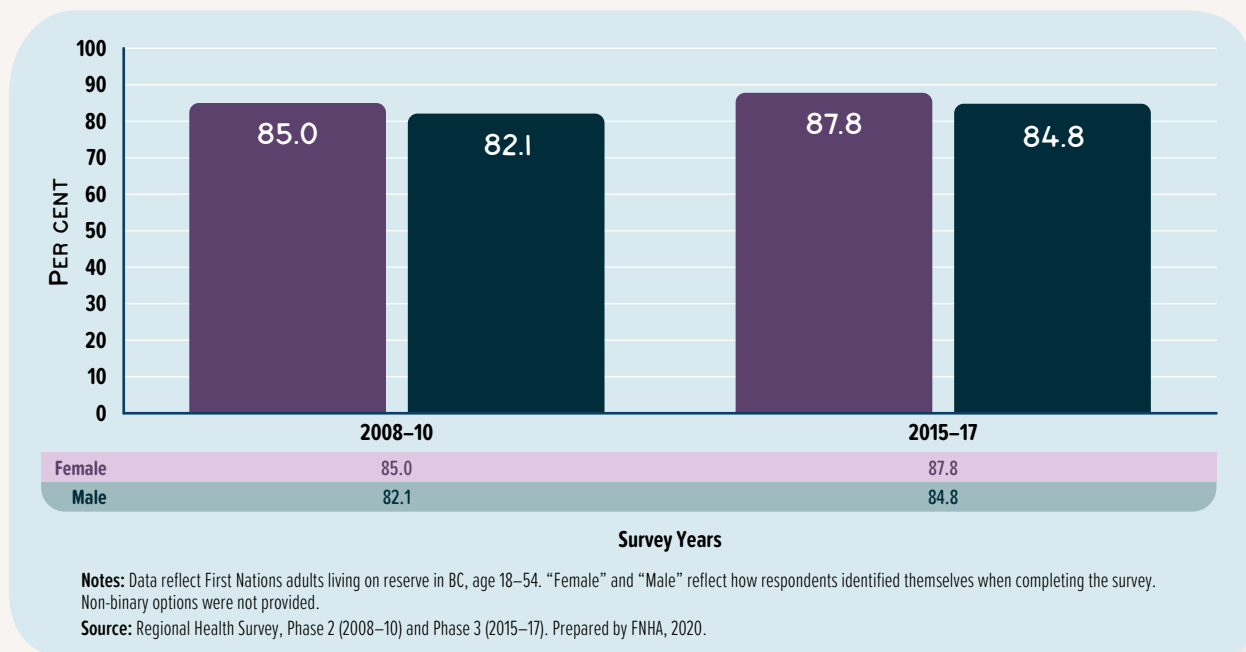
FIG 4.39 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED GAMBLING IN THE PAST YEAR, AGE 18–54, BY SEX, BC, 2008–10 AND 2015–17



From RHS2 (2008–10) to RHS3 (2015–17), the percentage of First Nations women age 18–54 who reported gambling in the past year decreased by 5.8 percentage points, from 71.8% to 66.0%.

p.86

FIG 4.40 PERCENTAGE OF FIRST NATIONS ADULTS WHO NEVER BET MORE THAN THEY COULD AFFORD TO LOSE, AMONG THOSE WHO REPORTED GAMBLING IN THE PAST YEAR, AGE 18–54, BY SEX, BC, 2008–10 AND 2015–17

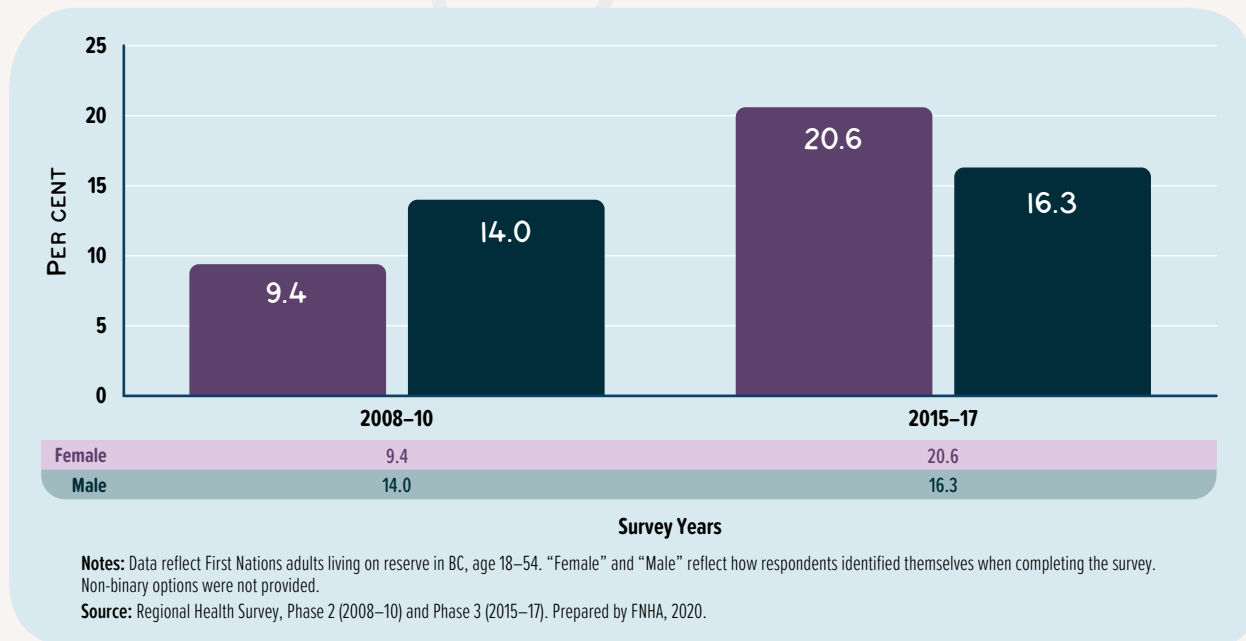


Of First Nations women age 18–54 who gambled in the past year, there was an increase in the proportion who never bet more than they could afford to lose, from 85.0% (2008–10) to 87.8% (2015–17). Although most First Nations women who engage in gambling do so responsibly (i.e., betting only what they can afford to lose), some may engage in problematic gambling as a way of coping with past traumas.⁴⁰

SUICIDES

p.87

FIG 4.4I PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED THAT THEY HAD LOST A FAMILY MEMBER OR FRIEND TO SUICIDE IN THE PAST YEAR, AGE 18–54, BY SEX, BC, 2008–10 AND 2015–17



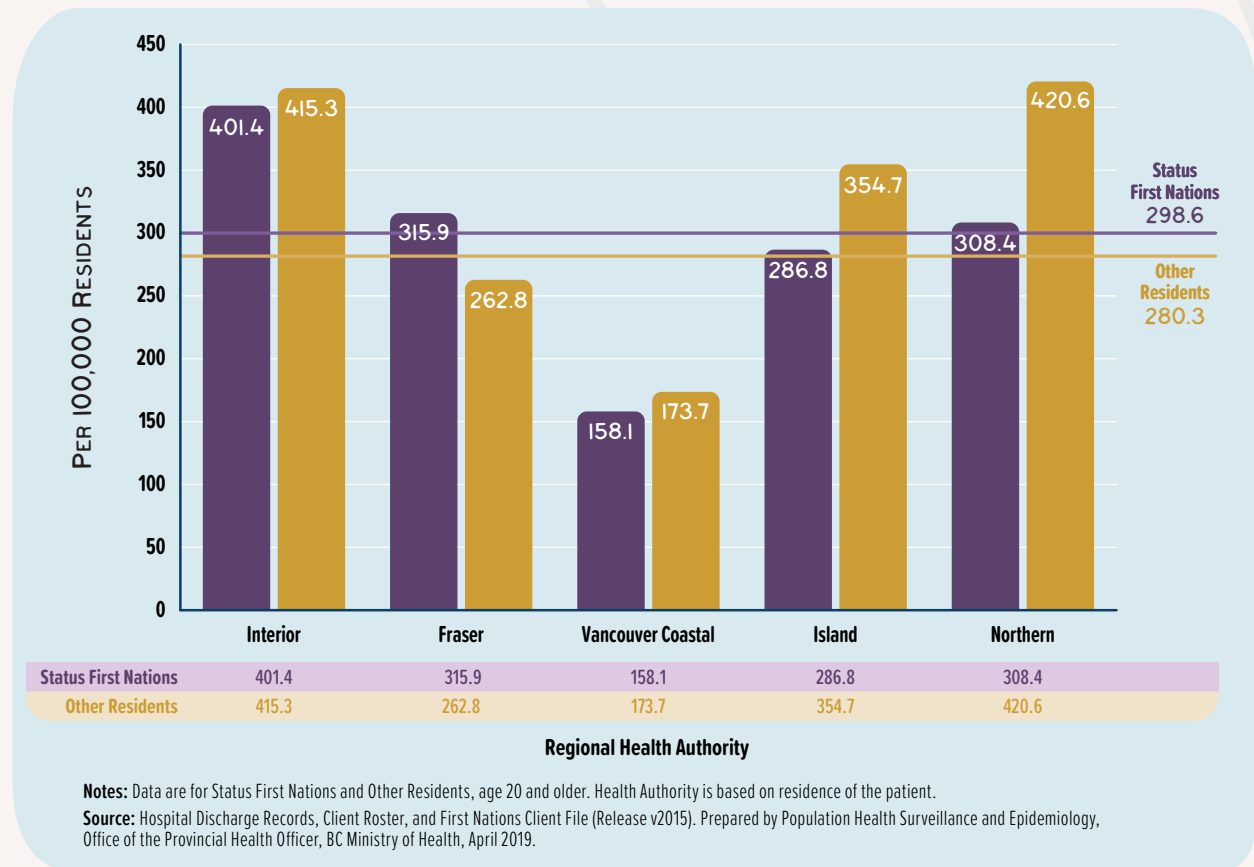
From RHS2 (2008–10) to RHS3 (2015–17), the percentage of First Nations women age 18–54 who lost a family member or friend to suicide in the past year increased by 11.2 percentage points from 9.4% to 20.6%. The roots of suicide are complex among First Nations people; they are disproportionately affected due to the intergenerational impacts of colonialism, including residential schools, the Sixties Scoop, land dispossession, and cultural genocide.³¹



HYSTERECTOMIES

p.89

FIG 4.42 AGE-STANDARDIZED HYSTERECTOMY RATE AMONG STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 20 AND OLDER, BY REGIONAL HEALTH AUTHORITY, BC, 2011–15



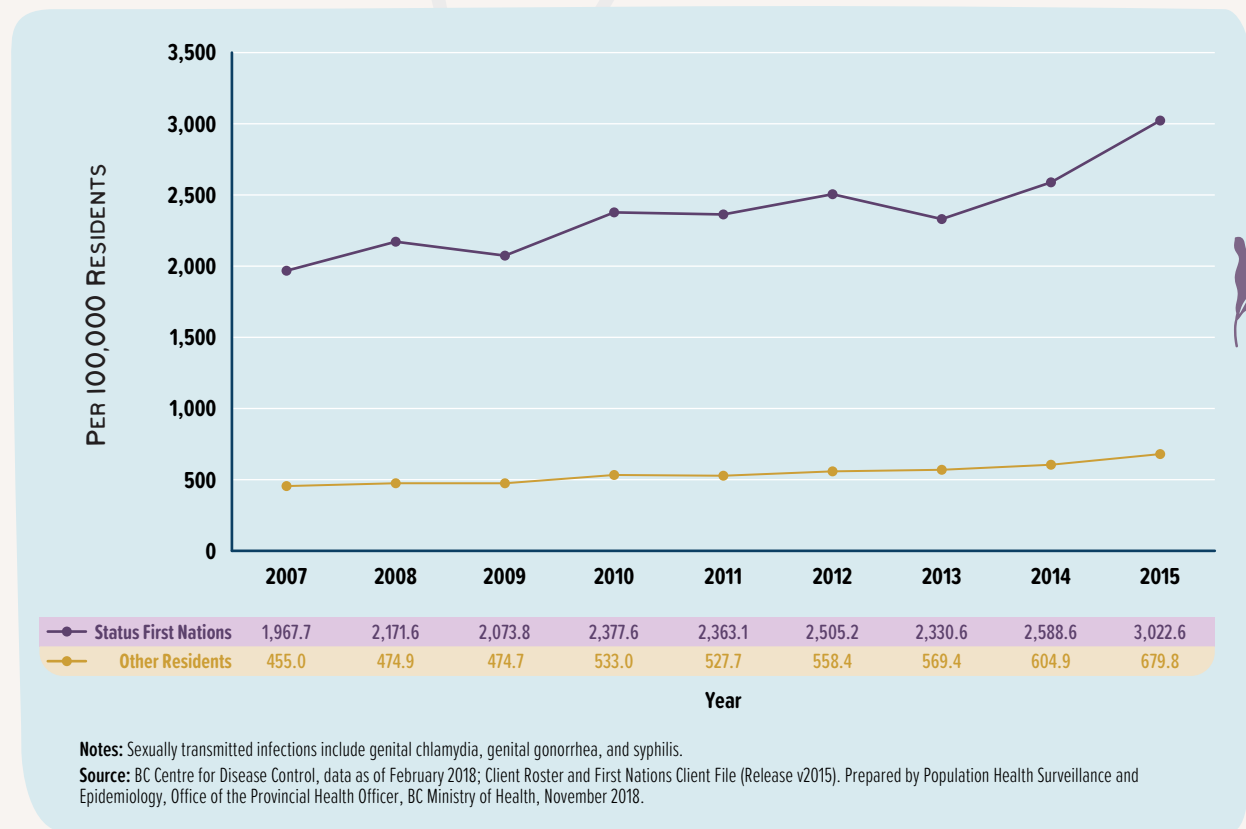
From hospital discharge records for the period spanning 2011–2015, the age-standardized hysterectomy rate was 298.6 per 100,000 among Status First Nations women age 20 and older, compared to 280.3 per 100,000 among Other Resident women in the same age group. Having control over one’s own body and fertility is a basic human right; however, First Nations women continue to be impacted by the historical and ongoing traumas of coerced and forced sterilizations, as well as racist stereotypes that undermine their reproductive health. This is a violation to their identities as mothers and women.⁵



SEXUALLY TRANSMITTED INFECTIONS

p.89

FIG 4.43 CRUDE RATE OF SEXUALLY TRANSMITTED INFECTIONS AMONG STATUS FIRST NATIONS WOMEN AND OTHER RESIDENT WOMEN, AGE 20–49, BY SEX, BC, 2007 TO 2015



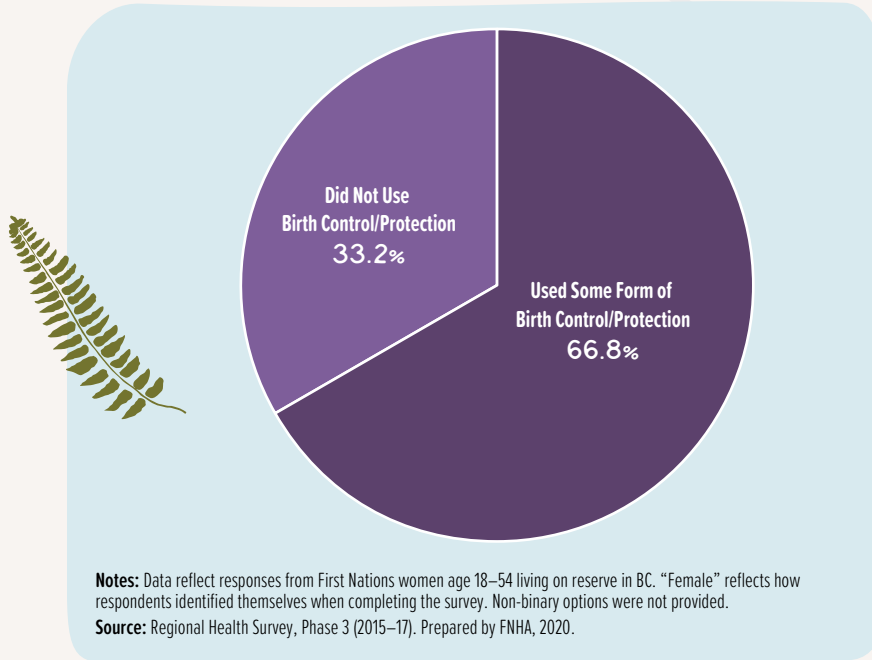
First Nations women experience anti-Indigenous racism in BC’s health care system, which creates barriers to accessing culturally safe, gender affirming, trauma-informed care, and makes it difficult for them to receive services and supplies for informed family planning that support their sexual well-being.⁴¹ From 2007 to 2015, the crude rate of sexually transmitted infections was consistently higher among Status First Nations women age 20–49 than Other Resident women in the same age group, and both populations showed increasing trends over time. In 2015, the crude rate of sexually transmitted infections among Status First Nations women was more than four times the rate of Other Resident women (3,022.6 per 100,000 vs. 679.8 per 100,000).



CONTRACEPTION

p.89

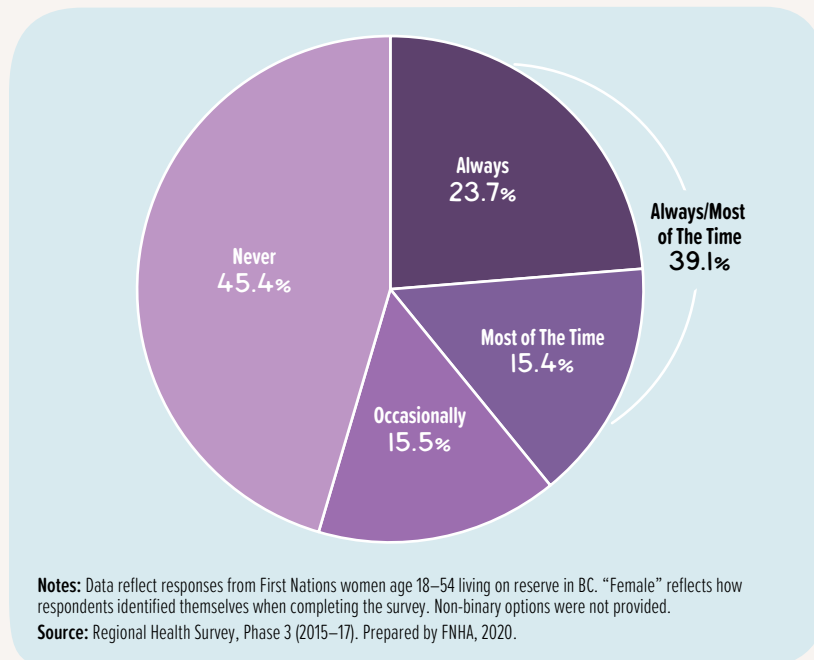
FIG 4.44 SEXUALLY ACTIVE FIRST NATIONS WOMEN WHO USED SOME FORM OF CONTRACEPTION WHEN THEY HAD SEX IN THE PAST YEAR, AGE 18–54, BC, 2015–17



First Nations women have the right to choose which type of contraception, if any, they want to use, and the right to choose a method that supports their sexual and reproductive health. Barriers affecting access to culturally safe information and services should not affect the contraception method chosen.⁴² From RHS3 (2015–17), 66.8% of sexually active First Nations women age 18–54 used some form of contraception when they had sex in the past year.

p.89

FIG 4.45 REPORTED FREQUENCY OF CONDOM USE AMONG FIRST NATIONS WOMEN WHO WERE SEXUALLY ACTIVE AND USED SOME FORM OF CONTRACEPTION WHEN THEY HAD SEX IN THE PAST YEAR, AGE 18–54, BC, 2015–17

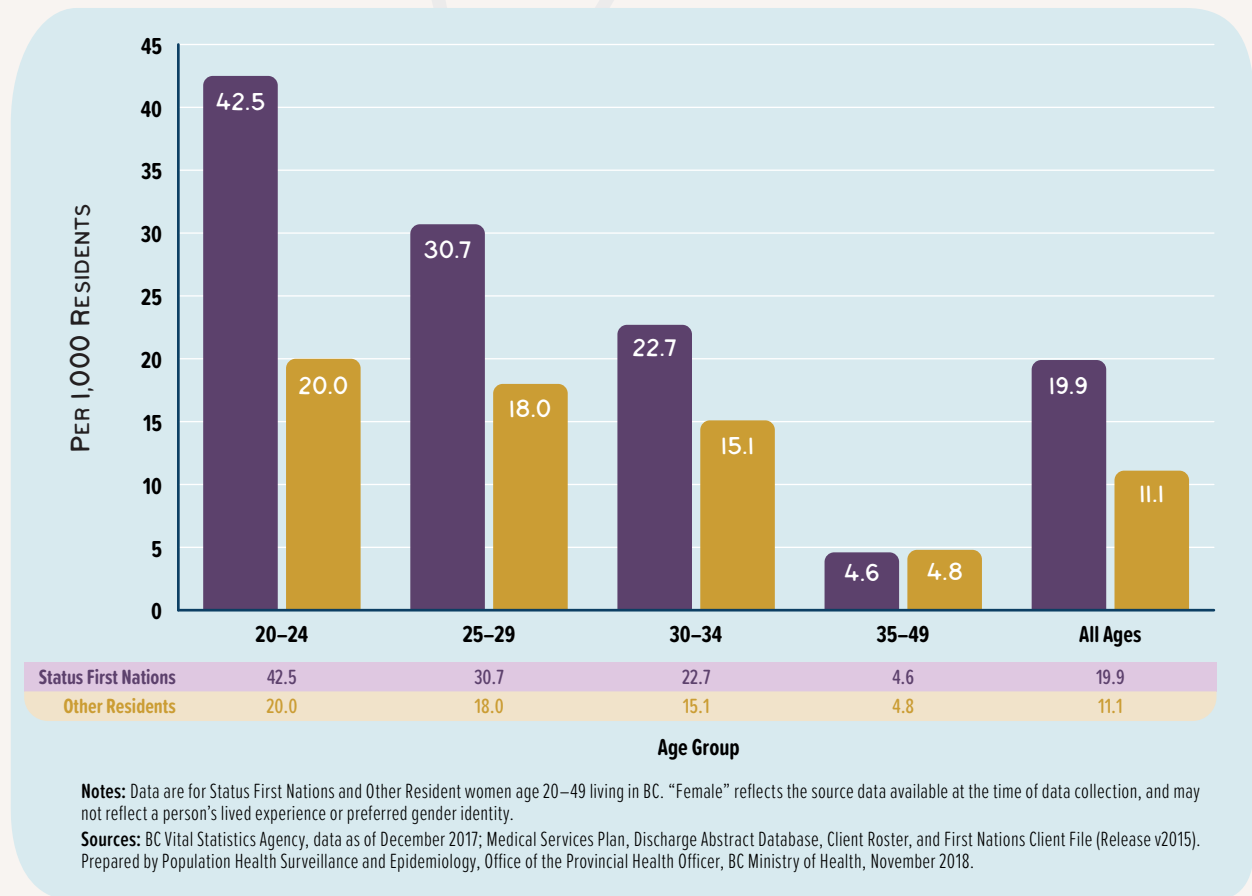


From RHS3 (2015–17), of the sexually active First Nations women age 18–54 who used some form of contraception when they had sex in the past year, 39.1% used condoms “always” or “most of the time.”

ABORTIONS

p.89

FIG 4.46 AGE-SPECIFIC ABORTION RATES AMONG STATUS FIRST NATIONS WOMEN AND OTHER RESIDENT WOMEN, AGE 20–49, BC, 2015

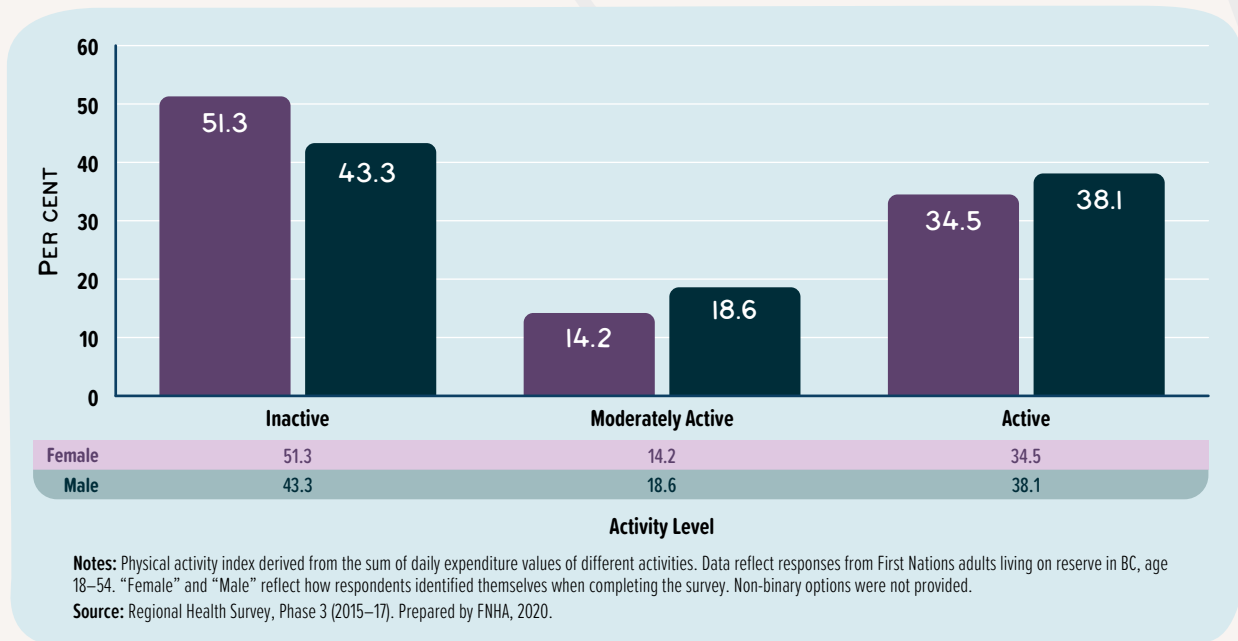


In 2015, the age-specific abortion rates among Status First Nations women age 20–49, 25–29, and 30–34 were higher than the rates among Other Resident women in the same age groups. First Nations women have the inherent right to make decisions about whether to have children, when to have children, and how many children to have. They have the right to learn about their options in a safe, non-judgemental, and trauma-informed environment that does not influence their decisions.⁴²

PHYSICAL ACTIVITY

p.90

FIG 4.47 PERCENTAGE SELF-REPORTED PHYSICAL ACTIVITY LEVEL AMONG FIRST NATIONS ADULTS, AGE 18–54, BY SEX, BC, 2015–17



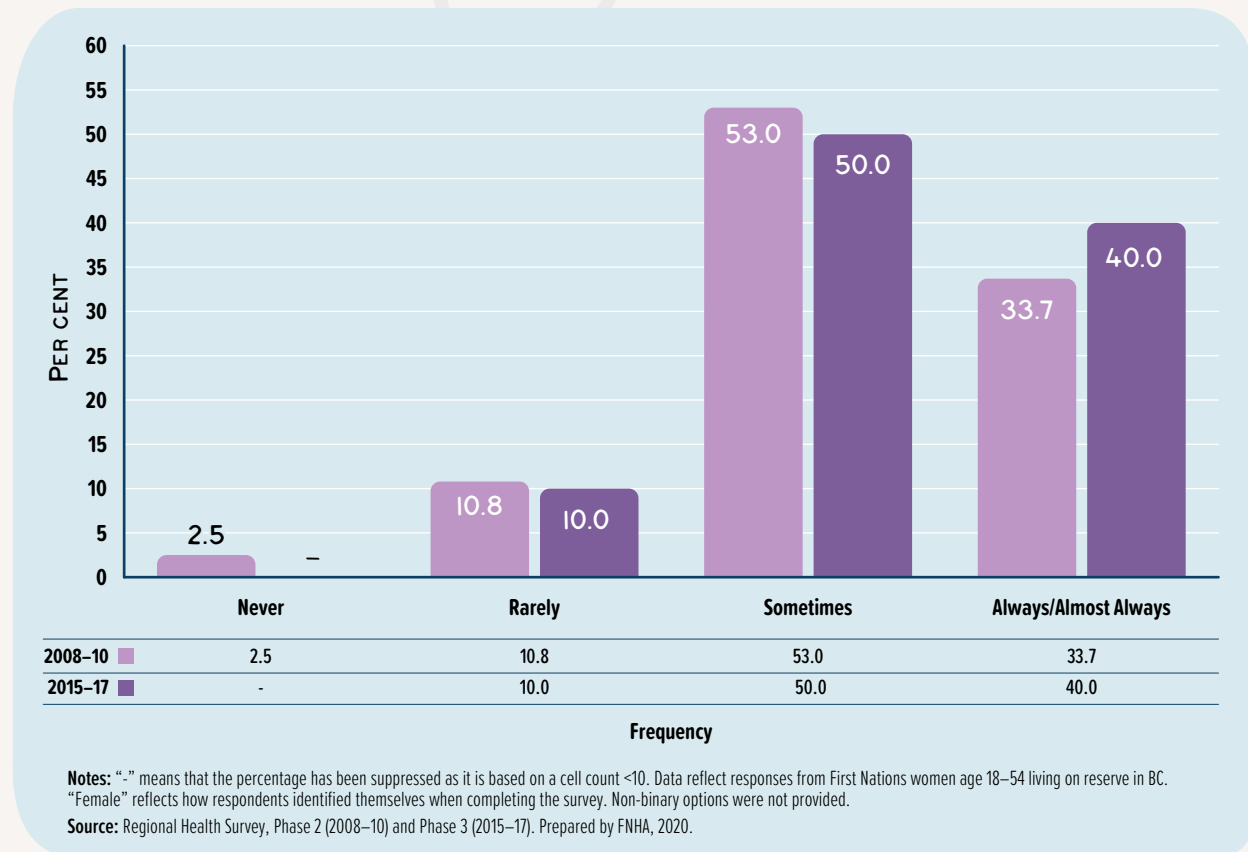
From RHS3 (2015–17), 34.5% of First Nations women age 18–54 rated their level of physical activity as “active” over the past three months, while 14.2% rated their level as “moderately active.” Many First Nations people participate in land-based activities—such as gardening, gathering medicines, fishing, hunting, or canoeing—that help them stay physically active and connected to the land.¹⁰



EATING NUTRITIOUS MEALS

p.90

FIG 4.48 PERCENTAGE REPORTED FREQUENCY OF EATING NUTRITIOUS, BALANCED MEALS IN THE PAST YEAR AMONG FIRST NATIONS WOMEN, AGE 18–54, BC, 2008–10 AND 2015–17

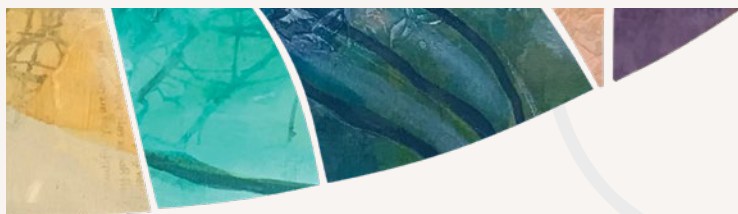


From RHS2 (2008–10) and RHS3 (2015–17), there was an increase of 6.3 percentage points in First Nations women age 18–54 who ate nutritious, balanced meals in the past year “always/ almost always,” from 33.7% to 40.0%. Approximately half of First Nations women ate nutritious, balanced meals “sometimes” across RHS2 and RHS3. First Nations women are re-integrating traditional foods into their diet; however, occupied and stolen lands, contamination, and environmental degradation have affected their ability to be nourished solely by the land.⁴³

“It is our connection to the earth and all of creation, which was given to all of us by the Creator to share. It is not just for our physical body, but for our mind and spirit. Through harvesting, social gatherings, and ceremony, food brings family and community/social cohesion and facilitates the passing down of cultural traditions.”

- Elder Syexwáliya Ann Whonnock, Skwxwú7mesh Úxwumixw (Squamish Nation)
 - Sacred and Strong: Upholding our Matriarchal Roles (p.79)





ADULTHOOD REFERENCES

- 1 Cave K, McKay S. Water song: Indigenous women and water. *Solutions* [Internet]. 2016 [cited 2022 Jan 10];7:64–73. Available from: <https://thesolutionsjournal.com/2016/11/07/water-song-indigenous-women-water/>.
- 2 Dawn P. We are the sacred life givers: reclaiming the sacred sister hoop. *Cultural Survival Quarterly Magazine* [Internet]. Cambridge, MA: Cultural Survival; 2019 Jun [cited 2022 Jan 10]. Available from: <https://www.culturalsurvival.org/publications/cultural-survival-quarterly/we-are-sacred-life-givers-reclaiming-sacred-sister-hoop>.
- 3 First Nations Study Program. Marginalization of Aboriginal women. *Indigenous foundations* [Internet]. Vancouver, BC: University of British Columbia First Nations Study Program [cited 2022 Jan 10]. Available from: https://indigenousfoundations.web.arts.ubc.ca/marginalization_of_aboriginal_women/.
- 4 Secretariat of the Permanent Forum on Indigenous Issues. *Gender and Indigenous Peoples*. New York, NY: United Nations; 2010 [cited 2022 Jan 10]. Available from: <https://www.un.org/esa/socdev/unpfii/documents/Briefing%20Notes%20Gender%20and%20Indigenous%20Women.pdf>.
- 5 Turpel-Lafond ME (Aki-Kwe). In plain sight: addressing Indigenous-specific racism and discrimination in B.C. health care. Data report. Victoria, BC: Addressing Racism Review; 2020. Available from: https://engage.gov.bc.ca/app/uploads/sites/613/2021/02/In-Plain-Sight-Data-Report_Dec2020.pdf1_.pdf.
- 6 Bell S. Indigenous women leaders look for ways to support one another and others. *CBC* [Internet]. 2021 Nov 11 [cited 2022 Jan 10]. Available from: <https://www.cbc.ca/news/canada/north/cree-indigenous-women-leadership-mentoring-residential-school-1.6244785>.
- 7 River Voices. Haí-zaqv liác-i - Heiltsuk Bighouse [video file]. 2018 Jul 03 [cited 2022 Jan 10]. Available from: <https://www.youtube.com/watch?v=jH8vxFxHGII>.
- 8 First Nations Health Authority. Promoting health and wellness through language: international day of the world's Indigenous people [Internet]. West Vancouver, BC: First Nations Health Authority; 2019 Aug 9 [cited 2022 Jan 10]. Available from: <https://www.fnha.ca/about/news-and-events/news/promoting-health-and-wellness-through-language-international-day-of-the-worlds-indigenous-people>.
- 9 Mclvor O. Building the nests: Indigenous language revitalization in Canada through early childhood immersion programs. MA [thesis]. Victoria, BC: University of Victoria; 1998. Available at: https://dspace.library.uvic.ca/bitstream/handle/1828/686/mclvor_c2005.pdf?sequence=1.
- 10 Macklin C, King A. Connections with the land: qualitative research on how land-based cultural activities contribute to health and wellness for Indigenous people. Burnaby, BC: Indigenous Wellness; 2018 [cited 2022 Jan 10]. Available from: <https://indigenouswellness.ca/wp-content/uploads/2018/08/Macklin-King-Connections-with-the-land.pdf>.
- 11 Nobel Women's Initiative. *Breaking ground: women, oil and climate change in Alberta and British Columbia*. Ottawa, ON: Nobel Women's Initiative; 2013 [cited 2022 Jan 10]. Available from: http://issuu.com/nobelwomen/docs/breaking_ground/10.
- 12 National Inquiry into Missing and Murdered Indigenous Women and Girls. *Reclaiming power and place: the final report of the national inquiry into missing and murdered Indigenous women and girls. Vol 1a*. Ottawa, ON: National Inquiry into Missing and Murdered Indigenous Women and Girls; 2019 [cited 2022 Jan 10]. Available from: https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf.
- 13 Richmond CA, Ross NA, Egeland GM. Social support and thriving health: a new approach to understanding the health of Indigenous Canadians. *Am J Public Health*. 2007;97(10):1827–33. doi: <https://doi.org/10.2105%2FAJPH.2006.096917>.
- 14 Loppie S, Reading C, de Leeuw S. *Social determinants of health: Indigenous experiences with racism and its impacts*. Prince George, BC: National Collaborating Centre for Aboriginal Health; 2014 [cited 2022 Jan 10]. Available from: <https://www.nccih.ca/docs/determinants/FS-Racism2-Racism-Impacts-EN.pdf>.
- 15 Browne AJ, Fiske JA. First Nations women's encounters with mainstream health care services. *West J Nurs Res*. 2001;23(2):126–47. doi: <https://doi.org/10.1177/019394590102300203>.

- 16 Walton P, Hamilton K, Clark N, Pidgeon M, Arnouse M. Indigenous university student persistence: supports, obstacles, and recommendations. *Canadian Journal of Education* [Internet]. 2020 [cited 2022 Jan 10];43(2):431–64. Available from: <https://files.eric.ed.gov/fulltext/EJ1262710.pdf>.
- 17 Truth and Reconciliation Commission of Canada. *The survivors speak: a report of the Truth and Reconciliation Commission of Canada*. Ottawa, ON: Truth and Reconciliation Commission of Canada; 2015 [cited 2022 Jan 10]. Available from: https://publications.gc.ca/collections/collection_2015/trc/IR4-5-2015-eng.pdf.
- 18 Truth and Reconciliation Commission of Canada. *Truth and Reconciliation Commission of Canada: calls to action*. Winnipeg, MB: Truth and Reconciliation Commission of Canada; 2015 [cited 2022 Jan 10]. Available from: http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf.
- 19 Government of British Columbia. *Indigenous post-secondary education and training* [Internet]. Victoria, BC: Government of British Columbia [cited 2022 Jan 10]. Available from: <https://www2.gov.bc.ca/gov/content/education-training/post-secondary-education/aboriginal-education-training>.
- 20 Government of Canada. *First Nations in Canada: part 4 - legislated assimilation – development of the Indian Act (1820–1927)* [Internet]. Ottawa, ON: Government of Canada; 2017 May 02 [cited 2022 Jan 10]. Available from: <https://www.rcaanc-cirnac.gc.ca/eng/1307460755710/1536862806124#chp4>.
- 21 Statistics Canada. *Low-income measure after tax (LIM-AT)* [Internet]. Ottawa, ON: Statistics Canada [modified 2016 Jan 04; cited 2022 Jan 10]. Available from: <https://www12.statcan.gc.ca/nhs-enm/2011/ref/dict/fam021-eng.cfm>.
- 22 Women's Coalition. *Getting to the roots: exploring the systemic violence against women in the Downtown Eastside of Vancouver*. Vancouver, BC: Women's Coalition; 2014 [cited 2022 Jan 10]. Available from: <https://wish-vancouver.net/content/wp-content/uploads/2019/04/Getting-to-the-Roots-final-Nov-2-2014.pdf>.
- 23 Martin CM, Walia H. *Red women rising: Indigenous women survivors in Vancouver's Downtown Eastside*. Vancouver, BC: Downtown Eastside Women's Centre; 2019 [cited 2022 Jan 10]. Available from: <https://dewc.ca/wp-content/uploads/2019/03/MMIW-Report-Final-March-10-WEB.pdf>.
- 24 First Nations Food, Nutrition and Environment Study. *Summary of key findings for eight Assembly of First Nations regions 2008–2018*. University of Ottawa, Université de Montréal: First Nations Food, Nutrition and Environment Study; 2019 [cited 2022 Jan 10]. Available from: http://www.fnfnes.ca/docs/FNFNES_Report_Summary_2020-05-27_FINAL.pdf.
- 25 Martens T, Cidro J, Hart MA, McLachlan S. Understanding Indigenous food sovereignty through an Indigenous research paradigm. *Journal of Indigenous Social Development* [Internet]. 2016 [cited 2022 Jan 10];5(1):18–37. Available from: https://umanitoba.ca/faculties/social_work/media/V5i1-02martens_cidro_hart_mclachlan.pdf.
- 26 BC Food Security Gateway. *Food sovereignty: a growing movement* [Internet]. Vancouver, BC: Provincial Health Services Authority, Public Health Association of BC; 2019 [cited 2022 Jan 10]. Available from: <https://bcfoodsecuritygateway.ca/resources/food-sovereignty-a-growing-movement>.
- 27 Sexual and Gender Minorities Health Equity Collaborative. *Believe me: identifying barriers to health equity for sexual and gender diverse communities in British Columbia*. Vancouver, BC: PeerNetBC; 2021 [cited 2022 Jan 10]. Available from: <http://peernetbc.com/wp-content/uploads/2021/01/HEC-Final-Report-WEB.pdf>.
- 28 British Columbia Justice Summit. *Indigenous Justice II: proceedings from the Eleventh Justice Summit; 2018 Nov 2–3*. Vancouver, BC: British Columbia Justice Summit; 2019 [cited 2022 Jun 29]. Available from: <https://www.justicebc.ca/app/uploads/sites/11/2019/02/eleventh-summit-report.pdf>.
- 29 Canadian Human Rights Commission. *Honouring the strength of our sisters: increasing access to human rights justice for Indigenous women and girls. Summary report of the 2013 and 2014 Aboriginal women's roundtable process*. Ottawa, ON: Canadian Human Rights Commission; 2014 [cited 2022 Jan 10]. Available from: https://www.chrc-ccdp.gc.ca/sites/default/files/roundtable_summary_report_eng_0.pdf.
- 30 Sjoblom JE. *Indigenous ways of living, culture, language, and connection as a source for mental wellness for individuals, families, and community*. MSc [thesis]. Winnipeg, MB: University of Manitoba; 2018 [cited 2022 Jan 10]. Available from: https://mspace.lib.umanitoba.ca/bitstream/handle/1993/32929/Sjoblom_J_Erynne.pdf?sequence=1&isAllowed=y.
- 31 Health Canada. *First Nations mental wellness continuum framework: summary report*. Ottawa, ON: Health Canada; 2015 [cited 2022 Jan 10]. Available from: https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fniiah-spnia/alt_formats/pdf/pubs/promotion/mental/2014-sum-rpt-continuum/2014-sum-rpt-continuum-eng.pdf.
- 32 Canadian Mental Health Association. *Anxiety disorders* [Internet]. North Vancouver, BC: Canadian Mental Health Association; 2013 [cited 2022 Jan 10]. Available from: <https://northwestvancouver.cmha.bc.ca/documents/anxiety-disorders/>.
- 33 GCIIndigenous. *Resilience | mentorship | hope | Canada | Indigenous women | speak up* [video file]. 2017 Nov 29 [cited 2022 Jan 10]. Available from: <https://www.youtube.com/watch?v=22XoQqAfXBE>.

- 34 Stelkia K, Beck L, Manshadi A, Fisk AJ, Adams E, Browne AJ, et al. Letsemot, “togetherness”: exploring how connection to land, water, and territory influences health and wellness with First Nations Knowledge Keepers and youth in the Fraser Salish region of British Columbia. *Int J Indig Health*. 2021;16(2). doi: <https://doi.org/10.32799/ijih.v16i2.33206>.
- 35 Hammond C, Thomas R, Gifford W, Poudrier J, Hamilton R, Brooks C, et al. Cycles of silence: First Nations women overcoming social and historical barriers in supportive cancer care. *Psychooncology*. 2017;26(2):191–8. doi: <https://doi.org/10.1002/pon.4335>.
- 36 First Nations Health Authority. Spirit: sharing First Nations health and wellness. The women’s issue. West Vancouver, BC: First Nations Health Authority; 2015 [cited 2022 Jan 10]. Available from: <https://www.fnha.ca/WellnessSite/SpiritMagazineSite/SpiritMagazine/Spirit-Magazine-The-Womens-Issue.pdf#search=smokestack>.
- 37 Wennberg E, Lasry A, Windle SB, Filion KB, Thombs BD, Gore G, et al. Non-medical cannabis use among Indigenous Canadians: a systematic review of prevalence and associated factors. *International Journal of Drug Policy*. 2021;90. doi: <https://doi.org/10.1016/j.drugpo.2020.103081>.
- 38 First Nations Health Authority. Watch Juanita talk about BC’s toxic drug crisis (full version) [video file]. 2021 Jun 30 [2022 Jan 10]. Available from: <https://www.youtube.com/watch?v=7Wopv84wHCU>.
- 39 First Nations Health Authority. Overdose prevention and harm reduction [Internet]. West Vancouver, BC: First Nations Health Authority [cited 2022 Jan 10]. Available from: <https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/overdose-information>.
- 40 Breen H, Gainsbury S. Aboriginal gambling and problem gambling: a review. *Int J Ment Health Addict*. 2013;11(1):75–96. doi: <https://doi.org/10.1007%2Fs11469-012-9400-7>.
- 41 First Nations Health Authority. Sexual wellbeing learning model: fact sheet. West Vancouver, BC: First Nations Health Authority [cited 2022 Jan 10]. Available from: <https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-IWP-Sexual-Wellbeing-Learning-Model-Fact-Sheet.pdf>.
- 42 Hulme J, Dunn S, Norman W, Soon J, Guilbert ER. Barriers and facilitators to family planning access in Canada. *Healthc Policy [Internet]*. 2016 [cited 2022 Jan 10];10(3):48–63. Available from: <https://www.longwoods.com/content/24170/healthcare-policy/barriers-and-facilitators-to-family-planning-access-in-canada>.
- 43 First Nations Health Authority. “Eating healthy”: traditional foods are good medicine for both body and soul [Internet]. West Vancouver, BC: First Nations Health Authority; 2018 Oct 11 [cited 2022 Jan 10]. Available from: <https://www.fnha.ca/wellness/sharing-our-stories/eating-healthy-traditional-foods-are-good-medicine-for-both-body-and-soul>.