

The Relationship Between Colonialism and Public Health in Canada: The Effects of the Evacuation Policy on the Rates of Postpartum Depression for Indigenous Women

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Abstract. The purpose of this research is to illustrate the effects of colonialism on the maternal health of Indigenous women, and to highlight the importance of their agency in the incorporation of Indigenous epistemologies in healthcare contexts. Indigenous people in Canada experience significant social, political, and economic disadvantages as a direct outcome of colonialism. This research investigates the effects of the evacuation policy on the rates of postpartum depression in Indigenous women living on-reserve or in rural areas. The evacuation policy is a federally enforced health policy that requires the medical evacuation of Indigenous women from their communities into urban areas/hospitals in order to create accessibility to maternal health services. Existing research shows that the evacuation policy is typically unfavoured among Indigenous women in Canada, as they have reported negative experiences and sentiments towards the policy and expressed preference to local birthing centers instead. In addition, existing research proposes that this policy is not effective in promoting the health of Indigenous mothers; rather, it creates adverse health outcomes as medical evacuation is associated with increased rates of stress as a result of a variety of factors, including mistrust in the healthcare system. This study's research is significant because of the limited amount of literature about the perpetuation of colonialism in Canada through Westernized health policies. The findings indicate that the evacuation policy increases the rates of stress in pregnant Indigenous women, which may contribute to the increasing rates of postpartum depression (PPD). The findings also highlight the opinions of the evacuation policy being unfavorable for Indigenous women and their preference in incorporating Indigenous traditions.

Background

The consequences of colonization continue to manifest within Canada's health policies, serving to negatively affect Indigenous people. One such policy is the evacuation policy, which exacerbates negative health outcomes on Indigenous people (Czyzewski, 2011). This policy requires Indigenous women who live on-reserve to evacuate their communities, families, and support networks in order to access healthcare and perinatal services in urban medical centres (Lawford & Giles, 2012). Health care workers will often arrange for the transfer of pregnant women to hospitals about 36 - 38 weeks gestational age, medically referred to as the "confinement period," where mothers are often left alone to navigate these medical processes in unfamiliar contexts (Parenteau, 2022).

In 1892, the Canadian federal government implemented the evacuation policy based on claims that it would be effective in reducing mortality in Indigenous infants and mothers (Parenteau, 2022). In the early 1900s, the government had established a surge of healthcare providers within reserve communities, in attempts to further assimilate and colonize Indigenous people by enforcing the Euro-Canadian model of health (Lawford et al., 2018). The Euro-Canadian biomedical model of health has been purposefully used to systemically assimilate Indigenous people and eliminate their traditional health epistemologies (Lawford et al., 2018). Indigenous health traditions, medicines, and ceremonies were positioned as inferior epistemologies, and the imposition of Western health practices in hospital settings resulted in the generational loss of knowledge regarding traditional birthing practices (Varcoe et al., 2013). Furthermore, the isolation from community and family, exclusion of traditional knowledge, and experiences of racism are all linked to increased rates of postpartum depression (Lawford et al., 2018). All of these factors compound to negatively impact the health of Indigenous women. Despite ongoing advancements in Canadian public health research and practice, Public Health Canada continues to maintain this historic medical evacuation policy.

This research is significant because it will demonstrate that colonialism is systemically embedded into healthcare policies, which can cause cultural, physical, mental, and spiritual harm to Indigenous women (Amundsen & Kent-Wilkinson, 2020). This research will highlight the importance of decolonizing Canada's medical practices for the well-being of Indigenous people and communities. In addition, Indigenous women in Canada are 1.9 times more likely to develop PPD than non-Indigenous women; therefore, in order to address this health inequity from its root cause, it is essential to evaluate current health policies and public health measures (Leason, 2021). This research will also highlight the significance of agency and community self-determination for Indigenous women in Canada (Richmond & Cook, 2016).

The conceptualization of birth and pregnancy for many Indigenous women differs from the Western perspective, which informs the foundation of the evacuation policy that

is applied to pregnant Indigenous women (Sokoloski, 1995). Prior to its medicalization, the birth of an Indigenous infant was regarded as a community event, in which family and the community would participate in a ceremony, welcoming the child into their Nation with connections to culture, language, and land, acknowledging the passing of a life from a spiritual world into a physical one (Doenmez et al., 2022). While Western perspectives of birthing include more medicalized individualistic practices in hospital settings, Indigenous perspectives emphasize the importance of community, where the birth of the child is viewed as a communal responsibility rather than an individual event (Hayward et al., 2021). The experience of birth has now become one that many Indigenous mothers endure alone, in isolation from their communities and land. Furthermore, Canadian healthcare tends to exclude traditional Indigenous medicines and communal practices, which can affect the Indigenous patient's self-determination. It has become a process that cannot be done without the use and reliance of the Euro-Canadian biomedical model, in which Western doctors are assumed to be "experts" and colonial policies are assumed to be optimal, ultimately discrediting Indigenous epistemologies. Incorporating and acknowledging Indigenous rights and traditions will help to facilitate improved health equity in Canada (Smylie et al., 2016). Studies have shown that many Indigenous women's identities are enhanced and strengthened through experiences of local birth within their communities (Kornelsen et al., 2010). When pregnant Indigenous women are forced to evacuate their communities, the lack of implementation of culturally safe resources may also increase rates of stress, ultimately intensifying rates of PPD. Overall, this evidence highlights the significance of being critical of policies that pertain to Indigenous women — policies that are enforced by the same system responsible for the historical and ongoing subjugation of Indigenous people (Lawford et al., 2018).

As this research delves into the experiences of Indigenous people, it is important to acknowledge that "Indigenous" is an internationally-recognized, umbrella term. Within Canada, it is used to describe diverse groups of people with various beliefs and traditions. To allow appropriate, comprehensive health promotion for the numerous Indigenous groups in Canada, the existence of this diversity must be recognized.

Research Question

What are the effects of the evacuation policy on the rates of postpartum depression in Indigenous women living on-reserve and in rural areas in Canada?

Objectives

An objective of this research is to determine how the social determinants of health uniquely impact Indigenous women intergenerationally, and the effects of colonialism on current adverse health outcomes. Through investigating the experiences of Indigenous women

and the effects of the evacuation policy on the development of PPD, conclusions pertaining to unjust policies as a result of colonialism will be presented from historical and contemporary contexts.

Moreover, this research also aims to highlight the importance of agency for Indigenous women and the incorporation of their traditional health practices and epistemologies to aid in processes of decolonization. Such practices include the resistance of Indigenous women to the evacuation policy by planning home births with Indigenous midwives. In addition, this inquiry will illustrate the ineffectiveness of the imposition of Western health practices and medical evacuation on Indigenous people, and the rejection of Indigenous traditions, highlighting the importance of self-determination.

Methods

Description of Study Population

The study population of interest includes articles about Indigenous women living on-reserve or in rural areas in Canada, who are either pregnant or recently had a child, from 1995 until 2022. This is the chosen study population because the evacuation policy mainly pertains to pregnant Indigenous women living on-reserve or in rural areas in Canada.

Search Strategy

The search strategy, developed with the help of the University of Toronto Scarborough (UTSC) Health and Society librarian, included the key concepts: postpartum, birthing services, Indigenous and Canada. The MEDLINE (Table 1) and APA PsychINFO (Table 2) databases were both searched and only included literature from 1995 to 2022. The MEDLINE database was utilized to retrieve a robust amount of journal articles, and the APA PsychINFO database was chosen since postpartum depression pertains to the subject of psychological sciences. The subject headings and keywords are included in Table 1 and 2. Subject headings and keywords were chosen based on concepts derived from the research question. The boolean operator ‘or’ was used to combine subject headings and keywords for each search concept, then ‘and’ was used to combine all search concepts. Two Indigenous journals were used, titled “International Journal of Indigenous Health,” and “International Journal of Indigenous Peoples,” and were both suggested by the UTSC online library under the “Indigenous Health Resources” category. Gray literature, including popular press and government reports, were searched from governmental and non-governmental websites with content pertaining to Indigenous health determinants or postpartum depression. Government reports were found through citation searching of popular press articles.

Data Analysis

A meta-analysis was used to analyze the data from the literature, combining both quantitative and qualitative research. Quantitative data pertaining to rates of PPD was used to compare rates of PPD in Indigenous and non-Indigenous women. A qualitative approach was used to analyze data pertaining to Indigenous women's attitudes and experiences towards the evacuation policy.

Findings

Objective 1

An objective was to understand the ways in which the social determinants of health uniquely impact Indigenous women, and the effects that colonialism has on adverse health outcomes, specifically postpartum depression and its relation to medical evacuation policies. Findings from various articles indicate that Indigenous women in Canada overall have significantly higher rates of PPD in comparison to Canadian-born non-Indigenous women. One study found that the rates of PPD in Indigenous women are 11.1% compared to Canadian-born non-Indigenous women at 5.6% (Daoud et al., 2019). In contrast, another study found that Indigenous women in Canada had an 87% increased chance of developing PPD compared to non-Indigenous women (Black et al., 2019). Through synthesizing the relevant research, the causes for such disparities include determinants of health such as education, income levels, pre-existing depression, and the lack of social support services (Bowen et al., 2009). These are all factors that exist as a result of colonial legacies and intergenerational trauma, which pertain mainly to Indigenous populations (Public Health Agency of Canada, 2018). In addition, trauma and chronic life stress were found to be critical factors that contribute to the development of PPD in Indigenous women (Pember, 2016). Key themes from the experiences of Indigenous women with the evacuation policy include the coercion/influence of healthcare providers in decision-making, the isolation/cultural harm that often presents itself with birthing away from the community, and the importance of community support for pregnant women (Kornelsen et al., 2013). Policies such as the evacuation policy perpetuate colonialism in Canada through the imposition of the Euro-Canadian biomedical model of health and birthing services, ultimately leading to adverse health outcomes in Indigenous mothers (Amundsen & Kent-Wilkinson, 2020). This is a result of birthing experiences that involve medical racism, social isolation, and the rejection of Indigenous traditions, which are all linked by Indigenous women to the development of postpartum depression (Lawford et al., 2018). Additionally, this Western model of health has historically been used to systemically harm and attempt to assimilate Indigenous people, including through the removal of traditional

birthing services from Indigenous communities (Lawford et al., 2018).

Objective 2

An objective of this research was to highlight the importance of agency and self-determination in the incorporation of Indigenous traditions and epistemologies. Additionally, it illustrates the ineffectiveness of the imposition of Western health practices and the rejection of Indigenous traditions. The evacuation of Indigenous women living in rural areas from their communities before labour can have negative mental health impacts on the mother, due to increased exposure to stressors, such as the lack of social supports (Chamberlain & Barclay, 2000). Local birthing experiences enhances community ties, cultural identity, and the connection to traditional territories (Bowen et al., 2009). Culturally safe, patient-centered birthing services that cater to the needs of Indigenous women lead to better health outcomes (Sharma et al., 2016). In addition, the mistrust of healthcare providers and the healthcare system as a result of historical issues, such as the sterilization of Indigenous women and the abuse of Indigenous children, increases stress and hesitancy in accessing services (Rodriguès, 2021). Enabling Indigenous women to have agency and to determine what medical route is best for themselves is essential in beginning to bridge health disparities in Canada and begin to decolonize the medical system.

The incorporation of Indigenous epistemologies and traditions in birthing services is illustrated through Indigenous women's resistance to medical evacuation. "Aboriginal Midwifery" blends traditional Indigenous knowledge, healing practices, and medicine with Western services, providing higher quality and culturally safe maternal health services for Indigenous women (Skye, 2013). This approach also aids in improving community healing, the revival of Indigenous culture, and community cohesivity. Moreover, despite the evacuation policy that places Indigenous women in the care of Westernized birth services, infant mortality rates and overall rates of adverse health outcomes remain significantly higher for Indigenous women. Therefore, the evacuation policy has not been found to be effective (Lawford & Giles, 2012).

Discussion

Epistemic and Systemic Racism

Current health policies in Canada, including the evacuation policy, perpetuate systemic colonialism through the imposition of the Euro-Canadian biomedical model on Indigenous people. The enforcement of colonial practices on Indigenous people suggests the existence of epistemic dominance within Canadian healthcare systems and health policy (Browne et al., 2016). Many Indigenous people may prefer their own traditions, which

have been shown to be more effective and result in positive health outcomes. However, the Canadian state, which has been responsible for the historical abuse, subjugation, and cultural assimilation of Indigenous people, is also responsible for the medical evacuation of Indigenous mothers (Gone et al., 2019). As the findings indicate, the evacuation of Indigenous mothers does not improve maternal health conditions, but rather, worsen them as there are significantly higher rates of infant mortality and PPD for Indigenous women when compared to non-Indigenous women in Canada (Lawford & Giles, 2012). A study conducted by The Public Health Agency of Canada in 2018 found that infant mortality rates were 3.9 times higher in areas inhabited by majority Inuit people, 2.3 times higher in First Nations communities, and 1.9 times higher in Métis communities (Public Health Agency of Canada, 2018). Furthermore, the leading cause of death for First Nations and Inuit children is sudden infant death syndrome, whose rates are over 7 times higher in comparison to non-Indigenous children (Hayward et al., 2021).

Where improving access to health services is typically seen as a factor in health promotion, for many Indigenous people, it can be a determinant for adverse health outcomes as a result of cultural unsafety. The current Canadian health system and policies are not culturally safe, including the evacuation policy, as they neglect and eradicate Indigenous cultures and continue to assimilate Indigenous people into Canadian society. Systemic racism is the idea of the unjust and inequitable distribution of power that is perpetuated through governance (Matthews, 2016). The Canadian healthcare system is founded on systemic racism, through the imposition of social, political, economic, and cultural dominance as a result of colonialism. This is made evident through the enforcement of health policies and the Euro-Canadian biomedical approach to health. Given the historic context of this model of health, one that has been purposefully used to systemically assimilate Indigenous people, its continued imposition suggests the presence of systemic racism in public health.

Epistemic racism in the context of health can be described as a system of healing that is built to privilege one group of people over another, through the imposition of a particular worldview, while undermining another (Matthews, 2016). The neglect of Indigenous birthing traditions and the enforcement of mainstream services, primarily through medical evacuation, which can increase rates of PPD in Indigenous women, is an example of epistemic racism. Additionally, the provision of services and policies that cater to Indigenous people yet favour worldviews distinct from those preferred by Indigenous people can be seen as a form of epistemic racism. For instance, the evacuation policy disproportionately impacts Indigenous women, and aims to cater to their maternal health needs, yet imposes a Westernized worldview on healthcare and discredits Indigenous epistemologies. The evacuation policy reinforces ideas that assume the Western way of knowing is superior and will always result in optimal health outcomes, disregarding Indigenous epistemologies. This worldview has had detrimental impacts on the Indigenous community, as not only has it impacted the medical treatments they receive, but it also allows for the perpetuation of cultural genocide through the enforcement of harmful poli-

cies that result in the loss of Indigenous knowledge. Epistemic and systemic racism are both intertwined in the context of Canadian healthcare, ensuring that the Euro-Canadian biomedical model of health is implemented and enforced on all, despite it resulting in adverse health outcomes (Matthews, 2016).

Gendered Colonialism

In the context of this research, it is essential to understand the concept of gendered colonialism, since women are affected by the colonially constructed evacuation policy (Bourassa et al., 2004). Gendered colonialism looks at the ways in which gender inequalities stem from the imposition and continuation of social structures built on the basis of colonialism, capitalism, and racism (Hunt, 2019). Indigenous women disproportionately experience inequities in Canadian society. This contrasts with historic Indigenous traditions, where women were considered the source of spiritual and political power, and carried the responsibility for the stability and well-being of society (Sutherland & Leason, 2022). The Indian Act demonstrates the significant effects of colonialism on Indigenous women as it challenged the traditionally valued role of women in Indigenous communities (Day, 2019). For instance, the Indian Act disallowed women to vote from band elections, although they had played a pivotal role in community decision-making prior to colonialism (Barker, 2008). Federally enforced colonial policies that specifically harm Indigenous mothers serve to perpetuate gendered colonialism and reinforce colonial social structures.

The Maintenance of Cultural Identity and Health

The findings suggest the significance of local birthing experiences for Indigenous women, including the enhancement of community ties, cultural identity, and the connection to traditional territories (Bowen et al., 2009). The sentiments highlighted among Indigenous women who have experienced the evacuation policy include the coercion/influence of healthcare providers in decision-making, the isolation and cultural harm that often presents itself with birthing away from the community, and the lack of community support for pregnant women (Kornelsen et al., 2013). These findings illustrate the importance of policies being appropriately catered to the populations whose health they supposedly should be protecting (Cidro et al., 2020). In addition, the hindrance of cultural identity is categorized as both a distal and intermediate determinant of health, one that draws on health through social, political, historical and economic contexts, and community infrastructure, resources, social supports, housing, etc. (Hayward et al., 2021). The lack of local birthing services in many Indigenous communities across Canada disrupts cultural ties and increases stressors, ultimately increasing rates of PPD.

Conclusion

Overall, this research explores the effects of the evacuation policy on the rates of PPD in Indigenous women in Canada living on-reserve and in rural areas through the analysis of existing literature. According to the findings, the medical evacuation of pregnant Indigenous women is associated with increased stress, which can ultimately affect rates of postpartum depression. Findings suggest the need for birthing services for Indigenous women that accommodate their culture, especially for those living on-reserve or in rural areas. Women should not be forced to jeopardize the health of themselves and their children in order to access maternal health services. Research indicates that the incorporation of Indigenous epistemologies that blend Western and Indigenous traditions in maternal health services support the health of Indigenous women. Rather than allowing the historic evacuation policy to continue inflicting physical and spiritual harm on Indigenous women, grassroots local birthing centers should be supported by the Canadian federal government and “Aboriginal Midwifery” should be further encouraged in order to decolonize healthcare and lessen the disparities in maternal health inequities.

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Appendix

Search Terms Tables For Databases and Journals

Table 1. Search Terms Table for MEDLINE Database

	Postpartum depression	Birth Services	Indigenous	Canada
Subject Headings	Depression, postpartum	Maternal Health Services Perinatal care Preconception care Prenatal care Health services accessibility Rural health services	Health Services, Indigenous Indigenous peoples	Canada
Keywords	Postpartum depression Antenatal depression Perinatal depression Postnatal depression	Evacuation policy Health Canada	Indigenous First Nations Metis Inuit Inuk Aboriginal	Canada Canadian

Table 2. Search Terms Table for APA PsychINFO Database

	Postpartum depression	Birth services	Indigenous	Canada
Subject Headings	Postpartum depression	Prenatal care Healthcare services	Indigenous Populations	Canada
Keywords	Postnatal depression Antenatal depression Perinatal depression Postnatal dysphoria Puerperal depression	Evacuation policy Health Canada	Indigenous First Nations Metis Inuit Inuk Aboriginal	Canada Canadian

Table 3. Search Terms Table for the International Journal of Indigenous Health

	Postpartum depression	Birth services	Indigenous	Canada
Subject headings	Postpartum depression	Maternal health	Indigenous	Canada
Keywords	Postpartum depression Antenatal depression Perinatal depression Postnatal depression	Evacuation policy Health policies Prenatal care Health services	Indigenous First Nations Metis Inuit Inuk Aboriginal	Canada Canadian

Table 4. Search Terms Table for the International Journal of Indigenous Peoples

	Postpartum depression	Birth services	Indigenous	Canada
Subject Headings	Postpartum depression	Maternal health	Indigenous	Canada
Keywords	Postpartum depression Infant mortality	Evacuation policy Health policy Health services	Indigenous First Nations Metis Inuit Inuk Aboriginal	Canada Canadian