MOTHERS' VOICES: KNOWLEDGE PRODUCTION AND PARTICIPATION IN TEXTS ABOUT INUIT BIRTH

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Submitted in partial fulfilment of the requirements
for the degree of Master of Arts

at

Dalhousie University
Halifax, Nova Scotia
April 2015

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ABSTRACT

Authors from various disciplines have described the experience of pregnancy and childbirth for Inuit women with diverse goals in mind, ranging from perspectives on colonization and contemporary self-determination, to policing lifestyle behaviours and assessing infant mortality and morbidity. This thesis uses the theories and methods of *situated knowledges* and ethnohistory to examine where, why, and how the perspectives of Inuit women as emerging mothers are integrated into the work of these authors. The infrequency of the inclusion of Inuit women's first-hand experiences (in the contemporary context), across disciplines and research methods, is a key finding. In addition, what this omission connotes about the literature in question is examined, including the role played by authorial context and bias. Future qualitative research into the cultural and structural context of childbirth from an oral history perspective, and a focus on detailed and contemporary first person accounts of pregnancy and birth, are suggested.

LIST OF ABBREVIATIONS USED

IQ: Inuit Qaujimajatuqangit

NAHO: National Aboriginal Health Organization

POV: Puvirnituk (at times spelled alternately as Povungnituk), Nunavik, Quebec

SOGC: Society of Obstetricians and Gynaecologists of Canada

ACKNOWLEDGEMENTS

I owe a debt of thanks, first and foremost, to my supervisor, Brian Noble, whose guidance and salient insights have been invaluable from start to finish. Robin Oakley's supportive analyses and Janice Graham's timely critiques enriched the completed thesis. Saara Liinamaa's personal and professional example, and unceasing moral support, gave me the confidence to continue in the face of frustration on more than one occasion. Alan Howell: a superlative partner in whom I have found boundless depths of love and patience, as well as occasional mercenary advice. The late Bruce, Barbara, and Joanne Kathan, always my tireless supporters and greatly missed. Norm Rennie, landlord extraordinaire. Lynda and Scott Kathan: iconoclasts, parents, and friends. Sadie and Sam: the reason for everything.

And to the incredible and accomplished community of mothers who have given me their friendship and support: from tea and adult conversation, to baby clothes and babysitting: I am forever in your debt.

CHAPTER 1 INTRODUCTION

Once upon a time, Inuit babies were born where their parents lived. Depending on the season, that might have been in a tent or in a snow house, attended by midwives, female extended family, or only by the woman's husband (Wachowich, 1999; Healey and Meadows, 2007). At least one source asserts that Inuit women give birth uncommonly quickly in comparison to women of European descent (Kaufert and O'Neil, 1993). Both researchers and Inuit themselves have attributed this phenomenon to the harsh realities of the 'traditional' lives of arctic peoples before widespread (more or less forced) migration to settlements beginning in the mid-twentieth century (e.g. Bennett and Rowley, 2004). In particular, births that happened 'on the land,' away from extended family and 'traditional' midwives (or shamans), were frequent. Risk, according to those interviewed by Kaufert and O'Neil, was part of everyday life on the land, and birth experience was simply one risky element to be managed among many (e.g. Kaufert and O'Neil, 2007 & 1993).

Today, there is a resurgence of traditional Inuit midwifery, partly in response to the comparatively recent practice of evacuating Inuit women to urban centres for birth, and partly as part of the larger movements towards self-determination and cultural healing taking place in many Inuit and Aboriginal communities in Canada (Douglas, 2009; Lavoie, 2001; NAHO, 2006, Wilson et al., 2013). Inuit women, according to authors such as Daviss (1997), Lavoie (2001), and Van Wagner, Epoo et al. (2007), are lobbying for increased choice of, and control over, the locations of their births, and the practitioners who support them. What is meant by 'traditional' in this context is not self-evident;

neither is ‘culture’ a term that can be used without some explanation. These are both frequently called into action in publications and debates by and about First Nations and Inuit communities in Canada, and they are imbued with a variety of political, colonial, and legal implications (e.g. Asch, 2001; MacIntosh, 2005; Waldram, Herring, and Young, 2006). In brief terms, in the texts with which I engage, what constitutes a ‘traditional’ practice, and therefore Inuit ‘culture,’ is embedded in nostalgia for pre-contact life, is reproduced in opposition to the colonial encounter, and has integrated ‘modernity’ in ways that have been contested by various actors both within and outside Inuit communities (Searles, 2006; Graburn, 2006; Wachowich, 1999).

The consequences of these debates for Inuit women experiencing pregnancy and childbirth, as well as for the varying professionals who support them, are somewhat unclear. What is emerging from the literature is an engagement, sometimes a conflict, between different ways of thinking about what birth means, about how researchers conceptualize ‘risk’(to the fetus, mother, and newborn) during pregnancy and birth, and about how birth *should* take place. This engagement, however, has not yet adequately detailed the consequences of these intellectual and cultural encounters for the women whose babies are being born in the midst of them. What birth means to Inuit in the Canadian arctic, and who controls that meaning, remains perpetually contested, and in the process of being (re)created from various perspectives. Meanwhile, the voices of contemporary Inuit women are rarely included in these definitory exercises.

In this chapter I will outline the processes of knowledge creation and contestation that

I will be examining in this thesis, beginning with the specific problem to be addressed and the methods I will use to make this examination. I will conclude by framing the outline of my argument as it will unfold through the remaining chapters.

1.1. Problem

Douglas (2006, 2008, 2009, and 2010) has previously asserted the utility of historical methods when discussing Inuit birth, particularly in terms of future policy making. Following from her work, I analyse one aspect of the literature available that provides perspectives about Inuit birth. Rather than an historical analysis, I will attempt to take up ethnohistorical theoretical perspectives, drawing on Haraway's (1988) concept of "situated knowledges," the work of several ethnographers' research into Inuit identity politics (e.g. Graburn, 2006; Searles, 2006), and some perspectives on embodiment (e.g. Farquhar and Lock, 2007; Miller, 2007). In particular, I will attempt to examine the experience of young Inuit women giving birth for the first time. I am interested in how the literature describes and discusses these women prescriptively and in the contemporary context. Even more so, I will seek out spaces where they tell their own stories of birth experience, and assess whether (and which) authors are making that space. In other words, I am examining publications that are, for the most part, concerned with what 'Inuit birth' should be, from several cultural perspectives (medical, 'traditional,' 'Inuit') in order to understand where the young women who are giving birth now and in the future are situated in the process of reproducing knowledge about birth in the Canadian

Arctic. Who is listening to them? What are their concerns about maternity care? Where are their voices to be found within what is being published about how their bodies will birth?

1.2. Rationale

Certain birthing subcultures emphasize the implications of a woman's feelings about birth in the progress of labour indicating that increased interventions can be associated with negative emotional stimuli (Low, Martin et al., 2003; Gaskin, 1990 & 2003). Others have articulated the need for further detailed birth ethnography, asking: "What is the experience of childbirth for individual women embedded in their larger cultural systems? ... [A] primary focus of anthropological research should be women's birth narratives" (Davis-Floyd and Sargent, 1997, pp.6). In the almost two decades since this need was articulated, contemporary Inuit women's birth stories remain elusive, at least within published and peer-reviewed sources. Certainly there is research to suggest that Aboriginal women experience negative treatment in maternity care in Canada, and the idea that *culture* has real implications for medical care is well recognized (e.g. Wilson et al, 2013; NAHO, 2008). What the consequences are for individual women is less clear (e.g. Fiske and Browne, 2006; Healey and Meadows, 2008). What also demands further research are the effects of movements towards self-determination as well as a return to, and re-production of, traditional activities for Inuit women making decisions about birth in contemporary contexts (the integration of traditional models within the Inuulitsivik

maternities in Nunavik would be the primary example of these adoptions and adaptations of traditional birth practices) (e.g. Daviss, 1997; Lavoie, 2001).

Keeping these issues in mind, assessing literature on Inuit birth for inclusion of the voices and experiences of birthing Inuit women can point to areas for further research into the intersection of cultures in health care provision. This assessment also attempts to illuminate the space of women's actual bodies (which is to say the nature of their objectification within documents that describe them) in literature that discusses their care. Authors such as Douglas (e.g. 2009), Daviss (1997), and Therrien and Laugrand (2001), in describing Inuit birth experience, point explicitly to where 'Inuit birth' should go and what it should be in the future. These claims about 'what Inuit want' are not neutral. The history of what constitutes Inuit birth 'culture' and 'tradition' is therefore being authored and actively reproduced according to diverse goals (political, cultural, medical, clinical, and academic) by various actors in the present (see also, e.g., Bennett and Rowley, 2004; Briggs, 2000; Lavoie, 2001). In particular, demographic statistics are often called into action when discussing issues facing Inuit in Canada, and a very young population, coupled with large numbers of first pregnancies taking place during the teen years, is often discussed as a risk factor in pregnancy and birth, along with other 'social problems' (Bonesteel, 2008; e.g. Fraser, et al, 2012; Simonet et al., 2010).

Very young or adolescent women have not frequently been the subject of primary research about birth among Inuit. For example, in Archibald's study (*Teenage pregnancy in Inuit communities: Issues and perspectives,* 2004), despite the subject matter, none of

the informants interviewed were in their teen years at the time, and the majority were over thirty. A great deal has been written about what "Inuit birth" should mean, from various positions, but very little is coming from the young women whose bodies will be the targets of these policies and practices. Research with non-indigenous populations in the United States indicates that adolescents experience pregnancy and birth very differently from adult women (Low, et al., 2003), and therefore their perspectives might exert unique pressures on both the process of knowledge production, and on the health care providers on the ground.

Where the literature on Inuit birth does include the voices of Inuit women, the women are most often elders, and their birth stories are told in reference to the past and to culture change. While these stories provide important data about birth experience in the past, they nonetheless may also be limited in some cases by the time that has passed between the experience and the telling of that story. The accuracy of women's accounts of their births as time passes can be compromised, and this might represent a potential pitfall in relying too heavily on oral histories and the birth stories of elders that make up the bulk of first person accounts of Inuit birth experience (Niven et al., 2000; Therrien and Laugrand, 2001; Bennett and Rowley, 2004; Wachowich, 1999).

Researchers such as Graburn (2006), and Searles (2006) have discussed the power relations within Inuit communities that continue to affect whose voices are most influential, particularly in the area of traditional activities (birth practices would fall under this rubric). Where first-person narratives and qualitative primary source data

exist, young women birthing in the contemporary context are largely absent from the conversation (e.g. Therrien and Laugrand, 2001; Bennett and Rowley, 2004). If these women are not part of the conversation about their own maternity care, several questions can be asked:

- Are childbearing women's (individual) experiences of birth important to researchers and policy-makers?
- Which women's voices *are* being heard?
- What does this say about the literature and it's implications for maternity care for certain women?

In the following chapters I will argue that certain kinds of knowledge about Inuit women are presented depending on the research goals and disciplinary allegiances of researchers and that other kinds of knowledge about Inuit women are presented through oral history interviews with elder Inuit, who also do so with particular goals in mind. All of these knowledges construct multiple narratives that describe 'what Inuit want' from maternity care, as well as what care providers assert that they need, while rarely including perspectives from Inuit women experiencing pregnancy and childbirth in the contemporary context. In neither case are contemporary Inuit women currently given adequate space within the literature to assert their perspectives on these wants and needs, or to bring forward their own goals for maternity care in the northern context.

Therefore, I argue, future research must seek to include the unmediated voices of birthing mothers in this context, as their embodied experiences form an important data set in understanding not only the cultural meanings of Inuit pregnancy and childbirth (for Inuit

communities and for social scientists), but also in better understanding the issues linked causally to infant mortality and morbidity in the literature from the health sciences.

Birth and Knowledge Production

The ways in which women and their caregivers describe the experience of pregnancy and childbirth, in northern Canada and elsewhere, differ dramatically depending on a number of cultural variables. "Culture," it can be safely said, is always itself an ambiguous term, and in this case might reflect categories as diverse as demography and geography, and as complex and unpredictable as the family unit. I use the term here only as a place-holder for the varying life histories and social interactions women bring to their experiences of pregnancy and birth.

The place of childbirth in the hospital, as a so-called medicalized experience, has been widely contested, while elsewhere, researchers note the comfort with which many women accept (and expect) medical intervention (e.g. Davis-Floyd, 1992, Sargent and Stark, 1989). Where obstetrics, a peculiar branch of biomedical culture, has encountered indigenous cultures in North America, critiques have focused on the ways in which the colonial encounter is written on the bodies of pregnant and birthing Inuit and other Aboriginal women (e.g. Jasen, 1997; Fiske and Browne, 2006; Kaufert and O'Neil, 2007 & 1993, Kurtz, Nyberg et al., 2008; Mitchinson, 2002).

Brigitte Jordan coined the term 'authoritative knowledge' in her foundational work "*Birth in four cultures*" (1978) in order to illuminate knowledge production within the context of birth in her examination of the process in the Yucatan, Sweden, Holland,

and the United States: “Authoritative knowledge isn’t produced simply by access to complex technology, or an abstract will to hierarchy. It is a way of organizing power relations into a room that makes them seem literally unthinkable in any other way” (Rapp, 1997, pp. xii). This examination of the production of knowledge about ‘Inuit birth’ is concerned with who is producing competing forms of (‘authoritative’) knowledge and what the implications are of these competitions for Inuit women giving birth.

Through my research questions I will examine how *authoritative knowledge* has come to be created within the Inuit context, and where young women are positioned as that process continues. The authors engaged in this production are not only ‘authors’ in the strict sense of being the writers of particular published works on the subject, although that is frequently the case. My use of the term ‘author’ connotes those individuals and groups who are actively engaged in the construction, description, and contestation of knowledge about birth within Inuit communities as it appears in textual accounts. As such, these authors might be seen as those in possession of what counts as expert knowledge within the literatures in question. Individuals include anthropologists, elders, and midwives and nurses (e.g. Wachowich, 1999; Daviss, 1997; Douglas, 2009). Examples of groups might include the Society of Obstetricians and Gynaecologists of Canada (SOGC) and their position papers on working with Aboriginal communities, particularly concerning ‘giving birth close to home’ (e.g. Van Wagner et al., 2012; SOGC 2001, 2010). In the case of elders and of Inuit in general, their authorship is frequently

mediated by the editors of the monographs where their contributions have been published (e.g. Bennett and Rowley, 2004), or by the researchers by whom they were interviewed for inclusion in particular studies (e.g. Archibald, 2004). As such, their perspectives and authorship need to be additionally assessed in the context of their inclusion in (or exclusion from) these publications. In general, the authors I discuss are actively engaged within the literature as producers of knowledge about birth for Inuit. They are defining what pregnancy and birth means within Inuit communities, and, as Rapp notes, in creating narratives of the birth experience that attempt to render it "literally unthinkable in any other way" (1997, xii).

Whether young Inuit women are present in the literature as *authors* of 'Inuit birth' is a key finding in this study. 'Young' may be defined for our purposes as ranging from the onset of menses to age thirty. I have chosen this definition for two reasons. The first is that the research available more or less tends towards a similar definition (e.g. Therrien and Laugrand, 2001; Archibald, 2004; Fraser et al., 2012). The second is that I wanted to include not only the sometimes stigmatized category of 'teenage pregnancy,' (see e.g. Billson and Mancini, 2007) but also the demographic of contemporary Inuit women in their primary childbearing years beyond adolescence that is even scarcer in qualitative analyses. These are the women for whom processes of knowledge production about birth are having embodied consequences in the present, and so their inclusion in, or exclusion from, research that purports to know about birth for Inuit speaks to both the credibility of the documents in question, and the biases of those authors. Both credibility and bias

within documents will be assessed through the ethnohistorical elements of my methodological approach.

1.3. Methodology

In their introduction to their edited volume "Perspectives on Traditional Health" (in the *Interviewing Inuit Elders* series), Therrien and Laugrand assert that "[t]radition is transmitted through a selective process where each part of tradition considered useful has a good chance of surviving through time. What has proved to be efficient in the past may apply to a new context" (2001, pp.5). By asking how and why Inuit mothers (through their experience of pregnancy and birth) are described within texts in certain ways, by others and in their own words, I examine the ongoing process that is determining what knowledge about 'Inuit birth' is 'useful' in terms of cultural reproduction both of Inuit 'traditional' knowledge and of the traditions of and around biomedical ('Western') maternity care.

When speaking of 'Inuit birth' multiple issues emerge. The first is with the life taken on by the term in the literature, the second concerns the meanings of each word within this context. "Inuit" describes a culturally unified and comparatively small population that is scattered over a vast geographical area that forms, but is not entirely limited to, arctic Canada (many Inuit also live in urban centres of southern Canada, a population referred to rarely within the sources I have examined). Given the isolation implied by

great distance, heterogeneity in terms of cultural practices is evident, while historical and contemporary cultural continuity across communities is clearly also well-established within the literature (Therrien and Laugrand, 2001; Bennett and Rowley, 2004; Graburn, 2006). The issues surrounding what it means to be a "real Inuk" are complex and contested, and thus ideas about identity and power must be considered within the context of the birth process (Graburn, 2006, pp. 151). What kinds of practices and identifications ('traditions' to Therrien and Laugrand) come to be assigned to individual Inuit women by others (both within and outside their communities), and how that has changed through the last century, will also come to bear on these interpretations of the birth process (Searles, 2006; Billson and Mancini, 2007, Boas, 1964 (1888), Rasmussen, 1908; Jasen, 1997; Fiske and Browne, 2006; Archibald, 2004).

"Birth" is a similarly difficult term because it encompasses embodied experiences and practices beyond the immediate connotation with a single physical event or moment in the life of an individual. It is also embedded in the 'traditions' of Western 'biomedical' obstetrics and maternity care, and in the history of women's control over their bodies. My concern includes the lives of these nebulous terms and the way they have come together—the way different ways of understanding the history of health care and obstetrics in Canada and the Arctic, and Inuit birth tradition and cultural practice, act on women within descriptions of the "Inuit" birth process, or what Douglas glosses as 'Inuit birth' (2009).

The methods I use to examine these issues within the literature come from two main

sources: the first, theories and practices of ethnohistory, are tools I use to analyze the texts and their authors from a historiographical perspective: What do the authors want us to know? What might they be omitting? How does their role affect their data collection and selection? What bias do they bring to their work (Galloway, 2006; Barber and Berdan, 1998)? Second, I will examine these implications, and those of positioning in research in general, through the use of Donna Haraway's concept of 'situated knowledges,' and the theories of embodiment discussed by Farquhar and Lock (among others). As they have expressed, "[f]amilies, communities, and societies are crossed by inequalities that are often taken to be rooted in forms of embodiment," and therefore the experience of birth for Inuit might be expected to be intimately entwined by the cultural values and hierarchies of their communities, just as their embodied experience informs and alters those same values (Farquhar and Lock, 2007, pp. 9). Also following from Graburn and Searles, both anthropologists whose work examines the political and social implications of traditional identity and status among Inuit, these theories and methods will be reflected through keeping mindful of the specificity of community dynamics, and power imbalances not only along gender lines or between author and subjects, but between and around those subjects themselves, seeking always to find those voices least acknowledged but nonetheless in our peripheral vision, sometimes most visible through their absence when culture is being made and remade.

Through this project I seek to understand the ways authors know about 'Inuit birth,' how they describe experiences of the process through Inuit culture and traditions,

and through the cultures of biomedicine and Euro-Canadian colonial influence. In Chapter Two I elaborate the theories that have informed my research, and the methods used to answer the questions posed, in further detail. Chapter Three outlines some of the issues relating to gender within Inuit communities as recorded by early ethnographers, and historical interpretations of the ways that maternity care has changed for Aboriginal and non-Aboriginal Canadian women since the contact period (roughly the last one hundred years or so). Chapter Four details examples of the experience of childbirth for Inuit as recorded in publications of oral history interviews, and includes and assesses further ethnographic data about Inuit women and the birth process. Finally, in Chapter Five the ways in which peer-reviewed articles in the health sciences (including psychology) have represented Inuit women as pregnant and delivering mothers are examined. I briefly outline the ways in which policy statements and other examples of grey literature contrast many of the sources discussed in Chapter five, and the assertions they make for changes in the manner in which maternity care is provided, and research is conducted, among Inuit and other Aboriginal women in Canada. In my concluding chapter, I make a few suggestions for where future research might be of value in correcting some of the issues I have identified within the current literature available.

In sum, through this examination of ways of knowing about 'Inuit birth' I hope to illuminate the ways in which knowledge is constructed, and the possible implications for women navigating these knowledges through their pregnancies and deliveries. In addition, through a specific focus on the ways in which these processes address the

experiences of contemporary childbearing Inuit women, I hope to be able to point towards avenues for future research, particularly in the area of first-person accounts of birth experience.

CHAPTER 2 THEORETICAL PERSPECTIVES AND METHODS FOR THINKING ABOUT KNOWLEDGE PRODUCTION

How can an analysis of the literature about Inuit birth best be made in order to discover how authors are producing and reproducing knowledge about 'Inuit birth,' (in other words, the *history* of Inuit birth) and the implications for northern maternity care and the women it serves? History, both in the sense of records of the past, and of the production of documents and traditions in the present, is constantly being made and remade by various actors and authors in this, as perhaps in any, context. Historical *"reliability"* as Regna Darnell tells us, "is assured by the repetition of historical stories, by acknowledging their sources and routes of transmission, and by calling on others in an interpretive community to add their own overlapping recollections to the corpus" (2011, pp. 215). This (re)production of history and traditional knowledge (itself a contested, problematic, and imprecise term that I will discuss further below), here within the context of the birth experiences of Inuit women, includes certain narratives, in other words tells certain stories, of giving birth in arctic Canada, and by extension certain stories of being Inuit, of a collective experience.

Ronald Niezen, in his book *The Rediscovered Self*, offers an interesting and

difficult theory about the relationships indigenous communities in Canada have developed with their histories and processes of remembering and recovering from colonial abuses. Niezen's concept of 'therapeutic history,' in brief, is the idea that First Nations are remaking their history with the intention of comfort and hope for their futures rather than with the goal of a detached accuracy about the past (itself a lens for history-making, and one that tends to reveal its intentions and weaknesses under critique) (Haraway, 1988). Niezen does, however, offer some interesting perspectives on the way we deal with history and historical documents as researchers:

> A critical approach to history begins with the premise that the study of the past is, in essence, a process of selection and conservation…Not only are memories unreliable and even official documentation open to almost routine error and distortion, there are also intrusions of collective hope in the constructions of events and eras that historians rely upon for their information (Niezen, 2009, pp.170).

Following from Haraway, this critical approach to history seems to me no less valid when applied to other documents engaged in the making of historical records: ethnographies, journal articles, government documents, grey literature, are, after all, all part of the stuff of a historian's project. They are engaged in precisely the same process of 'selection and conservation' and must therefore be subject to the same examination of their structures of knowledge production and preservation (Niezen, 2009, pp. 170; Miller, 2011).

What, however, is the space of anthropology *as practice* in the analyses of documents? Can we consider texts as valid subjects of ethnographic research? As Clifford has noted, "Ethnography is hybrid textual activity: it traverses genres and disciplines" (1986, in Fischer, 2011, pp. 309). Even the most orthodox of ethnographic research relies

on text—theoretical perspectives, methodological tools, the work of scholars who have come before, these all come together not only to enrich ethnography, but to create it. By choosing to limit my subject area to documents—to text only—it is true that I have at least one foot in other disciplines (history, historiography, ethnohistory, or somewhere in between). However, perspectives have emerged supporting the use of documents themselves as "a new subject of anthropological research" (Riles, 2006, pp. 3).

Riles (2006) contends that this space for documents as a response to issues raised through the concerns of postmodernism in the discipline, or as she expresses it, a response to "the challenges of doing ethnography in conditions in which the distance between anthropologist and informant, theory and data are no longer self-evident or even ethically defensible" (Riles, 2006, pp. 5). Further, she writes, the anthropological analysis of the document "demands that ethnographers treat their own knowledge as one instantiation of a wider epistemological condition" (Riles, 2006, pp. 7). Similar to a critical engagement with history, the use of documents as "special ethnographic subjects" opens up our analysis as anthropologists to the inclusion of not only postmodern but post-colonial modes of engagement. As Regna Darnell has noted, this can subvert the hierarchical assumptions present in Western knowledge production vis-à-vis text:

> There is nothing secondary about oral traditions for those who rely on them. Raymond Fogelson's (1989) cautionary words…evoke the need for expansion of history itself: 'All peoples possess a sense of the past, however strange and exceptional that past may seem from our own literately conditioned perspective. An understanding of non-Western histories requires not only the generation of documents and an expanded conception of what constitutes documentation but also a determined effort to try to comprehend alien forms of historical

> consciousness and discourse (Darnell, 2011, pp. 215).

Further asserting the benefits of critical and comparative engagement with text, she notes,

> 'history' goes beyond the primary data of annals and chronicles only when at least two potential interpretations can be weighed against one another. Any one interpretation, then, is necessarily partial and contingent (Darnell, 2011, pp. 214).

When beginning an ethnohistory of the present, as I am doing, it is essential to remain mindful of documents as ethnographic subjects (and subjectivities), of the relationships and potential hierarchies between multiple interpretations, of the problems of memory and nostalgia, and of the role of colonial and postcolonial ways of knowing about events and (embodied) knowledge and experience. What, keeping all these engagements in mind, therefore, is the epistemology of birth among Inuit? Various kinds of knowledge about birth are presented within the documents that form my data set (see Appendix 1), with less frequent intersections than might be expected.

Medical research, focussed on statistical outcomes and population health, presents ideas about Inuit women, and the context in which they birth their babies, as 'scientific' and 'rational' knowledge. While discussions of the social determinants of health are often included, specific analysis of cultural factors, the role of traditional knowledge, and, most notably, the voices of the women under study themselves, are absent (e.g. Simonet et al., 2010; Luo et al., 2012; Fraser et al., 2010).

Some social scientists engage and reproduce modernist and unreflexive analyses as well, speaking for, rather than with, their research subjects on the subject of childbirth (e.g. Billson and Mancini, 2007). Still others offer critiques, and competing narratives of

maternal health outcomes and contexts, and the character of meaningful engagement with Inuit (Archibald, 2006; Kaufert and O'Neil, 1995 & 2007; Lavoie, 2001).

Many scholarly works on Inuit birth omit the discussion of 'social problems' altogether, despite their pervasive influence over virtually all other contemporary academic writing about Inuit (e.g. Daviss, 1997; Kaufert and O'Neil, 2007). Midwives and nurses (writing within social scientific contexts) consistently present knowledge production around Inuit birth as a problem of epistemology, of the collision of several ways of knowing about birth, and discuss the implications for providing maternity care in the north. They too, however, make certain general assumptions about what Inuit women want from maternity care that are embedded in their own cultural knowledge, and thus their writings might also benefit from a critical unpacking (e.g. Daviss, 1997; Douglas, 2009; Van Wagner et al., 2007; Barber and Berdan, 1998).

Perspectives in the literature from Inuit themselves, though mediated by research goals and edited by outsider anthropologists, point to the historical and political implications of the way maternity care has been and continues to be provided in Inuit communities, and focus on a rich seam of first person accounts from elders about birthing experiences 'on the land' in opposition to contemporary maternity care in Inuit communities. It can be difficult to tease out the implications for the women having babies in those communities today— elders, too, are engaged in the creation and reproduction of certain kinds of birth knowledge (Bennett and Rowley, 2004; Briggs, Ekho & Ottokie, 2000; Therrien and Laugrand, 2001; Wachowich, 1999). In order to open up and explore

these perspectives, and their influence for contemporary birth experience among Inuit women, I have chosen theories that come together to support an unconventional combination of methods.

Anthropological work about birth, where it exists, often presents birth as a locus for larger ideas about given cultures and societies:

> …the cultural arena of birth serves as a microcosm in which the relationships between rapid technological progress and cultural values, normative behaviors, social organization, gender relations, and the political economy can be clearly viewed (Davis-Floyd and Sargent, 1997, p. 6).

Although these analogies and explorations are no less interesting in the case of Inuit women, I would like, also following from Davis-Floyd and Sargent's prescriptions for further research, to reverse the analysis, and ask instead how these macrocosmic forces, and the way the infuse the literature, return to the body itself: "What is the experience of childbirth like for individual women embedded in their larger cultural systems?" (Davis-Floyd and Sargent, 1997, pp. 15). If the data exists, then we can begin to see how these factors have influenced the experiences of Inuit women navigating them through the births of their babies. However, what if these women's voices are scarce, or even absent? What can be learned from the literature by this omission? In order to ask all of these questions, the use of techniques and theories of ethnohistory have emerged as essential in my analysis of anthropological works written about Inuit women.

2.1 Ethnohistory

Ethnohistory emerged in the United States in the twentieth century, not initially

out of a desire among historians to reconsider colonial accounts of indigenous peoples, but through the legal arguments and processes of the Indian Claims Commission in the United States, where ethnologists served as expert witnesses (Harkin, 2010). It has since been taken up by historians and anthropologists as a means by which to assess and reassess the accounts of not only explorers and diarists, but also of historians and ethnographers, and to critique and make transparent the nostalgic and essentialist fantasies of rapidly-vanishing isolated cultures that were so long the stuff of classical ethnography: the intrepid anthropologist frantically writing everything down, 'salvaging' the last vestiges of these 'primitive' cultures before they would inevitably slip away to make way for the righteous gleaming modernity of the colonizer (see, e.g. Searles, 2006) for a critique in direct reference to Inuit.

Both historians and anthropologists within (and beyond) this '*rapprochement*' of the disciplines of anthropology and history began to work away from the settler colonialist accounts, and salvage theories and techniques, of their predecessors' work on Indigenous peoples of the Americas (Harkin, 2010, p. 114-115; Graburn, 2006). The issues of claims to territory that were central to the Claims Commission, and the problem of cultural translation of concepts of ownership, set the stage for these academics to question the one-sided accounts they were using as data in these cases:

> These two fundamental problems—documentation and property—defined the conflict between Anglo-American property law and native land claims. The first applied to all native groups: the lack of documentation of any claim that predated European contact (Cherokee and Cree syllabaries were established after contact). A subsidiary problem was the inherent ethnocentric bias in the documents that did exist. Such documents frequently

> underreported the degree to which land occupied by American Indians was being actively managed, either through agriculture or the maintenance of fisheries game preserves (with fire often used to modify landscapes), the structures placed upon the land, and the vitality of the groups themselves. All of these points suggest the availability of land for settlement, land which was barely used by groups who were, in any case, inevitably disappearing with the advance of civilization. The second problem was the concept of property itself and its limitations when applied especially to nomadic or seminomadic native groups. It is not surprising to discover that the Hualapai, unlike the Cherokee of the 1830s, possessed no cultural concept analogous to fee simple in English common law. However, that is not to say that a concept of rights to territory and resources was entirely absent, even if it was vested in a group, not an individual, and even if it at times allowed for sharing with other groups. Both of these problems were amenable to ethnohistory's tool kit, which understood land use and occupancy to be a complex and culturally specific phenomenon and which had the means to push back the horizon of what could be known historically (Harkin, 2010, pp. 117).

The problems of salvage anthropology were by no means eradicated by the emergence of this new critical discipline, as has been noted by many scholars (notably Graburn [2006] in the case of Inuit). Ethnohistorical methods do, however, offer tools for teasing out these, and other, biases and assumptions from literatures about indigenous peoples, and their place within the historical record, within the present and the past.

In their analysis of ethnohistorical methods, Barber and Berdan assert that "the primary goal of all ethnohistories is to illuminate the past" (1998, pp. 15). Whether this is true of this research project depends immediately on some sense of what we mean when we talk and write about the 'past,' and 'historical past,' as subjects of research and analysis, and as they relate to indigenous peoples. Niezen, above, has alluded to the past as being constructed through "selection and conservation" of certain facts over others,

and Therrien and Laugrand, in the introduction to their volume of oral history *Perspectives on traditional health*, discuss the way traditions are taken up and persist through their usefulness in the present (Niezen, 2009, pp. 170; Therrien and Laugrand, 2001). My analysis might be described, perhaps, as an ethnohistory of the present, specifically of contemporary publications about Inuit birth. However, these texts exist as descriptions already of things that, in the most basic terms, we all agree have already happened. They are, in reality, also about the past and therefore also engaged in processes of selection and conservation. We are used to thinking about the historical past (and sometimes the *colonial* past) as distant, as well as static. The reality is that the past exists in various forms, depending on our present processes of selection for relevance. It is always in the process of being remade through the literature, as well as the popular consciousness. In essence, this is a primary concern of my project—how is the (historical, colonial) past called into action in processes of cultural reproduction about Inuit birth, and, following from that, how are Inuit women in the present included in (or excluded from) these historical prescriptions? How is "history' itself, manifest most often as "tradition" and "culture" within the literature, called into action through ways of knowing about Inuit birth? Understood in a different way as expressed by Jean Briggs (in the introduction to her report "Aspects of Inuit Value Socialization"):

> I wish to emphasize…that the analysis of the data contained in this report is in no way 'final.' No analysis is ever 'final,' nor should it be. As new data are collected, and as more thought is given to the data already gathered, perspectives and interpretations change, and so, little by little, understanding grows (1979).

Briggs, in some ways, here alludes not just to the interpretive potential of an ethnohistory

of the present, but also to the importance of an epistemological component in understanding ethnological data. Ethnohistorical methods, then, are an excellent means for making this analysis.

As Barber and Berdan continue, "…the next step is to take that information and interpret it, trying to construct notions of how different factors interacted and brought about certain events or conditions. Ethnohistorical facts don't speak for themselves; rather they have to be put together in plausible ways to try to explain something about human activity in the past: how something happened, and why it happened." (1998, pp. 15). They suggest several tools for accomplishing this task, the first being "Internal analysis (also known as internal criticism), which tries to decide how credible a document may be; that is, how accurately its contents represent the facts of what really happened" (1998, pp.148). Many of the techniques discussed by Barber and Berdan are not of obvious use to my project, in that they concern authentication of very old documents by means of techniques like external analysis, physical examinations, and the search for possible anachronisms (1998, pp.150). In the context of an ethnohistory of the present, in the sense that the documents I am using are primarily published monographs and research not much more than one hundred years old that have been authenticated (at least by means of peer-review), physical authentication does not form one of my primary concerns. Internal analysis is certainly more relevant, with the caveat that, following from Haraway, I would say that I am not so much engaging with whether or not something "really happened," rather I am interested in how the physical realities of birth (and

pregnancy) happen through interpretations that carry with them particular notions of what 'birth' is, and how those constructs in turn (re)produce versions of what "really happened" (Haraway, 1988; Barber and Berdan, 1998, pp. 148). Further, the importance of consistency with "well-established sources" is relevant to my purposes, as Barber and Berdan note that, in their interpretation the "reality-mediation model argues that different authors will present different versions of any event or circumstance, and common sense and experience are in accord" (Barber and Berdan, 1998, pp. 148). Following from this they discuss the relationship of the author's work to "space and time": "The most basic question one should ask of an author is whether he or she was physically in a position to know the things reported in a document" (pp. 160). This can obviously reference their physical presence, but they go further, noting that:

> The time elapsed between the observation and the reporting of events also can affect the detail and accuracy of an account. If an observer sees something, goes back to a tent, and writes an account immediately, it is unlikely to be distorted by faulty memory. On the other hand, an account written many years later may incorporate all sorts of errors, wishful thinking, and rethinking in light of later experiences…The longer the interval, the potentially more serious the distortions (pp. 161).

They go on to discuss "the author's knowledge and cultural status," expressing caution that pertains directly to my analysis also:

> All historians have to be attentive to how well an author's cultural background permits understanding of the events transpiring, but this is especially true of ethnohistorians. Since ethnohistorical documents so often are written by an author of one culture observing people of another, this problem is acute… (pp. 162).

Here I am making an analysis of the intersection of various birth cultures, and therefore

each author I use can be seen interpreting information and experience that is potentially outside their 'culture' proper—revealing the problematic approach to the concept that inspired so much post-modern reflection within anthropology in the past decades and that in some ways commenced with Marcus and Fischer (1986).

As Barber and Berdan note, how well an author describes something often has to do with how much they know about it. In the context of women's (birthing) bodies, it is what constitutes this knowledge that is itself in question. As many, including these authors, have noted, gender is often a factor in how well an author describes something, and some ethnographies written by men tend to have limited information about the lives of women for many reasons, some stemming from the lack of expertise (or interest) in women on the part of ethnographers (as is the case, I suspect, for Knud Rasmussen, based on what he does say about women, as I will discuss below [1908]), some from the taboo nature of male-female interactions within certain groups or contexts (in many cultures men are forbidden from accompanying women during labour and the post-partum period, depending on their relation to her) (Boddy, 2007). "Sometimes," Barber and Berdan note, "a thing is too familiar to bother writing about or is a slightly improper subject that would lower the image of the writer if mentioned" (1998, pp. 163).

Bias, they also note, is likely a filter through which all ethnohistorical accounts must be read, again echoing my concern with the multiple interpretations of risk in childbirth and of the meanings of the birth process from various *cultural* perspectives. However, can a valid cultural interpretation of events be accurately described as biased

only because “their expectations and wishes colored what they saw and interpreted” (Barber and Berdan, 1998, pp.163)? I would perhaps remove some of the negative and binary thinking that the term (bias) brings along with it, and try to emphasize the ‘both/and’ elements of cultural experiences of birth—the experience is embedded in larger cultural ideas about health and medicine and the body, as well as the status of women, and as such an interpretation will contain elements of bias towards one or another way of knowing about birth. However, following again from Haraway (1988), without these frames of interpretation, childbirth may not be describable in an understandable way. It is also useful to note that “knowing an author’s bias often can help assign a high level of reliability to some aspect of that writer’s account” (Barber and Berdan, 1998, pp. 164).

Related to bias, but distinct, is “the recognition that one’s self-interest is served better by communicating one message than another.” (Barber and Berdan, 1998, pp. 164), in other words the contextual factors of the author that affect what it is in their interest to report, emphasize, or omit. I will make use of what biographical and professional information is available about the authors and publications I use in order to illuminate the potential for this influence over the documents I am examining.

If part of an ethnohistorical analysis, then, “tries to decide how credible a document may be,” one is immediately faced with the question of what kind of expertise the ethnohistorian possesses with which to make that judgement. As one kind of expertise, I may not be able to avoid using my own embodied and ‘situated knowledge’

of childbirth (in Haraway's words, 1988) as an epistemological tool, as an expertise with which to think 'in kind' with the women in the literature, and also with which to assess this credibility (Barber and Berdan, 1998; Farquhar and Lock, 2006). Haraway's concept in fact provides the foundation for the methods I use throughout my analysis:

> I am arguing for politics and epistemologies of location, positioning, and situating, where partiality and not universality is the condition of being heard to make rational knowledge claims. These are claims on people's lives. I am arguing for the view from a body, always a complex, contradictory, structuring, and structured body, versus the view from above, from nowhere, from simplicity (Haraway, "Situated knowledges: The science question in feminism and the privilege of partial perspective," 1988, pp. 589).

I will, therefore, also draw heavily on the work of anthropologists who have turned their 'critical' eye to the complex world of Inuk identity politics and the politics of maternity care in Inuit regions, which I will discuss in more detail below, and who have brought embodiment into their work elsewhere (Searles, 2006; Graburn, 2006, Niezen, 2009, and, e.g. Boddy, 2006; Rapp, 2001; Emad, 2003; Franklin, 1997). These tools, I hope, will together allow a rereading of the key texts as cultural artefacts, whereby the author's intent(s) can be teased out and examined for their implications for Inuit women. As Reiger and Liamputtong have noted:

> The widely discussed dilemmas of qualitative research—questions of how reliable or trustworthy, diverse and useful is the evidence it provides […]—take on particular intensity in the reproductive arena, because they are further complicated by the politics of what counts in health care as 'authoritative knowledge' (Jordan, 1993)[…]Medical research and clinical practice generally rely on biological factors to explain many women's health problems […] and tend to take for granted the value of modern systems of medicalized reproduction. By contrast, critical

> health researchers, including historians, anthropologists and sociologists, have contested this dominant construction of what counts as 'knowledge' (Reiger and Liamputtong, 2010, pp.642).

I take up these methods and theories in order to examine the residues of salvage anthropology, essentialist discourses about 'pre-contact' Inuit cultural practices, and embedded, and unpredictable, hierarchies of traditional and scientific knowledge about the birthing body, within the texts I will analyze (Graburn, 2006; Boas, 1888; Therrien and Laugrand, 2001; Bennett and Rowley, 2004). Barber and Berdan again provide invaluable methodological perspectives, particularly in the analysis of secondary sources:

> Even if the facts are represented perfectly, the writer of a secondary source has elected facts that serve his or her needs, and some of the facts not included might be the ones that would be of greatest use to the reader. Consequently, there is no substitute for consulting primary sources to collect facts" (1998, pp. 31).

Numerous sources in my own analysis, however, and ethnographies in general, might be viewed as hybrid documents, composed of both primary and secondary source materials as well as abundant interpretation on the part of the author or authors, and thus 'facts,' as Barber and Berdan see them, are not to be relied upon.

Therefore, through the specific methods of ethnohistory, I attempt to examine the ways actors create (and contest) the past and the present through various lenses of experience and memory (Galloway, 2006; Barber and Berdan, 1998). My methods will include narrative analysis, which seeks, as Galloway describes, "to discover what the writer of narrative sources wanted the reader to notice" and to therefore begin to think about what might be left unsaid within texts (Galloway, 2006, pp.11).

2.2 Scope: Data Inclusion and Exclusion

Through this narrative analysis, I will be analysing how various authors have described and created Inuit birth practices, and as such I must define the kinds of authors I will be discussing, and also address how decisions to include or exclude different sources were made. What, for these purposes, is an author? As noted above, the term 'author' connotes those individuals and groups who are actively engaged in the construction, description, and contestation of knowledge about birth within Inuit communities. Authors are not necessarily only the writers of published texts, but need only be knowledge producers (and creators) in the context of 'Inuit birth" in order to demand inclusion.

I have grouped authors into three loose categories, between which there are degrees of permeability. The first of these are sources from anthropology and the social sciences (including public health), as well as medical journals. These sources consist of peer-reviewed articles and monographs written from various positions of expertise (e.g. Becker and Paulette, 2004; Lavoie, 2001; Daviss, 1997; Kaufert and O'Neil, 1993, Douglas, 2009). The second category might be referred to as 'grey literature,' and is composed of non-governmental organizations, professional associations, and advocacy groups. These sources mainly take the form of self-published articles and discussion papers, with occasional peer-reviewed publications (e.g. Pauktuutit, 2004; SOGC, 2001; NAHO, 2006, Healey and Meadows, 2008). The third category is composed of data that is for the most part woven within the previous two categories and as such must be assessed critically according to how those authors have made decisions of inclusion and

exclusion. This category consists of transcribed oral history and life histories. Much of this data presents itself through direct quotations within texts that fall under the first two categories, but some are published by Inuit, or through collaboration with researchers, and so these boundaries are loose (e.g. Ootoova et al., 2001; Wachowich, 1999; Bennett and Rowley, 2004). Within these categories, specific texts may be primary or secondary sources (and sometimes a combination of both), and I will group them by those designations also.

Despite the wealth of ethnographic research on 'the Inuit' going back to Boas, Rasmussen, and explorers' accounts (e.g. Boas, 1888 [1964]; Rasmussen, 1908 [1975], Briggs, 1970 & 1998), the data available that discusses and describes Inuit birth experience historically and in the (historical) present is fairly limited, and engages in frequent duplication of primary source data. Where ethnographic data, oral histories, and interview transcripts with elders (and others) exist, they are in most cases mediated (for better or worse) in publication by the research goals of non-Inuit social scientists and other authors (owing to research collaborations, possible exceptions include Therrien and Laugrand, 2001; Briggs, 2000; Bennett and Rowley, 2004, but this may be a matter of some debate). Published materials from Inuit themselves, where they exist, again, are rare and also engage in duplication (NAHO, 2008a, NAHO 2006; Pauktuutit, 2004, possibly also Briggs, 2000; Therrien and Laugrand, 2001). As such, I will be including virtually all sources that engage with how (in the sense of culturally-specific practices) Inuit have and continue to birth their babies, and that fall into one of the three preceding categories.

Key sources were chosen for inclusion through web searches of NGO websites, manual library searches, and the use of several databases (please see Appendix 1 for the full list). A *Pubmed* search, using keywords "Inuit women" yielded several articles and government documents (in addition to numerous sources outside the scope of this project). Subsequent searches using keywords "Inuit birth" and "Inuit pregnancy" yielded no additional sources beyond those already found in the initial search. The same keyword searches were used to search *Anthrosource*, in addition to "Inuit traditional health and women". This yielded a small number of additional relevant sources. These same searches were again conducted within the *Sociological Abstracts* database. In addition, searches were conducted in the Canadian Theses and Dissertations database, and with several specific journals (*Place and Health, Birth, Midwifery, International Journal of Circumpolar Health, and Anthropologica*), and the online archives of Health Canada, the National Aboriginal Health Organization, and Pauktuutit. All sources deal with Inuit women and birth or pregnancy topics.

Sources are analysed for their inclusion or exclusion of several subtopics, and then for the character of those inclusions (and exclusions). Only publications concerning Inuit living in the Canadian arctic were included (this encompasses the four Inuit regions of Nunavut, Nunatsiavut, Nunavik, and Inuvialuit) (Bonesteel, 2008). The key subtopics are as follows: *Social problems* (usually this connotes teen pregnancy, alcohol and drug use, housing and nutrition, physical and sexual abuse, suicide); *traditional health practices* or *midwifery*; *Western midwifery*; and *birth location*. Where these topics appear

in texts is as important as their appearance (for instance do they form the 'evidence' section of an article, or the 'areas for further research' e.g. Simonet, Wilkins et al, 2012; Simonet, Wilkins et al, 2010)? My discussion and analysis will then be formed through these subtopics.

Certain sources have been omitted owing to the previous issue of duplication, but otherwise the scope is fairly exhaustive, whether monographs, peer-reviewed journal articles, position papers, or government documents (see Appendix 1 for a current list of key sources).

2.3 Researchers in the Arctic: Ethics and Constraints

As noted by Clifford, ethnography "…is always caught up in the invention, not the representation, of cultures" and I use the techniques of ethnohistory to begin to reveal these inventions in various ways of knowing about embodied "Inuit" birth, and the space for young Inuit birthing within these knowledge structures (Clifford, 1986 in Erickson and Murphy, eds., 2001, pp. 603). The 'age of Inuit empowerment' that Searles describes has meant many changes in the way research may be conducted within Inuit communities, and the past experiences that have brought on these new research guidelines have been described in various scholarly publications (see, e.g. Thomas and Shirley, 2003; Nadasdy, 2003; Sejersen, 2003; ITK & NRI, 2006). Many of the critiques of research methods adopted by social scientists in the past seemed relevant to my initial proposed field research, and led me to the decision to engage in a documentary-

researched project instead. Ethical issues brought to bear include problems of adequate investment of time and resources within communities, contributions to the goals of those communities, and debates around the appropriateness of outsider researchers within the political aspirations of self-determination (Asch, 2001).

Knowing how to address problems of ownership of knowledge within a project that does not include the collection of ethnographic field data remains challenging. I attempt to reconcile these ethical issues by using both the approach to epistemology supported by Haraway's concept of 'situated knowledges' and, through this approach, by seeking to discover the ways in which, when we as researchers frame knowledge, even reflexively, we risk creating unmoving objects out of living, changing, and contingent actors (1988). My focus is on how knowledge is created through the descriptions of outsiders, as well as insiders, and what those outside/inside boundaries mean for knowledge creation, and for the women on whose bodies that knowledge is imposed.

2.4 Power and Hierarchy within Cultures and Traditions

As Searles discusses (2006, pp.89), 'easy relativisms and holisms' mask power relations within a given community, and within individual contexts like the birth process. Even if the literature does not represent them as such, we should be sceptical of a singular idea of "Inuit birth" just as we critique notions of a singular Inuit culture, or one kind of Inuk over another (Haraway, 1988, pp. 585; Douglas, 2009; Searles, 2006). As the history of ethnohistory has helped to reveal, these problematic singular notions of Aboriginality

have long plagued the academy as well as popular ideas about indigenous peoples in Canada and elsewhere in the Americas:

> American Indians, to remain such, must largely exist outside history or be seen to be so. Ethnohistorians were thus placed in a difficult position of mediating between American Indian and Euro-American notions of history. To get a sense of how formidable this challenge was, one can recall that many American archaeologists continue to this day to speak of the period before European contact for any group as "prehistory." Depending on the place, this could mean pre-Columbian or pre–Alaska gold rush. This profoundly ethnocentric formulation in essence denied history and historicity to indigenous peoples. Only once they had been observed were they considered to be in the main current of history, albeit as minor participants. Oral testimony of any sort has been considered much less reliable in both history and law. This influenced the first generation of ethnohistorians, who based their analyses primarily, if not exclusively, on documentary sources. (Harkin, 2010, pp. 118)

As Patricia Jasen notes, in her historical research about 'childbirth in the Canadian North,' these prejudices, along with tendencies to favour 'noble savage'-type generalizations about Aboriginal peoples, extended to the arena of birth, with ideas about 'primitive' native women not suffering pain in childbirth, unlike their civilized white European counterparts, appearing in the accounts of explorers and early ethnographers—at once idealizing and dehumanizing Aboriginal women (Jasen, 1997).

In the contemporary context, these 'holisms' can take the form of a community's own concepts of itself (Searles, 2006, pp. 89). As Graburn notes, "Inuit are concerned—almost hypersensitive—about the survival of 'their culture'…and thus very self-consciously engaged in conversations about and pursuing activities aimed at ensuring the perpetuation of their culture" (Graburn, 2006, pp. 137). What constitutes that 'culture,' as

both he and Searles (among others) discuss, privileges certain activities and community members over others, often along gender, as well as economic, lines (2006). Douglas has noted that her research (2009) seeks to "suggest how Inuit childbirth can benefit from an understanding of its history and how that history could guide it into the future" (Douglas, 2009, pp. 8).

In response, following from Graburn, I ask who we are talking about when we assign this subjectivity to "Inuit childbirth"—whose history is being recorded, and whose prescriptions are being reproduced? As Searles discusses, the "moral authority and social status" associated with traditional knowledge creates a social hierarchy, and processes of exclusion:

> Can an Inuk be a real, complete, person without an intimate firsthand knowledge of the precontact past or the arctic environment? Can a person be Inuit if he or she has never gone hunting or neither speaks nor understands Inuktitut? And finally, can Inuit identity even be something that can be expressed and experienced in urban environments, in places like Iqaluit, Yellowknife, and Ottawa?..These are questions that have rarely been asked, much less answered" (2006, pp. 98-99).

Where birth is concerned, and the history of contemporary birth practices is being recorded, these questions must be asked, and the 'subaltern' voices in communities deserve representation in addition to the orthodox accounts of government policies and health care providers, as well as elders. As Searles has said, 'the image of a precontact Inuit life world continues to be a source of empowerment and authority, and even of public policy," and thus we must be mindful of the hegemonic potential an uncritical acceptance of this narrative allows. Indeed, even what 'precontact' might mean has

various connotations, and certainly what "Inuit culture" as a larger category connotes can be elusive:

> Over and over again young Inuit are urged by their elders to remember their language, their values, and their traditional ways of life. The alternative is unthinkable—they are threatened with their own disappearance, even extinction. Yet there are no historic dates of battles or names of past leaders to be scribbled on the backs of crib sheets in order to prevent this fate. Instead young people are supposed to remember and recreate something that is hard even to put into words… (Stevenson, 2006, pp. 169).

Within this context, Searles cautions, "Although ethnic resurgence is often a powerful form of resistance to social injustice and inequality, it can also be used as a weapon of exclusion and even violence" (2006, pp. 100). Searles expresses these concerns in the epistemological context of the government of Nunavut's policy-making relationship to '*Inuit qaujimajatuqangit,*' or IQ, (Searles, 2006, pp. 97), implemented in order to integrate traditional Inuit knowledge and practices into the everyday governance of the territory: "IQ as a system of knowledge leaves little room for the adoption of hybrid forms of management and governance, policies that transcend dichotomies based on ethnicity or cultural knowledge" (Searles, 2006, pp. 99).

Published not long after, Douglas's (2009) dissertation on Inuit childbirth doesn't seem troubled by this problem, arguing that hybrid ways of knowing about birth are part and parcel of the history and future of Inuit childbirth, and asserting that Inuit find no issue with maintaining their traditional perspectives about birth while at the same time accepting, valuing, and integrating biomedical techniques. This is an interesting contrast not only to Searles and Stevenson, but also to much of the (perhaps older) literature about

Inuit birth that presents these perspectives as in opposition (e.g. Daviss, 1997; Kaufert and O'Neil, 2007; Kaufert and O'Neil, 1993; Lavoie, 2001).

Disentangling these seemingly conflicting interpretations of the meaning of Inuit birth through the occupations of the authors implicated (anthropologists, midwives, and nurses) may prove simplistic without further data. What might more reliably be said is that the possibility and efficacy of hybridity seems to be more contextualized and community-specific than authors assert. It is also interesting to note that the work of anthropologists, including but not limited to Searles and Stevenson, on topics relating to the epistemology and reproduction of tradition and identity among Inuit is not incorporated into the current scholarship about Inuit birth practices and experiences.

Using these theories and methods, I explore the ways in which knowledge about birth for Inuit is being produced, how that knowledge is being contested, and the implications for individual women. I also question the absence of certain voices, and the presence of others, and attempt to examine the embodied experiences of Inuit women described within this context.

CHAPTER 3 HISTORICAL INTERPRETATIONS OF INUIT GENDER RELATIONS AND BIRTH PRACTICES IN THE LITERATURE

> Childbirth is a significant human experience, but its social meaning is shaped by the society in which birthing women live (Blaaka and Eri, 2008, p. 344).

The perspectives and experiences of Inuit women, as mediated by the authors who write about them, become part of the process of creating the social meaning of childbirth for their communities, and by extension create the historical record of "Inuit birth" that influences contemporary and future cultural reproduction and policy-making. With this process in mind, specific questions emerge that can be applied to the literature: How do key sources describe Inuit women experiencing pregnancy and childbirth? What are the biases and historical interpretations at play? Using ethnohistorical tools of analysis, what can we learn about contemporary documentation of Inuit women as birthing mothers? In this chapter I begin a review of the key sources outlined in Appendix A. They will be evaluated for the inclusion of certain key variables, and the nature of that inclusion in ethnohistorical terms. These key variables will be examined as bellwethers connoting the status of Inuit women within these texts. Subsequently the space and the quality of birth stories from and about Inuit women will be determined within these documents and the potential consequences for policy and for individual Inuit women navigating maternity

care will be examined. Areas for further research will also be explored.

As discussed above in Chapter Two, several tools of ethnohistorical analysis are engaged through my review of the literature, including, in brief, *internal analysis* (the credibility of a document in describing 'the facts' of what has happened); *bias,* and *the author's knowledge and cultural status* (the author's personal or professional interests and their relationship to the research subjects and the topic under study). I will also examine the time and space inhabited by the researcher, including the historical and social context in which they were writing, whether they are describing events they personally witnessed, and in at least one case, how long ago those events occurred before the authors have written about them. Using these tools I will examine the goals of authors writing from various knowledge traditions. As Haraway notes, whether speaking about scientists conducting research out of medical schools, or about elder Inuit describing 'pre-contact' childbirth experiences that:

> Above all, rational knowledge does not pretend to disengagement: to be from everywhere and so nowhere, to be free from interpretation, from being represented to be fully self-contained or fully formalizable. Rational knowledge is a process of ongoing critical interpretation among 'fields' of interpreters and decoders. Rational knowledge is power sensitive conversation. Decoding and transcoding plus translation and criticism; all are necessary. So science becomes the paradigmatic model, not of closure, but of that which is contestable and contested. (Haraway, 1988, p. 590)

And so, the authors I will discuss are engaged in various processes of producing knowledge in response to other knowledge producers. Their stories and research findings have particular audiences and consequences of their work in mind. I will look for the

Inuit women giving birth within this context of knowledge production, and try to find their experience through the interpretations of others, and, where they have been included, through their own words.

Although this is a qualitative study, I have compiled some minimal numeric data in order to illuminate basic trends within the literature gleaned for my analysis, including when Inuit women are quoted directly, the age ranges of Inuit women being explicitly used as study subjects, and whether a text refers to certain issues that recur within literatures about Inuit in general. I have also made note of other criteria (such as authors' professional designations and employers) according to relevance. As I have noted above in my methodology, I have made every effort to include all pertinent sources available for this analysis, but I have focused on more contemporary data (the last ten to twenty years), and have made omissions where authors have published multiple similar articles (e.g. Simonet et al. 2012, Simonet et al. 2010a, Simonet 2010b), or where sources that came up under search terms were simply not relevant enough to include. The following table is intended to illuminate the discussion rather than as definitive quantitative analysis, and should therefore be taken as a starting point rather than as data from which to draw precise conclusions (*there is some overlap between categories and disciplines*).

Table 3.1 CHARACTERISTICS OF KEY SOURCES

Discipline	**Primary Source**	**Review Article**	**Inuit research collaborator**	**Direct quotes**	**Women under 30**
Total (/42)	**31**	**6**	**8**	**12**	**10**
Oral History (/4)	4	0	4	4	0

Sociology/Anthropology/social sciences (other than oral history) (/7)	8	0	0	3	1
Medicine/Public Health (peer-reviewed) (/19)	12	5	0	2	6
Midwives (peer-reviewed)/5	5	0	4	0	2
NGO/Government doc (Grey) (/5)	0	1		1	2
Inuit (Grey Literature) (/2)	2	0	0	2	1

Both the existence of traditional knowledge about health within Inuit communities, and the presence of so-called 'social problems' within those communities, are noted by a majority of all sources (35/42 and 34/42 respectively). Interestingly, however, it is more unusual to find a source that examines either topic in detail, provides meaningful definition of either term, or that approaches them from "how" or "why" perspectives in terms of the authors' research concerns. The medical literature almost never examines causes or solutions when discussing 'social problems,' with a few notable exceptions (e.g. Wilson et al, 2013; Yee et al, 2011; Healey and Meadows, 2007). 'Social problems' that relate to pregnancy and birth, as noted by key sources for this project, include: Alcohol use and binge drinking in general, smoking (e.g., in particular, Fraser, S. et al, 2010; Muckle et al., 2011); drug use (not often cited in the context of pregnancy); housing shortages and overcrowding; and poor nutrition (e.g. Auger, 2011; Jenkins, 2004; Muggah et al., 2004, Schaefer et al., 2011). Sexual abuse is not often mentioned, and in fact only discussed in detail in Wilson et al. (2013). Other 'problems' discussed, by elders

as well as medical researchers, include 'teen pregnancy' (e.g. Archibald, 2004); and assorted negative impacts of modernity (usually cited by elders as having had consequences for pregnancy, childbirth, and infant care (e.g. Therrien and Laugrand, 2001; Briggs, 2000; Bennett and Rowley, 2004).

Authors who omit any discussion of these social variables as factors in maternal health are often midwives (Daviss, 1995; Becker and Paulette, 2004, Couchie and Sanderson, 2007). Some preliminary conclusions might be drawn from the data about this key variable: some authors are more likely to include data that might express a pathologized view of Inuit women than others. In view of the inclusion of 'social problems' within the majority of sources, and their ubiquity elsewhere in the literature about contemporary Inuit, the omission of these by certain authors as issues effecting pregnant Inuit is notable. What motives might midwives have for leaving these variables out of their writing? How do these motives compare to Haraway's caution that there is a "serious danger of romanticizing and/or appropriating the vision of the less powerful while claiming to see from their positions" (1988, p. 584)? In contrast, might the ways in which social problems are called into action in other areas of the literature also illuminate certain ideas that authors might be expressing implicitly about Inuit women as subjects of their research? As we shall see below, ideas about who Inuit are in the 'modern' context and also what they *should* be doing about their health, and health care, figure heavily in the texts under examination.

What is referred to as "Traditional Inuit knowledge" is addressed in detail within

sources that fall under the categories of oral history and life history, as well as all of those written by anthropologists and many of those written by midwives. Wilson et al. (2013) also discuss various examples of so-called traditional knowledge, but they are the exception within the medical literature. Traditional knowledge about birth among Inuit is, if the existing sources are interpreted collectively, region-specific and not necessarily cohesive. Many sources cite the inclusion of traditional knowledge in maternity care provided by birthing centres in the North (usually the Inuulitsivik Maternity in Nunavik and the Rankin Inlet centre in Nunavut), however specific details about the content of that care at the level of individual patients are less common (Van Wagner et al, 2007; Van Wagner et al., 2012; Douglas, 2010; Becker and Paulette, 2004, Healey and Meadows, 2008). Only sources such as Bennett and Rowley (2004), Briggs (2000), and Therrien and Laugrand (2001), that have compiled interviews with elders, include detailed information about what constitutes this knowledge (with the exception of Kaufert and O'Neil's discussion about traditional beliefs about changes to the sex of the baby during birth, 1995). No first-person accounts of the *contemporary* use of traditional knowledge in maternity care by Inuit women (either described by midwives or by Inuit birthing mothers themselves) were found.

As this overview of key sources reveals, data about Inuit women as birthing mothers (and in general), is limited and becomes harder to find in older publications. Early accounts written by Europeans appear to focus primarily on the lives and activities of Inuit men, however some data exist in these accounts about the status of women, a

point I will return to in the next section. Collections of oral histories and life histories of Inuit have only begun to be published comparatively recently, and again, often focus on male voices, with notable exceptions (e.g. Bennett and Rowley, 2004; Brice-Bennett, 1999). Ethnographies about the lives of Inuit women, while providing descriptions of Inuit women's lives that the accounts of Boas (1888) and Rasmussen (1908) lacked, (e.g. Briggs, 1970; Wachowich, 1999) do not often include details about the experiences of pregnant and birthing mothers, and a sense of 'pre-contact' Inuit birth experiences emerges exclusively from the accounts of elder women within oral history collections (e.g. Therrien and Laugrand, 2001; Wachowich, 1999; Briggs, 2000).

3.1 Descriptions of Inuit Women in Nineteenth Century Ethnography: Two Examples

"The Central Eskimo," Franz Boas' influential late nineteenth century text clearly demonstrates the nostalgia and consequent salvage anthropology already in evidence in writing about Inuit within the field of anthropology at the turn of the twentieth century (Boas, 1888; Collins, 1964). Searles (2006) discusses this in detail in the context of Inuit empowerment and the role of 'tradition' as a kind of cultural capital, which confirms and complicates the way Boas presents the sense of a culture already disappearing in 1888. Boas' expresses affection for an ideal past in the arctic, and admiration for the "…old men and women who remembered the old time thoroughly, when they were more numerous and no white men visited their land" (1888, pp. vii-viii). Although the term

immediately brings to mind a gentle wistfulness that utterly fails to adequately connote the colonial atrocities inherent to culture loss for Inuit, nostalgia is a recurring and inescapable theme in writings about the Inuit. It is important to note that it is also pervasive in oral histories and other writing by Inuit themselves. It appears inaccurate to credit the desires of Inuit (of various ages) to return wherever possible to 'traditional' activities, and the tendency to discuss the past in ideal terms (even in the telling of stories of great hardship), as singularly either a trope of anthropological writing about Inuit or as an exclusively Inuit way of knowing about the world they inhabit. The reality, when looking at many sources, emerges as an interplay between versions of Inuit history and a contemporary movement towards a self-conscious making of 'Inuitness' that takes up the past with explicit goals (Searles, 2006; Graburn, 2006).

Boas' intentions, while often noted as a classic example of "salvage ethnography," remain rooted in his clear respect for his research subjects and their (disappearing) traditional culture (Searles, 2006, pp. 92). His work is also of a piece with the perspectives expressed often by elders about the experience of change, and his real respect for the traditional activities and understandings he describes within the community he studied are perhaps more in keeping with the affinity with 'pre-contact' or 'traditional' daily life expressed by Inuit rather than by typical colonial-outsider perspectives. Something also notable for the time is Boas' recognition of the diversity of groups living in the arctic during the time he was writing *The Central Eskimo (*1888*,* p.62) (in contrast with contemporary health researchers who frequently group diverse

populations together for the purposes of their research goals—e.g. Arbour et al, 2009).

Not surprisingly, given the time in which it was written, *The Central Eskimo* focusses primarily on the subsistence activities of men. Boas does describe the interiors of Inuit dwellings in detail, noting the multiple layers of hides that were affixed to interior walls of snow houses to insulate and minimize condensation, and diagrams the locations within the house where various activities took place, and where women spent much of their time (Briggs' later account of living in snow houses differs markedly and may indicate regional variation in snow house interiors, or possibly diversity among families in terms of time and energy expended on living space [1970]). Pregnancy and birth, however, are not discussed directly by Boas, and the lives of women or the raising of children in general are not primary data sources in this work. Because he does not discuss it explicitly, we are left to speculate about the reasons for this omission.

In contrast, Knud Rasmussen's 1908 monograph, *The people of the polar north: A record,* devotes an entire chapter to "Women," although it would be more aptly described as a chapter about gender relations than one that describes the daily lives of the women of the "Polar Eskimo." Had I not already read numerous similar accounts from elders in oral histories, the harsh treatment of women he describes might have caused me to draw the conclusion that Rasmussen had exaggerated their subjugated status in order to assert an ideal version of his own society's treatment of women (Therrien and Laugrand, 2001; Oosten, Laugrand and Rasing, 2000; and Bennett and Rowley, 2004). As it stands, the physical violence imposed on Inuit women, and the forced marriage of very young girls,

are corroborated by elders within the oral histories (see e.g. (Therrien and Laugrand, 2001; Oosten, Laugrand and Rasing, 2000; and Bennett and Rowley, 2004), and so, following from Barber and Berdan's (1998) standards for credibility, must me taken as more or less accurate. Once again, pregnancy and birth are not described in and of themselves, although pregnancy is included in several discussions about marital discord and wife-exchange. While there is one mention of a woman's death following labour (and a subsequent infanticide), the story is about the 'barren' father, Samik, not the woman's death, or the events of the birth itself (Rasmussen, 1908, pp. 66). Rasmussen's colonial gaze and the assumptions he makes about the superiority of white Europeans are both obvious through the language he employs in his descriptions and the opinions he expresses based on his observations, and therefore his descriptions of Inuit marriage and the status of women must be taken in that context:

> The Eskimos are much like animals. The men love their wives; but when the fancy takes them, when they are satiated with love, they maltreat them in a manner that we civilised men would consider brutal. But, say the Eskimos, if affection is to be kept alive, the woman must feel occasionally that the man is strong. (1908, p. 55-56).

> She herself has no consciousness whatever of being man's drudge. In our estimate of these conditions, we must, in order to understand her, regard the matter strictly from the Eskimo point of view, *and not impute to her the feeling of honour and craving for independence of the civilised woman* (1908, p. 62-63, emphasis mine).

For current purposes, it is clear that despite his biases, the practices he describes are corroborated, and it is likely he witnessed the things he wrote about, including the

physical abuse of pregnant women:

> I shuddered when I saw him; for I knew that Aleqasina was soon to be a mother…And, as I was very anxious to get him to say what he thought on the matter, I informed him that it was the first time in my life that I had ever seen a woman struck" (1908, p.57-58).

Rasmussen's idealism about his own cultural background (and possibly the colonial enterprise), and of the lot of European "civilized" women, might stimulate an interesting discussion beyond the scope of this project. However, the arctic ethnography of Boas and Rasmussen is useful to our analysis because the ways in which they have written about Inuit and their traditional 'pre-contact' practices have subtly infused many of the contemporary sources discussed below. How 'traditional' practices are embedded in the past within publications from various disciplines owe something to their accounts. Their historical and social contexts likely reveal the biases that infuse their rare inclusions about Inuit women, and, more importantly, the absence of meaningful data about women in their accounts. In order to learn about the lives of Inuit women or their experiences of pregnancy and childbirth within these contexts, we must turn to the emerging body of oral histories being published about Inuit. Before reviewing these key sources however, an overview of larger historical processes in the last century for maternity care, as they relate specifically to Inuit, can enrich our understanding of the many angles, the *situated knowledges*, through which authors have come to approach the topics at hand.

3.2 Historical and Contemporary Perspectives on Maternity care and Midwifery

in Canada, and their Influence on Experiences of Birth for Inuit

In many ways the story of childbirth and change in the arctic, particularly over the last one hundred years or so, is not so different from the story of childbirth and change in North America in general, beginning with the advent of the profession of obstetrics in the nineteenth century (Ehrenreich and English, 1978). Since people have lived on the continent of North America, and up until comparatively recently, both settler and Indigenous babies were born where their parents lived, which is to say 'at home' (Borst, 1995; Ehrenreich and English, 1978; Mitchinson, 2002). Whether a stately house or city tenement, a tent in a summer hunting camp or a snow house lined with skins, all were witness to the births of children, in most contexts with the help of midwives of some kind (Jasen, 1997; Wigginton, 1973; Mitchinson, 2002; Ehrenreich and English, 1978; Wachowich, 1999; Kaufert and O'Neil, 2007 & 1993). The category of 'midwife' was a loose one, sometimes apprenticeship-trained women who occupied themselves with the vocation more or less full-time, but also often older female relatives, "granny women" and others experienced in the matter of pregnancy and birth without any formal training (Wachowich, 1999; Wigginton, 1973; Therrien and Laugrand, 2001). Sometimes, particularly for families who lived much of the year in isolated camps or in remote areas, fathers assisted at the births of their children also (Wachowich, 1999). Rarely was a physician available, and likely rarely also was one considered necessary even if he was close enough to call on (Mitchinson, 2002). Even in the context of the interventions of physicians, birth continued to mainly take place in peoples' homes well into the twentieth

century in many areas, and particularly in the arctic among the Inuit (Kaufert and O'Neil, 1993).

That this long history of what is described today as 'home birth' (and often also midwifery) has more recently been collectively removed from the 'modern' North American notion of a 'normal' or usual way of birthing children is not just the result of advances in the field of obstetrics, but, according to many contemporary midwives and their advocates, speaks to the persuasive cultures of professionalization and expertise, of risk and biomedicine, and their dominance in the social life of pregnancy and birth in the twentieth century (Davis-Floyd, 1992; Weir, 2006; Daviss, 1997; Kaufert and O'Neil, 1993). Inuit who advocate for the decolonization of birth, for its return to their communities (and for the development of midwifery practice there) have often done so as part of larger anti-colonial movements towards self-determination and cultural healing (Lavoie, 2001; Van Wagner et al., 2007 and 2012; NAHO, 2006; Pauktuutit, 2004; Wilson et al., 2013). That the process of decolonizing birth might also be considered as influenced by this larger movement advocating for midwifery in North America, and shares many of the goals and vocabularies of that movement, has been less frequently explored, although the influence of the latter is clear in many publications relating to the former topic that are included as key sources in this analysis (e.g. Daviss, 1997; Van Wagner et al., 2007 and 2012; Becker and Paulette, 2004). For several reasons, the links between these two projects are relevant—both are concerned with the decolonization of health expertise and control over the bodies of women, and both call into action the

experiences of birthing women to argue their perspective (e.g. Davis-Floyd, 1992; Gaskin, 1990; Chamberlin and Barclay, 2000; Blaaka and Eri, 2008). In addition, both are engaged with the medical provisions and regulations of state governments, and the epistemologies of health knowledge supported by those policies. Of significant concern to this movement is the way we think about "normal" birth, and by extension, how something becomes normalized within communities and the larger culture as a whole. This is immediately relevant to ways of knowing about 'tradition' in context, in that the paradox of something being described as constant and eternal while actually being continuously engaged in a process of being (re) created and reimagined is shared between the latter and former concepts (Searles, 2006; Therrien and Laugrand, 2001; Niezen, 2009). In both cases the paradox serves to confuse and limit the practices being assigned status as 'normal' or 'traditional'. How 'normal' birth has come to be defined for Inuit and other aboriginal women in the contemporary context is embedded in the history of obstetrics in Canada, and the ways in which the cultural values of that branch of biomedicine have informed practitioners and their patients.

Although Wendy Mitchinson's historical analysis, *Giving birth in Canada 1900-1950* (2002), contains very little detail about Indigenous Canadian experiences of pregnancy and childbirth (either as recipients of Euro-Canadian forms of maternity care or of the traditional practices within First Nations, Inuit, or Métis communities), it is nonetheless a useful place to begin when thinking about the ways authors write about different approaches to maternity care and build and maintain contrasting vocabularies

about the experience of childbirth. Her insights into the development of obstetrics as a discipline in Canada are thus relevant to an examination of representations of Inuit birthing women through the same periods and into the contemporary context. In the nineteenth century, according to Mitchinson,

> …medical language helped insulate physicians from the emotional world of patients, their friends, and relatives. It distanced them from the world outside medicine and helped make medicine a somewhat closed world in which contradictions were difficult to acknowledge. Patients and physicians spoke two different languages of the body. (p. 22).

She goes on to note that as part of the shift in medical culture and technological developments, "[t]he availability of technology became the measure of a good hospital", "but problems could arise when the average or normal experience became equated with the healthy experience." (2002, p. 23). This separation, and the incumbent assumptions about rational knowledge, echoes through the medical texts I will discuss in Chapter Five. Mitchinson also discusses the gender implications for the emergence of professionalized obstetrics, the technologization of health care, and the consequent large hospitals. Further, the female body itself posed problems for physicians: "…women's bodies were more complex than men's, and consequently physicians deemed them more prone to disorders. Most physicians (at least as reflected in the medical literature) assumed that women could be healthy only if they remained within clearly defined social roles." (2002, p. 45). Mitchinson's implication is, in part, that this unpredictability gave women power over physicians in some way, which these medical practitioners did not like:

> After all, each woman had an embodied knowledge of

> herself that might not correspond to medical opinion. She had a memory of her body, and that memory was probably more real to her than what physicians told her was going on in her body…" (p. 46).

In the interviews transcribed in several collections of oral history (Briggs, 2000; Therrien and Laugrand, 2001; Bennett and Rowley, 2004), elders reiterate these points made by Mitchinson, noting in particular that the traditional ways in which birth took place were embedded in forms of knowledge of the body that were not adequately acknowledged by the health care providers Inuit women encountered in southern hospitals, or even those working within Inuit communities. This is manifest in particular in the contrasting ways Inuit elders and medical personnel are described as assessing 'risks' in childbirth, as well as through the myriad and varied customs prescribed for pregnant women, such as the practices of leaving boots untied, and of getting up and going outside as quickly as possible upon waking (Kaufert and O'Neil, 1993; Daviss, 1997; Briggs, 2000; Therrien and Laugrand, 2001; Bennett and Rowley, 2004). Mitchinson's history, therefore, lends credibility to these sources through her above interpretation of the view of women's bodies held by the medical community in Canada at least until the nineteen fifties (Barber and Berdan, 1998). Further, Mitchinson's descriptions also point towards the way knowledge is situated, and the tone in evidence, in contemporary medical publications specifically about pregnant Inuit women that I will discuss below.

Also a historian, Patricia Jasen provides her own overview of "childbirth in northern Canada," focusing on early colonial incursions among Indigenous groups, rather

than the twentieth century or the Canadian population as a whole (1997). However, while an illuminating record of explorer's accounts and European responses, as noted above, Jasen's research is based on data collected only in reference to the northern regions of the province of Ontario, and is therefore not directly relevant to Inuit traditional or 'pre-contact' practice (despite being consistently cited in other publications on the topic). Her paper nonetheless provides some interesting perspectives on how the views of colonizing groups have evolved in reference to childbirth and Indigenous Canadian women. As she outlines in the case of northern Ontario, during the mid-twentieth century health services were largely administered through nursing stations employing young southern (Canadian) nurses, and often European-trained nurse-midwives who were for many years (up until professionalization began in the early nineteen nineties) the only midwives officially practicing in Canada (Jasen, 1997; Borst 1995; MacDonald, 2004). Other sources confirm that this was also the case in arctic Canada during that period (e.g. Kaufert and O'Neil, 1993, Bonesteel, 2008). Jasen's most interesting insights are about how Indigenous women were simultaneously exalted for their stoicism in labour and seen as inferior to European women, who were not so 'primitive' and were therefore delicate enough to suffer the pain of childbirth. In the absence of outsider accounts of Inuit childbirth, in the so-called 'traditional' context, however, it is difficult to say whether this paradox was also part of the story of Inuit childbirth as told by *qallunaat* (Graburn, 2006). Contemporary sources, where they exist, do not present a cohesive narrative, and authorship, as we shall see, informs how pregnancy and birth in Inuit contexts are

discussed.

3.3 Contemporary Ethnography about Inuit Birth: Advocacy, Power, and Authoritative Knowledge

Many key sources used in this project, I argue, may be interpreted as advocating for Inuit through explicit critiques of current southern Canadian models of maternity care being used in the north, and by proposing the furthering of the desires of Inuit in developing appropriate models for their communities. However, these authors who speak for Inuit women do not necessarily speak *with* them, and these publications vary in the degree of inclusion of the perspectives of Inuit. First-person accounts of births are rare, as are direct quotes from women of childbearing age. This indicates a certain distance from the embodied experience of birth when making assertions about maternal health policy. Through these sources we can see some of the issues at play when authors' bias towards certain knowledge frameworks and risk models can serve to present a certain perspective while obscuring specific contexts and embodied experiences.

Both professors in the faculty of medicine at the University of Manitoba, Patricia Kaufert and John O'Neil have co-authored three articles about Inuit women and childbirth since the early nineteen nineties, all of which are frequently cited by other key sources in this analysis. As referenced above, Kaufert and O'Neil's (1993) work in the Keewatin region of the Northwest Territories deals with conflicting ideas about risk in childbirth from the perspectives of Inuit, physicians, and epidemiologists. The article

centres on public meetings that were conducted to discuss the risks of evacuation of pregnant women from the region (to hospitals in urban centres) versus the risks to mothers and babies of remaining in their community for deliveries. Kaufert and O'Neil conclude that these discussions constitute three distinct perspectives about risk through these meetings, interpreted as: clinical risk (a physician's experience and sense of responsibility for the outcome of each of their patients' deliveries), epidemiological risk (using statistical evaluations of infant mortality and morbidity for the region to make decisions about evacuation), and cultural risk (the acceptable levels of risk from the perspective of the community, as represented by elders). Kaufert and O'Neil discuss the history of birth 'at home' (meaning in the region as well as in women's homes), the loss of the midwives in the nursing stations in the mid-twentieth century, and how competing narratives of appropriate maternity care have responded to adjustments to that loss (1993). They write that while health administrators working in the north told stories evoking the midwives in the nursing stations as

> …heroic figures…Women in the [northern] communities were more ambivalent in their descriptions of the midwife. She was a positive figure when at the center of the stories women told about their experiences of childbirth in the nursing stations, but midwives were also recalled as the representatives of government, as authority figures…Despite this ambivalence, women complained bitterly about the disappearance of the midwife, seeing her as the key to the returning of birth to the community setting (Kaufert and O'Neil 1993, p. 39-40).

To older Inuit women, they assert, "competence was linked with the possession of knowledge;" something that used to be possessed by the elders in the community and that

specifically, to the women of Arviat, "to be without knowledge is to be at risk; to be dependent on others is to be at risk" (Kaufert and O'Neil 1993, p.49). Knowledge in this case is interpreted as Inuit knowledge in opposition to the knowledge of physicians and epidemiologists (and others trained in the techniques and technologies of allopathic medicine), with midwives occupying an ambiguous space in between. Inuit in the meetings discuss birth for Inuit in a way that echoes the assertions of the midwifery movement in the rest of Canada and in the United States, namely that Inuit do not believe pregnancy and birth are illnesses or diseases, and believe instead that health professionals from Western traditions have pathologized these experiences (Davis-Floyd, 1992; Kaufert and O'Neil 1993, p. 49). To Kaufert and O'Neil, when speaking about birthing in northern Aboriginal communities,

> …ultimately the conversation is about politics because it is about power. The question is who has the power to define risk and to insist that their view should prevail over those of others. Should it be the woman or the physician, the Inuit community or the federal government? (Kaufert and O'Neil, 1993, p.51).

To them, questions about how traditional practices and maternity care are evolving and being (re)created are always about power. Their implication seems to be that these competing narratives are not commensurable and therefore a hybrid approach to maternity care, and to ways of knowing about the experience of childbirth for Inuit (at least in the Keewatin), seems unlikely from their perspective. They further assert this incommensurability in 1995, occupying a perspective of advocacy for control over maternity care within Inuit communities, and again making claims on behalf of Inuit

women. For example, they assert: "Almost all Inuit women today must be delivered by biomedical doctors in urban hospitals, *a policy that they resist*" (O'Neil and Kaufert 1995, p.59, emphasis mine). Through their choice of words, they present themselves as advocates seeking to right the wrongs of health care policy, here citing the hardships of the evacuations endured in the name of 'safer' births in hospitals in the south: "Inuit women are away from husbands, family, and community for an average of three *stressful* weeks at the time of delivery" (O'Neil and Kaufert, 1995, p.59, emphasis mine). In this way, they are engaged in a process of knowledge creation where traditional and local experiences are assigned value in ways that the government policy for the provision of "Western" biomedical practice is not. They offer critiques of "…the ways in which various national policies and programs have created a birthing system alien to local cultural values and priorities…" (1995, p. 59). However, what obstacles exist between current policy and some consensus definition between providers and Inuit of what constitutes 'safe' maternity care is not entirely evident from their publications. Various cultural values enter into what is considered safe and thus the judgments that determine evacuation. Further, the diversity of experience and perspective that might emerge through an examination of specific cases (the embodied experiences of contemporary Inuit women) is not discussed. Rather, assumptions are made about community consensus about childbirth location and cultural context. Even in communities where birth 'at home' is an option, such as those in Nunavik, maternity services remain inseparable from culture and history, which are themselves complex, vary by community

and geography, and are perpetually remade through contemporary practices (Lavoie, 2001). According to O'Neil and Kaufert, so much depends on "…the issue of the perception of 'normal' parameters of childbirth across two cultures," but they do not discuss whether the meaning of 'normal' for either culture might remain contested (O' Neil and Kaufert, 1995, p. 63). Many of their assertions are interesting not only for their marked contrast with the medical (technologized and homogeneous) model of 'normal' birth, but also for expressing views about Inuit birth that might inspire scepticism: "the gestation period is shorter for Inuit," "Inuit women do not experience pain," "Inuit women express the view that doctors and nurses are insisting on interventions that complicate a birth that would otherwise be normal and easy" (O'Neil and Kaufert, 1995, p. 63). What is the cultural status within this climate, one might wonder, of an Inuk woman who delivers a week past her due date, experiences pain during her labour, or asks for certain routine interventions? "Obstetrical intervention is of course grounded in the notion of control of labour," they assert, and this control, to them, is incommensurable to Inuit ways of knowing about the birth process, with the implication being that traditional forms of maternity care do not assert their own forms of control (O'Neil and Kaufert, 1995, p. 64). Descriptions in oral histories, however, repeatedly discuss very specific rules that were to be followed during pregnancy and birth (including prohibitions against tying bootlaces, and the importance of dressing and going outside immediately upon waking [e.g. Therrien and Laugrand, 2001]), and so a question that might rather be posed is what makes these forms of control different? Further, who

decides what constitutes "Inuit" risk models or ways of knowing about birth? Who holds the 'traditional' power over birth within Inuit communities, and whose risk judgements are to be adopted in the place of those of allopathic health care providers? Where do the rights of individual women and families to make choices about the risk and the birth process come into models for traditional maternity care? From ethnohistorical and methodological perspectives, it is important to note that the data Kaufert and O'Neil offer in their articles is antiquated (even in their 2007 essay, they are using field and textual data from 1979-1985 [2007, p. 360]), and only describes the Keewatin region of the Northwest Territories, which makes their statements about "Inuit women" perhaps more accurately representative of Inuit in that region.

Gisele Becker and Leslie Paulette, both registered midwives, provide a similar perspective (to Kaufert and O'Neil) in their 2004 article about informed choice and midwifery in the Northwest Territories, published in the *Canadian Journal of Midwifery Research and Practice*. They also advocate for Inuit and for traditional practices for managing risk in childbirth in opposition to biomedical risk models:

> The risks associated with childbirth [before the government took control of birth] were not ignored but were managed in the same way as all the other risks associated with living, through the application of traditional knowledge and cultural practices that had evolved over time to help ensure the survival of the people (Becker and Paulette, 2004, p. 22).

They corroborate Kaufert and O'Neil's assertion that Inuit believe that traditional cultural strategies for risk management are superior to biomedical models. However, there are no direct quotes from Inuit women within the text; therefore the authors speak *for* Inuit

women living in this area, expressing 'what they want' from maternity care. It is difficult to separate their goals as midwives and midwifery advocates from those of their research subjects, which may suggest bias, and limits the credibility of the document. Becker and Paulette do not provide specific data that describe traditional techniques for managing births, and they don't discuss the specific embodied implications for individual women and babies incumbent in the use of traditional strategies.

Also midwives, Couchie and Sanderson write about "best practices for returning birth to rural and remote aboriginal communities" in their report written for the *Journal of the Society of Obstetricians and Gynaecologists of Canada* (2007). They set their work out under the premise that this return is both desirable and necessary from a medical perspective, which is an interesting divergence from Kaufert and O'Neil and Becker and Paulette, while supporting the evidence used by those authors in advocating against the evacuations. Their use of direct quotations from Inuit strengthens the credibility of their argument and mediates (or complicates) potential problems of bias:

> It is often difficult for physicians and medical staff who live and work in the south to understand why a community would choose to offer delivery without the immediate availability of modern obstetric services. The reasons are complex, but the following quotation from Nellie Tooliguk, one of the senior Inuit midwives working at a maternity centre in Nunavik, offers a vivid analogy. 'Just imagine this: You are having a baby. A group of people with PhDs have decided that Denmark's perinatal statistics are better than Canada's. They decide it will improve the medical outcome for you and your baby if you are flown to Denmark three weeks before your expected delivery date. You will remain there, without your family, until your baby is born. You arrive alone in this place where you have never been. You can't adjust to their strange food, so you eat very little for your last weeks of pregnancy. Everything is in a different language. Sometimes an

> interpreter is available. Your family calls after two weeks to say that your children have been taken to another relative's. The house you know is already over-crowded. The children cry on the phone to you, and you know you can't pay for this phone bill when you return home. If you refuse this new plan, which has no evaluation of impact, you are considered selfish, undereducated and willing to put your family's health at risk! When you ask if this money could be used to simply improve the health care at home you are told studies need to be done first to see if it is possible. This is just a small piece of what injustice we have been put through by health care policies and policy makers.' (Couchie and Sanderson, 2007, p. 251)

Nellie Tooliguk's explanation offers a perspective from Inuit women currently working in the health professions, an unusual inclusion in the literature that lends credibility to Couchie and Sanderson's later assertion that:

> Like other women, First Nations, Inuit, and Métis women want control over their birth experiences: they want to choose where they give birth and who provides care for them in the childbearing year, and they want birth to be as safe as possible for themselves and their babies. When policies and practices are formulated, consideration must be given not only to the safety of delivery, but also to family and cultural needs at the time of delivery (Couchie and Sanderson, 2007, p. 251).

Further setting their approach apart, they include two case studies of individual Inuit women's experiences of childbirth (one is specified as an adolescent, the other's age is not documented). If, as Couchie and Sanderson note above, Inuit women want control over their birth experiences, this differs from the claims of Kaufert and O'Neil and Becker and Paulette who contend that Inuit want traditional ways of knowing about birth to be implemented. Couchie and Sanderson seem to be asserting a much more individualized way of thinking about maternity care for Inuit that situates primary control over the birth process with the woman and her family. It is for her to decide what cultural

considerations are relevant when they "choose where they give birth and who provides care for them in the childbearing year, and they want birth to be as safe as possible for themselves and their babies" (Couchie and Sanderson, 2007, p. 251). This contrasts with previously-discussed perspectives on risk and maternity care that imply or assert that Inuit always prefer traditional modes over allopathic ones. Couchie and Sanderson argue for a hybrid strategy for maternity care within Aboriginal communities that acknowledges the efficacy of allopathic medical care, the benefits of traditional practices, and that situates the birthing mother as the locus of power and control in the incorporation of these perspectives into individual embodied experiences of pregnancy and birth. Although her life history collection is not explicitly about Inuit birth practice or experiences, anthropologist Nancy Wachowich's monograph *Saqiyuq: stories from the lives of three Inuit women* (1999) includes birth stories that support Couchie and Sanderson's interpretations. It also stands out as a rare example of in-depth ethnographic field research focussed solely on the lives of Inuit women (Jean Briggs' ethnographies about childrearing being others of note).

Wachowich's work is cited as in collaboration with three generations of women (Apphia Agalakti Awa, Rhoda Kaukjak Katsak, and Sandra Pikujak Katsak: mother, daughter, and granddaughter respectively) and is comprised of their life stories, told in their own words. In terms of detail, and of first-person accounts, this might be the best illumination of the processes that have changed life for Inuit women since the early twentieth century, and the book includes every element set out in my criteria for this

research (primary research, directly quotes Inuit women, notably Inuit women under thirty, detailed first-person birth stories that describe the experience of navigating the changing standards and requirements of maternity care in the arctic). This is the only research I have been able to find where complete and complex stories of Inuit women's birth experience, as told by Inuit women, have been published, with the possible exception of the 'Interviewing Inuit Elders' series, and some sections within Bennett and Rowley's collection of oral histories (although Wachowich's collaboration is far more complete).

Through the course of telling her life story, Apphia Awa's daughter Rhoda Pikujak Katsak speaks in detail about the experience of being relocated to Iqaluit and Montreal for the births of children, and the difficulties of being separated from her husband and other children by the process. She also notes, however, that she does not think she would have liked a midwife, as she does not like to have people around her while she labours. This is one of the rare places that Inuit women get to speak in enough detail to acknowledge the complexity of their experience of birth. Rhoda's mother Apphia's accounts of birth on the land are similarly detailed and even-tempered (she acknowledges advantages to being on the land while speaking frankly about her fear and about the difficulties of labour itself, as well as the things that made that context difficult for birth). These texts reveal how rarely Inuit women tell their own stories in the literature, and in particular how rarely they speak about pregnancy and birth without the specific aims of a (research or political) project in mind. Wachowich gives the impression, in the

introduction, of approaching the project without particular objectives beyond collecting the life histories of these women. The advantage of broad research goals is evidenced by the detail and tone, connoting that it is the women themselves who have decided what information on a certain subject is important, rather than the processes of inclusion and exclusion of the researcher.

Rhoda begins telling the story of the birth of her first baby (Sandra) by recounting the day before she went into labour and the fact that she had two disparate occasions on that day where she ran hard for the first time in months (Wachowich, 1999, pp. 185-186). She is open about her feelings of embarrassment and fear as a very young women in labour and with a baby for the first time (she was sixteen), and acknowledges the stress her aunt with whom she was staying in Iqaluit must have been feeling about having to 'babysit' her while she waited there for the baby to be born (Wachowich, 1999, pp. 186). Wachowich's commitment to the voices of her collaborators results in representations of birth experience that seem true to the women themselves, and that further support the credibility of Couchie and Sanderson's perspective, championing the specific context of each birth and the woman as the locus of power in decision-making, and as the author of her embodied knowledge of the experience (Couchie and Sanderson, 2007).

In contrast, Betty-Anne Daviss expands on Kaufert and O'Neil's argument about competing notions of risk, and provides "a framework for analyzing competing types of knowledge about birth" ("Heeding warnings from the canary, the whale, and the Inuit", 1997). Found in the edited volume *Childbirth and authoritative knowledge: Cross-*

cultural perspectives (Davis-Floyd and Sargent, 1997), her article first outlines the diverse models for thinking about risk that she sees as present in the process of making decisions about sending women to southern Canada to give birth. She refers to these models as "logics" and divides them into the following categories: Scientific, clinical, personal, cultural, intuitive, political, legal, and economic (Daviss, 1997, p.443-44). As she states:

> A practicing midwife for twenty years...I have continually experienced firsthand the contradictions and tension between traditional and medical definitions of reproductive risk and normalcy...I came to see that each player in the health care system, from the caregiver to the administrator to the recipient of care, creates and articulates his or her own system of logic and assumes that it is logical. (Daviss, 1997, p.443)

While a strong advocate for Inuit ways of knowing about birth, as a midwife Daviss has her own history with certain narratives about birth and culture, and her paper is likely informed by "a critical relation to risk" typical of the midwifery ethos that may not necessarily reflect the views of Inuit in the community she is representing through her work (Weir, 2006). While, as we've seen above, there is evidence to support the claim that (certain) Inuit see risks differently from clinicians and epidemiologists, when Daviss asserts "in clear words and actions [Puvirnituk] was willing to state that the clinical risk of losing a baby was worth the benefit of returning birth to the Inuit community" she does not specify *who* she is saying is willing to take that risk (Daviss, 1997, p. 452; Kaufert and O'Neil, 1993; Lavoie, 2001).

Daviss also does not discuss power dynamics within the community as factors in determining how decisions are made about birth. We are left, therefore, to speculate about how individual women navigate the risk assessments as determined by midwives and elders, and about whether the politics of self-determination and traditional culture inform the operation of authoritative knowledge in the centre in ways similar to the biomedical perspectives that Daviss critiques. Thus, the involvement of southern midwives and the accompanying contemporary midwifery ethos significantly complicate an understanding of the literature that discusses Inuit knowledge about birthing, particularly in terms of political actions and advocacy. Teasing out the consequences for individual birthing mothers, with the Puvirnituk midwives and elsewhere in the arctic, seems once again impossible through these sources, as, in simple terms, the voices of these women are not included in Daviss' chapter.

Together, the preceding texts provide a sense of what is being said about Inuit women and their birth experiences by authors who may be hypothesized as advocates of their subjects. In short, they present a historical and contemporary view of Inuit birth that privileges Inuit traditional knowledge, and that advocates for less disruptive maternity care that acknowledges not just that knowledge, but that corrects the flaws of evacuation models currently, and historically, in place in the Canadian arctic.

The role of 'tradition' as an expression of political responses to colonialism, as well as a source of cultural healing, also figure in these interpretations, and processes of bringing 'traditional' knowledge into the present are inherent to the stated goals of oral

histories such as Bennett and Rowley (2004), Therrien and Laugrand (2001), Briggs (2000), and Oosten, Laugrand and Rasing (1999). How these perspectives further inform contemporary understandings of pregnancy and birth for Inuit women are explored in the next chapter.

CHAPTER 4 TRADITIONAL KNOWLEDGE: INTERVIEWS AND ORAL HISTORIES AS SOURCES FOR UNDERSTANDING THE EXPERIENCE OF CHILDBIRTH FOR INUIT WOMEN

> Traditionally, childbirth was a normal part of everyday life, and women grew up hearing stories about births. Through these stories, knowledge was passed from one generation to the next. As well, young women were often present when their mothers, older sisters, and other relatives gave birth. Today young Inuit women and girls rarely have the opportunity to be present at a birth. Furthermore, birthing stories have changed substantially; if they are told at all, the stories are about giving birth in a medical setting surrounded by strangers. Pregnancy and childbirth have been removed from the constellation of issues falling within women's traditional knowledge base. (Archibald, 2004, p. 7)

Authors of oral histories about Inuit life (in the key sources relevant to this analysis) are primarily elders, and they discuss 'traditional' Inuit cultural practice in reference to birth through a lens of nostalgia for traditional lifestyles and activities and, perhaps more than anything, a (pre-colonial) time when Inuit had more agency when making decisions about their everyday lives, similar to the sentiments described by Boas (1888). Elders frequently make reference to how inferior the present medical system is to the traditional past, particularly when discussing maternity and health care provision (e.g. Therrien and Laugrand, 2001; Bennett and Rowley, 2004). Importantly, though, when the stories of individual births are told, most notably in Nancy Wachowich's collection of life histories (*Saqiyuq*, 1999), a more complex narrative often emerges that acknowledges the

hardships for women inherent to traditional Inuit life: the pain and fear and uncertainty Inuit women experienced giving birth in remote snow houses, or under the watchful eyes of elder women, as well as when isolated in southern Canadian hospitals (e.g. Wachowich, 1999; Therrien and Laugrand, 2001). The narratives of abuse at the hands of their husbands, and a general fear of men and sex, that infuse the stories of early marriage and childbearing told by Inuit elder women themselves, as well as by ethnographers such as Knud Rasmussen (1908), may also be relevant in understanding the way gender relations within the 'traditional' context affected birth experience (Bennett and Rowley, 2004; Rasmussen, 1908; Oosten, Laugrand, and Rasing, 1999). What these stories hint at is a much more difficult and complicated experience of childbirth in the traditional context than is usually presented in texts advocating for a 'return of birth to the community' (e.g. Couchie and Sanderson, 2007; Daviss, 1997), and more detailed accounts of contemporary birth experiences might aid in recognizing the complexities and gender dynamics present. Where sources such as Daviss (1997) and Kaufert and O'Neil (1993, 2007) have referenced elders asserting, or have themselves opined, that Inuit are comfortable with whatever risks in childbirth might be associated with keeping childbirth in the community, one wonders, given preliminary evidence from sources such as Couchie and Sanderson (2007), whether more detailed histories of birth experiences might trouble this assumption of collective consensus about regaining cultural control over birth being worth the sacrifice of someone's baby dying (Lavoie, 2001).

Interestingly, in contrast, descriptions of traditional experience (and individual

experience), are often absent from publications within the medical fields, while references to 'social problems' are nearly always present. This may further illustrate how multiple perspectives about the ways a culture's history belongs in the present can be valid simultaneously, but can also lead to processes of selective inclusion and omission, as put forth by Niezen (2009), and Therrien and Laugrand (2001), and further reinforced by Heimer, whose perspective sheds light on issues within the medical literature where the uncritical use of the terms 'culture' and 'tradition' is common:

> …culture is more appropriately thought of as fragmented, more like a toolkit that people draw on than a unified system that constrains them. Less attention has been given to how these two observations fit together (Heimer, 2006, p. 98).

Keeping these perspectives in mind, we can now continue to examine the key sources that have written about 'traditional' and contemporary maternity care for Inuit women and that touch on issues surrounding traditional health practices and cultural and community dynamics around birth. How elders and other Inuit women (define and) discuss various 'social problems' affecting Inuit women in pregnancy and childbirth, and how they compare to the discussions of these problems by other authors, will be considered in this section. The following sources are those that have included substantial direct quotes about pregnancy, birth, and emerging motherhood within their publications.

4.1 Interviews with Inuit Women

Linda Archibald's small 2004 study *Teenage pregnancy in Inuit communities: Issues and perspectives* (prepared for Pauktuutit [Inuit Women's Association]), hints at several

issues surrounding ‘teen pregnancy (a circumstance that is cited elsewhere as among the ‘social problems’ affecting Inuit) that aren’t discussed elsewhere among the sources examined, and that point to the fragmentation and recognition of specific circumstances referenced by Heimer above (e.g. Billson and Mancini, 2007; Heimer, 2006). First, the elder Inuit women interviewed by Archibald assert that age is, to them, not the important variable in when it is a ‘good time’ to start a family, and they call on this as the reason why early pregnancies were not regarded as a ‘social problem’ in their communities in the (historical) past:

> Times have changed, elder says: “I had my first child at fourteen…My grandchildren live in another world entirely…Thirteen or fourteen year-olds today are still babies. Then, women cleaned skins, made boots, ran our own homes, I can’t see kids today doing that (Archibald, 2004, p. 8).

The second variable they cite is the practice of customary adoption, which one informant speculates might be a reason why some young women become pregnant—in order to please parents or other older relatives who want to adopt a baby (Archibald, 2004, p. 8). Both assertions establish a view of culture as contextual, as mediated and indeed (re)created by the decisions of individual actors rather than as a broad and uncontested normative structure as has been implied through the work of certain authors (e.g. Kaufert and O’Neil, 1993; Daviss, 1997). Archibald’s research was produced for a non-governmental organization and thus provides an example of grey literature in contrast to the other publications to be discussed in this chapter. Further, her sample size suggests the project is preliminary to a more in-depth study and (considering the subject matter) the age range of her interview subjects points to a focus on elders and traditional

practices that is common in writing about Inuit birth. Archibald interviewed only one woman under the age of thirty, and only four under the age of forty. She did not interview any adolescent women. Her total sample size was twenty women, the majority of whom were "over fifty years of age" (Archibald, 2004, p. 5). This results in frequent speculation about the perceived 'problem' of teen pregnancy without the inclusion of the perspectives of any 'teen' women. It is well to note that my scepticism comes from my own experience of hindsight, and my suspicion is that I am not the only person who suffers from this sort of memory complication in discussing their adolescence (research supports my suspicions, e.g. Low et al., 2003; Niven and Murphy-Black, 2000). Archibald, however, does not satisfactorily address the absence of currently pregnant or mothering teens from her sample, and instead relies on the memories of older women looking back. This may reflect a frequent bias in the literature commissioned by NGOS such as Pauktuutit (and the National Aboriginal Health Organization), as well as among social scientists' publications, towards privileging the perspectives of elders. This suggests a perspective that situates Archibald somewhere between a true 'salvage anthropology,' Neizen's 'therapeutic history,' and the politics of self-determination, where authenticity is held by elders and their interpretations, in publications that address traditional activities and processes of colonial adaptation, are held as orthodoxy.

Searles' critique of this approach, noting the diversity of experiences within Inuit communities and the hierarchies that accompany them in asserting Inuit identity, is in evidence in Archibald's work also. As we see above, elders view their own 'teen'

pregnancies as having moral value because of their activities in the traditional context, whereas those of their grandchildren, tainted by modernity, are viewed with a kind of contempt. One of the authoritative Inuit oral histories that troubles this perspective is *Uqalurait*: while imbued with the sense of a valued and relevant pre-contact era, the text also includes reference to a gendered 'traditional' past that was no less complex than the present.

John Bennett (MA Canadian Studies, manager at the Canadian Polar Commission, and formerly of the Inuit Tapirisat Kanatami) and Susan Rowley (Curator of public archaeology, associate professor of Arctic archaeology, oral history, ethnohistory, and material culture, University of British Columbia) collected, edited, and compiled interviews with elders to create the "oral history of Nunavut" *Uqalurait* (2004, McGill-Queen's University press). Bennett and Rowley (discussing Inuit and arctic history in general) assert a perspective that can be appropriately applied to much of the scholarship on maternal health in the north also: "Arctic histories generally look through an 'outside' lens, focusing on the contact period and portraying Inuit as passive recipients of change rather than as active players in their own lives" (Bennett and Rowley, 2004, p.xxvii). Even reports on maternal health published by the National Aboriginal Health Organization (e.g. NAHO, 2006) tend to adopt the tone of an 'outsider' (perhaps in the aim of asserting the 'objectivity' of the research), and might reinforce this 'passive' assignation to Inuit (e.g. NAHO, 2008). In contrast, Bennett and Rowley note that the context of Inuit life in the past may have formed a foundation for cultural adaptation in

response to new contexts:

> The northern environment can be both unpredictable and unforgiving. In the past, Inuit had to adapt rapidly to unexpected changes in conditions or face starvation and death, and thus their society allowed maximum flexibility (Bennett and Rowley, 2004, p. xxviii).

Elders interviewed in *Uqalurait* discuss the way things were from the vantage point of the contemporary context, following all the rapid changes of the last century so often discussed in literature about Inuit in the Canadian Arctic. Nostalgia, however, as noted above, must not be confused with idealism, and the difficulties faced by women out on the land or in the camps are discussed in detail, particularly in reference to their fears, as young girls, about sex, men, and marriage. However, discussions of birth (perhaps because of the politicization of birth among Inuit, although this is not discussed in detail), tend to make implicit or explicit comparisons between birth on the land and contemporary maternity care that cast the latter in an unfavourable light, even as the editors of these volumes acknowledge how frequently the memories of elders contained within them are often themselves the result of listening to the stories of their own elders, and therefore of perhaps a history of looking to an ideal past that itself stretches back through the generations (see also, e.g. Therrien and Laugrand, 2001; Lavoie, 2001). As Graburn notes in his review (2007),

> The title word *uqalurait* is a double pun: it literally means a direction-giving snow-drift shaped like a tongue which, like the French word langue, is the same word as 'language' in inuttitut, referring of course to this spoken/oral history. The editors point out that this book does not dwell on dates and other absolutes but, like any good history, 'brings to life an era that is past,' an era that came after the Inuit traded and acquired firearms but before they adopted Christianity. Though the very oldest accounts might go

> back that far, most Elders remembered that early period only as small children and often recounted what they had heard from their elders. This is usually called the 'contact-traditional' period; obviously there would be no photographs if there were no contacts, and recollections of such pasts are typically called 'salvage ethnography' as attempts to 'save the past' (Graburn, 2007, p. 346).

Graburn notes some geographic limitations to the oral history, notably "Cape Dorset is hardly represented and there is almost nothing from the people of Sanikilluak (the Belchers), Kimmirut, and Iqaluit" (Graburn, 2007, p. 346). In the section describing some 'traditional' perspectives on the family, they record several ideas about culture and childrearing that contrast the views of elders, interviewed in *Uqalurait* and elsewhere, on the subject of childbirth. Firstly, they note that in the pre-contact era "…children were few and many died in infancy" (Bennett and Rowley, 2004, pp. 11). As far as childrearing practices are concerned, the space of girls and women within the larger social context is described as notably distinct from boys and men. Male babies were preferred (Bennett and Rowley, 2004, pp. 13), and "gender determined the nature of their education" (Bennett and Rowley, 2004, pp.12). The implications of gender preferences or the status of Inuit women in the 'pre-contact' era for the experience of childbirth was not discussed explicitly in any key source reviewed, but are often implied as in, *Uqalurait*, and might provide an interesting avenue for further research in reference to the contemporary context.

Uqalurait does, however, provide a wealth of detailed narratives about the 'contact-traditional' period, and provides some perspectives on gender and

childbirth/childrearing that are useful in comparison to those found in the Interviewing Inuit Elders series (e.g. Therrien and Laugrand, 2001; Briggs, 2000), as well as representations provided by various authors.

Therrien and Laugrand's edited volume in the "Interviewing Inuit Elders" series, *Volume five: Perspectives on traditional health,* credits the elders interviewed as authors (Ilisapi Ootoova, Tipuula Qaapik Atagutsiak, Tivisi Ijjangiaq, Jaikku Pitseolak, Aaalasi Joamie, Akisu Joamie, and Malaija Papatsi), and is published by Nunavut Arctic College (2001). It is a collection of selections from interviews with elders conducted by Inuit students at the college. The topics discussed emerge idiosyncratically, as they have been included in the order transcribed. Elders say they are concerned with describing things as they were (which is assumed to mean 'on the land' or 'pre-contact' in some sense) in their experience, but they are quick to assert regional variation as well as individual choice as major variables in the way birth happened on the land, and in their critiques of hospital births (Therrien and Laugrand, 2001). From the introduction, the following passage clearly sets out the positioning of the project and of the place for traditional health knowledge being advocated within the volume:

> Therefore, more than ever, there is room for Inuit wisdom, *silatujuq*. According to the *Tununiq Dialect Dictionary* (2001) this word refers to "someone who is knowledgeable, calm and aware of their surroundings." The Inuit definition of what we call wisdom is different than what is called wisdom in Western societies. More specifically, elders expressed their conviction that a healthy body and a strong mind must be thought of in relationship to all the components of the universe. *Tradition is described not as a dead past but as a force able to give answers for the present.*

> Tradition is transmitted through a selective process where each part of tradition considered useful has a good chance of surviving through time. What has proved to be efficient in the past may apply to a new context. This is especially true when focus is put on strengthening the mind and keeping the body resistant to illness. The past generations' ability 'not to panic in difficult situations' is also of major importance in modern contexts, according to both elders and students (Therrien and Laugrand, 2001, p. 5, emphasis mine).

This second paragraph bears a notable similarity to perspectives on the past put forward by Briggs, 1970 (and Niezen 2009, among others), as always in the process of being remade through the literature, as well as the popular consciousness. This volume, like *Uqalurait*, is explicitly concerned with the importance of the re-entry of the 'traditional' past into the present. In the main body of the text, the elders speak of the old ways with familiar nostalgia, note frequent regional variations in birth practices ("our customs differ from others depending on where we live," [Therrien and Laugrand, 2001, p. 36]), and critique the behaviour of contemporary young pregnant women. Just as in the volume in the same series on traditional law (Oosten, Laugrand and Rasing, 1999), the interviews with elder women are shot through with a thick vein of historic subjugation to, and a fear of, men. There is a tacit acknowledgement of widespread rape, and that things were not always ideal when they were young and still living out on the land Therrien and Laugrand, 2001; Oosten, Laugrand, and Rasing, 1999). This is in interesting juxtaposition to not only the idealism surrounding elders' descriptions of traditional knowledge, but also to the critiques they make of the controlling nature of maternity care, and of the government as well, and the harsh criticism of young women and modernity that all appear frequently in the elders' commentaries. Life in the traditional

context, we can infer under the surface of these accounts, was very hard—girls married young, had many pregnancies, and often lost babies. In contrast, in telling her life history, Apphia Awa explicitly discusses and explores these difficulties, and the fear and danger specifically felt within the birth process, along with the positive aspects to living on the land in her telling of her life history in Wachowich (1999). Here, in Therrien and Laugrand, that kind of detail and nuanced experience of memory is not evident: this is an advice-giving session, and discussion is oriented in opposition to colonialism, the state, and (Western) modernity. As Haraway notes, every text presents a position:

> Positioning is, therefore, the key practice in grounding knowledge organized around the imagery of vision, and much Western scientific and philosophic discourse is organized in this way. Positioning implies responsibility for our enabling practices. It follows that politics and ethics ground struggles for and contests over what may count as rational knowledge. That is, admitted or not, politics and ethics ground struggles over knowledge projects in the exact, natural, social, and human sciences (Haraway,1988, p. 587).

While Haraway's perspectives on positioning are also particularly salient in addressing the medical and scientific data in Chapter Five, they nonetheless illuminate the ways in which traditional knowledge and experience are taken up by authors here in Therrien and Laugrand. What "counts" as rational knowledge for these elders, as set out in the introduction as noted above, is repeatedly reinforced through the interviews:

> *Ilisapi*:[…]We were a lot more shy than girls are today. I am not sure why. Maybe because we got tied down when we were a lot younger. I started living with my husband when I was only fifteen years old and I had my first child at sixteen. We would attempt to hide our bellies when we were pregnant, unlike girls who get pregnant today. Even young girls today are not shy about being pregnant. I was away having a baby and I noticed how girls today

> are not even embarrassed to show how big their tummies are. They even expose their tummies. Maybe it is easier when there are only women around, but life was so different in the past. (Therrien and Laugrand, 2001, p. 33).

While Ilisapi points to changes in cultural norms above, she also later notes her individual process of knowledge selection, contrasting her mothers and mother-in-law's advice about pregnancy and birth, and she acknowledges something that often gets overlooked in the literature about Inuit: people, regardless of cultural background, are individuals and they are free agents—they disagree about the everyday stuff of culture: "I preferred my mother-in-law's advice…I did not agree with my mother's advice. There are different ways that people do things" (Therrien and Laugrand, 2001, pp. 106-107). As I have referenced above, the illusion of collective consensus among Inuit is a persistent thread through many of the key sources in this analysis, despite these frequent instances of evidence to the contrary, and of critiques pointing to this issue elsewhere (Searles, 2006).

These are considerations that also point to larger tendencies within and beyond the social sciences towards simplified versions of non-Western communities that have been critiqued elsewhere (See, e.g. Tania Li's discussion of "monochrome heroes", 2007). In many passages included in Therrien and Laugrand, elders assert an authoritative sense of the superiority of traditional birth practices. Here, for instance, they advocate for a return to traditional midwifery, and see the present system as an example of outsiders' mismanagement:

> They end up spending a lot of money unnecessarily on perfectly healthy women. No wonder the government has no money! We *know* that some medical problems that could be dealt with in the

> community are referred to Iqaluit. Inuit should have more control over this (Therrien and Laugrand, pp. 107, emphasis mine).

Elders are also confident in their own expertise about pregnancy and the birth process:

> *Ilisapi*: It is easy to tell if a woman is having a healthy pregnancy. If the blood is good, then their pregnancy will be fine. Some women find even the early stages of their pregnancies uncomfortable. Those women need to be monitored closely. As long as they are not too young, there is no need to send them out of the community. If they are not too young, there is no need to send them out (Therrien and Laugrand, p. 108).

Elders are engaged here in a deliberate assertion of Inuit knowledge of their bodies as not just on equal footing with the medical community, but as superior—in other words, it is the community that should be making decisions about risk, as opposed to providers of biomedical services.

What these responses to the colonization of childbirth for Inuit do not set out, however, is what the space medical expertise would occupy within a new (traditional, post-colonial, or hybrid) knowledge structure during everyday ('on the ground') interactions between Inuit maternity care patients and their physicians, midwives, or other health care providers (an issue to which we will return in Chapter Five). They do, however, describe the cultural disconnect between the hospital environment and what they believe to be the best context in which to labour:

> *Ilisapi*: I have delivered twice in the hospital and nine times amongst Inuit. It is frustrating when you deliver in the hospital for the first time as you are not used to delivering in that environment. There are people walking around when you are about to have the baby. It is scary.
>
> *Tipuula*: Women who were in labour used to be well taken care of. It is hard for a woman to deliver when there are too many

> people around. Some women are not bothered at all by people roaming around. A delivery should be comfortable and it shouldn't take any more time than is necessary (Therrien and Laugrand, 2001, p.108).

As we can see above, other elders such as Tipuula support the specificity of the birth experience and the individual choices that Inuit women make, even as they argue for a collective (and traditional) control over the process. Again, there is acknowledgement that women are individuals—that the things one woman doesn't like about the hospital might not be such an issue for another. Still, the elders have definite ideas about how labour should happen, including that it shouldn't take too long. How do young Inuit women feel about elders' authoritative statements about how their births *should* be? How does this differ from the authority of physicians and other health care providers? Within the present body of research, these questions cannot yet be adequately answered. Where the voices of young women surface, as in Rhoda Katsak's birth story, a more complex picture, and a more diverse set of birth and motherhood experiences, are hinted at, and point to the need for more research in collaboration with young Inuit women (Wachowich, 1999).

4.2 In Contrast: Some outliers in perspectives about Inuit women and childbirth

An adjunct professor of Sociology and a nurse respectively, Janet Mancini Billson and Kyra Mancini provide a marked contrast in tone and content in their research about Inuit women in relation to childbirth. In their 2007 book *Inuit Women: Their powerful spirit in a century of change* their main regional focus of primary research is Pangnirtung (Baffin

Island, Nunavut). Despite the subject of their monograph, there is scant mention of midwives or pregnancy—the latter discussed in any detail only briefly in the context of "teen pregnancy." They clearly express a negative view of these early pregnancies. The language employed in those rare instances suggests a 'risky' perspective on birthing on the land (and in general):

> Some men knew how to assist in childbirth if the occasion demanded it. When Annie gave birth to her last child, she could not go to Iqaluit a month in advance, as is customary now for Baffin Island women. She was *trapped at home* by weather, so a physician went on the air and asked all other radio traffic to remain quiet while he and his nurses walked 'midwife' Lypa [Annie's husband] through the birthing process. People all across Baffin listened attentively to the broadcast of *each cliffhanging moment*. 'Mother and baby are fine,' a relieved audience finally heard. The infant's wails, Annie's relieved sighs, and her husband's cries of joy echoed in the background (Billson and Mancini, 2007, p. 155, emphasis mine).

This is the only account of childbirth that they provide over the course of the three pages about midwives or birth included in 459 pages about Inuit women, and seems to express a very different collective perspective about childbirth on the land or 'at home' than those we have examined in the previous chapters. If other authors emphasize the role of midwifery in the political emancipation of Inuit, as well as the decolonization of Inuit women's bodies (e.g. Lavoie, 2001; Kaufert and O'Neil 1993 and 2007; Daviss, 1995; Van Wagner et al., 2012), then the absence of discussion about midwifery and traditional birth knowledge within this comparatively recently published monograph is puzzling, and might call the credibility of *Inuit Women* into question, particularly given the tendency of Billson and Mancini to generalize about Inuit women collectively based on research

within one particular community. The book also notes that "[i]n the absence of a hospital in the community, women must go south for childbirth (although women can sign a waiver if they wish not to travel out of their community)" (Billson and Mancini, 2007, p. 158). No citation is given for the claim of a waiver option, no details are provided about why someone might want to use one to stay in their community or how such a birth would be supported, and no mention of this is made anywhere else in the literature that I have encountered. They continue to note that: "In the absence of local midwives, most mothers-to-be opt to go to Iqaluit because they are aware of the high risks involving childbirth for Inuit women" (Billson and Mancini, 2007, p. 158). This, again, notably contradicts authors such as Kaufert and O'Neil (1993, 2007), NAHO (2006), elders in Therrien and Laugrand, (2001), and Daviss (1997) who discuss differences in the way Inuit think about risk and object to 'high risk' classifications based on biomedicine alone, particularly standards developed for non-Inuit women. Quantitative data about fertility rates and demography are provided by Billson and Mancini, asserting the perspective that a young population and high birth rates for young mothers are to be viewed as social problems within Inuit communities, a view that is common in the medical literature: "With a high birth rate and early motherhood, the circumstances of delivery become problematic, especially for younger women and first-time mothers" (Billson and Mancini, 2007, p. 158).

Speaking ethnohistorically, Billson and Mancini's monograph might be approached sceptically, at least in its discussion of reproduction, owing to the factual

consensus elsewhere that it contradicts. This may reflect a difference in the context of Pangnirtung, in the perspectives of the women that made up their sample, or in the goals of these authors. Unfortunately, the origin of their bias towards evacuations as viewed by Inuit as the safest way to manage childbirth remains unclear.

Vasiliki Douglas' unpublished PhD dissertation in nursing ('Converging epistemologies: The historical evolution of Inuit childbirth in the Canadian Arctic') does not share this bias towards evacuations. Douglas uses many methodological and theoretical perspectives from the social sciences, including the theories of Ian Hacking, Michel Foucault, and Bruno Latour (2009). However, the dissertation remains at its heart a work centered on benefitting the nursing profession in assessing the needs of Inuit patients, and is written in a tone that may connote biases of the profession, as well as the vested interest of a member of that profession (Barber and Berdan, 1998). Douglas' dissertation, possibly for the reasons I have noted above, and hinted at in the vocabulary chosen for her title ("historical evolution"), creates a narrative of coherent and consistent Inuit birth practices, which is particularly interesting given her divergent and highly specific approach in her published papers. In her 2009 dissertation, discussing traditional birth practice, Douglas asserts that "…women were free to assume any birthing position they wished," and while some elders expressed this view (as she notes in Douglas, 2006), this contradicts other Elders interviewed in both Therrien and Laugrand (2001), and Bennett and Rowley (2004), and therefore bears some additional explanation in terms of regional variation (an explanation she provides succinctly elsewhere, in her 2006

publication (Douglas, 2009, p. 29; Douglas, 2006). Douglas (2009) describes elders as having "authority" over midwives and birth, which seems to contradict numerous discussions elsewhere in the literature noting the anti-authoritarian nature of Inuit social organization. This either suggests potential bias or problems of interpretation on her part, or possibly of bias within other accounts in terms of ideal interpretations of the past (Douglas, 2009, p. 29; Daviss, 1997; Briggs, 1998, Oosten, Laugrand and Rasing, 1999). Interestingly, Douglas does also acknowledge diversity across the arctic, but seems to gloss over it here, which is again puzzling given her earlier work, and this may speak to the specific goals of the dissertation, rather than to the data in question:

> Although these studies disagree on the details of childbirth practices, these variations may be ascribed to geographical and chronological distance from one another. All of these studies indicate that childbirth was traditionally a communal responsibility (Douglas, 2009, p. 29).

This statement, which disengages from contradictory accounts (e.g. Wachowich, 1999), seems motivated by the need for generalizable truth claims. Is this perspective adopted in order to protect traditional practices? Is it instead about the regulatory power of scientific rules being applied to varied human experiences? I am troubled by how frequently the medical community has seemingly overlooked the experiences of women in pregnancy and childbirth in order to generalize these processes, as will be discussed further below (e.g. Mitchinson, 2002; Ehrenreich and English, 1978; Oakley, 1986). Thus, I am sceptical of Douglas' version. Her surprisingly limited definition of 'country food' is also

somewhat telling from an ethnohistorical perspective, which she asserts is: "usually seal, but also caribou," and overlooks numerous other seasonal food sources that are cited as part of traditional regional Inuit diets (Douglas, 2009, p. 29; e.g. Bennett and Rowley, 2004). Most interesting, in reference to answering my research questions, is the paucity of primary source data in her analysis in general, and in particular the absence of perspectives from birthing mothers themselves. This again supports my hypothesis that researchers are spending a great deal of time talking about *Inuit birth* without talking to the Inuit women who's bodies will be the crucibles for their research findings.

What makes the above especially interesting is that many of these issues are addressed in Douglas' 2006 paper, "Childbirth among the Canadian Inuit: A review of the clinical and cultural literature" (*International Journal of Circumpolar Health* 65 (2), pp. 117-132), e.g.:

> …Inuit customs vary across communities and regions. Therrien and Laugrand's informants… in Iqaluit came from different communities on Baffin and noted differences in traditional practices, often expressing surprise at their existence. Linking different anthropological studies together to compare their conclusions is an obvious means of gaining a sense of regional variation in traditional practices, as is an expanded version of the Memory and History in Nunavut project (5–7), in which Inuit elders discussed similarities and differences in their traditional beliefs together. The logistical obstacles of mounting such a study over a vast geographical area would, of course, have to be overcome (Douglas, 2006, pp. 199).

Douglas' review is an abbreviated overview of the story of childbirth among Inuit as told by the available literature. It includes many sources that I did not find through the search

criteria and database searches I conducted, possibly because of the comparative age of much of the research. Her assessment of these other sources, however, further supports my own hypotheses about the medical research as being lacking in certain areas (detailed qualitative and quantitative data), and about the bulk of the ethnographic literature available focussing on the historical and traditional past (Douglas, 2006). Her review might equally belong among the numerous reviews found in the medical literature addressed below, however, her proposals for future research, in some ways similar to my own, also navigate disparate ways of knowing about childbirth for Inuit and occupy an ambiguous space in terms of tone: there is some indication of an advocacy perspective, however Douglas' proposals for further research seem also firmly grounded in the logic of medical risk models and epidemiological (quantitative) data. She concludes: "Investigation of alternative solutions to maintaining acceptable perinatal outcomes among the Inuit seems desirable. Epidemiological and comparative qualitative studies of perinatal outcomes across the Arctic are needed to reconcile the cultural desirability of communal birthing with claims of its medical feasibility (Douglas, 2006, pp. 117). She also notes that:

> Without both comprehensive and regionally distinctive epidemiological data, it is difficult to determine the effect of regional differences in health policy upon perinatal outcomes and how they, in turn, compare with national results. This latter comparison is important, for health policy decisions are unlikely to be politically palatable unless their effect on perinatal outcomes compares favourably with those for Canada as a whole (Douglas, 2006, pp. 118-119).

Because she navigates between social scientific methods (again citing Foucault and Hacking, among others) and a medical perspective, her insight points to the pitfalls inherent in some of the more uncompromising perspectives that have emerged from the perspectives of both elders and southern Canadian midwives who reject medical models of "techno-birth" outright (Blaaka and Eri, 2008; e.g. Bennett and Rowley, 2004). I would further assert that the role of ethnographic data about (and produced by) Inuit women about childbirth in the contemporary arctic context is essential to understanding what this hybrid reconciliation might look like. Josée Lavoie's work approaches these issues using the same case study as Betty-Anne Daviss (the Maternity in Puvirnituk) but examines the implications of macro-political and historical factors in the development of the integrated model being used there.

'The decolonization of the self and the recolonization of knowledge: The politics of Nunavik health care' (2001), was originally part of Josée Lavoie's master's research at McGill University, and was published in Colin Scott's 2001 edited volume *Aboriginal autonomy and development in northern Quebec and Labrador*. The article takes up the discussion of the colonial implications of the Puvirnituk maternity in Nunavik, and an introduction to some of the political issues within the so-called "Arctic knowledge debate," as well as to the Puvirnituk site itself, which is championed so frequently in the literature on natural or "communal" birth in northern Canada (Douglas, 2006; Van Wagner et al., 2012 and 2007; Houd et al., 2003, Daviss, 1997). The POV maternity, as it is called in the literature, is a maternity care centre where southern (Euro-Canadian)

midwives and Inuit midwives, in conjunction with physicians and other health care providers, follow the low-risk pregnancies of women both from within the immediate community and from others in Nunavik (Lavoie, 2001; Van Wagner et al., 2012; Daviss, 1997). The program's goal, as I have noted above, was to "bring birth back to the community" in response to the practice all over the Canadian arctic (as well as other northern and remote regions) of evacuating pregnant women to urban centres in the last weeks of their pregnancy out of a logic that posited that staying at home, with access often only to nurses posted in nursing stations, was by definition too risky to mother and baby (Kaufert and O'Neil, 1993; Douglas, 2009; Couchie and Sanderson, 2007; among many others). The Puvirnituk (POV) maternity has since expanded to other communities on the James Bay and Ungava coasts of Nunavik, and is frequently called into action in the literature as the success story and model in the struggle for decolonized maternity care in Inuit communities. Lavoie discusses the macro-political implications of implementing the program, as well as the consequences for self-determination and traditional knowledge. She also, however, points to the ways in which biomedical knowledge about birth itself can constitute colonial modes of thinking about the body, and risk "recolonizing" the traditional birth knowledge of Inuit.

> Theorists, politicians, Inuit political authorities, community leaders, and anthropologists, as well as health care practitioners, all seem to want the Inuit to secure greater involvement in their health care services. Termed self-determination, "autochtonization," or local control, it is assumed that this greater involvement would lead to the resolution of the problems, conflicts, and shortcomings of services delivered by the dominant society.
>
> What self-determination, *l'autochtonization*, or local control

> actually *mean*, however, remains obscure…This "omission" permits an aura of convergent efforts, of consensus. In fact the terms are used loosely to signify an array of options that vary considerably in scope and complexity (Lavoie, 2001, p. 332-334).

Lavoie begins by discussing problems of definition (and therefore translation) in much the same way as discussed by Nadasdy in the context of Kluane hunting practices and government regulation in the Yukon, and by Carol Brice-Bennett in her biography of Labrador Inuit Paulus Maggo (Nadasdy, 2003; Brice-Bennett, 1999). Lavoie notes that in north-south relations terms are often used that do not connote the same thing to all parties. Similarly, the Inuktitut terms that are frequently used as analogs to English legal terminology also in fact diverge considerably from the latter, owing to fundamental difference in social structure and cultural context. The consequence, in parsing the literature, is that detailed analysis of texts is necessary in order to fully ascertain what each author means when using certain terminology.

> While some claim that, as a result [of deprofessionalization], the content of the [health care] structure is now slowly being 'decolonized,' the community health model has also facilitated the recolonization of Inuit knowledge. The alleged ownership over health care provides a mechanism through which certain aspects of Inuit know-how can be reconstructed through the biomedical model… (Lavoie, 2001, p. 335).

This provides a telling counterpoint to Douglas' (2009) efforts to integrate Inuit birth cultures into prescriptive work to be used by nurses working in those communities. It also expresses the difficulties inherent to hybrid approaches and the need for "politically palatable" solutions that Douglas expresses above (2006, pp. 118). Lavoie's engagement

with larger debates about knowledge, however, overshadows the experience of birth within this context as experienced through the bodies of the women themselves, and their inclusion within her chapter feels instrumental to her argument. In short, the micro-implications of this model of maternity care, the actual experiences of Inuit women, are not the primary focus of her publication, and thus the interpretation lacks a sense of how those women know about birth, and what factors, such as those found in Daviss' framework of knowledge production (1997), or relating to power relations within communities (e.g. Searles, 2006), influence their assessment of a 'good birth' beyond larger issues of self-determination in health care.

One of the issues within these birth knowledge debates that troubles processes of knowledge production is a certain (perception of) polarization, between 'natural' non-medicalized birth models, and biomedical and obstetrical knowledge (which often read as a binary between traditional/indigenous and modern/Western). I believe that on the one hand this polarization obscures the (potentially cooperative) interplay and communication between these ways of knowing that happen on the ground and that appear to be important to both practitioners and patients in properly caring for the birthing mother and her baby (e.g. Couchie and Sanderson, 2007, Daviss, 1997, Wachowich, 1999; Davis-Floyd, 1992; Healey and Meadows, 2008). On the other hand, it also serves to mask the complexities of experience and perspective that operate within these supposedly opposing frameworks. Further research among Inuit women navigating traditional, biomedical, and 'hybrid' modes of maternity care that includes their experiences of the

process might illuminate this interplay.

CHAPTER 5 INUIT WOMEN'S BODIES AND VOICES INTERPRETED THROUGH MEDICINE AND PSYCHOLOGY: AUTHORITATIVE KNOWLEDGE AND THE BODY UNDER SURVEILLANCE

Research undertaken about Inuit women through the goals and methods of the health sciences often contrast the authors previously examined, while similarities remain notable. Physicians (from various specializations), public health researchers, and psychologists make up the bulk of the authorship examined within this section. It is important to note that the critique that follows is of the content of the publications in terms of inclusion and scope, and that it is not meant to undermine the value of the work, Rather, the purpose of this analysis is to evaluate the space of Inuit women (and their gravid and post-partum bodies) as they relate to the data being described, to examine how authors see the subjects of their research in Haraway's sense of *positioning* and of *vision*, remembering that "[v]ision is *always* a question of the power to see—and perhaps of the violence implicit in our visualizing practices" (Haraway, 1988, pp. 585). Kaufert and O'Neil (1993) have expressed concern over the way medical policy in the Northwest Territories created a way of situating knowledge about birthing Inuit women that expresses the specificity of this violence inherent in the way we see:

> By isolating infant mortality [as 'a metaphor for the success and moral virtue of Canadian colonial penetration'] and by seeking a clinical solution in the separation of birthing women from their communities, the authorities have transferred the impact of resettlement, poverty and disease 'to the body of the Inuit woman' (Jasen, 1997, 397-8).

Following from this concern, and because the medical literature about birth among Inuit might be more appropriately referred to as being about birth *outcomes,* we are, in this chapter, confronted with the 'implicit violence' in a way of seeing Inuit women that often presents them as secondary to the true primary subjects of the research (namely the fetus and infant) or, worse, as a direct threat to the welfare of those subjects (Haraway, 1988, pp. 585; MacIntosh, 2005).

Most of the research, with notable exceptions I will discuss below, is oriented towards infant mortality and morbidity, and health information about (or the experience of) the mother is included only insofar as it relates to these outcomes. I will begin by addressing key sources collectively as the commonalities from text to text are numerous and there is little to differentiate many of the papers from the perspective of ethnohistorical analysis. This consensus may support the accuracy of claims being made about maternity care for Inuit; however the kinds of work being undertaken may also limit their viability. The research is mainly composed of quantitative population-level research (frequently using data gleaned from other sources and surveillance systems, rather than collected by the authors themselves), or review articles proposing suggestions for future primary research. No direct quotes from Inuit women were found within this section of the articles gleaned from my criteria. Research subjects are rarely singled out as individuals, and their names are never used. This lack is likely owing to the requirements of anonymity inherent to medical standards of practice and the processes of ethics approval within the medical and health research communities (e.g. Kaufert and

O'Neil, 2007). The social and emotional consequences of infant mortality or various causes of morbidity for families, and the cultural meanings and implications of these experiences are left unaddressed. Prevention of the latter or former is not usually discussed beyond some speculative references to the potential role of traditional or cultural practices in community solutions (e.g. Muckle et al., 2011; Houd et al., 2003). Social problems such as smoking, alcohol, and drug use, as well as nutrition and overcrowding, are virtually always discussed as causes. Medical research about Inuit women (as retrieved though my criteria) focuses on these social problems in terms of the things women are doing wrong, in other words the ways in which their choices and behaviours are bodily harming their fetuses, rather than in relation to the welfare of the women themselves, and very rarely addresses outside or systemic causes of illness (such as colonial legacies including, but not limited to, persistent organic pollutants, the coerced transition to settlements, or the abuses of the residential school system). Although a few papers discuss the 'social determinants of health', traditional knowledge, and the role of financial and geographic constraints on diet (Healey and Meadows, 2007; Schaefer et al., 2011), this is rarely presented in significant detail, perhaps as a consequence of the narrow scope and comparative brevity of the articles in question.

Increased surveillance of Inuit populations in the future is often called upon as necessary to improve poor birth outcomes suggested by current available data on premature birth, low birth weight, and infant mortality which are shown to be higher among Inuit than among southern Canadians (e.g. Lauson, 2011; Bonesteel, 2008).

However, that surveillance being proposed seems to be the further collection of population-level data (rather than in-depth community-based analyses of the context and causes of these problems) as the proposed tools in determining best practices for health care providers to aid in resolving them in the future (Lauson et al. stands out as a rare example of collaborative research that sought out community and "stakeholder" involvement in the development of their surveillance system [2011]). There is evidence to suggest that the logic and utility of this kind of surveillance of the female body in maternity care is an artefact of technologized medicine and might itself be the object of critique, including by Haraway, as noted above (1988; see also Weir, 2006). It has also been contested from the perspective of the midwifery ethos, expressed by Blaaka and Eri here:

> Read as a sign of progress, technological intervention is seen as enhancing life. Lazarus (1994) argues that birthing care, with its reliance on technology, is both a forceful practice and a powerful ideology. *The body is therefore in need [of] surveillance, control and the management of disciplinary technologies to ensure its stability*. As Davis-Floyd (1994, 2001) astutely puts it, culture has naturalised techno-birth (Blaaka and Eri, 2008, pp. 344, emphasis mine).

The benefit of increased surveillance of Inuit women's pregnancies and the collection of statistical data about infant mortality and morbidity is assumed within the literature I examine (e.g. Arbour et al., 2009; Auger et al., 2012; Luo et al., 2012; Simonet et al., 2010a). Negative impacts of surveillance are not considered (other authors have noted problems with using statistical data to assess maternal and fetal risk in very small

populations, e.g. Kaufert and O'Neil, 1993; Douglas, 2006). Further, the positioning of the research, following from Haraway, indicates a way of seeing the data that creates a frame of rational knowledge as objective and scientific and that excludes the contingent and contextual experiences of Inuit women, and community perspectives on causal factors in infant mortality and morbidity (1988).

In the sections that follow, I will attempt to examine what evidence there is that might reveal the voices of Inuit women, as well as further scrutinize the way they are described, in contemporary medical-scientific publications.

5.1 Reviews of the Literature

Contrasting perspectives exist within the review literature that approaches research with Inuit populations. Some sources use data that describe the Inuit population as a whole, rather than acknowledging or addressing geographic variations or the four major self-identified subpopulations within the Canadian arctic region (Inuvialuit Settlement Region [Northwest Territories], Nunavut, Nunavik [Northern Quebec], and Nunatsiavut [Northern Labrador] [Inuit Tapirisat Kanatami, 2014, www.itk.ca]). One such case is Arbour et al. (2009), who, in their review titled "The current state of birth outcome and birth defect surveillance in northern regions of the world," appear, by their own description, to be using data gleaned from the records of the Canadian Society for Circumpolar Health that purports to include all indigenous peoples in Canada:

> In Canada, the inhabitants of the 3 territories considered arctic and subarctic […] constitute less than 1% of the entire Canadian population, but the eligible population proportion reaches 4%

> when including Aboriginal people of all areas of Canada (about 1.4 million in total), which is the jurisdiction of the Canadian Society for Circumpolar Health (Arbour et al. 2009, p. 449).

All authors from the medical or medical policy fields, it is unclear whether they see this data as limited given the huge differences across geography, languages, cultures, and social variables among First Nations, Inuit, and Métis in Canada. It may also be telling that they refer only to the "3 territories" above, which omits Nunavik and Nunatsiavut entirely (2009, p. 449). Their definition of "northern regions…In Canada, the jurisdiction of the CSCH [Canadian Society for Circumpolar Health] includes all arctic and subarctic areas and all Indigenous peoples of Canada" (Arbour et al., 2009, pp. 445). Considering, however, that one co-author is employed by the Department of Health and Social Services in Iqaluit, it seems unlikely that they are not aware of regional variation among Inuit (let alone between indigenous peoples in Canada) which further troubles the peculiar inclusion of all of Canada in their "northern" survey. Further, it is unknown whether they see a role for Aboriginal peoples in understanding the 'health disparities' they cite as part of the rationale for collecting surveillance data. As Carol Heimer notes, in her article "Conceiving children: How documents support case versus biographical analysis:

> …although medical protocols produce only a local universal, the attempt at universality remains important. Despite this tension between the local historic and the timeless universal, there is little doubt that documents and organizational routines deeply affect what we see and therefore what we do (Heimer, 2006, p. 96).

Taken in this context, Arbour et al.'s facile use of data that fail to acknowledge diversity within indigenous populations in Canada provides a prescription for action on "birth

outcome and birth defect surveillance in northern regions" that is engaged in creating a version of the 'problem,' and therefore a version of the nature of Inuit infant morbidity and mortality, that is based on certainly flawed (and possibly false) premises. Based on surveillance data, others have noted the differences between certain maternal health issues among Inuit in comparison to other Indigenous groups in Canada (e.g. alcohol consumption, referenced in Fraser et al., 2012). It must be said, however, that Arbour et al.'s call for better surveillance and data collection in their area of study is borne out by the limited data they are currently using, and by the lack of consultation with the groups they are discussing within their publication.

> Since adverse pregnancy outcomes, infant mortality and birth defects are all indicators of the health of a population, efforts to improve surveillance and establish *robust methodologies for comparative analyses* are important steps in understanding and addressing health disparities that are common to many Northern regions (Arbour et al., 2009, p. 455-456, emphasis mine).

It is not clear whether Arbour et al. believe these 'robust methodologies' might include collaboration with Inuit women in developing maternal health research designs, or in the collection of first person accounts of pregnancy and birth within the diverse communities where Inuit live. As with the majority of the sources in this section, Inuit women are not their primary research focus.

Given the frequent regional variation in birth practices discussed by elders, and the concerns expressed about generalization by other authors within the medical community, it may be well to use Arbour et al. (2009)'s work cautiously. Moreover, the care other researchers have taken to acknowledge the pitfalls of assuming too much

validity of population-level data about birth among Inuit further supports this caution, e.g. Jenkins et al.:

> *…the Inuit population is not homogeneous; their health status and needs can vary greatly from community to community*. It should also be noted that our results are based on a relatively small sample size and that this might introduce some selection bias. Nonetheless, the data presented in this pilot study provide key evidence on selected risk factors which will inform current health promotion activities and future epidemiological studies conducted in this population (Jenkins et al., 2004, p. 67, emphasis mine).

Jenkins, Gyorkos, Joseph, Culman, Ward, Pekeles, and Mills are all affiliated with university or hospital departments of epidemiology or infectious and tropical diseases, and like most of their colleagues writing on Inuit birth within the medical fields, they are not focused on Inuit women in their article "Risk factors for hospitalization and Infection in Canadian Inuit infants over the first year of life –A pilot study." Their acknowledgement of diversity within Inuit population, however, remains notable. Further, their acknowledgement of bias and the potential problems of extrapolating from a small sample size may add credibility to their research from the perspective of ethnohistorical criteria. Their study, as is the case with the majority of peer-reviewed articles on the topic, is preliminary. Review articles using secondary sources of primarily quantitative data form a significant category of research about Inuit birth, which in combination with other publications about Inuit and their experiences of southern Canadian researchers may point to certain barriers to exploring qualitative and long-term projects among these groups. In their 2003 article, "An overview of factors influencing the health of Canadian Inuit infants," also a general review of literature, Jenkins et al.

also acknowledge the potential of historical factors in understanding some of the barriers to health that are shown in the research they discuss:

> Lifestyle behaviours, such as smoking, alcohol dependence, and breast feeding [sic], can affect an individual's health, as well as that of his/her dependents ... Health-seeking behaviours among the Inuit may also be adversely affected by the loss of traditional cultural values and lifestyles. Displacement of traditional health teachings by western medical approaches, together with a host of other factors, may play a role: interviews with older Inuit women in Keewatin and other regions indicate a perceived decrease in knowledge about female sexuality and reproductive health (101-103), and a reduced sense of personal responsibility for healthy childbirth (104)" (Jenkins et al., 2003, p. 31).

Conversely, by calling "personal responsibility" into action, Jenkins et al. have also firmly situated the causes of adverse birth outcomes, and therefore the blame, within the bodies of pregnant Inuit women. They have further held Inuit as a group to be responsible for these shortcomings of lifestyle, as a consequence of the loss of their "cultural values"—this seems a double-bind: If they are to blame for not taking up the advice of the medical community (in some sense the values of the colonizer), it is because they have failed to maintain their own cultural values (through the experience of colonial incursion and processes of assimilation). However, the above quotation, even while assigning blame to Inuit women for their lifestyle choices, does assert the value of qualitative data from mothers and other community members in improving infant mortality and morbidity for Inuit, citing Kaufert and O'Neil's 1993 research, a view that does not often appear explicitly elsewhere in articles in this category, with the notable exception of those published as best practices by the Society of Obstetricians and

Gynaecologists of Canada (Yee et al, 2010; Wilson et al, 2013; Couchie and Sanderson, 2007).

Another review acknowledging the complexity of factors influencing maternal health among Inuit is Healey and Meadows' 2007 article "Inuit women's health in Nunavut: A review of the literature" (*International Journal of Circumpolar Health* 66(3), 199-214). Gwen Healey is identified as Executive Director of the Arctic Health Research Network, and Lynn Meadows is an associate professor in the Department of Family Medicine at the University of Calgary. In their article, they take a much broader view of maternal health than most articles about Inuit I have encountered on the subject, and use a "social determinants of health" model as their guide to the material. They are further set apart from most of the other authors from the medical fields by discussing 'traditional' knowledge in some detail, particularly in reference to the birth process. They take a clear stance on the relationship between this kind of knowledge and the Euro-Canadian "Western" medical system, and refer specifically to "medical acculturation" (Healey and Meadows, 2007, p. 202) as an issue facing Inuit women in Nunavut in reference to their health. While the social determinants of health framework taken up by Healey and Meadows aims to take into account broad social and cultural factors (including income and incumbent limitations) when considering the health of a particular population (Healey and Meadows, 2007, p. 200), they do not, however, spend a great deal of time on pregnancy specifically, or the issues faced by contemporary birthing Inuit women, and there are no direct quotes in this article.

Articles that discuss primary research differ somewhat from the reviews in terms of the inclusions of data about the specific experiences of Inuit women. Similarly, they are disproportionately concerned with social problems and the welfare of the fetus over that of pregnant and new mothers in Inuit communities. Elders do not feature prominently in these articles, and traditional activities, as I have noted above, are mentioned only in passing. The daily lives of Inuit women as expectant and new mothers, as observed through the eyes of these researchers, appear fraught and troubled. Their own views on the situations in which they are described, however, are not included.

5.2 Primary Research

While Fraser et al. are reporting on original research in their article, "Effects of binge drinking on infant growth and development in an Inuit sample" (2012), their line of questioning in their interviews provides further evidence of the locus of blame within the literature about Inuit birth as residing within the gravid bodies of Inuit women. The language used in describing interviews with Inuit women point to the status they appear to have been assigned within the research context:

> *If the mother denied using alcohol*, the interviewer said that many women only drink on special occasions, such as holidays, birthdays and festivals. She was then asked if, she ever drank on special occasions or at times when she felt frustrated or sad…Within this same interview, women [were] also asked how much alcohol they needed to consume to feel high and how much they can hold before passing out. These questions were used as indicators of the women's tolerance to alcohol (Fraser, S., et al, 2010, p. 279, emphasis mine).

Within the context of the scarcity of direct quotes from mothers, and of interview data in general within the sources found via *Pubmed*, the suspicion that the previous passage applies to the Inuit women being interviewed inspires many questions about what they are not being asked, or the tone of other questions not explicitly outlined within the published article. What did these women have to say about the context of their pregnancies? According to these authors, the women in their sample:

> …consisted predominantly of poorly educated, low SES women, only 21% of whom had completed high school; 23% were primiparous. Ninety percent of the women smoked during pregnancy; almost half (48%) smoked more than 10 cigarettes a day. Thirty-six percent of the women used marijuana, 48% of whom used it at least once per week. *Relative to the U.S. and southern Canada, these infants were exposed to high levels of mercury and PCBs (Muckle, Dewailly, & Ayotte, 1998). More than a quarter of the women interviewed obtained a score on the IDESPQ score above 26, the cut-off for clinical signs of psychological distress (Préville et al., 1992*) (Fraser et al., 2010, p. 280, emphasis mine [all authors were associated with the medical schools at either Université Laval or Wayne State University]).

What are the circumstances that led these women to their pregnancies? What else is happening in their lives? What is the history of colonial incursions into their lives and communities, and how might that relate to their substance use, economic status, and experience of psychological trauma? What would a study of alcohol consumption in pregnancy look like if the subjects of the research were the mothers rather than their fetuses? What might we learn about binge drinking in pregnancy beyond the results of this research (their conclusions about causes are confined to the timing of alcohol

deliveries to the communities where these women live)?

Gina Muckle, Dominique Laflamme, Jocelyne Gagnon, Olivier Boucher, Joseph L. Jacobson, and Sandra W. Jacobson, conducted a similar study: "Alcohol, smoking, and drug use among Inuit women of childbearing age during pregnancy and the risk to children" (2011, *Alcohol Clinical & Experimental Research* 35(6), 1081–1091). They briefly note the possible causes for alcohol use and abuse in "Canadian Aboriginal groups," and acknowledge its relationship to the experience of colonization:

> While alcohol consumption was initially viewed as a pleasurable activity, many individuals and groups also adopted the use of alcohol as a way to escape the drastic changes in their autonomy, and individually as well as collectively, to cope with negative feelings and experiences brought on by colonization […] Nowadays, alcohol, smoking, and drug use are major public health and social concerns in Canadian Aboriginal groups. *Explanations for the contemporary high rates of alcohol use among Aboriginal peoples pertain to a wide array of domains, including biology, culture, local community, learned behavior, psychological distress, and political as well as economic and historical factors*[…]. Information on frequency, quantity, and pattern of alcohol consumption for pregnant women and for women of childbearing age is of major importance, as the adverse effects of prenatal exposure to alcohol are now well documented (Muckle et al., 2011, pp. 1081-1082, emphasis mine).

Like other sources, Muckle et al. are concerned with children, and Inuit women make up their population as research subjects in order to prevent the consequences of alcohol use in pregnancy for infants.

> To date, descriptive epidemiological data on substance abuse during pregnancy by Canadian Aboriginal women remain sparse and are often averaged across multiple Aboriginal groups. The first objective of this study is to provide descriptive data on frequency and amounts of alcohol, cigarettes, and illicit drug use during pregnancy among Inuit women from Nunavik. Data on

> alcohol use during the year prior to pregnancy and during the postpartum year are also provided. The second objective of this paper is, for the first time, to identify socioeconomic, personal, and familial correlates of alcohol use during pregnancy. Lastly, the magnitude of the risk of fetal alcohol exposure effects in children in this population is examined (Muckle et al., 2011, pp. 1083).

Muckle et al. set out to discover the context of alcohol use in their sample, and their research assistants (all holders of graduate degrees in psychology) conducted interviews in communities, collecting qualitative data from birthing Inuit women. However, perhaps because their focus is not on the lives of these women beyond their affects on their fetuses and children, this study does not reveal a great deal about their experience of pregnancy and does not address the experience of labour and delivery, or under what circumstances it took place (Muckle et al., 2011). Still, Muckle et al. reveal details of substance use and socio-demographic factors in the lives of these pregnant women that acknowledge the difficulties they face in becoming mothers within their context, and these provide a strong argument for the collection of further qualitative data about Inuit women as mothers, not only in order to better understand the health outcomes of their offspring, but also to record and examine the details of their lives that have had causal effects on their experience of pregnancy, birth, post-partum recovery and emerging motherhood. As Muckle et al. assert:

> In addition to the adverse effects on brain development associated with prenatal exposure, postpartum alcohol abuse is likely to interfere with the establishment of an adequate mother–child relationship and to reduce the mother's availability to respond to the needs of her child (Lier et al., 1995). Moreover, it is recognized that mothers who give birth to a child with FAS or alcohol-related deficits are at high risk for alcohol abuse after

> delivery and of giving birth to other children with these disorders (May, 1996). Yet few studies have examined alcohol use during the postnatal period and among mothers with toddlers, and this is true for Aboriginal groups as well (2011, pp. 1082).

While Muckle et al. call for further research about the effects on the children of Inuit women using alcohol, additional research about the lives of these mothers might also provide data that could inform strategies for prenatal and postnatal support in Inuit communities.

Muggah, Way, Muirhead, and Baskerville's study, "Preterm delivery among Inuit women in the Baffin Region of the Canadian Arctic," is similar to Muckle et al., (along with Fraser et al.), for the specificity of the population being researched, and for the use of primary qualitative research (in this case actual hospital charts) rather than the secondary use of population-level epidemiological surveillance data evinced elsewhere. There concern remains, it appears, to rest primarily with the health of the fetus/infant, however their focus on the causes of preterm delivery provide details about the lives of Inuit women, mainly in terms of the familiar 'social problems' rubric, that do assert one assessment of the embodied experience of Inuit women in pregnancy and childbirth in comparison to Canada-wide data. They do not, however, include the voices of these Inuit women in that assessment.

In their review of the literature about Inuit women's health Healey and Meadows assert that: "These publications study culture, disease and risk for poor health without acknowledging the role of gender, social and physical environment and other determinants of health as playing a role in Inuit wellbeing" (Healey and Meadows, 2007,

p. 203). Certain omissions may result from the narrow scope of the articles in question perhaps more than from a deliberate underrepresentation of certain factors. However, the resulting paucity of data about these factors remains.

Through medical articles such as Arbour et al. (2009) it has become increasingly clear that one of the main scarcities in the body of work about Inuit maternity care and mothering is of collaborative research with Inuit themselves in the medical fields. There seems to be frequent evidence that this is what Inuit health care providers and community organizations have been advocating for some time (e.g. Kaufert and O'Neil, 1993; NAHO, 2006; Healey and Meadows, 2007 & 2008, Therrien and Laugrand, 2001). Indeed, the Society of Obstetricians and Gynaecologists of Canada implicitly express a need for the development of these research relations with Aboriginal communities as well (e.g. Wilson et al., 2013; Yee et al., 2011).

5.3 Grey Literature: Indicators of Future Research and Policy?

Turning to publications like these, from governments, NGOs, and professional associations, there may be some cause to anticipate a coming change from Healey and Meadow's conclusions. With the exception of Archibald (2004) (discussed above), publications from non-governmental organizations and other grey literature share a common prescriptive thread. In other words, they propose how things ought to be from the positions (and goals) of their organizations. From the perspective of an ethnohistorical analysis this offers a kind of transparency that contrasts with both the

scientific rationalism of the medical literature (and the incumbent assumptions about objectivity) and the advocacy role often adopted by anthropologists and midwives.

Grey literature publications still propose to say something about what Inuit want from maternity care, and direct quotes from Inuit women remain infrequent. The SOGC position papers contrast with the peer-reviewed medical research literature about Inuit pregnancy and infant health. The authors of the former clearly believe that health care providers can improve maternal and infant health for indigenous populations specifically by ameliorating their own knowledge of the cultural and social factors affecting their patients (Wilson et al., 2013; Yee et al, 2011). Like NAHO (2006, 2008b), they call for culturally-competent care and provide a primer on the relationship of First Nations, Métis, and Inuit populations with the Government of Canada and historical health care provision, as well as providing a more holistic perspective that asserts that practitioners working among indigenous populations in Canada must be familiar with the consequences of colonization for these groups, including the abuses of the residential school system (Wilson et al., 2013). The SOGC wants to improve interactions between obstetricians and gynaecologists and their indigenous patients. They prepared their 2013 consensus guideline (Wilson et al.) by committee, and included NAHO, and numerous Aboriginal midwives and other health care providers from First Nations and Inuit communities across Canada in the development of the document. The resulting collaborative publication provides a set of recommendations that reflect the broad set of perspectives that can be inferred from the long list of authors and their credentials.

Similarly, Yee et al.'s "Sexual and Reproductive Health, Rights, and Realities and Access to Services for First Nations, Inuit, and Métis in Canada," (a joint policy statement of the SOGC, 2010) is also the product of a (much smaller and less diverse) committee. Yee et al. take a broad view that includes historical perspectives and post-colonial critique as essential to an understanding of First Nations, Métis, and Inuit women as patients. These documents contrast with the narrative of social problems and infant mortality and morbidity that emerges from the peer-reviewed medical literature about Inuit, where proposals for solving these problems are notably absent.

Also eschewing the simple rhetoric of social problems in their Statistics Canada report, "The physical and mental health of Inuit children of teenage mothers" (2012), Anne Guèvremont and Dafna Kohen (both with the Health Analysis Division at Statistics Canada) examine the potential consequences of the age of their mothers for Inuit children, using data from the 2006 Aboriginal Children's Survey:

> The physical and mental health of children of teenage mothers differs from that of children of older mothers. Compared with the overall population of Canada, Inuit experience first-time pregnancy earlier. However, little population based research has examined health outcomes for Inuit children of women who began childbearing in their teens." (Guèvremont and Kohen, 2012, pp. 5).

This report includes socio-economic variables but notably resists the urge to assert the 'social problem' model for thinking either about teen pregnancy or Inuit women in general. They mention culture in terms of questioning this very model: "In Inuit communities, teenage pregnancy may be perceived differently than it is in non-Inuit communities" (Guèvremont and Kohen, 2012, pp. 3). This study remains, however, a

source that is not really about Inuit women or childbirth, but about how the actions of Inuit women affect the health of their offspring. Again, as with much of the research, the subject of concern is not the women themselves, even while it is their lives and bodies under scrutiny. Nevertheless, their report uses data collected directly from mothers:

> The physical and mental health outcomes were based on maternal reports. Mothers could be influenced by how they believe they should respond, by their experiences, or by subjective views of their child… Thus, differences between Inuit children of teenage and older mothers may reflect mothers' reporting patterns rather than true differences in child physical or mental health. *Nonetheless, maternal reports are a mother's expert perceptions* (versus those of an unfamiliar observer), and were provided by both younger and older mothers (Guèvremont and Kohen, 2012, pp. 8, emphasis mine).

It is particularly interesting to note their classification of Inuit mothers as "experts" when they are so often rendered mute in that role elsewhere. Guèvremont and Kohen's research, taken with the policy statements examined above, suggest new avenues of research, as well as modes of engagement that acknowledge the value of Inuit voices and perspectives in research in the medical sciences. Whether future projects will prove to adopt integrated and community-based models remains to be seen. Why collaboration has not emerged as a major component of epidemiological and other health–related research remains uncertain, but might be cited as an important avenue for future projects.

Together these medical and healthcare focused texts, echoing Douglas' 2006 observations (see Chapter Four) express a collective sense of frustration at the divergence of Inuit infant morbidity and mortality rates and those of the rest of Canada, and assume that increased surveillance of gravid Inuit women and their birth outcomes are necessary

in improving these numbers. Root causes, however, do not yet seem to be the subjects of any in-depth study within the medical sciences, and there is not much evidence showing the inclusion of any Inuit women's perspectives on how to find these root causes and begin the processes necessary to address them. The work of Guèvremont and Kohen, meanwhile, seems to indicate a possible shift towards collaborative research that values the expertise of Inuit women (2012).

The call for improved knowledge of Aboriginal experiences of colonialism among obstetricians and gynaecologists expressed by both Wilson et al. (2013) and Yee et al. (2011) supports the views expressed by the National Aboriginal Health Organization, Pauktuutit (Inuit Women's Association), Inuit Tapirisat Kanatami, and other Aboriginal groups. They assert that medical research among First Nations, Métis, and Inuit is lacking in certain areas (including areas relating to Inuit women). In the future, further, it must include the perspectives of the members of those communities (and the traditional health knowledge that those communities have called on in the past and continue to rely on in the present) if both primary care and medical research are to address the concerns of Aboriginal peoples and overcome the colonial relationship between non-Aboriginal health care providers and their Aboriginal patients (NAHO, 2006; Pauktuutit, 2004). What remains unclear, however, is the context of Inuit women as producers of knowledge about birth as well as recipients of maternity care as it exists in the present, and what that context might mean for these new modes of thinking about their care in the future.

CHAPTER 6 CONCLUSION

> There is little Inuit-specific health data available in general, and even less specifically about Inuit women. Women play an integral and essential role in Inuit families and communities, traditional harvesting and the traditional economy. It is therefore important that Inuit women be involved in identifying health priorities from the beginning (Inuit Tapirit Kanatami, 2001 in Healey and Meadows, 2007, p. 211).

Although subsequent relevant research has been produced about Inuit women since 2001, the assertion for the need for the involvement of Inuit women in the research process remains accurate, as we have seen above, particularly in reference to publications within the health sciences proper. A tendency to talk *about* Inuit women rather than *with* them persists, and they are too often reflected in the literature about health through a pathologized gaze that masks historical factors, social context, and individual experiences influencing maternal health in arctic Canada. Policy statements from the Society of Obstetricians and Gynaecologists of Canada have recently called for their membership to educate themselves about, and to acknowledge in their practices, precisely these areas so scarce in the medical research data that exists about Inuit (Yee et al., 2011; Wilson et al., 2013). Further, however, within the context of Inuit birth, Farquhar and Lock's assessment is borne out by the current literature:

> In postcolonial situations, with the rise of ardent nationalisms and of open conflict over ethnic and cultural differences (many of which stem directly from colonial restructuring of local social practice), tensions created as a result of body politics are, if anything, exacerbated, even as the technologies associated with modernity and Westernization are selectively embraced. Above all, it is clear that pluralism and hybridity abound; stark oppositions between tradition and modernity, indigenous and biomedical bodies, colonizer and colonized, colonial and

> postcolonial regimes are no longer valid, if indeed they ever were" (Farquhar and Lock, 2007, pp. 313).

Keeping these implications of hybridity in mind, what does all this mean about representations of Inuit birthing mothers within the literature? Certain researchers, through the use of direct quotes and through the use of an oral history model, appear to assign value to the experiences of Inuit birthing mothers through the voices of those women themselves (most notably, Wachowich, 1999). The voices of elder Inuit women on the subject of pregnancy and childbirth occupy a significant space within one area of the literature (e.g. Therrien and Laugrand, 2001; Briggs, 2000; Bennett and Rowley, 2004). However, these voices do not extend into other subcategories beyond the social sciences, and even within that area of the literature, the voices of contemporary Inuit women are not often included. This seems to point to a marked difference in the level of importance authors from different disciplines assign to Inuit women's own perspectives on their maternity experience, and by extension what they might be able to contribute, as a community of birthing mothers, to the body of research that concerns Inuit maternal health. As I have noted above, the medical literature is disproportionately focused on fetal outcomes, includes a large number of review articles, and rarely produces research that provides evidence for strategies aimed at improving those fetal, or maternal, outcomes. These authors tend to focus on social problems as they relate to the lifestyle choices of Inuit women in pregnancy, creating a sense that these women are themselves a 'social problem,' in other words a threat, to their fetuses and infants.

At the same time, Inuit organizations point to the need for the inclusion of Inuit in

the development and implementation of research projects about Inuit health care provision. These contrasting views circle back to problems of hybridity and a plurality of experiences. Meanwhile, authors from all categories fail to include the voices of contemporary Inuit women in asserting their arguments about 'what Inuit want' from maternity care.

As both Graburn and Searles discuss, diverse ways of being "Inuk" coexist and sometimes compete within Inuit communities and the space of birth as a locus for cultural healing and self-determination may be the reason for the bias discussed above toward pre-settlement birth stories in the literature. Contemporary accounts, however, are no less 'culturally' Inuit, and these stories are currently absent. As I have shown, authors discuss to the topic of Inuit birth with diverse goals in mind and construct different ideas about what Inuit women want from maternity care and therefore what birth means for Inuit. How hierarchies within communities and power dynamics in maternity care influence these ideas, and whether a singular birth experience ("what Inuit women want") exists outside the biases of these authors, remains unknown based on the literature available.

Given the number of review articles about Inuit maternal health, it may be that serious barriers to original primary health research with and about Inuit women exist. I can reference the barriers I encountered in attempting my initially-proposed field research on this topic. The prohibitive costs of air travel to the circumpolar north alone might have been enough to prevent my field study from happening. I was, however, also advised by

experts in midwifery and NGOs working in the area that, in Nunavik anyway, no one would want to talk to me, and that people felt over-researched. On the one hand, this does follow from a great deal of literature about researchers and arctic people (e.g. Thomas and Shirley, 2003). However, I was also advised (confidentially) that it was the health care professionals, specifically the midwives, who would not be interested in talking to me, and because the permission of the health centre would be the hinge on which my project would hang, I would never get approval.

Kaufert and O'Neil cite similar barriers to their own continued research as reasons why they have undertaken textual analyses in recent years:

> *We have not gone to the woman herself and asked about the birth; neither have we talked with the physician or nurse who cared for her.* Though such interviews might be logistically difficult, they would not be impossible. The barrier to doing them lies with hospitals, which own and control access to the records. In order to protect confidentiality, hospitals permit no information to be abstracted which might identify the individual patient. Given this constraint, contacting a woman in order to inquire into the relationship between her experience and the data recorded in her chart was impossible (Kaufert and O'Neil, 2007, p. 360, emphasis mine).

These obstacles, coupled with the numerous medical articles citing problem after problem facing Inuit women, particularly in the areas of pregnancy and childbirth, are very troubling. At the same time, as Healey and Meadows conclude in their work about Nunavut:

> There exists an urgent need to better understand the mechanisms through which determinants of health affect Inuit women. As well as adding to the body of knowledge on health determinants in Canada, further examining these issues will provide valuable information for health policy decision-makers and program

> development in the North and facilitate the direction of resources to the necessary areas of health services provision in Nunavut (Healey and Meadows, 2007, p. 199).

Primary research by and with Inuit women themselves, through their own voices, about their experience of pregnancy and childbirth can best offer these better understandings of this aspect of Inuit women's lives.

How can policy fully recognize, incorporate, or address so-called 'social problems' as they affect maternal and fetal health without the perspectives of the women experiencing those 'problems'? More research in the medical sciences that seeks to understand colonial legacies in the past and present might adjust these biases in the future, in keeping with the perspectives of Wilson et al. and Yee et al., and further collaborative research might then also emerge between Inuit and the medical community.

Currently, as I have shown, few accounts of birth within the literature on the birthing mother are described in detail, and tend to provide incomplete data that is geared towards certain issues, or that is led by the interviewer towards answering certain questions rather than towards a detailed birth story, although some notable exceptions exist (e.g. Wachowich, 1999). American midwife, and midwifery advocate, Ina May Gaskin, has compiled the birth stories of numerous women in her books on midwifery, which can also be described as, in part, collections of oral histories of emerging motherhood, or as auto-ethnographic accounts of pregnancy and birth. Although it should be noted that the birth stories in her books have also been selected for inclusion with specific goals in mind, and her agenda is rooted in her occupation as well as her

advocacy, the kind of detail included in these stories is something I believe is missing from the literature on birth within Inuit (and other Aboriginal) populations, as Davis-Floyd and Sargent have noted (Davis-Floyd and Sargent, 1997; e.g. Gaskin, 1975; Gaskin, 2003). I would argue for further collection of this sort of detailed oral history as something to be taken up by women within diverse groups. As Sarah Franklin notes,

> It is one of the central ironies of contemporary reproductive medicine that although the degree of intervention now possible into conception and pregnancy results from increased confidence, technical sophistication and scientific knowledge, these very interventions increasingly reveal how poorly understood the 'facts of life' remain (Franklin, 1997, pp. 11).

One of the primary challenges of this thesis has been the absence of primary data from Inuit women. As I have elaborated above, collaboration in the field was not possible within the scope of this project for both practical and political reasons, a fact that I have accepted with trepidation. As Michael Asch has noted, it can be very difficult as a researcher on the "outside" to negotiate one's place when thinking, talking, and writing about aboriginal relationships with governments (2001). In this project I have undertaken to think and write about the ways in which childbirth among Inuit has been described and theorized by various authors, many of them, like me, unambiguous outsiders to aboriginal life in Canada. Before I began to think about the positions of these authors, and those of their subjects, I though carefully about my own. This is partly because in another, embodied, sense, I am also an insider. As Farquhar and Lock note, in addressing their place as outsider–researchers in an embodied anthropology:

> Together, we venture to claim another characteristic that qualifies us to critically assemble and evaluate the literature on the body: like our

> readers, we too are embodied. This truism highlights one of the virtues of building an emphasis on embodiment within anthropology: embodiment has the potential to unite readers and writers, anthropologists and informants, doctors and patients, teachers and students (Farquhar and Lock, 2007, pp. 14).

My own experience of pregnancy and childbirth cannot assuage the hazard inherent to completing a project concerned, at its heart, with the voices of a marginalized group while at the same time failing to include those voices as primary sources. It does, however, given me first-hand embodied knowledge of how any birth story can be told in many different ways depending on the biases of the teller, and how easily, and often, health care providers and family members alike speak for women in labour, perhaps in moments where those women would like to speak for themselves. I do not believe, however, that I have *spoken for* Inuit women through this project. I have attempted to use a critical analysis, one inevitably informed by my own embodied experience, as well as methodological tools, to illuminate representations of Inuit women in pregnancy and childbirth as they have appeared in texts written with certain ends in mind. I have attempted to argue that, specifically in reference to this body of literature, it appears that it is perhaps appropriate to hesitate to speak about or on behalf of research informants, and instead to facilitate the emergence of a literature that is made up of the experiences of research collaborators, *speaking in their own voices*. In sum, the voices of contemporary Inuit women (in Canada) as they experience pregnancy, labour and delivery, and the post partum period are as of yet rarely documented. Without their stories, and without their perspectives on policy, it is difficult to see how the myriad issues with maternity care, and

with maternal health, that have been documented by these authors as existing within Inuit communities can be accurately addressed.

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APPENDIX A: KEY SOURCES

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