

A Changed Lifestyle: Older Aboriginal Adults

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Women who begin moderate physical activity later in life benefit from a reduced risk of breast cancer almost as much as women who are moderately active throughout their entire lives. This “It’s never too late to start message!” can encourage both pre-and post-menopausal women to adopt a healthier, more active lifestyle. Our study also showed that sustained, moderate activity is more effective in reducing breast cancer than short, infrequent bouts of vigorous activity. Thus, becoming physically active and reducing breast cancer risk are achievable goals for most women.

Women can reduce their risk of breast cancer by taking a brisk walk for 30–60 minutes on most days (four or more) of the week, along with other daily activities of a moderate intensity (for more information on exercise levels, see *Canada’s Physical Activity Guide to Healthy Active Living* at www.paguide.com).

This study confirms that physical activity during a woman’s life can both reduce her risk of breast cancer and contribute to the primary prevention of this disease. Since physical activity also reduces the risk of several other chronic diseases, including other cancers, the need to maintain an active lifestyle is an important public health message for women.

For more information about this study or for copies of the research papers, please contact Christine Friedenreich, PhD (chrisf@cancerboard.ab.ca).

References available on request or from the Alberta Centre for Active Living web site at www.centre4activeliving.ca.

Lylee Williams, BEd, National Indian and Inuit Community Health Representatives Organization (NIICHO). This article is reprinted with permission from NIICHO’s *In Touch* (Williams, 2000a). Photos courtesy of NIICHO.

How It Was

Traditionally, Canadian Aboriginal communities have highly esteemed their ageing members, turning to grandmothers and grandfathers for advice, teaching, and guidance in raising children and maintaining traditional cultural practices. Throughout history, senior members of Aboriginal communities have transmitted ancestral wisdom and played active roles in the everyday life of the community. Seniors’ contributions provided both a link to the past and a bridge to the future (Government of Canada, 1996b).

The day-to-day survival of community members depended on everyone’s ability to contribute to each family’s well-being. Seniors worked side-by-side with children, young people, and other adults to provide food, shelter, clothing, and recreation. In particular, seniors transmitted knowledge about their language, traditional hunting practices, medicinal treatment, and other crucial knowledge. The active contributions of elderly members to a great extent defined the social structure of Aboriginal communities. This role made physical stamina a necessity for Aboriginal seniors (Cyr & McFarlane, 1999, p. 2).

How It Is Now

However, modern ways of life have brought dramatic social changes. Many Aboriginal seniors are no longer considered productive members of their society. Modern conveniences, electronic gadgetry, improved medical treatment, and changing family structures mean that many Aboriginal seniors now have little opportunity to contribute to their own community. The important roles they once played have been replaced or eliminated completely. Now that physical strength is no longer necessary, many seniors face infirmity, diminished physical capacity, and a general decline in their health (Cyr & McFarlane, 1999, p. 2).

Seniors’ Health and Physical Activity

Chronic disease in Aboriginal communities is increasing: “the prevalence of five conditions: diabetes, cancer, heart disease, hypertension and arthritis/rheumatism among First Nations exceeds that of all Canadians

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in all major age-sex groups...of particular interest is diabetes, which is extremely prevalent” (Health Canada & First Nations and Regional Health Survey National Steering Group, 1999, p. 58).

According to Ship and Tarbell (1997, p. 83),

Such chronic diseases limit activity and in the cases of cardiovascular disease, hypertension, diabetes, and arthritis/rheumatism, prevention and/or control call for the patient to undertake some form of physical activity, reaping physiological benefits that include more efficient blood circulation and breathing, more energy, improved muscle functioning, improved digestion, stronger bones, more supple joints, improved mobility and less chance of falls and accidents.

As well as the physical limitations of chronic diseases, seniors who live in isolation are prone to depression, loneliness, and inactivity of the mind and body that can cause them to withdraw into themselves (Crawford, 1979, p. 83).

An Ageing Population

The number of older Aboriginal adults is increasing. Since 1970, the life expectancy of Aboriginal men and women has increased by ten years (Indian and Northern Affairs, 1995, Table 1, p. 1). The

number of Aboriginal seniors who identify with their Aboriginal heritage

is expected to more than triple, from 23,000 in 1991 to almost 74,000 by 2016, with the largest increases being expected among registered Indians and Métis living in urban areas, while the smallest increase is anticipated among registered Indians in rural areas (CMHC, 1996, p. 22).

Changing Family Structures

Traditionally, North American Aboriginal family life has been characterized by the extended family system that included a man and woman, their children, and more distant relations (e.g., grandparents, aunts, and uncles) living together in a mutually supportive environment.

Due to the social and geographical demands of industrial society, the nuclear family is gradually replacing this traditional Aboriginal family life (*The Family*, 1999). As a result, seniors have lost their important role in guiding and bringing up children. At the same time, the mutually supportive environment in which the younger generation looks after the needs of seniors in the same household has also been eroded (Government of Canada, 1996a).

What Do These Changes Mean?

Electricity, running water, and motorized vehicles have led to a sedentary lifestyle. The touch of a dial or the turn of a faucet or ignition key provides instant power, water, and transportation, eliminating the need to chop and haul wood for heat and cooking, carry water, or walk to a destination.

The physical demands of a traditional lifestyle used energy that resulted in a sense of accomplishment at the end of a day. Seniors' roles as partners in the work of the society required them to remain active, teach younger members, and provide essential services

to their communities. Active involvement in the life of the community also meant that seniors maintained their health, mental capacity, productivity, and social position as leaders and guides in the areas of spirituality, ethics, and traditional wisdom.

These social changes are not unique to Aboriginal communities, but significantly affect a society that once relied heavily on its senior members to maintain traditional cultural mores, values, and customs.

References available on request or from the Alberta Centre for Active Living web site at www.centre4activeliving.ca.

The Canadian Women's Health Network (CWHN)

Women from over 70 organizations across Canada launched the CWHN in May 1993. The CWHN emerged from the generous dedication of health-care workers, educators, advocates, consumers, and other Canadians committed to sharing information, resources, and strategies to improve women's health.

The CWHN aims to:

- provide easier access to health information, resources, and research;
- produce user-friendly materials and resources;
- promote and develop links to information and action networks;
- provide a forum for critical debate;
- act as a “watchdog” on emerging issues and trends that may affect women's health;
- work to change inequitable health policies and practices;
- encourage community-based participatory research models;
- promote women's involvement in health research.

Visit the CWHN web site

(www.cwhn.ca/indexing.html).