

# MINODODAZIN; TRANSLATING AN ALGONQUIN TRADITION OF RESPECT INTO YOUTH WELL-BEING IN RAPID LAKE, QUEBEC

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## ABSTRACT

Aboriginal people in Canada face important obstacles to the achievement of optimal health and well-being. For Aboriginal youth in particular, these obstacles have led to health disparities relative to the non-Aboriginal population. This study used the qualitative method of focused ethnography to explore this pressing concern from the perspective of the youth, educators, health care workers, parents, and elders of an Algonquin community located in Rapid Lake, Quebec. The overall goal was to assist community youth workers to design a culturally relevant program to promote well-being among local youth. The program and findings that resulted from this study suggest that the social practices encompassed within the Algonquin tradition of *minododazin* correspond with those researchers positively correlate with youth well-being. The program and findings that resulted from this study are of value to other Aboriginal communities seeking to address similar health concerns among their youth.

**Keywords:** focused ethnography, participation, well-being, self-respect, substance use, sexual health, cultural knowledge, Aboriginal, youth

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## INTRODUCTION

Respect is a core value that promotes personal and community well-being for many Aboriginal peoples in Canada. Widespread practices of caring for the self, one's community, and nature reflect this core value. Notwithstanding this tradition, Aboriginal people in Canada face important obstacles to the achievement of optimal health and well-being. For Aboriginal youth in particular, these obstacles have led to health disparities relative to the non-Aboriginal population. Higher incidences of drug, alcohol, and tobacco use, as well as higher rates of sexual abuse, sexual exploitation, sexually transmitted infections, HIV/AIDS, teenage pregnancy, suicide, and obesity have been reported for Aboriginal youth (Assembly of First Nations and First Nations Governance Committee, 2007; Fenton, 2001; Health Canada 2009; Steenbeek, 2004).

Additionally, there is a significant difference in drug and alcohol use in Aboriginal youth compared to their non-Aboriginal counterparts. For example, 59% of Aboriginal youth smoke tobacco, compared to 24.4% of non-Aboriginal youth (Health Canada, 2009). Factors such as low socioeconomic status and a long and devastating history of colonization, assimilation, and residential schools have been linked to these important health issues (Reading, 2009; Mussell et al., 2004; Clarke 2007; Tousignant and Sioui, 2009; Tu et al., 2008).

The concepts of self-respect and self-esteem are important to consider when dealing with the issues surrounding substance use and sexual health

for youth, as high levels of self-respect and self-esteem have been positively correlated with well-being (Aboriginal Nurses Association of Canada, 2002). There is, however, a lack of research on the applicability of such concepts in the development of culturally appropriate substance use and sexual health initiatives for youth in Aboriginal communities (Assembly of First Nations and First Nations Governance Committee, 2007).

Through an ongoing partnership between the McGill School of Nursing and the Kitiganik Health Clinic of Rapid Lake, Quebec, our team used the qualitative method of focused ethnography to explore health concerns for local Algonquin youth and related obstacles to their well-being. Our overall goal was to assist community youth workers to design a culturally relevant self-respect program to promote healthy lifestyle choices among youth participants. To ensure the relevance and practical applicability of such a program, the input of community members including youth, educators, health care workers, parents, and elders was sought at all stages of this project. We believe our program and findings are of value to other Aboriginal communities seeking to address similar health concerns among their youth.

In the following article, we provide an overview of the health literature demonstrating the link between youth well-being and self-respect. Following, we provide a brief history of the Algonquin of Barrier Lake to familiarize the reader with the context of this research, and then outline the participatory approach we used to design and conduct our project. We then describe the resultant culturally relevant self-respect program we completed with the youth, and our research findings which highlight the importance of self-respect, or *minododazin*, in traditional Algonquin culture. We found that *minododazin* can provide hope for youth; however, we also learned about serious personal and social barriers youth experience to achieving *minododazin*. We conclude by discussing the implications of using Indigenous health philosophies for programs and policies, and specifically with ideas for future community-based activities to support youth health and well-being.

## THE PROJECT

According to the literature, self-respect or “having regard for one’s character” (Orkar, 1997) is closely connected to decisions regarding sexual activity and substance use (Aboriginal Nurses Association of Canada, 2002). In a study conducted by Goff and Goddard (1999), it was demonstrated that regardless of their sociodemographic background, North American adolescents who valued self-respect were more likely to delay alcohol and tobacco use as well as sexual activity until an older age. For participants of that study, core values associated with self-respect were found to mediate engagement in antisocial behaviour (Goff and Goddard, 1999). The research on Aboriginal youth makes similar observations. In one study on the sexual behaviour of Aboriginal adolescent girls, it was shown that those who remained abstinent listed self-respect as a key reason for their behaviour (Morrison-Beedy et al., 2008). Another study asked Aboriginal youth to define healthy sexuality. Included in their answers were the following: “respect for myself,” “respecting the boundaries,” it “does not have to involve sexual intercourse,” and it “can mean love yourself and being loved by your parents and close friends” (Aboriginal Nurses Association of Canada, 2002). Following from this literature, our research asked: *How can the well-being of Aboriginal youth be addressed through a self-respect framework?*

### SETTING

Rapid Lake, Quebec, is a community of approximately 400 Algonquin people, located in northwestern Quebec, approximately 130 kilometres north of Maniwaki and 150 kilometres south of Val-d’Or (Aboriginal Canadian Portal, 2004). Historically, the Algonquin of this community resided some 75 km away on the territory surrounding Barrier Lake. Though they relocated to Rapid Lake around 1930 they continue to be known as the Algonquin of Barrier Lake.

Like other Aboriginal communities throughout the region, Rapid Lake has limited resources to address the many needs of its inhabitants. There is one elementary school, a youth centre, a daycare, and a police station. The nearest grocery store is located

130 kilometres away and the closest high school even further away in a predominantly non-Aboriginal city. The local health clinic, the Kitiganik Health Clinic, services the community's immediate health needs and refers patients to medical specialists in southern cities when necessary. Run by Health Canada, this clinic is staffed by nurses from outside Rapid Lake and local health care workers. Health care professionals including a dentist, a dental hygienist, and a psychologist come from outside the community on a weekly or monthly basis.

Over the past two decades, there have been important political and social disruptions in the community, which can be traced to tensions between local interests and the agendas of the Quebec and Canadian governments. For example, the devastating regimes of control and assimilation that characterized Canada's relations with Aboriginal peoples since the early years of colonization have led to present-day socioeconomic vulnerabilities. In particular, the legacy of residential schools and related abuses (physical, mental, sexual, emotional, spiritual) continue to disempower community members as past traumas transfer across the generations (Aboriginal Nurses Association of Canada, 2002; Clark, 2007). In addition to the radical disturbance of traditional family life, language, and values through the dislocation of Aboriginal children and the often brutal "re-socialization" to European standards, these past abuses have been linked to an on-going cycle of social dysfunction and disorder including high rates of suicide, domestic violence, sexual abuse, and interpersonal maladjustment (Mussell et al., 2004; Clark, 2007; Reading, 2009; Assembly of First Nations and First Nations Governance Committee, 2007). More recently, in 2008 the community organized a protest against the Quebec government's unauthorized logging of land designated for protection in the 1991 Trilateral Agreement, resulting in violent backlash by provincial police. It is in the context of these social, political, and historical events that concerns for the well-being of Rapid Lake youth must be understood.

## DESIGN

Through an ongoing partnership between the McGill School of Nursing and the Kitiganik Health Clinic of Rapid Lake (Lang et al., 2010; Sherman et al., 2011),

a McGill Masters in Nursing student lived in Rapid Lake for three months, during which she conducted a clinical placement as well as directed this research project. Working together with two supervisors from McGill, the head nurse at the Kitiganik Health Clinic, and two local Algonquin community workers, at the request of the community our aim was to help to develop a program on self-respect to promote the well-being of local Algonquin youth. We employed a participatory approach to ensure that the expertise of community members was included at each stage of program development. This research was approved by the Institutional Review Board of McGill University and was carried out in accordance with McGill's policy on the ethical conduct of research involving human subjects, especially minors. Written informed consent was obtained prior to all participation; in the case where participants were under 18 years old, parental consent and youth assent were obtained. The methodological approach for this project was focused ethnography, a qualitative methodology used to understand a focused health-related issue in a cultural context (Polit and Beck, 2006; Speziale and Carpenter, 2007). This ethnographic approach, with its roots in anthropology, combines participant-observation with other data gathering methods (e.g., interviews), the goal being to understand a group's cultural patterns, experiences, and lifestyles (Polit and Beck, 2006; Speziale and Carpenter, 2007). Iterative reflection of the data collected is an important part of this type of research, allowing for the continual reassessment and adjustment of the project's questions, directions, and findings based upon ongoing data gathering (Polit and Beck, 2006).

The student-researcher used participant-observation, individual and group interviews with key informants, and a focus group to better understand the health concerns affecting local youth. This provided community-generated perspectives on the historical and environmental factors that play a role in youth well-being. Descriptive and analytic fieldnotes were recorded after all research interactions thus contributing to the data analysis (Polit and Beck, 2006). The selection and recruitment of research participants was done with the help of the

staff at the Kitiganik Health Clinic, and the project unfolded as follows.

The project was divided into four phases over the course of a three-month period (September–December, 2010; See Appendix A for details). *Phase One* involved face-to-face interviews with key informants (community health care workers, parents, an elder, an educator, and a nurse), two group interviews with youth (from grade 5/6 and grade 3/4), and a focus group with parents who had children in elementary school. All interviews and the focus group were facilitated by the student-researcher using open-ended questions; all were audio-recorded and transcribed for analysis where necessary.

Many of the youth participants were initially shy to engage in conversation about sensitive topics related to their well-being. To facilitate discussion around themes like puberty and sexual health, the student-researcher created a question box where students could write their comments and questions anonymously on a piece of paper. The box was left in the classroom for students to access at their comfort and convenience. In addition, students were invited to participate in a brainstorming activity that addressed their personal strategies for maintaining self-respect. They were asked to fill in the statement “I respect my [blank] by [blank].” For example, one student wrote, “I respect my body by not taking drugs or alcohol.” These two techniques helped animate participants and encourage group discussion.

In *Phase Two*, the youth responses from the brainstorming activity were combined with the anonymous questions in the question box, as well as the analysis of the key informant interviews. A culturally relevant, youth-friendly pilot program on self-respect was then designed and launched. This pilot program, designed in collaboration with community health care workers, included a game and a craft for youth at the local youth centre. Five boys and four girls between the ages of 9–12 years old participated as follows.

- **Pilot Program Game:** The game consisted of multiple-choice questions that challenged youth to engage their knowledge on self-respect and well-being. Two teams were created and the student-researcher read out questions on self-

respect and healthy behaviours with a selection of possible answers (A through D). Each team conferred and held up the letter they felt best answered the question. The team with the correct answer was awarded one point, and the answer was then discussed together with the larger group (See Appendix B for examples of the questions). This interactive format proved effective as youth gained confidence asking and responding to questions they previously felt too shy to articulate.

- **Pilot Program Craft Activity:** An animal hide was donated by a local hunter for the craft activity. The goal of the activity was for youth to paint empowering statements and images on the hide that reaffirmed the topics discussed previously (See Appendix C).

After both activities, verbal feedback was solicited from the participants using open-ended questions.

During *Phase Three*, the student-researcher combined feedback from the pilot program with her own observations to finalize the self-respect program. The final program included a similar game but with additional questions/answers and the continuation of the painting activity; it was attended by five participants (2 boys and 3 girls). The completed piece of art was then put on display at the youth centre. Bright and bold, it stood as a symbol of the youth’s commitment to well-being. To address the issue of environmental respect, the student-researcher organized an activity to pick up garbage around the community which was attended by approximately ten youth.

Finally, in *Phase Four*, a final analysis was conducted of the entire data set, and the thematic findings were shared with members of the community in the form of a community presentation at the local health centre. The youth played part of the game for the audience to show the interactive style of learning, and presented their animal hide artwork. Verbal feedback was sought, during which community members agreed with the findings and stressed that the results should be shared with people outside the community to create an awareness of the disparities that exist. Importantly, the youth asked

the student-researcher to play the entire game again after the presentation.

### DATA ANALYSIS AND RIGOR

During each phase, data were analyzed to determine the direction for the subsequent phase. Interviews and verbal feedback were analyzed thematically and coded according to recurrent themes; the themes were then compared across interviews and new codes were added or changed as the data was compiled. Feedback from youth and community health workers, along with observational data, were analyzed and integrated into the self-respect program design.

To ensure methodological rigour, a number of strategies were implemented as follows: Three forms of triangulation were employed: a) interacting with different groups of people ensured data source triangulation; b) investigator triangulation was satisfied by involving McGill supervisors in the analysis and preliminary findings; and c) method triangulation occurred by using participant observation, a focus group, interviews, and a pilot program (Polit and Beck, 2006). To ensure a rigorous analysis, the student researcher maintained a personal reflexive journal to provide continuous self-critique and self-appraisal (Koch and Harrington, 1998). Finally, an audit trail was maintained by weekly descriptive and analytic fieldnotes to one McGill supervisor.

## RESULTS

The data gathered in the course of designing the self-respect program demonstrate a number of salient themes that help to explain how and why the youth in Rapid Lake struggle with issues of self-esteem and self-respect and often participate in risky health behaviours. The major themes that emerged in our analysis are as follows.

### MINODODAZIN, A HOLISTIC ALGONQUIN UNDERSTANDING OF RESPECT

When participants were asked to define “self-respect” in their own terms, no notion of exclusive care or regard for the self was evoked in their responses. Instead, participants referred to the local concept of *minododazin*, translated literally to mean “take care of yourself.” *Minododazin* was described

as an all-encompassing form of respect that extends beyond the individual self. As one person put it:

There's self-respect to yourself, to your body, there's self-respect to your family and then there is self-respect as a Native person. It's not only about the body. Self-respect in Algonquin means to take care of yourself, *Minododazin*.

Through these interviews we learned that respect is a core value of Algonquin culture that simultaneously integrates positive regard for the self, the community, and the environment. This integrative approach reflects Algonquin understandings of the self as intimately and inseparably related to the social and material world. This world view challenges any Western attempt to divide the expression of “respect” into specific types or forms (e.g., self-respect, community respect, environmental respect). Instead, participants identified a broad range of personal and social practices that were operationalized through the local concept of *minododazin*. These included the following: taking care of one's personal health needs (including dental needs, food choices, exercise) and overall hygiene (including appearances); personal aspirations (academic and professional goals) and life choices (e.g., avoiding alcohol and drug use, and early sexual activity); pride in their Aboriginal cultural heritage including speaking Algonquin; respect for others (including not stealing, teasing, or hurting others; instead helping others and being polite) and especially for elders (e.g., bringing them bush food); and respect for the environment including animals (e.g., leaving tobacco after killing a wild animal as thanks).

In all cases, participants noted that the social practices associated with *minododazin* were learned through the teachings of elders and parents. As it was explained by one local health care worker:

Usually grandparents and parents teach this [*minododazin*] especially when they go into the bush ... it depends if grandparents brought their kids to the bush and taught them about self-respect. My parents brought us to the bush so we learned how to do things like how to cook and live in the bush. I learned how to take care of myself. It depends if the parents bring their kids to the bush and would teach them about traditional stuff then their kids would learn about self-respect.

In qualifying these bush lessons as “traditional stuff,” this community member highlighted an important aspect of Algonquin culture. She also pointed to the conditional nature of the transfer of tradition from one generation to the next: learning to “take care of yourself” in the Algonquin sense “depends” on whether or not youth have access to the same opportunities for mentorship as she did growing up.

### THE INTERGENERATIONAL IMPACT OF RESIDENTIAL SCHOOLS ON YOUTH VULNERABILITY

During individual and group interviews it was often emphasized that much Aboriginal history and culture was lost in the residential school experience. A health care worker shared her thoughts in saying,

There is a generation that went outside the community, to residential school, they cut the tie with the parents around 1950. For this generation, they don't know their culture and it is difficult to pass their culture to their kids.

The process of assimilation, facilitated through colonial institutions like residential schools, has had long-term consequences in communities like Rapid Lake. Community members made explicit links between the past and the present in their articulation of the most pressing problems faced by local youth. One mother explained,

Youth have no respect for who they are. Really it's not their fault because they don't know who they are, they don't know where they came from, and they don't know the history. It's being lost because the elders don't share it with us.

Echoing the point made by the community member quoted above, this mother framed a perceived lack among youth (“Youth have no respect for who they are”) in terms of a lost opportunity for mentorship by local cultural experts.

Without a firm grounding in their cultural heritage, the youth of Rapid Lake are seen to be vulnerable. From a health care perspective, this vulnerability is expressed in a constellation of behaviours deemed disadvantageous for young bodies. In interviews with staff at the Kitiganik Health Clinic, widespread concern followed from observable patterns of

poor dental health, a lack of exercise and unhealthy eating among youth. Also distressing were youth behaviours surrounding substance use and sexual activity with their life-altering consequences such as physiological damage, addiction, sexually transmitted diseases, and pregnancy. Once again, self-respect or, more precisely, *a lack thereof*, was noted to predispose local youth to these patterns of risky behaviour. One elder shared his concerns in stating:

They [youth] don't have respect for themselves. I see them get drunk and stoned. I see the girls, they get drunk and then they will sleep with this guy or that guy. Some of them have boyfriends already at thirteen or fourteen years old. I see a lot of kids that don't care what they are doing. They don't have respect for their body or themselves.

In conversations with community members it was often suggested that respect, embraced as a core value, enables youth to implement boundaries and say “no.” Reports of young people “punching others in their private parts” and giving each other “hickies” prompted one mother to observe:

If they [youth] knew about self-respect they would know that people shouldn't touch them there [private body parts].

A similar sentiment was articulated by a health care provider in the following remark:

Self-respect protects them against the aggression [sexual] because it is important to learn that when they are not comfortable in a situation, they are not being respected. It is important to learn that young, it's not okay for that person to do that to me.

Learning to say no to sexual aggression as a form of “taking care of yourself” also helps young people say no when exposed to other factors that threaten well-being. The trend of substance abuse among youth as young as ten years old is a primary example. When youth in the pilot program were asked to comment on this trend, their tone was resigned: “[Young] people do drugs because everyone else is doing it,” noted one youth man matter-of-factly. By quickly adding that “older people [youth] tell us to [do drugs]” he mirrored the concerns of a community health care worker who said:

Some kids are pulling other kids ... there are a few kids around here that are forcing other kids, asking them to chip in money so they can get drugs."

### LIMITED RESOURCES FOR YOUTH AND GEOGRAPHIC ISOLATION

Though participants of all ages agreed that youth were vulnerable to peer pressure when it comes to risky behaviours, there was also widespread consensus that factors like limited resources in the community and their geographical isolation contribute to this vulnerability. The words of one elder were telling:

They [parents] need activities for the [young] people ... kids do nothing but sit around their house smoking and getting stoned. Last year they broke a lot of windows at the lodge. It's 'cause they have nothing to do during the day.

This concern with boredom as a factor predisposing youth to destructive behaviour was shared by another participant: "They need more recreational grounds so they can stay away from drugs and alcohol." For both individuals, the lack of recreational alternatives available in Rapid Lake combined with a lack of healthy food alternatives (without a local grocery store youth subsist on a diet of processed food) predisposed youth to unhealthy lifestyles.

Additionally, participants lamented the absence of a local high school for the community's youth. Not only does the move to Val-d'Or for high school prove challenging for many youth as they are forced to adapt to a new environment, it has also led to high dropout rates and increased access and exposure to drugs and alcohol. One mother noted:

They smoke marijuana and cigarettes, for a fact, it's the main thing around here. Not too long ago, since they leave the reserve to go to high school, now there are more drugs, they are becoming aware of all these other drugs. I know my son was drinking a couple weeks ago and I notice it's only when they go away to town to do that.

That youth tend to bring these harmful substances back to Rapid Lake on weekend visits and holidays also worries parents. The general sense is that this behaviour is disrespectful since youth prioritize their own social needs over those of the com-

munity. In the eyes of another mother, the problem was as follows:

And the high school students, someone needs to do something about the high school students. They are moving to a new town, they lived on the 'res' their entire lives, and they want to make new friends and they want to be cool like the people in town schools. So they do pretty much anything that the town kid will get them to do. We have a lot of kids coming back on ecstasy and speed and it's physically obvious.

Participants felt that if there was a local high school, youth would be spared the dislocating move to Val-d'Or and would continue to pursue their academic studies. Further, youth would benefit from the ongoing support of their immediate and extended families as they confronted the many challenges of adolescent life.

### AMBITIONS AND GOALS

"Youth really think low of themselves," stated one parent. "They never think they could be lawyers or doctors or anything." According to this parent, low self-esteem limited the ambition of local youth. But, as was also noted, young people have few opportunities to learn about and explore viable career options: "They need to see other things that are out there." From this perspective, exposure to "other things that are out there" would help youth imagine themselves in professional roles and plan their lives accordingly. The alternative — watching one young person after another fall into the same cycle of destructive behaviour because of a lack of life goals — is heartbreaking for many parents. Another parent framed the situation this way:

They still do it [drinking, drugs, etc.] but I think that they feel that they have no choice. They feel like they will be stuck here for the rest of their lives. One of the little boys said, I'll probably be here my whole life and live on welfare and I'll probably be living in that little shed over there. I told him not to say that.

In conversations with the student-researcher, youth shared feelings that could be read as symptomatic of this sense of disillusionment with the future. When asked to identify negative aspects of

growing up, their responses included “getting in fights and drinking alcohol” and “having kids.” In contrast, the positive aspects included “being a doctor” or “going to college.”

### TEEN PREGNANCY

Both adults and youth reflected on the community concern with teenage pregnancy. Pregnancy forces young mothers to abandon their studies prematurely; in the majority of cases, the challenge of juggling academic responsibilities with those of child care proves too overwhelming to support a return to school. The consequences of not finishing high school are felt across the community over the long-term as undereducated youth contribute to the already high rates of unemployment in Rapid Lake. Further, adults worry that pregnancies are being planned strategically by youth who see financial benefits to having a child. As one mother observed: “I notice that a lot of people around here are trying to get pregnant when they are young and it’s because of the money, they get social assistance.” In these terms, youth who lack the resources to fulfill their immediate desires (e.g., having money) will find a way to do so despite short- and long-term consequences for themselves, their children, and the community at large. While children are greatly valued by the Algonquin as in many Aboriginal communities, parents were clear that they would prefer their own children to finish their education and achieve a career before starting a family.

### DIFFICULT PARENTING CONVERSATIONS.

The final theme that emerged has to do with the difficulty many parents had speaking to their children about healthy sexuality and addictions. While some parents were too shy to broach these sensitive issues, some also felt that their children would be more likely to engage in sex if they were taught about it. For other parents, the reluctance came from their own personal experiences with sexual abuse and with addictions. Some spoke about their own legacy with sexual abuse, and how it affected their parenting. As one mother said:

I think about things like that and what if it is happening to my daughter. I can talk to others about it but it’s scary to talk to my children because it

makes it so much more real because it happened to me and I want it never to happen to my child and if it is happening to my child it’s almost like I would rather not know it. I do tell my daughter those are your private parts and that you have personal space and if anyone ever hurts you, you tell mom because mom will take care of you and will never blame you. But it’s really hard, I get goosebumps even talking about this. It’s really hard.

Another parent who had experienced sexual abuse at a residential school explained that the impacts of abuse continue down through the generations:

It’s this cycle [of abuse] that started with the residential schools. It affected the kids that went to residential schools, they grew up and it affected their parenting and so many aspects of their life and it’s still affecting us now even though residential schools are gone.

Overall, it was clear that the community wanted the youth to learn about sexual health, and participants suggested that having an intermediary, such as a nurse, to speak to their children on their behalf would be highly valued. One parent also suggested the possibility of “sexual courses” to teach parents how to speak with their children.

## DISCUSSION

It is in the context of social, political, geographical, and historical issues that concerns with the well-being of Rapid Lake youth must be understood. Research participants cited geographical isolation, limited resources within the community, and past traumas related to the residential school experience as being directly related to the most pressing problems faced by their youth today. Included in their concerns for their youth was a long list of issues: drug and alcohol use and dependency; sexual activity leading to abuse and teen pregnancy; social delinquency; abandonment of academic and life goals; lack of knowledge and pride in their Aboriginal language and heritage; unhealthy eating and inactivity; and a lack of respect for the self, others, and the surrounding environment. Though participants spoke passionately about a strong Algonquin tradition of respect, encompassed in the local term *minododaz-*



in, they pointed to structural and historical factors existing beyond their immediate control as complicit in the ongoing disempowerment and poor health of local youth.

The culturally relevant self-respect program we developed is just one small step towards empowering youth towards *minododazin*. Additional efforts to reinforce Algonquin traditional values surrounding respect are essential. The youth requested the development of a similar program to address drugs and alcohol; further, a program to empower parents to take up these issues with their children would be welcomed by many in the community. Many parents are struggling with their own history of addictions and sexual abuse and thus need help themselves before they can help their own children.

While we do not have longitudinal data on the effect of our program, there is research to suggest that programs of this nature are useful for youth. Research on youth decision-making in regards to sexual activity specifically has shown that promoting self-respect and self-esteem among youth delays the age of sexual activity (Young et al., 2004). Further, exposure to sexual health education is noted to help prevent negative outcomes such as STIs and HIV among youth, as well as youth experiences of sexual coercion and sexual violence (Public Health Agency of Canada, 2003). Further, from our local experience, youth who participated in the pilot and final program were very receptive to the ideas of self-respect and took pride in creating the animal hide art work. Playing the game a number of times, the youth were pleased as their scores increased as they correctly answered an increasing number of questions.

The bright and bold images and statements on the animal hide artwork transmit the powerful desire of the youth to learn how to meet the many challenges of adolescent life. Unfortunately, this desire is not necessarily enough to help youth overcome the many structural factors and challenges they face as they grow through adolescence. In the interviews youth vocalized a desire for a positive future — for example, wanting to go to college, to be a doctor, or another career within the community. Unfortunately, many also were resigned to a future life of welfare and unemployment. Our program en-

deavoured to support the local notion that *minododazin* is key to continuing youth hope and building goals.

Many Aboriginal communities conceive of self-respect in terms similar to the Algonquin concept of *minododazin*; therefore, modifications of our youth program to reflect these local worldviews would not be difficult. For example, among the Anishinabek of Manitoulin Island, the program could promote health and well-being among youth through operationalizing the local concept of *mnaamodzawin*, meaning “good life” (Manitowabi and Shawande, 2011). The Anishnaabe term *pimadaziwin* (Hallowell, 1955) and its Cree equivalent *mino-pimatisiwin* (Adelson, 2004) may also be incorporated to guide youth behaviour and conduct towards the “good” in a framework that reflects the traditions of these unique Indigenous philosophies.

We believe our research provides further evidence that using Indigenous health philosophies to ground local health programs and policies is essential; however, it must also be cautioned that doing so is not always straightforward. We have been very fortunate to work closely with the Kitiganik Health Clinic, where administrators and staff alike have supported and enabled Algonquin-based health interventions while working alongside Western-based notions of health. Researchers must be sensitive to the politics of funding, administration, and power that are at play in the development of such interventions, while seeking ways to challenge “top-down” discourses on community needs and interests (Gardner and Lewis, 1996). In the Canadian context, where Aboriginal peoples have experienced systemic imposition of values and knowledge from governing bodies dating back to the earliest days of Western colonization, this point is especially crucial.

## LIMITATIONS

The study has two main limitations. First, the student researcher was not a local community member, nor of Aboriginal heritage. Due to the delicate nature of research topic, some parents did not want a non-Aboriginal person speaking to their children about sexuality. Further, because the student researcher was not well-known to many of the community

members at the beginning of the study, some parents were concerned that she was professionally connected to a government agency (e.g., Department of Youth Protection) and therefore did not want their child to participate for fear that they might disclose personal family information that could be misunderstood or taken out of context. Overall, however, the student researcher was well-accepted by the community as demonstrated by the favourable turnout and feedback in her final presentation.

Second, in ethnographic research, the researcher has the dual role of researcher and a research instrument, which can create personal biases in the research (Creswell, 2003). To reduce these biases, the student researcher used a personal journal to encourage reflexivity throughout the project, and debriefed regularly with supervisors at McGill and health workers at the clinic.

## KNOWLEDGE TRANSLATION

The self-respect program developed through this project is owned by the community of Rapid Lake. It was developed in conjunction with the youth worker and the nurse and has been left in the community along with a detailed guide outlining its components for future use. The animal hide remains in the youth centre as a reminder to the youth and can be used by the youth worker to discuss different aspects of respect. The animal hide will not only be a reminder of what self-respect means but will also provide the youth pride in their work.

During the final community presentation, community members suggested that our findings will resonate with other communities and encouraged us to share our work. They stressed the importance of sharing the findings so other communities can be aware of the disparities and also work to address these concerns.

## CONCLUSION

The community of Rapid Lake is well aware of the social, historical, geographical, and political issues that continue to challenge youth well-being in their community. These issues work to prevent youth from applying *minododazin* to their lives to achieve their ambitions and goals. This research suggests

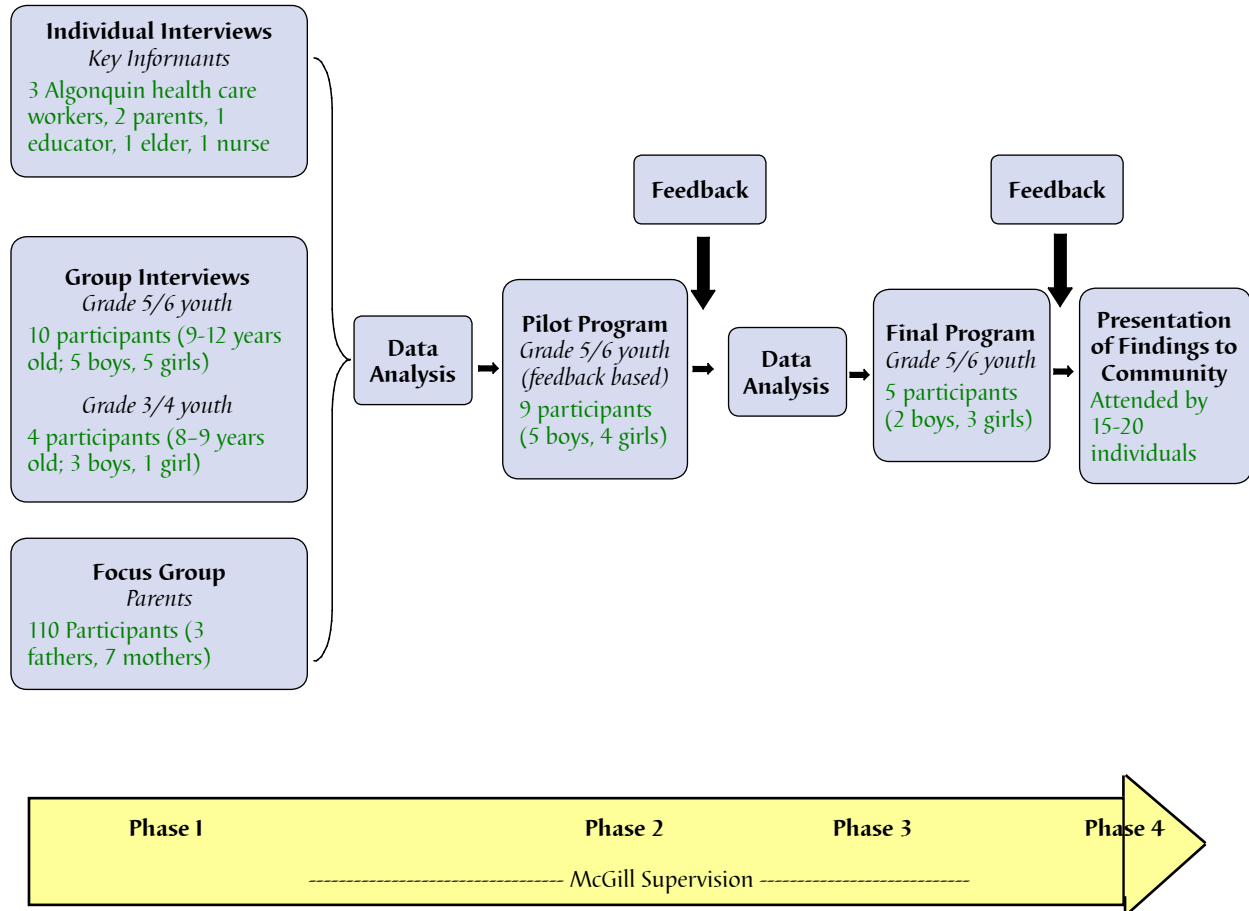
that a useful way to facilitate *minododazin* is to design interactive and competitive programs and projects for the youth. The findings from this research can therefore be read as a plea for meaningful social change to help the youth learn more about *minododazin*: how to respect themselves, their community, their land, and their heritage.

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## APPENDIX A - SCHEMATIC OVERVIEW OF STUDY DESIGN



## APPENDIX B

I take care of myself by:

- A. taking a shower and making sure I look nice
- B. never wash, brush, or comb my hair
- C. eating lots of fast food and drinking pop

If someone wants to kiss you and you say no

- A. the person can hurt you and it's your fault because you were mean
- B. you should feel guilty
- C. it's good because you should make your own decisions and have boundaries

Doing drugs and drinking alcohol:

- A. can prevent you from reaching goals in life
- B. has no consequences, it's just fun
- C. is healthy for my body

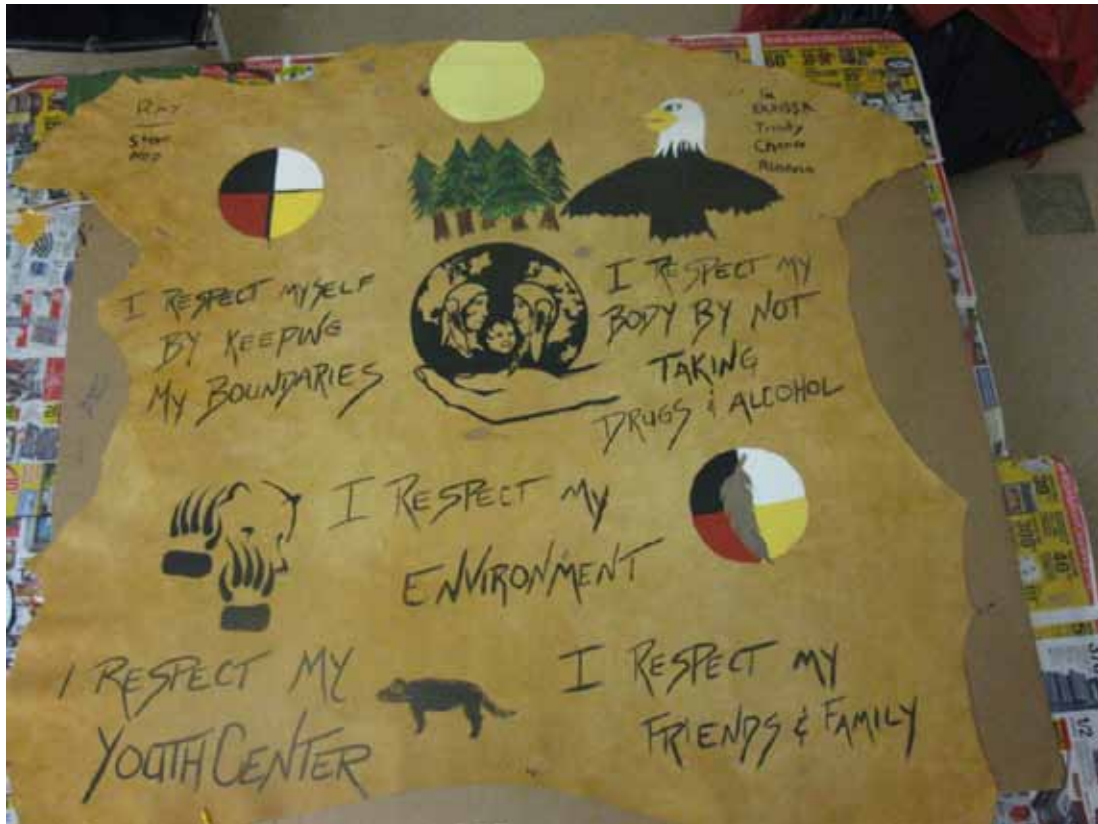
I show respect to myself by:

- A. having pride in being Native
- B. cutting myself
- C. drinking alcohol and smoking marijuana

Please contact the lead author at [heather.kooiman@mail.mcgill.ca](mailto:heather.kooiman@mail.mcgill.ca) for a complete list of questions and for more information.

## APPENDIX C

This image displays the outcome of the Self-Respect Art activity. The deer hide was donated for the activity by a local hunter. The painting was done by youth, aged 9-12 years old and was displayed in the Rapid Lake youth centre.



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**Mary Ellen Macdonald**, PhD is a medical anthropologist in the Division of Oral Health and Society, Faculty of Dentistry, McGill University. Her research focuses on the health needs of underserved populations. Her main areas of research include access to services for urban Aboriginal peoples in Montreal, and the health needs of Aboriginal Peoples in Northern Quebec. She also conducts research in palliative care, focused on family bereavement after the death of a child. Her interprofessional academic appointments include the Departments of Pediatrics, Oncology, and the School of Nursing; further, she is Core Faculty in the McGill Centre for Medical Education, Affiliate Member of the McGill Biomedical Ethics Unit, and an Adjunct Professor in the Department of Anthropology at the University of Victoria.

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**Waylon Nottaway** has been the Native Youth Worker at the Kitiganik Health Clinic in Rapid Lake, QC since 2007. He is in charge of the Rapid Lake Youth Centre that opened in 2010. He runs prevention and awareness programs as well as tournaments and field trips for the youth of Rapid Lake.

**Serge Vignola**, RN, has been head nurse of the Kitiganik Health Clinic in Rapid Lake, Quebec, since 2004. In 1986 he took a nursing position with Health Canada in an isolated Aboriginal community in northern Quebec, and has since pursued a nursing career focused on remote and isolated Aboriginal community health. In 2008 he was involved in developing a partnership between the Kitiganki Health Clinic and the McGill School of Nursing, which has since resulted in a 3 month student nurse placement every fall. He is committed to assisting local Aboriginal health workers develop, implement, and sustain health promotion and prevention programming in an effort to ultimately improve the health of Rapid Lake community members.

