Infant Mortality and Cultural Concepts of Infancy: A Case Study from an Early Twentieth Century Aboriginal Community

Author: Moffat, Tina

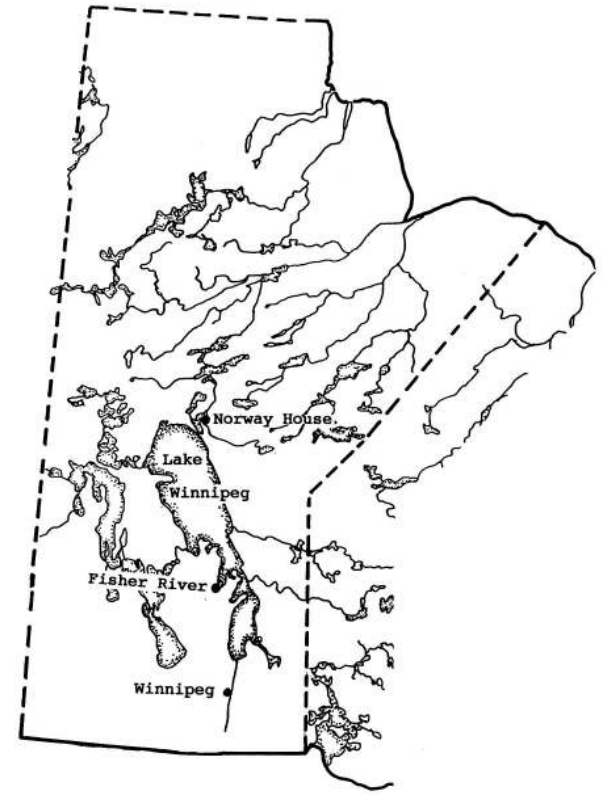
Publication info: Pre- and Peri-natal Psychology Journal 8. 4 (Summer 1994): 259-273.

Abstract: None available.

Full Text: Headnote ABSTRACT: This article explores the impact of infant death on cultural perceptions of infancy. It employs a case study of the Cree-Ojibwa community of Fisher River, Manitoba in the early twentieth century to illustrate how a high risk of infant death can delay the point at which personhood is conferred on an infant. Further to this, the concept of infancy among the Aboriginal community is contrasted with wider Euro-Canadian values concerning the infant mortality rate. Differing cultural perceptions surrounding infant death provided the Canadian Government with rationale to contest Aboriginal autonomy over child welfare. INTRODUCTION Infant death is one of many biological phenomena which human beings mediate through cultural systems. Jordan (1993, p. 3) considers childbirth to be a "phenomenon that is produced jointly and reflexively by (universal) biology and (particular) society". Similarly, although infant mortality is ubiquitous, its interpretation and treatment varies from one cultural group to another. Hence, it is an appropriate subject for anthropological inquiry. Infant mortality, and more precisely the infant mortality rate1, is also investigated by epidemiologists and public health workers. Since the infant mortality rate is cited as a good indicator of the socioeconomic status of a community and the quality of its health care (Klein, 1980, p. 1021), a high infant mortality rate in a population sets off warning bells about its health status. One such example of this occurs in Canada, where presently the infant mortality rate for Registered Indians is approximately two to three times the national Canadian rate (Muir, 1991; Pekeles, 1988). The disparity in the infant mortality rate between Aboriginal and other ethnic groups in Canada is thought to be long-standing; yet, little is known about its antecedents. Although the Canadian Government began collecting vital statistics for Aboriginals in Canada at the turn of the century, records prior to the 1960s have been deemed inaccurate (Romaniuk and Piche, 1972; Latulippe-Sakamoto, 1971). In an attempt to fill this lacuna, Latulippe-Sakamoto (1971) corrected data from the Department of Indian Affairs to estimate the progress of the national Canadian Indian infant mortality rate from 1925 to the 1960s. She depicted a steady descent in the infant mortality rate with a marked drop after the 1940s, which she attributed to a decline in infectious disease due to the post-W.W.II initiation of social assistance and medical care for registered Indians. This paper is based on a community-level study of infant mortality in the Aboriginal community of Fisher River, Manitoba prior to W.W.II (1910-1939). There are only a few sources of Aboriginal vital statistics available for this period (cf. Herring, Driben and Sawchuk, 1983; Hurlich, 1983; Roth, 1981); this study utilizes infant deaths and baptisms derived from Methodist parish records registered at Fisher River, Manitoba2. However, I wish to go beyond the intent of the original study-to investigate the antecedents of a high Aboriginal infant mortality rate-and explore something even less well understood, that is, the perceptions of infant death both within Aboriginal communities and the wider Canadian society. In the last three centuries the massive transition in the mortality pattern in the West has rendered major social transformations in the way we view life and death (Imhof, 1985). In an analogous fashion, changes in the rate of infant mortality have affected attitudes towards infancy. Employing the community of Fisher River, Manitoba as a case study, the following article explores the means through which a high rate of infant mortality, on the one hand, influenced an Aboriginal community's view of infancy, and on the other hand, provided a means through which the Canadian Government could contest the autonomy of Aboriginal peoples. FISHER RIVER, MANITOBA: THE COMMUNITY AND THE PEOPLE Fisher River is located near the mouth of the Fisher River on the west side of Lake Winnipeg, approximately 200 km north of the province's capital city,

Winnipeg (Figure 1). The community was founded during the negotiations of Treaty No. 5 with the Canadian Government in 1875 (PAM, MG12B1, LB/J #298, p.192). Because of economic hardship, a group of ninety Christian Cree families from Norway House wished to settle further south on Lake Winnipeg and were granted land at Fisher River (UAC, Church History File). The founding families from Norway House were Swampy Cree, also called the Wood Cree or Maskegon (Skinner, 1912, p. 9). Swampy Cree is one of four western Cree groups, each speaking its own Cree dialect (Smith, 1974, p. 256). Many of these people were descendants of unions between Hudson's Bay traders and Aboriginal women (Brown, 1988); evidence of their Scottish descent is marked by surnames such as Sinclair, Cochrane and Murdoch (UCCA, Frances G. Stevens, n.d.: 65). Today the people of Fisher River call themselves 'Cree-Ojibwa', a term also used by ethnohistorians (cf. Rogers, 1963). During the early twentieth century the Fisher River people participated in a diversified economy. Their resource base was rich in fish and lumber, and there was some trapping and horticulture. Although the community relied on these resources for subsistence, they were also heavily engaged in wage labour. The commercial fishing industry, for example, was well established in northern Manitoba and many Fisher River people went to work as labourers every fall and spring at fishing camps on Lake Winnipeg. This period has been described by historian Jean Friesen as "marked by great fluctuations in fortune" (Friesen, 1992, p. 46). Indeed, the Fisher River economy, like other northern Manitoba communities, was tied not only to fluctuations in the resource base, but also to the world market for fur and fish prices (Tough, 1990). In addition, there was increased competition for a diminishing resource base at Fisher River in the 1920s and 30s because of encroaching European settlers, white commercial trappers and the fishing industry (ADR, 1928-29, Vol.11, p. 7-8). On the other hand the threat of starvation that was endured in earlier times was mitigated by alternative sources of food. Food could be bought at the local store using cash wages, and during difficult periods in the 1930s, Aboriginal people received government rations of sugar, beans and bacon. Nevertheless, winter remained a difficult season. Sources of wage labour such as commercial fishing were available only during the warmer months of the year. Very little trapping or lumbering was done during the coldest months from Christmas until late March (Bishop, 1974, p. 33). And even though starvation was perhaps a past phenomenon, the quality of the diet was at times substandard.

Figure 1
Map of Manitoba Showing Fisher River Reserve in Relation to Norway House and Winnipeg



Although Fisher River was shaped during what Bishop (1974) terms "the era of early government influence for subarctic Indians (1890-1945)", government influence did not extend to providing health care for Aboriginal communities in Canada. None of the Treaties, except the "medicine chest clause" in Treaty No. 6, included provision for Indian health care services by the federal government (Young, 1988, p. 82). Thus, for the first two decades of the century, the government's responsibilities for health care were left to private interests. Government-supplied medications were provided for each reserve and dispensed by the missionary, teacher or trader (UAC, Frederick G. Stevens, n.d.: 38). Despite serious epidemics of tuberculosis and a wide variety of other infectious diseases, health care for indigenous people in Canada was chronically underfunded. In 1934 the per capita cost of health expenditures for Aboriginal Canadians was $9.60, whereas for Euro-Canadians it was $31.00 (Graham-Comming, 1967, p. 126). INFANT MORTALITY AT FISHER RIVER: 1910-1939 Not surprisingly, infant mortality at Fisher River was very high during this period, with an overall rate for the period of 249 infant deaths per 1000 live births (Table 1).

Table 1

Estimated Infant Mortality Rates per 1000 Live Births. Fisher River: 1910–1939

Year	*Burials*	*Baptisms*	*IMR*
1910–19	74	263	281.4
1920–29	52	221	235.3
1930–39	56	246	227.6
1910–39	182	730	249.3

The infant mortality rates estimated for the study period seem extremely high relative to modern standards. For the years 1980-85 the World Health Organization reported worldwide infant mortality rates of 88 and 16

respectively for less developed and more developed regions. From 1980-84 the infant mortality rate for Canada as a whole was 7.8 infant deaths per 1000 live births and for the Canadian registered Indian population it was 17.1 (Muir, 1991, p.14). In historical terms, however, the Fisher River infant mortality rate fits well within the parameters estimated for other populations. European preindustrial populations are widely reported to have infant mortality rates between 150 and 250 infant deaths per 1000 live births (Jones, 1976). Cook and Borah (1979) reported infant mortality rates between 270 and 320 for the 19th century Aboriginal mission population of Baja, California. Finally, Latulippe-Sakamoto (1971) using aggregate data from the Department of Indian Affairs, estimated that the yearly infant mortality rate from 1925 to 1940 for Canadian Aboriginals ranged between approximately 125 and 220 infant deaths per 1000 live births. According to the Fisher River mortality data the highest proportion of infant death was due to respiratory infectious diseases. Airborne infections waxed most prolifically during the winter when people spent long periods of time indoors and when viruses and bacteria were easily propagated from human to human. On the Fisher River reserve, people sheltered in log cabins during the cold winters; the cabins were purported by Indian agents to be crowded and poorly ventilated (CSP, 1912, p. 284). Moreover, winter was a time of hunger on the Fisher River reserve. Hence, the presence of diseases such as tuberculosis, pneumonia, bronchitis and measles was potentially lethal for infants. Respiratory infections worked synergistically with undernutrition to take a high toll of infant deaths. MORTALITY AND THE CULTURAL CONSTRUCTION OF INFANCY In summary, during the early twentieth century, between 1 out of 4 and 1 out of 5 infants at Fisher River died before their first birthday. Clearly, infants were under extreme duress. How did this high rate of infant mortality at that time affect cultural constructs of infancy? In the case of Fisher River there were several competing cultural perceptions of infant mortality and by extension infancy: those of the Aboriginal community and those of Euro-Canadian government bureaucrats. Aboriginal Constructs The perspective of the Fisher River people in the early twentieth century is much harder to determine, since there is scant ethnohistorical information on how they made sense of deaths. The Fisher River baptismal records show that infants were christened, on average, fifty days after birth, and in some cases baptism occurred up to one year after birth. Although it is possible that the delay in baptism was a result of some families being away from the reserve at the time of birth, the delay may also have reflected ideas about the beginning of personhood. I would speculate, moreover, that the high risk of death during infancy supported the tendency to delay naming a child until it was through the most vulnerable stage of infancy. In fact, the highest risk of infant death does occur during the neonatal period (up to one month after birth). It is claimed that approximately half of total infant mortality occurs during the first postpartum month (Wrigley, 1977, p. 283; Chen, 1983, p. 205). Approximately one-third of all the infant burials between 1910 and 1939 at Fisher River fell in the neonatal period. This is probably an underestimation of the true extent of neonatal mortality because of underregistration of deaths during the early part of infancy. Clearly, however, the first month or two of life for infants at Fisher River was a dangerous and uncertain time. Theories about the delay of initiation into personhood at Fisher River are suggested by evidence from early twentieth century ethnographies of Aboriginal peoples in Canada. Dunning's (1959) accounts of a northern Ojibwa Band in the Lake Winnipeg region noted that infants were not named until they had a naming ceremony, which occurred between the age of a few months and one year. Thus, one might speculate that 'personhood' arrived later than the moment of parturition for an Ojibwa infant. The intiation of 'personhood', however, was perhaps not so clear cut. Jenness' writings about the Eastern Ojibwa of Parry Island elucidate the tenuous position that an infant occupied soon after birth. He explains that, like all beings, an infant had a soul and a shadow; however, during the first stage of his or her life, the baby was vulnerable to having its soul and shadow dissociate from its body. So weak did they consider the bonds uniting the shadow, soul, and body of a young baby that the Parry Islanders refrained from spreading the news of its birth until it had received a name, through fear that an evil manido might steal and destroy its soul (Jenness, 1935, pp. 91-92). Hence, although the birth of a baby marked his or her entrance into the world, during the early stage of infancy he or she was in a liminal position, neither a fetus nor a child. To some degree this coincides with historical

Western European Christian beliefs about infancy. "Since in accordance with Christian dogma only baptized souls had prospects of an eternal life in heaven, baptism was one of the all important, if not the most important, events in the earthly phase of human life" (Imhof, 1985, p. 25). During the period between birth and baptism the infant was not considered to be a full-fledged person. If the infant died prior to baptism, he or she would be doomed to wander the earth for eternity. Hence, for European Christians it did not make sense to tarry in baptizing a child. And, unlike the Ojibwa naming ceremony, baptism occurred ideally as soon after birth as possible. Practically, however, this did not always transpire. In preindustrial England the average interval between birth and baptism markedly increased between the sixteenth and nineteenth century. To compensate for this, many baptisms were performed privately in homes, often at the infant's sick-bed (Schofield and Berry, 1971). Another method of saving an unbaptized infant, very popular in Catholic Europe between the fifteenth and eighteenth centuries, was the custom of the children's sign. The dead infant was taken to a Church where the family engaged in prayer and waited for the child to give some indication of life. At that point the child was quickly christened after which it could be buried in the Church cemetery (Imhof, 1985, p. 25). The desire to delay the initiation of personhood among some parents, however, may override the fear of having an unbaptized infant death. Scheper-Hughes (1984), in her study of "maternal thinking" in the Brazilian shantytown of Alto do Cruzeiro, notes that "many Alto babies remain not only unchristened but unnamed until they begin to walk or talk or until a medical crisis (and the possibility of death) prompts a hurried, emergency baptism" (Scheper-Hughes, 1987, p. 203)3. I would argue that the expectation of infant death, as occurs among the Alto do Cruzeiro mothers, was also present at Fisher River. One passage from Reverend F.G. Stevens' autobiography, an account of his life work at Fisher River during the 1920s and 30s, sheds some light on one parent's reaction to the death of his infant daughter. Reverend Stevens employed a Cree-Ojibwa man named Peter to accompany him on a tour of neighbouring reserves. When Peter left with Stevens, his ten month old infant daughter was very ill. During their trip Reverend Stevens received word from his wife that Peter's daughter had died. Stevens recounted: I took him to one side and broke the news to him. He said, 'It is no news to me. I knew it last Saturday night at Little Grand Rapids' (UAC, F.G. Stevens, n.d.: 52). Stevens' wife confirmed that that was the night the infant had died. In Peter knowing that his daughter had died on a particular day, the expectation of her death was evident. Peter's response to his daughter's death, although not uncaring, seemed to be resigned or accepting of it. Euro-Canadian Constructs It must be kept in mind that during the time that Fisher River and other Aboriginal communities in Canada were experiencing high rates of infant mortality, most of North America and Western Europe were witnessing a steady decline in the infant mortality rate, since the turn of the century. This decline in infant deaths was part of a larger epidemiologic transition (Omran, 1971) in which overall mortality from infectious diseases was diminishing and life expectancies were increasing. As Imhof (1985) argues, the epidemiologic transition changed many attitudes towards death; death increasingly became something that struck older people, and as such, became more hidden and less acceptable. Likewise, as the infant mortality rate declined, parents had growing expectations that their children would survive infancy. This phenomenon is the obverse of that indicated in literature on fertility and child mortality in developing countries, in which parents with low expectations about their children's survival will compensate by bearing more offspring during their reproductive careers (cf. Huss-Ashmore and Johnston, 1985, pp. 509-510). Another aspect of the changing view of infant death is what Armstrong (1990) terms the "invention of the infant mortality rate (IMR)". During the late nineteenth century, for the first time, medical health professionals began to collect data specifically on infant deaths to calculate a rate and rank the quality of healthcare and social welfare for world nations. Dyhouse (1978), argues, moreover, that the infant mortality rate has served political and social agendas well beyond the domain of health. British medical professionals, for example, employed the high infant mortality rate in 19th century England to justify their censure of women working outside of the home (Dyhouse, 1978). The high rate of infant mortality on northern Canadian Indian reserves did not go unnoticed by government bureaucrats. Health inspectors working for the Department of Indian Affairs regarded tuberculosis

and infant mortality as "conditions peculiar to the Indians which are responsible for the excessive death rate" (CSP 1980, No.27, xxiii). Their explanations for the causes of high Aboriginal infant mortality rates alternated between "the mother as the incompetent caregiver" and "environmental problems of reserve life". One health inspector surmised: Probably much of this infantile mortality may be traced to premature marriages, which result in weakly offspring, and to ignorance of inexperienced mothers as to what constitutes suitable nourishment for their children, and as to their care when sick (CSP 1911, N.27, xxii). From the perspective of health officials and Indian agents, the infant mortality rate was viewed as an indicator of Indian progress from 'heathen primitivism' to the 'civilized' state; thus the 'cure' for the high infant mortality rate, and by extension 'primitivism', was sought in the promotion of Euro-Canadian standards of hygiene and healthcare. In one report, an Indian Agent explained how the establishment of Baby Shows and clinics on reserves encouraged Indian mothers to learn proper methods for taking care of their infants. The report went on to say that, Indian women and girls are encouraged by the nurses and field matrons to cultivate gardens, and they are instructed in methods of canning fruit and vegetables for the winter months. By such simple instruction in the art of living, coupled with the care given by the Indian agents and medical attendants, the health of the Indian people must be improved (Ann. Dept. Rep. 1925-26, vol.II, 11). Infant death was not viewed as a 'natural' event but rather as something which could be prevented through directed education and example, and managed by representatives of the state. The welfare of Aboriginal infants was defined as a state responsibility and hence became another domain where Aboriginal autonomy could be contested by the Canadian Government. Cultural Clashes in Perceptions of Infancy There are clearly two important and competing issues at hand. The first is the effect that the high risk of death for Aboriginal infants had on delaying the post-partum initiation of personhood. The second is the process by which Aboriginal infant deaths were translated by Euro-Canadian health authorities into an infant mortality rate. The main goal of the officials was to lower the rate, ultimately leading to another avenue of social and political domination of Aboriginal peoples. To address the first issue is to enter the debate about personhood, which is long standing and is becoming progressively more important as we struggle with ethical dilemmas such as abortion, fetal rights, and genetic engineering. Not only are we grappling with post-partum rights of the infant but also with the prenatal status of the fetus (cf. Grobstein, 1988; Ruddick, 1988). A large part of the discussion centres on the biological attributes of a fetus; and while the ethical dimensions of the topic often enter the realm of philosophy and metaphysics, the validity and importance of personal and cultural values are rarely considered. I would not go so far as to suggest that there is a direct correlation between a population's infant mortality rate and the time at which it imbues a fetus or an infant with the full status of a 'person'. Nevertheless, as argued in the preceding section of this article, a high risk of infant death influences cultural perceptions of infancy. The Canadian Government sought to correct the problem of Aboriginal infant mortality; the infant, considered as a full-fledged person, was supposed to live and all deaths were fundamentally viewed to be preventable. The Fisher River Cree-Ojibwa were much more tentative about an infant's status in life during the early stages of its career, and personhood was something that was earned through survival. Taking these differing cultural perceptions into account, it is possible that Canadian health authorities during the early twentieth century mistook Aboriginal acceptance of infant death for ignorance and "heathenism". This cultural misunderstanding provided one more rationale for the Canadian Government to control Aboriginal affairs. This situation, in fact, was perhaps a precursor of current power struggles over the control of Aboriginal childbirth. Presently, official policy mandates that all pregnant Inuit women living in the North West Territories be evacuated by air to southern hospitals in order to give birth (Kaufert and O'Neil, 1990). However, many Inuit women resist leaving their community during childbirth and advocate the return of midwifery to their communities (Voisey, Okalik, Brown and Napayok, 1990). As Kaufert and O'Neil (1990, p. 439) assert, however, ". . . preoccupation with perinatal mortality rates transformed the death of a baby from a problem only for the individual women, her family and her community, into a concern for the Canadian Government . . ." CONCLUSION Infancy is a vulnerable period; in some populations, such as the one described in this study, the

chance of surviving infancy was relatively low. The risk of infant death in a population is heavily determined by the social, economic, political, biotic and abiotic aspects of the environment. In the case of Fisher River during the early twentieth century, the interplay between disease, living conditions and seasonality was detrimental to the well-being of infants. In turn, however, the phenomenon of infant mortality can affect cultural constructs of infancy. For the Fisher River community itself, the high toll of infant death contributed to concepts of infancy where the initiation of personhood was delayed. For government Indian Agents, infancy was viewed as a 'problem' in Aboriginal populations. And the high infant mortality rate was perceived as an indicator of a failure to 'progress'. Infant mortality and the infant mortality rate is largely viewed as a measure of health standards in a population. Rarely is there consideration of the ramifications of infant death in a community or how it affects the cultural perceptions of infancy and child welfare for both the immediate community and the wider society. The case of Fisher River in the early twentieth century illustrates the complexity of assigning the status of personhood and the need to consider the powerful force of mortality on the socio-cultural construction of infancy. ACKNOWLEDGMENTS I wish to thank Dr. Ann Herring and Dr. Wayne Warry for their comments and insights concerning my M.A. Thesis which led to the development of this article. Footnote NOTES 1. The IMR refers to all deaths under one year of age per 1000 live births. 2. I wish to acknowledge and thank Dr. Ann Herring for her collection of the data from the United Church Archives in Winnipeg, Manitoba. 3. Scheper-Hughes (1984) takes the issue one step further and describes examples of mothers in the Alto community who wittingly deprived their babies of care because they believed the children would not survive infancy, and if they did, would not be rigorous enough to face subsequent struggles in life. References REFERENCES Annual Departmental Reports, 1925-1935 (ADR). Report of the Department of Indian Affairs. Armstrong, D. (1986). The Invention of Infant Mortality. Sociology of Health and Illness 8(3), 211-232. Bishop, C.A. (1974). The Northern Ojibwa and the Fur Trade: An Historical and Ecological Study. Toronto: Holt, Rinehart and Winston of Canada, Limited. Brown, J. (1980). Strangers in Blood, Fur Trade Company Families in Indian Country. Vancouver: University of British Columbia Press. Canadian Sessional Papers (CSP). Report of the Department of Indian Affairs. Chen, L.C. (1983). Child Survival: Levels, Trends, and Determinants. In R.A. Bulatao and R.D. Lee (Eds.). Determinants of Fertility in Developing Countries: Supply and Demand for Children (Vol. 1). New York: Academic Press. Cook, S.F. and Borah, W. (1979). Essays in Population History: Mexico and California (Vol. III). Berkeley: University of California Press. Dunning, R.W. (1959). Social and Economic Change among the Northern Ojibwa. Toronto: University of Toronto Press. Dyhouse, C. (1978). Working-Class Mothers and Infant Mortality in England, 18951914. Journal of Social History 12(2), 248-267. Friesen, J. (1992). Northern Manitoba 1870-1970-An Historical Outline. In Y.G. Lithman, R.R. Riewe, R.E. Wiest and R.E. Wrigley (Eds.). People and Land in Northern Manitoba. Winnipeg: University of Manitoba Anthropology Papers 32. Graham-Gumming, G. (1962). Maternal and Child Health Survey-Canadian Indians. Government of Canada, Department of National Health and Welfare, Medical Services. Grobstein, C. (1988). Science and the Unborn. Choosing Human Futures. New York: Basic Books, Inc. Publishers. Herring, D.A., P. Driben and L.A. Sawchuk (1983). Historical Fertility Patterns in a Northern Ojibwa Community: The Fort Hope Band. Anthropologica N.S. 25(2), 147161. Hurlich, M.G. (1983). Historical and Recent Demography of the Algonkians of Northern Ontario. In (Ed.) A.T. Steegman, Jr. Boreal Forest Adaptations. New York: Plenum Press. Huss-Ashmore R. and Johnston F.E. (1985). Bioanthropological Research in Developing Countries. Annual Review of Anthropology 14, 475-528. Imhof, A.E. (1985). From the Old Mortality Pattern to the New: Implications of a Radical Change from the Sixteenth to the Twentieth Century. Bulletin of the History of Medicine 59, 1-29. Jenness, D. (1935). The Ojibwa Indians of Parry Island, their Social and Religious Life. Ottawa: National Museum of Canada. Jones, R.E. (1976). Infant Mortality in Rural Shropshire, 1561-1810. Population Studies 30(2), 305-317. Jordan, B. (1993). Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States (Fourth Edition). Prospect Heights, Illinois: Waveland Press, Inc. Kaufert, P.A. and O'Neil, J.D. (1990). Cooptation and Control: The Reconstruction of Inuit Birth. Medical Anthropology Quarterly 4(4), 427-442. Klein,

S.D. (1980). Class, Culture, and Health, In (Ed.) P.E. Sartwell. Public Health and Preventive Medicine (llth Edition). New York: Appleton-Century Crofts. Latulippe-Sakamoto, C. (1971). Estimation de la mortalité des indiens du Canada, 19901968. M.A. Dissertation. Ottawa: University of Ottawa. Muir, B. (1991). Health Status of Canadian Indians and Inuit 1990. Ottawa: The Minister of National Health and Welfare. Omran, A.R. (1971). The Epidemiologic Transition. A Theory of the Epidemiology of Population Change. The Milbank Memorial Fund Quarterly 4, 509-538. Pekeles, G. (1988). The Health of Indian and Inuit Children in Canada in the 1980s and 1990s. Canadian Family Physician 34, 1567-1572. Provincial Archives of Manitoba (PAM). Winnipeg, Manitoba. MG12B1, LB/J #298, Morris, Alexander. Rogers, E.S. (1963). Changing Settlement Patterns of the Cree-Ojibwa of Northern Ontario. Southwestern Journal of Anthropology 19, 64-88. Romaniuk, A. and Piche, V. (1972). Natality Estimates for the Canadian Indians by Stable Population Models, 1900-1969. Canadian Review of Sociology and Anthropology 9(1), 1-20. Roth, E.A. (1981). Sedentism and Changing Fertility Patterns in a Northern Athapascan Isolate. Journal of Human Evolution 10, 413-425. Ruddick, W. (1988). Are Fetuses Becoming Children?. In (Eds.) C. Nimrod and G. Griener. Biomédical Ethics and Fetal Therapy. Waterloo, Ontario: Wilfrid Laurier University Press. Scheper-Hughes, N. (1987). Culture, Scarcity, and Maternal Thinking: Mother Love and Child Death in Northeast Brazil. In (Ed.) N. Scheper-Hughes. Child Survival Dordrecht: D. Reidel Publishing Company. Schofield, R.S. and Berry, B.M. (1971). Age at Baptism in Preindustrial England. Population Studies 25(3), 453-463. Skinner, A. (1912). The Eastern Woods Crée, In (Ed.) C. Wissler. Anthropological Papers American Museum of Natural History (Vol. IX 1911). New York: American Museum of Natural History. Smith, J.G.E. (1981). Western Woods Crée. In (Ed.) J. Helm. Handbook of North American Indians. Subarctic (Vol. 6) Washington: Sniithsonian Institution. Tough, F. (1990). Indian Economic Behaviour, Exchange and Profits in Northern Manitoba during the Decline of Monopoly, 1870-1930. Journal of Historical Geography 76(4), 385-401. United Church Archives of Canada (UAC). Victoria University, Toronto, Ontario. Church History File. Reverend Andrew W. Ross. Fisher River Mission. Unpublished Autobiography of Rev. F.G. Stevens, n.d. Personal Papers of Frederick George Stevens. United Church of Canada Archives (UCCA). Conference of Manitoba and Northwestern Ontario, Winnipeg, Canada. Unpublished Autobiography of Frances G. Stevens, n.d. My Experience Living on a Mission. Voisey, E., A. Okalik, M. Brown, and A. Napayok (1990). Cultural Perspective on Pregnancy and Childbirth. In (Eds.) J.D. O'Neil and P. Gilbert. Childbirth in the Canadian North: Epidemiological, Clinical and Cultural Perspectives. Winnipeg: Northern Health Research Unit, University of Manitoba. Wrigley, E.A. (1977). Births and Baptism: The Use of Anglican Baptism Registers as a Source of Information about the Numbers of Births in England before the Beginning of Civil Registration. Population Studies 31(2), 281-312. Young, T.K. (1988). Health Care and Cultural Change. Toronto: University of Toronto Press. AuthorAffiliation Tina Moffat is a Ph.D. candidate in anthropology at McMaster University, Hamilton, Ontario. Her area of interest is medical anthropology, specifically infant health and mortality. She received her M.A. degree from McMaster University in 1990. Her Master's thesis was an historical, microlevel study of infant mortality in the Aboriginal community of Fisher River, Manitoba (1910-1939). She has recently co-authored a paper for the Premier's Council (Provincial Government of Ontario) on Aboriginal Child Health (in press). Address correspondence to Tina Moffat, Dept. of Anthropology, McMaster University, Hamilton, Ontario L8S 4L9.

Publication title: Pre- and Peri-natal Psychology Journal

Volume: 8

Issue: 4

Pages: 259-273

Number of pages: 15

Publication year: 1994

Publication date: Summer 1994

Year: 1994

Publisher: Association for Pre&Perinatal Psychology and Health

Place of publication: New York

Country of publication: United States

Journal subject: Medical Sciences--Obstetrics And Gynecology, Psychology, Birth Control

ISSN: 08833095

Source type: Scholarly Journals

Language of publication: English

Document type: General Information

ProQuest document ID: 198682452

Document URL: http://search.proquest.com/docview/198682452?accountid=36557

Last updated: 2010-06-06

Database: ProQuest Public Health
