Indigenous women’s physical activity and wellbeing practices

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Introduction

Indigenous peoples’ perspectives on health and wellbeing is needed to understand ways to challenge the tendency toward the “settler-colonial health deficit” lens, which has for too long been used to study Indigenous peoples’ health.1 While scholarly critiques of the deficit-based analysis of Indigenous people’s health is well established,2,3 counter narratives to the disparity lens is less known from Indigenous women who are exemplars of physical activity. Importantly, the field of Indigenous health has recently shifted from using a deficit-based lens to a strengths-based approach towards Indigenous peoples’ health.4 Yet, Indigenous ways of being and thinking, to address ill health and support wellbeing, warrants further attention. As such, seven interviews were convened with Anishinaabeg women who are exemplars of physical activity. The forms of physical activity they performed range from marathon and ultra-marathon running, elite Muay Thai kickboxing, and Olympic weightlifting to yoga. Additionally, five of the participants are coaches or provide mentorship to others. Anishinaabeg protocols in research, including an Anishinaabeg research paradigm, directed the study. Using storytelling as a research method, the researcher created the following guiding research questions:

• Why did you become physically active?
• What drives you to commit to physical activity?
• Why is physical activity important to you?

Through the interviews, the researcher identified how the participants’ long-term commitment to physical activity promotes wellbeing and how their stories present a counter narrative to the settler-colonial health deficit analysis. In addition, guided by an Anishinaabeg research paradigm,5 the study presents gweysayjitoon indo bimaadiziwin (transforming oneself into a better life), an important conceptual tool that both promotes personal decolonization and challenges the settler-colonial health deficit lens. Gweysayjitoon indo bimaadiziwin emerged from the three main themes identified from the participants’ stories.
Study findings

The three main themes identified from the interviews were: 1) personal empowerment and confidence; 2) wellbeing for self, family, and community; and 3) the role of group mentorship. In-depth discussion of the themes are published elsewhere. For the purpose of this WellSpring article, an overview of each is provided.

Personal empowerment and confidence

Through their physical activity, the participants gained personal empowerment and confidence. The participants shared that due to depression, grief, weight gain, and other health issues, they did not feel good about themselves. However, through their commitment to physical activity, they achieved empowerment and confidence, which enacts gwesayjitodoon indo bimaadiziwin. For instance, Kelly emphasized how committing to exercise everyday empowered her to feel positive and to yearn to learn more:

“I was really proud of my accomplishments and being able to stick with it and I felt so good. My confidence was better, my thoughts were just more positive, and I think it was that kind of experience that really got me interested in learning more about physical activity.”

By committing to physical activity, the participants changed their negative feelings about themselves into positive, transformative feelings, which then fostered overall confidence.

Wellbeing for self, family, and community

The participants shared that they committed to being physically active for their own wellbeing, as well as for the health of their children and/or community. Four participants are runners (marathon or ultra-marathon runners), one is a world champion in Muay Thai Kickboxing, another is an Olympic weightlifter, and one is a yoga practitioner. By taking up a physical activity, the participants prove themselves to be an example of wellness. In doing so, they motivate their family and communities to also take up physical activity. Janelle, a founding member of an Anishinaabeg women’s running group, explained that running fosters her personal wellbeing and sets a good example for her children and community:

“I definitely use [running] as a tool to keep my body well, my mind well, and I really enjoy it. It makes me happy.... I just like to continue [running]...to be a good example for my children and to be a good example for anyone in the community who thinks they can’t.”
The participants’ commitment to wellbeing through physical activity fosters the same in others, which is a further act of gwesayjito doon indo bimaadiziwin. The participants embody wellbeing through physical activity, which then reverberates to members of their family and others in their respective communities.

The role of group mentorship

Mentorship is as a critical component to begin and sustain physical activity. Nearly all the participants instruct physical activity, either in their respective activity or through general fitness activity, which is a profound way to encourage others to commit to physical activity. The participants highlighted that they either gave mentorship to others, in the form of fitness classes or running groups, or they received mentorship from a person in their own physical activity. For instance, Janelle shared about her women’s running group:

“When you start running, it’s scary. It’s unknown, but we just kind of support each other through that. We created a space where everyone can come as they are. We never turn an Anishinaabe woman away if they want to run with us. We take care of each other during the run. No one is left behind.”

Creating supportive environments, in personal relationships or in the community, is essential to foster the uptake of physical activity among Indigenous peoples.

Implications for practice

Canada is a settler-colonial nation that has been built upon the erasure of Indigenous peoples to justify the appropriation of land, which has had lasting and devastating effects on the health of Indigenous peoples. To date, health researchers and practitioners have mainly focused on Indigenous peoples’ health as deficient when compared to non-Indigenous peoples, which perpetuates a settler-colonial view of our health. As such, to provide a counter narrative to the deficit-based literature and practices, it is important to learn how Indigenous communities understand and implement practices of health and wellbeing.

As this study showed, Anishinaabeg women’s physical activity helps to foster gwesayjitodoon indo bimaadiziwin (transforming oneself into a better life). For instance, the women are aware of the health deficiencies that Indigenous peoples often experience, including the potential of suffering with chronic diseases (e.g., type 2 diabetes). However, through sustained commitment to their physical activities, they fostered

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gwesayjitodoon indo bimaadiziwin, which is a profound enactment of decolonization. As decolonization requires a refusal of victimage and a regeneration of Indigenous values and abilities, the Anishinaabeg women showcase a resistance to the impacts of colonialism and are decolonizing by mindfully connecting to their physical activity to ceremony, healing, inspiring others, and achieving personal and community health and wellbeing.

The Anishinaabeg women are fully aware of the health disparities discourse that frames Indigenous peoples as unhealthy, but they do not passively accept ill health as an outcome for themselves. Rather, they continually counter the health deficit discourse by practicing decolonized physical activity to then achieve wellbeing through physical activity, the effect of which reverberates to their families and communities. Thus, the results of this study may assist Anishinaabeg and other Indigenous peoples to connect with gwesayjitodoon indo bimaadiziwin in their personal practices of decolonized physical activity. It may also challenge the settler-colonial health deficit discourse that is prevalent in Indigenous health research and practices.

Conclusion

Knowledge gained from Anishinaabeg women’s experiences of physical activity informs community-based practitioners, researchers, and scholars about Indigenous practices of physicality. For Indigenous health researchers, this study demonstrates the importance of Indigenous knowledge and language to identify ways of conducting health and wellbeing research from an Indigenous perspective and worldview. Finally, this study will help inform policy and community-based practitioners on key elements for program creation and delivery. Specifically, the importance of group mentorship and the role of community and family in program delivery will be useful elements to consider when co-creating programs with Indigenous community or organizations.

References