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THE UTTERLY LINGUAL THEOREM

A contemporary example from the Canadian east arctic

by

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Introduction.

A background to this paper was distributed earlier, and dealt with the likely social, economic and political implications of the current high fertility rates in the Canadian East Arctic, a situation roughly paralleled elsewhere in the Canadian north. Not surprisingly, in view of the exceptionally high rate of population increase, the prognosis for development was adjudged to be poor.

The earlier paper included as an appendix an analysis of the attempts made by an appointed member of the N.W.T. Council to mobilize Government resources against unchecked population growth in the north. The present paper will attempt to:

1. Update the situation with regard to Government programs in the North;
2. Present preliminary results of an ethnographic field study of the current non-program of family planning in the Canadian north;
3. Attempt to relate the findings to an appropriate demographic theory.

The N.W.T. Government Position on Family Planning/Birth Control.

To briefly summarize the position of the N.W.T. Government, the following data have been extracted from verbatim reports of N.W.T. Council Debates.

In February 1968 an appointed member of the Council introduced a formal motion entitled "Dissemination of Birth Control Information and Devices" whose purpose was to instruct the Commissioner of the N.W.T.

"To immediately undertake in conjunction with the appropriate health authorities, a formal universal and intensive scheme for the dissemination of information about birth control and family planning. In conjunction with this program the Commissioner should develop a system through which various birth control devices can be made freely available to anyone wishing them"

This motion was passed following a short discussion.

At the next meeting of Council (July 1968) a further formal motion was introduced calling for reaffirmation of instructions given the Commissioner at the previous Session concerning a Birth Control program. This motion was overwhelmingly carried.

In January 1969 a written reply was sought concerning progress made toward implementation of instructions earlier given the Commissioner in regard to the Birth Control program. The reply indicated that family planning literature was available at all northern health stations and that family planning instruction was included in a course offered to community workers at one western arctic location.

In June 1969 the Commissioner was asked whether passage in Parliament of Criminal Code amendments now allowed intensification of family planning programs in the north in accord with instructions of Council (sixteen months earlier). The Commissioner replied that the

matter was under review, but that in view of certain peoples' strong feelings on the subject the Administration could not admit to any degree of success in implementing Council's instructions.

In January 1970 specific questions were asked, including, e.g. how many people were being reached by the Birth Control Program, and whether plans to strengthen the program were contemplated so as to bring it into line with instructions of Council passed two years earlier.

The written reply to this question omitted attention to the first question, but admitted that there were no plans to extend the existing arrangements, apart from offering to instruct school teachers in the N.W.T. on the techniques for disseminating birth control information. Whilst the Education Service agreed in principle to the value of "family life" programs, it evidently had no resources available to offer such programs, or to encourage participation in a birth control program.

Thus in view of the disappointing results obtained to date, the mover of the original Birth Control Motion, proposed in the June 1970 Session of Council that

"the Commissioner establish forthwith a committee of from three to five interested citizens (charged) with the responsibility of developing a formal, universal and intensive scheme for disseminating information about birth control and family planning in accordance with the often expressed view of this Council"

Speaking to his motion, the proposer suggested that though information was available in northern health centres (however, see below), many local people lacked even the knowledge necessary to ask

for such information. He mentioned correspondence with a number of people in the north and elsewhere, who had written him offering active support for a comprehensive birth control program; the establishment of a citizens' committee was suggested as a means of reducing Government involvement to a minimum and at the same time involving private citizens with especial expertise or commitment to that specific task.

In reply to a supplementary question, the Commissioner undertook to name the members of the committee as soon as he could give the matter his attention.

The names of the committee were not forthcoming in reply to a question at the next Session of Council (July 1970), at which time the prime mover of the Birth Control motions, and the seconders of his two motions, retired from the Northwest Territories Council.

In the Commissioner's Annual Report for 1970 no mention is made of the continuing debate on the birth control program, nor the outcome of that debate (viz. the establishment of a citizens' committee), in the section of the report dealing with business transacted by the N.W.T. Council.

The Commissioner's lengthy opening speech to the 44th Session of the Council (February 1971) makes no mention of the committee or its work, and no questions were asked about the status or existence of the projected committee. The only serious reference to birth control was put by the newly elected member for the East Arctic, who enquired into the policy in force with regard to dispensation of oral contraceptives by nursing station personnel.

My own enquiries (a letter dated April 7, 1971) as to the names of the members of the Citizens' Committee have so far gone unanswered.

Information provided N.W.T. Council.

One recurrent problem hindering development in the Canadian north concerns information flow. Not only is there a huge unsatisfied demand in the north for information on a wide variety of topics, but the machinery for delivering this information barely functions for the edification of the vast majority of northerners to whom English is a foreign and often unknown language.

A second problem concerns the nature of development in a cross-cultural setting; the difficult task of communicating technical ideas across a language and culture barrier, and the equally difficult task of ascertaining reaction and establishing meaningful communication between the planners and their clientele. It therefore follows that in examining what has been done so far, the content of the message and the ability of the initiators to communicate effectively should be evaluated.

In this section of the paper I will introduce two pieces of information occasioned by the Birth Control Motion, and assess their utility in meeting the needs of such a program.

The first is an Information Paper entitled "Birth Control" provided Councillors during the July 1968 Session of Council. This information paper outlines the several conventional contraceptive techniques available, presents the projected cost to provide a

widespread program, and ends with the advice that the cost, legality and views of the Churches should be weighed before decisions are made. It also reiterates the often made remark that information on family planning is available at all Government nursing stations and clinics in the north.

There are many statements of doubtful validity in this document; e.g., in the vast majority of health stations in the north (probably all) there is nothing of any value on family planning available for consultation by the nursing staff, and certainly nothing for distribution. The author of the Information Paper opines that there is no medical reason for the widespread dissemination of contraceptives in the north, whereas an infant mortality rate five times the national average tragically suggests otherwise (as does the Medical Director of the Northern Health Service in the 44th Session of Council, when he says birth spacing is essential if the high neonatal mortality rates are to be reduced). However, rather than examine this spurious document item by item, one item in particular will be chosen, namely the attempted economic analysis. My reason for choosing this one item is that it is more likely to be deliberated of Council than are the purely technical topics outlined in the paper.

According to this Information Paper, a birth control program whose aim was to reach 2500 women, with the stated objective of halving the N.W.T. birth-rate would cost approximately \$90,000 per annum. Two-thirds of this sum would be expended on contraceptive pills and I.U.D.'s, and the remainder on distribution and travel of physicians to dispense and fit devices. The breakdown suggests that the cost of

inserting an I.U.D. is \$20.00 and it requires to be checked annually at a cost of \$8.00. The cost of a year supply of oral contraceptives is given as \$24.00.

Such figures appear to be grave overestimates. There is no fee schedule for inserting an I.U.D. in the N.W.T. so it would either not be charged for, or would be covered by the item 'gynecological examination' at a cost to the Government of \$1.50 if the patient was indigent and could not pay the charge. The I.U.D. in use (Lippes loop) costs approximately \$1.00, and a years supply of contraceptive pills maximally costs \$10.00, but could cost even less through economy packaging.

For comparison with the Government estimate of \$60,000.00 costs of two alternative schemes are calculated: Schedule A, in which 50% of the patients use oral contraceptives and 50% use I.U.D., and Schedule B, in which 90% use oral contraceptives and 10% use I.U.D. It is believed these two schedules would represent the lower and upper costs respectively of any public program using two contraceptive techniques.

These estimates were given in 1968 before the advent of Medicare in the N.W.T. Even though most patients in the north are declared medically indigent, a far greater proportion than do, could in fact pay for medical treatment. It appears that billing procedures and bookkeeping generally are too onerous for most northern health personnel, so the case of collective billing the Government welfare services is resorted to rather than individual billing of patients.

	Basic calculated cost	Reduction if 25% recovery of costs by patients paying.
Government Estimate	\$60,000	---
Schedule A.	\$13,750	\$10,300
Schedule B.	\$22,750	\$17,000

The other charges posited in the Information Paper were in respect to distribution costs and visits by doctors to insert I.U.D.'s, or to prescribe oral contraceptives. Presumably most I.U.D. insertions and pill prescriptions would take place in hospitals immediately after parturition. The Government policy with regard to confinements is that all first deliveries, and all high parity confinements take place in hospital, as do any other births where complications are expected or have been experienced in earlier pregnancies or deliveries. Thus the bulk of the target population is already in the presence of a doctor at a time when their receptivity to contraceptive counselling is greatest. Doctors normally visit outlying communities in the north at least monthly according to official sources, and the frequency of special visits to insert or remove I.U.D.'s could be obviated by instructing nursing personnel in the necessary techniques. It is inconceivable that any but a minute part of the posited \$30,000.00 could be taken up by costs of distributing contraceptives each year; any of that sum spent on additional doctors' visits to outlying settlements would be of general medical benefit, so the few minutes taken up by I.U.D. insertions or removals would be inconsequential

compared to the other benefits accruing from such increased medical activity in the settlements of the north.

In sum then, the cost of appliances is likely to range from \$10,000 to \$23,000, rather than the \$60,000 suggested in the Information Paper; the \$30,000 distribution and servicing charge appears to be highly inflated if not largely illusory. However, these costs are only gross charges and no mention is made of the savings to the health service of each averted birth. In 1966-7 for example, 925 births occurred in N.W.T. hospitals. If 460 births had been averted (the stated aim of the program*) a saving of at least 2500 patient-days in hospital beds would result, at a financial saving of \$87,500. Further savings would be made in transportation costs, as most likely two-thirds of these patients would travel to hospital by air, and would additionally require boarding charges prior to admittance to hospital and during travel to and from their home settlements.

Therefore in general accord with findings elsewhere, an economic saving results from including family planning and birth control in the activities of the public health service; however, the most salient features of such programs are the improved standards of health care that could result, more especially in the areas of maternal and child health.

*The general credibility of the Information Paper can be gauged by the initial unlikely assumption that the birth-rate could be halved by subjecting half the fecundable women in the N.W.T. to a birth control program (i.e. the program would be 100% successful).

The problem of technical translation

The second information item to be examined in this report is the only document to my knowledge in the Eskimo language, informing Eskimo speakers in the arctic that the question of birth control and family planning has been debated during several sessions of the N.W.T. Council, and further, informing them of the outcome of that continuing debate. It will follow later in this report that there is very vital interest in this topic, and therefore the scarcity of accurate information on the subject is all the more regrettable.

On June 18th, 1970, a press release was distributed by the Information Service of the N.W.T. Government informing the media and the public that a citizens' committee had been called for to develop a Territorial birth control and family planning program. This three paragraph release was also distributed in the Eskimo syllabic orthography. A paragraph by paragraph comparison is given below, with the Eskimo language version (carefully re-translated back into English) given in the right-hand column.

"A motion proposed by Dr. Lloyd Barber that was first passed in 1967 was again carried during Wednesday's council Debate. The reason for the delay in implementation was that at the time it was first proposed the Criminal Code of Canada had not been amended to allow the dissemination of birth control information.

"This is what was said in 1967 by one of the Council members and that is what is going to be talked about again. It has been said here that laws and future plans here in the north as discussed earlier have now been discussed again. The information was not given in the past because it was not ready. Now they have been discussed so that they can be better ready concerning these matters that were discussed and enquired about.

Wednesday's motion called for the Commissioner to establish a committee of from three to five interested citizens who will be charged with the responsibility of developing a universal and intensive scheme for dissemination of information about birth control and family planning.

And these discussions have resulted in the Commissioner deciding that communities in the north will have their own local advisory councils so as to have proper planning for future generations. That is what was discussed. Also the Commissioner has been told to form a committee for future generations, that is what was discussed during today's Council meeting.

Dr. Barber explained that although the Criminal Code had since been amended and the responsibility had fallen to the Northern Health Services, there were situations where some people could not make use of available information because they did not have the necessary pre-knowledge to ask for it."

One of the Council members said "these discussions about the rules and laws presently in force and the future ones in the north are not known by many and neither how they are supposed to be followed, so how can they be followed even if they are in the north, there are many that don't know them." And that is what one Council member discussed in the Territorial Council today."

The problems of translating even minimally technical material can be judged from the efforts above, and the resulting non-communication ascertained from the result of a brief survey conducted in two East Arctic communities during the winter of 1970, and summarized below.

The Government Eskimo-language translation and a carefully prepared Eskimo language translation made from the English language original press release were shown to a sample of 10 Eskimo women in two communities. In both communities contraceptive practices (mostly using oral contraceptives) were widespread and a common topic of conversation among women. The sample included women from 17 years to mid-40's, with an educational level from no formal schooling to Grade 10. Nine of the women were enrolled in adult education classes (5 in basic English, four in academic upgrading), and among the 8 married

women in the sample, parity ranged from one child (in a 17 year old) to 9 children (in a 36 and 42 year old). The average number of living children among the married women was 5.25.

Not one of the sample connected the Government prepared translation in any way whatsoever with birth control, family planning or contraception. Their replies ranged from associating the document with the law, with organizations for young people or community councils, with confusion caused by poor information improperly communicated.

When asked to comment on the text of the carefully prepared translation, each respondent made explicit reference to either birth control, prevention of pregnancy or contraceptive pills. None of the respondents say any connection between the subject matter contained in the two texts.

The obvious conclusion from this brief survey (brief because of the invariable responses received at the outset) is that though much care must be exercised in preparing translations of technical reports, unless competent supervision is provided misleading misinformation might easily be distributed nonetheless.

An ethnographic survey of contraceptive practices in the east arctic.

I will now outline the extent of contraceptive practices in one small eastern arctic community, where until the local nurse starting dispensing oral contraceptives and information in January 1969, traditional high fertility remained normative.

This section will outline, (1) the age and parity characteristics of the population at risk, (2) the attitudes and practices in the birth control field of the chief local source of information and supplies,