

WOMEN, HEALTH, AND AGING
IN YUP'IK/CUP'IK CULTURE

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By
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Abstract

Knowledge of cultural beliefs about health and how they influence life choices and intervention is essential in forming health policy and health promotion programs to meet the growing needs of aging minority populations. This thesis explores cultural beliefs, experiences, and expectations of health and well-being of Yup'ik/Cup'ik women in two rural communities in southwestern Alaska. Interviews were conducted with fifteen women to address two key research questions: 1) how Yup'ik/Cup'ik women define health and well-being; and 2) what environmental, social, and cultural factors contribute to healthy Yup'ik/Cup'ik aging. While many health beliefs and practices appear very different from those current in research on aging, many commonalities and similarities emerge—concern for family, importance of physical activity and healthy diet, and need for social support. A significant finding of this study is that traditional Yup'ik/Cup'ik ways of living parallels that of current research findings on healthy aging in mainstream populations.

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CHAPTER 1

INTRODUCTION

Knowledge of cultural beliefs about health and how they influence life choices and intervention is essential in forming health policy and health promotion programs to meet the growing needs of aging minority populations. In addition, understanding how these beliefs and practices have shifted with rapid culture change is critical. Our knowledge of aging in the general population is only beginning and our knowledge of minority aging is minimal.

American Indian and Alaska Native (AI/AN) groups vary in culture, lifestyle, and health. This diversity makes generalizations about health impracticable and contributes to inconsistencies in morbidity and mortality statistics related to health and aging. To understand how minority groups perceive and experience aging, we must look at each of these groups holistically within their own unique cultural context. Eskimo, including Inuit, Inupiat, Siberian, Cup'ik, and Yup'ik Eskimo, is the largest Alaska Native tribal grouping in the United States according to the U.S. Census Bureau, numbering over 36,000 persons in Alaska (2002). The Yup'ik Eskimo population alone numbers over 22,000, representing a significant portion of the Alaska Native population. This population offers a cultural perspective that is essential to understanding Alaska Native health and aging issues in those communities.

Women constitute a majority of the aged population in both mainstream and minority groups. From early middle age, women become an increasingly dominant group in demographic terms, and therefore, are an increasingly central force in society. Thus,

aging becomes a gender issue in all populations. Gender strongly influences the construction of our social world and how we view and experience aging (Calasanti and Slevin 2001). Mid-life and older women's experience of aging and old age is varied and diverse in relationship to ethnicity and race. Consequently, to understand the perception and experience of aging, one must examine the cultural beliefs and practices of women in these minority groups.

This thesis examines health beliefs and practices of fifteen mid-life and older Yup'ik/Cup'ik women in two villages in southwestern Alaska. The lives of these rural Yup'ik/Cup'ik women differ from those of women in the mainstream population. Concepts and practices of healthy aging are deeply rooted in the subsistence lifestyle of Yup'ik/Cup'ik women. While these health beliefs and practices may appear very different from those current in research on aging, many commonalities and similarities emerge—concern for family, importance of physical activity and healthy diet, and need for social support. A significant finding of this study is that traditional Yup'ik/Cup'ik ways of living parallels that of current research findings on healthy aging in mainstream populations.

Background and Significance

The highest life expectancies are generally found in the most developed countries where resources are readily available. Advances in medical care, improved nutrition, and environmental factors (i.e. better sanitation, safer environment, etc.) have all contributed to increased longevity. Consequently, the average life expectancy of all Americans has increased significantly over the last few decades with greater access to these resources.

As our population matures, the emphasis on how we approach the later years of our life span has become increasingly important politically, socially, and economically. Close attention is being focused on the opportunities and challenges of growing older. The needs of an aging populace are being met with a dramatic increase in research into the biology of aging, disease and disability reduction, and the behavioral and cognitive aspects of aging.

National population demographics are expected to continue shifting upwards in response to increased longevity and decreased birth rates. People 65 years of age and older now comprise the fastest-growing segment of the U.S. population. This older population numbered 35.0 million in 2000, according to the United States Census Bureau (Meyer 2001). Older Americans represent 12.4% of the U.S. population, about one in every eight individuals. The percentage has more than tripled since 1900 (Administration on Aging 2001c).

As the “baby-boom” generation (those born from 1946 through 1964) begins reaching 65 over the next decade, the elderly population in all states is expected to continue rising (Meyer 2001). By 2025, the number of people aged 65 and over in the United States is projected to increase nearly 80 percent, with working-age adults and children increasing only 15 percent (Meyer 2001). These numbers illustrate the importance of understanding factors that affect the aging experience.

Worldwide patterns have emerged demonstrating greater longevity for women than men (Meyer 2001; Holmes and Holmes 1995). In 2000, persons in the United States reaching age 65 had an average life expectancy of an additional 17.9 years, 19.2 years for

females and 16.3 years for males (Administration on Aging 2001b). Therefore, gender is a critical organizing factor in understanding how aging is experienced and resources are to be allocated. Both men and women experience the reality of aging bodies and social stigma associated with old age, but they experience these differently according to socioeconomic status, cultural values associated with racial or ethnic group, and sexual orientation (Calasanti and Slevin 2001). Aging and the life stage of old age are defined and experienced within a cultural context. A woman from a minority ethnic group with limited financial resources experiences aging in a totally different framework than a woman in white, middle-class population. In sum, gender, social class, ethnicity, and race play an important role in life expectancy.

While survival has improved for most minority groups, strong disparities persist in life expectancy, quality of life, and the causes of disability and death. Health disparities, life expectancy, and quality of life are influenced by cultural beliefs and practices, socioeconomic factors, and the related availability of health care resources. Significant differences in life expectancy among different population groups within the United States endure. AI/AN have an infant death rate almost double that for white Americans. Their rate of diabetes is more than twice that of white Americans, according to the Centers for Disease Control and Prevention (2000). The AI/AN population also has a disproportionately high rate of suicide and unintentional injuries compared to the overall U.S. population. Health disparities in this minority population affect the experience of aging. While less than 1% of the AI/AN population is 65 years of age and older, this group of the minority population is projected to increase 147% between 1999

and 2030 compared to a greater than 80% increase in the 65+ white population (Administration on Aging 2001a). Consequently, this dramatic increase in the AI/AN 65+ population indicates the importance of research on cultural health beliefs and practices that affect the process of aging.

Alaska's Population

Alaska currently is one of the “youngest” states with only 5.7% of the population 65 years of age and over (Meyer 2001). Projections for 2025 predict that only 10% of the population will be 65 years and over, well below projections for the rest of the United States (Kinsella and Velkoff 2001). AI/AN persons numbered 15.6% of Alaska's population¹. While the elderly population of Alaska is relatively small, cultural groups such as AI/AN have unique health care concerns and needs which must be addressed. Rapid culture change has affected health beliefs and practices in rural villages of southwestern Alaska and, as a result, has significantly influenced the aging experience.

Research in minority groups, such as Yup'ik/Cup'ik, is important to understand cultural beliefs and practices that affect the perception and experience of aging. Women comprise a greater proportion of the aged population in most minority groups and are a vital force in these communities. They perceive and experience aging differently than men. Therefore, knowledge of how Yup'ik/Cup'ik women view health and aging is essential for health promotion and intervention for women.

Purpose of this Study

This study explores Yup'ik/Cup'ik cultural beliefs about health and aging within a larger research project². The target population for this study was women 45+ years of

age of Central Yup'ik cultural descent in the Yukon-Kuskokwim Delta (YK Delta) of southwestern Alaska. This thesis explores the cultural beliefs, experiences, and expectations of health and well-being of aging women in two rural Yup'ik/Cup'ik communities. Fieldwork was conducted from May 2002 through April 2003. Interviews were conducted exploring the women's experience of health and aging.³ Their responses are used to address two key research questions: 1) how Yup'ik/Cup'ik women define health and well-being; and 2) what environmental, social, and cultural factors contribute to healthy Yup'ik/Cup'ik aging?

¹The U.S. Census Bureau 2000 defines American Indian and Alaska Native as “a person having origins in any of the original peoples tribal affiliation or community attachment of North and South America (including Central America) and who maintain tribal affiliation or community attachment” (Hobbs and Stoops 2002).

² **The Center for Alaska Native Health Research** - This research is one component of a 5-year research project. The Center for Alaska Native Health Research (CANHR), a Center for Biomedical Research Excellence (COBRE) project, is funded by the National Institute of Health National Center for Research Resources. Researchers from both the University of Alaska Fairbanks and the University of Alaska Anchorage will participate in this project. The heart of CANHR is three specific research projects related to important aspects of weight (i.e. diet and nutrition), culture and behavior, and genetics. The cultural-behavioral research project is subdivided into two distinct and interconnected phases. In Phase I, *Generating a Cultural Understanding of Health* (Year 1), research was conducted to gain an understanding of Yup'ik health and wellness beliefs for the development of culturally appropriate measures of healthy behavior that can be used in evaluating the health of Alaska Native people. Focus groups and individual interviews with elders among the Yup'ik people in the Yukon-Kuskokwim (YK) Delta were used to generate a cultural understanding of health and wellness and potential constructs for inclusion in the measurement protocol. These efforts resulted in a measure (questionnaire) that will enable health researchers to elucidate the relationships between cultural-behavioral health, weight, and nutrition. These measures will then be tested in year Two and Three in select villages in the YK Delta. In Phase II, *Developing*

Agendas and Methods for Health Promotion Intervention Research, the primary goal is to engage in a community building effort in two villages in the YK Delta focused on reducing health risks related to increased weight by improving nutrition and cultural-behavioral health. The research questions I address are related to Phase I.

³ Research questions for the interviews are listed in Appendix A.

CHAPTER 2

LITERATURE REVIEW

The purpose of this study was to determine what Yup'ik/Cup'ik women believe contributes to healthy aging. This chapter presents a review of research on health and aging relevant to areas explored in this study. The current status of elders in Alaska Native communities is discussed. Intervention models for healthy aging are presented.

Aging

Aging is a lifelong process that begins before we are born and continues throughout the lifespan. It is a natural part of the life cycle and not a disorder. However, biomedical advances have influenced how we view the aging process. While these advances have improved health in the aging population, they have also shifted the view of aging to a medical condition (Stein and Moritz 1999). As a result, the aging process is treated as an affliction which should be treated. The World Health Organization, however, defines aging as “the process of progressive change in the biological, psychological and social structure of individuals” (Stein and Moritz 1999:4). This definition focuses on aging as a process and not as a condition or state. Thus, the experience of aging encompasses social, cultural, and physical dimensions.

McPherson describes four types of aging within the aging process: “chronological, biological, psychological, and social aging” (1990:5). Chronological aging refers to the passage of time along with the rights and responsibilities associated with chronological age. This can be misleading and must be interpreted within a specific cultural or social framework. Biological aging refers to physical changes that occur with

age that affect behavior and life expectancy. Psychological aging involves changes in cognitive functions that again, influence behavior. In addition, biological and psychological systems interact such that a change in one system can produce a change in the other system. Social aging indicates patterns of behavior as an individual or group interacts with others (McPherson 1990). These patterns of behavior are determined by social beliefs as they relate to culturally defined life stages. McPherson, therefore, suggests that aging is a social process and must be interpreted within a social and cultural context.

The aged population itself is defined differently within different societies. For statistical purposes, “aged” refers to a specific chronological age group, generally 60 or 65 years and up. Throughout this study, the term “aged” refers to the 65 years and above population to correlate with the U. S. Census age grouping. In minority groups, such as AI/AN, the term “Elder” may be used to denote status and respect rather than chronological age, and “elder” is used to represent chronological age. In Eskimo society, for instance, the status of Elder may be awarded out of respect or for position in the family (Holmes and Holmes 1995). In the two Yup’ik/Cup’ik villages in this study, persons 65 years and up are listed by the traditional councils as elders. Older person who have attained status and recognition are awarded the term “Elder.” For the purpose of this study, there is no distinction made between “Elder” and “elder” and all Yup’ik/Cup’ik persons 65 years and older are referred to as elder.

Process of Aging

In general, the process of aging is often associated with changes in cognitive and physical activities that can negatively affect health and well-being. Many physical changes associated with aging (vision and hearing difficulties, musculoskeletal changes, decreased immune, cardiovascular, and nervous systems) are unavoidable due to chronological and genetic factors, but the extent of loss is variable (Ponzo 1992). Older persons adapt to these physical and psychological changes in varying culturally specific ways (McPherson 1990).

As a person ages, physical decline may be associated with chronic disease (e.g. heart disease, hypertension, arthritis, diabetes, and cancer) or acute illness. With increased life expectancy, causes of morbidity and mortality have shifted from acute illness and accidents to chronic disease. Consequently, changes in physical activities associated with chronic disease can reduce mobility and independence, resulting in decreased social participation and psychological changes (McPherson 1990). Assistance with activities of daily living may be needed as men and women become less active due to physical and cognitive limitations. In many communities, social support services may be needed to promote social participation. Therefore, intervention programs for the aging have been developed to address increased longevity and the subsequent shift to chronic disease.

Healthy or Active Aging

One approach to aging intervention programs aims at maximizing the ability of the elderly to perform activities of daily living rather than focusing on cure of illness

and/or disease. The World Health Organization (WHO) has developed a policy framework to promote healthy and active aging (2002). They define active aging as “the process of optimizing opportunities for health participation and security in order to enhance quality of life as people age” (WHO 2002:12). Furthermore, quality of life or well-being includes “all aspects of life, including health, recreation, culture, rights, values, beliefs, aspirations, and the conditions that support a life containing these elements” (U. S. Department of Health and Human Services 2001b:4). Thus, culturally specific health policy and programs are necessary to promote active aging. In this approach to aging, mental health and social connections are as important as policies and programs that improve physical health.

Proponents of “successful”, “productive”, or “healthy” aging define aging as staying vital longer by stressing what is possible while accommodating to the changes of aging (Luborsky 1995; Ponzio 1992). Luborsky (1995) notes these metaphors reflect U.S. social ideals of ambition, productivity, and independence and do not allow for cultural, ethnic, or individual differences among the aging population. At the same time, the larger community is released of providing resources to help the elderly remain functional (Luborsky 1995). Clark and Anderson (1967) suggested that these ideals or values are maladaptive in American culture where emphasis is placed on individuality instead of the importance of social interdependency in the aged. Because the perception of aging is very diverse and context specific (Fry 1999), health promotion and intervention programs for the aging must be culturally relevant to the health beliefs of each specific minority group.

Thus, health policy and programs must allow for these cultural, ethnic, or individual differences to promote healthy aging.

A wellness or preventative approach to aging incorporates physical, psychosocial, and spiritual realms of health and well-being. Its foundation is on the prevention of illness or disease through healthy life-style choices. Healthy or successful aging entails a wellness approach that begins well before an individual reaches old age (Ponzo 1992). Lifestyle choices throughout the lifespan impact the extent of age-related changes. Physical activity, nutrition, and social support are key components of both physical and mental health. Therefore, goals of this wellness approach include prevention and reduction of age-related diseases, maintaining physical health and function, and reducing social isolation.

Many older adults function with age-related impairments that place a physical, mental, and economic burden on family, and ultimately the community. The majority of the elderly U. S. population resides within the community and receives assistance from spouses, adult children, and other family members (Federal Interagency Forum on Aging-Related Statistics 2000). Diminishing family support due to increased urbanization and changes in the social system has resulted in an increased need for community services (Olson 2001). This is evident in AI/AN groups. Senior programs such as adult day care, meals on wheels, and transportation services are being developed to meet the growing need for community services. Home care programs and long-term care facilities are also necessary to meet the health needs of older adults. This model for community services is important for Yup'ik/Cup'ik elders desiring to remain in their home communities. These

services must be adapted to cultural and geographical variations such as those found in rural minority groups in Alaska.

Anthropological Perspectives on Aging

The anthropological study of aging has been slow to develop. Early ethnographic work provided rich descriptions of aged adults but did not focus on the aging process itself or the late stages of life. Simmon's seminal work on aging in a cross cultural perspective was published in *The Role of the Aged in Primitive Society* in 1945. His work, based on the Human Relations Area Files, combined data from 71 different cultures and was the first anthropological study of the aged. Over the next 20 years, little anthropological research focused on this topic until Clark and Anderson published a study on adaptive tasks and aging, *Culture and Aging* (1967). Their work, based on a study of elderly San Franciscans, identified the significance of sociocultural components as factors in adaptation and aging. They suggested that American culture values independence and individualism which are maladaptive in later life stages. Luborsky (1995) also noted these as U. S. ideals which shape our view of aging. However, Clark and Anderson identified "secondary values" that are present which aid in adapting to old age. They propose these values have always been present in American culture, but surface in the process of aging to replace primary values:

conservation instead of acquisition and exploitation; self-acceptance instead of continuous struggles for self-advancement; being rather than doing; congeniality, cooperation, love, and concern for others instead of control of others (1967:429).

Adapting with "secondary values" promotes healthy aging and mental well-being through acceptance of physical and cognitive limitations associated with aging and the potential

loss of independence, while maximizing what is possible. These primary and secondary values generally apply to the mainstream population and may not be present in the country's minority populations which embrace values specific to their culture. These values are also influenced by historical and social factors and therefore, may shift. For this reason, values must be examined in relation to both time and cultural context.

Interest in aging research accelerated and anthropologists began working with other disciplines in the study of aging and the aged. Donald Cowgill, a sociologist, and Lowell Holmes, an anthropologist, proposed a theory linking marginalization of the aged to modernization in *Aging and Modernization* (1972). This theory emphasized the diverse nature of cultural environments in which people live and grow old and how these environments influence the aging process. In *Age and Anthropological Theory* (1984), Kertzer and Keith presented evolutionary, social, and cultural perspectives on aging. Cross-cultural research continues as demonstrated in the Project A.G.E. (Age, Generation, and Experience) study (Keith et al. 1994). This work by seven anthropologists is a comparative analysis of worldwide aging from ten different sites. A study by Holmes and Holmes (1995), *Other Cultures, Elder Years*, provides a comprehensive, comparative perspective on worldwide patterns of aging. They suggest that with the "graying of America" there will be a greater demand for independence and choice of lifestyles among the aging population (1995:294). Furthermore, ethnographic research on aging has also looked at unique populations, including cultural groups and special needs groups (Bengtson and Schaie 1999).

Current research on the aging processes and the place of older people in society focuses on how people change with aging, on the interrelationships between older people and social institutions (e.g., the family, health-care systems), and on the societal impact of the changing age composition of the population. This research highlights the rich diversity of beliefs and experience among women.

The aging process is defined and experienced within a cultural context, both on an individual and societal level (Janzen 2002; Fry 1999). Social patterns are culturally defined and culture is socially created. Moreover, actions and experiences differentially vary according to personal circumstances and community settings. Lock demonstrated the cultural variations of the menopause experience in *Encounters with Aging: Mythologies of Menopause in Japan and North America* (1993). She proposed that Japanese women did not experience the same symptoms associated with menopause as women in North America and suggested this was due in part to the medicalizing of a normal biological function of aging in women. This illustrates the extent to which cultural and societal beliefs influence the normal process of aging.

To understand aging, one must look at culture over time as well as at individuals within culturally constructed temporal frameworks. As people move through time and their social environment, they are continually learning their culture and rearranging their lives in the process (Fry 1999). In minority cultures, such as Yup'ik/Cup'ik groups, change may be occurring at a rate that does not allow for such redefining and rearranging of their environment to meet the needs of the aging populace.

The Aged and Culture Change

Cultural views on aging are closely linked to historical and social factors as well as related beliefs and values. These factors influence health by affecting exposure and vulnerability to disease, risk-taking behaviors, the effectiveness of health promotion efforts, and access to and quality of health care (Markides and Miranda 1997; Loustaunau and Sobo 1997). Societal views affect not only the perception and experience of aging, but also the role of older persons in that society.

In many societies, age is associated with wisdom and respect. Elders often hold positions of strong social standing within their communities and are looked to for authority and guidance. In the United States, however, negative attitudes toward aging developed with modernization (Loustaunau and Sobo 1997). As the United States became more technologically complex, retirement in later life became more defined and well established in our culture. But in cultures just beginning to experience these technological advances, such as AI/AN, attitudes toward aging vary according to embedded belief systems and the degree of culture change.

Perceptions and experiences of aging change as culture changes (Loustaunau and Sobo 1997:17). These changes can occur from within a culture or from without (Holmes and Holmes 1995). The position and treatment of the elderly in society are affected by culture change. A shift in population demographics offers an example of change within a culture. For many years, the United States has been considered a society focused on youth, but biomedical advances and changing beliefs about family size have shifted demographics to an older population (Holmes and Holmes 1995; Loustaunau and Sobo

1997). Even with this shift to an older population, our emphasis remains focused on youth and the avoidance of growing old. Consequently, current health promotion and intervention models are directed to the young and middle-aged population and emphasize staying young as long as possible. These models neglect the specific health concerns and needs of an older population. Furthermore, this impacts the health care of AI/AN groups whose models for health care are influenced by these Western biomedical models. Culturally sensitive and age-appropriate models for health care are needed to meet the needs of growing aged minority and mainstream populations.

Minority populations, within the United States, influence and are influenced by mainstream populations, resulting in varying rates and degrees of culture change (Holmes and Holmes 1995). These changes usually involve adopting ideas and technology from another culture (Holmes and Holmes 1995). Some minority groups, such as AI/AN groups, have undergone rapid culture change affecting economic, political, social, and religious beliefs and practices (Holmes and Holmes 1995). While advancing technology has improved standards of living and increased life expectancy in most minority groups, it has also influenced the traditional view of aging and the role of the aged in society.

Cowgill and Holmes (1972) proposed that as societies become more technologically advanced, the status of the elderly decreases. This theory emphasizes that there is a loss of roles for the elderly. Cowgill and Holmes (1972) further suggested that the wisdom of age is no longer valued and community control is handed over to the younger inhabitants. There are exceptions, however, and this hypothesis has been challenged. The research was cross cultural rather than longitudinal, thereby not

reflecting the change over time. The research contained some methodological flaws and did not take into account the cultural and social variations. Holmes later proposed that it is important to consider the cultural values and structure of a society before it undergoes industrialization and how these values influence a society's view of the aged (Holmes and Holmes 1995). For example, a society based on Buddhism may be affected differently by urbanization than a society founded on Judeo-Christian beliefs that promote individuality and personal achievement. While modernization theory is considered outdated by many researchers, it has influenced aging research and health policy.

More recently, Holmes and Holmes (1995) present some generalizations on the relationship between modernization and the role of the aged in society relevant to this study. They, too, suggest a relationship between perception of the aged and the degree of modernization. As technology replaces the *traditional* practices, older people are marginalized and cultural views of aging shift to include increasing dependency and failing health. This focus reduces the experience of aging to the problem of the dependency of the aged and overlooks other issues associated with aging. These issues include perception and experience of aging, the differences associated with ethnicity or race, socioeconomic class, gender, and the effect of governmental policy and economics on health and aging (Estes and Linkins 2000). While this may be true in some societies, it is a broad generalization and does not take into account the cultural diversity of these groups.

Holmes and Holmes propose that pre-industrialized societies believe that old age takes place chronologically earlier than in modern societies. Death takes place earlier as well, which may account for this difference. Lack of adequate medical care and hard physical labor contributes to earlier biological aging (Holmes and Holmes 1995). Again, this is a broad generalization; for instance, individuals who survive their younger years without serious accident or illness may live to an advanced old age. Furthermore, Holmes and Holmes (1995) propose that greater respect is awarded to the aged in those societies where the aged constitute a lower percentage of the population. Since they are fewer in number, they are prized for their longevity. Holmes and Holmes suggest the aged benefit in “more stable, sedentary societies” while societies undergoing urbanization favor the youthful population.

. . . the aged, because they are custodians of both family property and cultural tradition, become entrenched in positions of power and authority, and their roles and status are guaranteed by seniority rights. Roles and statuses are well defined and well understood. Tradition provides security, and that security is in part based on the fact that prediction is possible. . . The events of the past are repeated, and the elders who have been through these situations many times before can easily attend to them. The elders appear to be decisive, wise, and confident, and they are objects of admiration (1995:260).

Leadership roles for the elderly are more common in pre-technological societies than in technologically advanced societies (Holmes and Holmes 1995). These include political, social, and religious roles. The concept of retirement is only found in modernized societies where traditional roles are abandoned and not replaced. In traditional societies, roles are not abandoned, but often shifted to accommodate age-

related changes (Holmes and Holmes 1995). Therefore, in societies with smaller populations, there are more leadership jobs available and fewer people to take these jobs.

In times of rapid cultural change, social conditions become unstable and old methods of problem solving may no longer work. The aged may then become at risk of replacement by younger members of the community who are more open to new methods for solving problems. The wisdom of the elderly then becomes outdated and no longer valued (Holmes and Holmes 1995). Consequently, the status of the elderly is decreased in the community.

As urbanization occurs, family structure may shift from extended family to nuclear family. Holmes and Holmes suggest that the family (nuclear or extended) is the basic social unit responsible for care and financial security of the aged in pre-technological societies (1995). Those societies in which extended families are common award greater respect to the aged. Consequently, extended families are also more effective than small families when dealing with crises when older members of the family are more involved in decision making. In technologically advanced societies, the state assumes partial or total responsibility for the aged. The more industrialized the society, the more extensive the programs and services available tend to be for the aged. Therefore, the family assumes a lesser role in responsibility for their aged family members.

These broad generalizations are based on cultural change observed in minority or ethnic groups outside and within the United States. In Alaska, rapid culture change has significantly impacted AI/AN groups resulting in changes in political, social, and economic structure, as well as changes in spiritual beliefs and practices. Increasing

technology and urbanization has led to changing social roles and family demographics. There has been a shift in family structure from extended families to more nuclear families as community members relocate to urban center for education and employment. Younger members of the community are introducing new ideas and practices. The economic structure has changed to accommodate cash-based employment. In turn, these changes related to rapid culture change have increased life expectancy and influenced status, roles, and experiences of the aged in AI/AN populations.

Aging in American Indian and Alaska Native (AI/AN) Groups

AI/AN traditional health beliefs and practices encompass a holistic and wellness-oriented approach to health and well-being (Trafzer and Weiner 2001). Nonetheless, the AI/AN population is comprised of many unique cultures each with varied health beliefs and practices. Research and theory regarding health issues in AI/AN groups supports the centrality of an understanding of cultural factors in health intervention programs to support healthy aging (Huff and Kline 1999; Markides and Miranda 1997; Rhoades 2000). Research on cultural beliefs of aging is critical in the development and implementation of health services to meet the growing needs of the elderly in these diverse AI/AN groups.

Due to efforts of the Indian Health Service to eliminate infectious disease and address acute care needs of the AI/AN population, life expectancy has increased. The AI/AN mortality profile has moved toward more chronic and degenerative diseases that occur more frequently in the elderly (Holmes and Holmes 1995; John 1997). This shift in demographic patterns has affected quality of life for these minority groups. Quality of life

is an important component of healthy aging. It is the emotional aspect of experience, both negative and positive, and must be interpreted within a cultural framework. Increased longevity and incidence of chronic illness and disease has resulted in changing health care and social support needs for aging AI/AN groups.

Family support is important in the lives of the elderly Alaska Native population (Fienup-Riordan 1994; Hensel 1996; Olson 2001). In Native communities, a growing number of older persons require assistance with daily living and may even require acute or long-term care. Native elders are four times as likely to live with family as compared with the elderly white population (Olson 2001). Most aging Alaska Natives prefer to remain in their community although access to health care is limited. Family members are often expected to provide care of the elderly so they can remain within their home community. Increasing migration to urban centers has led to a shift from extended to more nuclear families, thereby diminishing family support. This decreased support along with increased longevity has resulted in a greater demand for health services and social support for the aging within the community (Olson 2001).

These small, rural communities present a unique environment for development and delivery of these services. Geographically, they are isolated from many high levels of health care services. For minority groups, such as Yup'ik/Cup'ik Eskimo, culturally-specific approaches are needed for improved health assessment, promotion, intervention and subsequent quality of life of the aging population.

Older individuals are an important part of Native life throughout Alaska (Fienup-Riordan 1994; Hensel 1996; Holmes and Holmes 1995). Many older Yup'ik/Cup'ik

villagers continue to lead active lives and participate in subsistence activities well into their seventies (Fienup-Riordan 1994; Hensel 1996). They play an important role in the transmission of cultural knowledge and skills to the younger population. Some leadership positions within the community are held by elders. They hold positions on traditional or Indian Reorganization Act (IRA) councils, and on City councils, though most positions are held by younger individuals. In sum, elderly Yup'ik/Cup'ik persons are important in preserving cultural tradition in rural communities. Knowledge of factors that contribute to healthy aging among Yup'ik/Cup'ik women provides a basis for health promotion and services to improve health and well-being. Therefore, research on cultural beliefs and practices in these communities is critical to understanding and promoting healthy aging.

Conceptual Approach

Research on aging and the aged embraces a multidisciplinary approach. The conceptual foundation for this study draws from the disciplines of anthropology and sociology. Anthropologists look at how culture shapes concepts of health and illness and how aging is perceived and experienced. Sociologists study the social dimensions of health—the social structures and cultural factors that influence health and healing (Freund and McGuire 1999). In addition and with reference to this research, literature on traditional belief systems among the Yup'ik peoples provides knowledge of cultural concepts of health and well-being.

Summary

Aging is defined as a natural biological process leading to varied changes in physical and cognitive functioning. The extent of these changes varies and is dependent

on political, social, and economic factors. Healthy aging and quality of life are shown to include all aspects of life and promote a holistic approach founded on cultural beliefs and practices. Gender is shown to be an important element in the perception and experience of aging. Aging research in anthropology was slow to unfold. Simmon's work (1945) on cross-cultural perspectives on aging was the first anthropological study of the aged and combined data from 71 different cultures. The importance of sociocultural components in adaptation and aging was identified by Clark and Anderson (1967) in their work with elderly San Franciscans. A modernization theory was presented by Cowgill and Holmes (1972) which linked marginalization of the aged with increased modernization of a society. While controversial, this theory stimulated further research on the impact society plays on aging and the aged. Holmes and Holmes (1995) expanded on this theory and offered generalizations on the role of the aged and modernization. Those generalizations relevant to this study included rapid social change and the resulting shift in social and leadership roles for the elderly. An overview of AI/AN demographics and aging health concerns demonstrated that rapid culture change has influenced health and aging of these minority groups. Throughout, a holistic, cultural approach is shown to be critical in the study of aging and the aged.

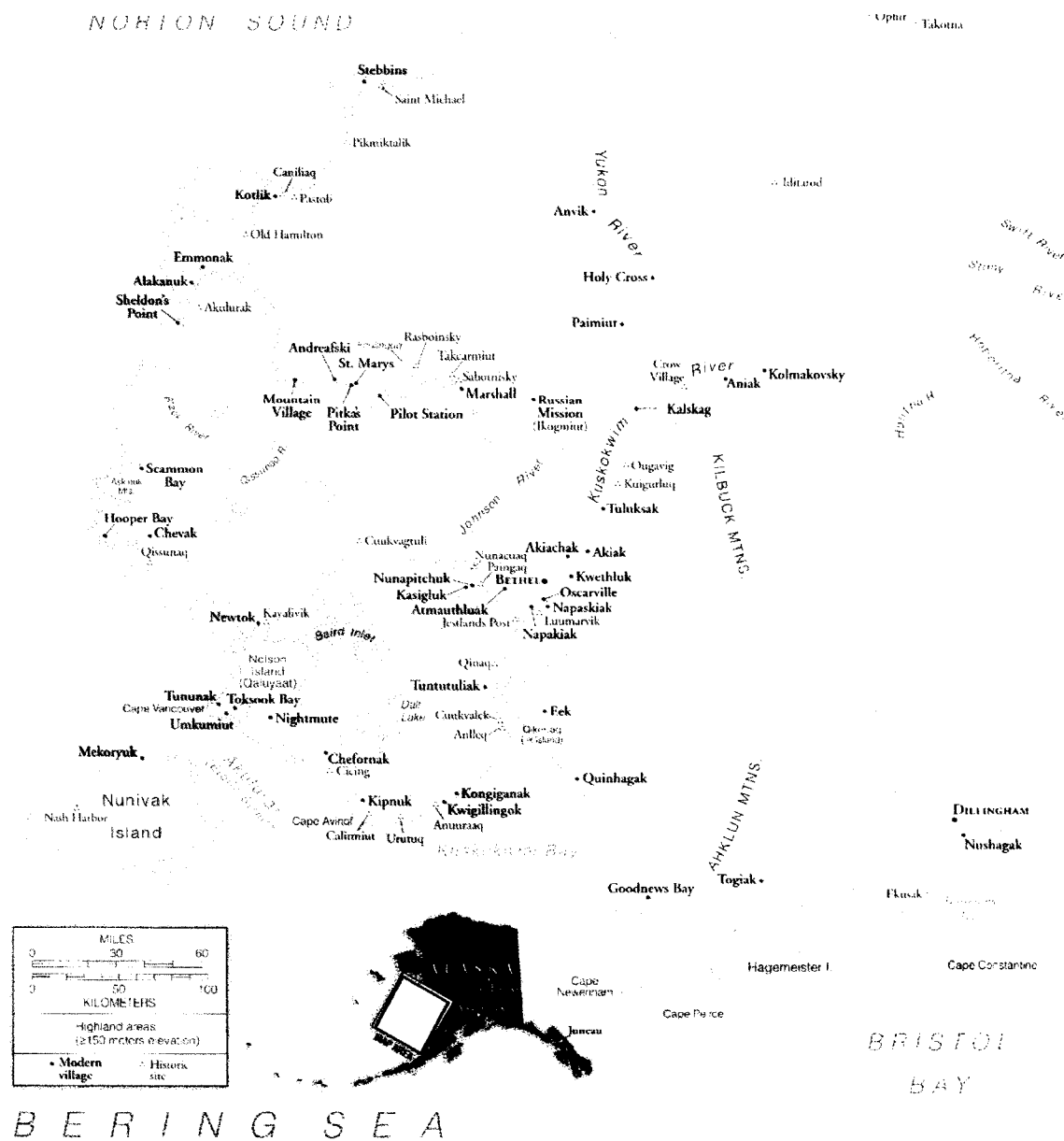
CHAPTER 3

METHODOLOGY

This exploratory, descriptive research study employed ethnographic qualitative data gathering methods with the goal of developing an understanding of healthy aging for Cup'ik and Yup'ik women from an emic perspective. Operating from this perspective, a researcher seeks to understand the insider's worldview through their lived experience (Bernard 2002). Understanding of health and aging among Cup'ik and Yup'ik women was gained by hearing, in their own words, their life experience. Ethnographic fieldwork involving participant observation, semi-structured ethnographic interviews, and careful descriptive field notes was carried out in the YK Delta in southwestern Alaska. Interviews from 15 Yup'ik/Cup'ik women in two villages in the delta are the basis of this study¹.

The Research Setting

Two data-collection sites in the Yukon-Kuskokwim (YK) Delta, a Cup'ik coastal village and a Yup'ik river village, were the focus for this study. Bethel, the largest community in the YK Delta, is the center for health and transportation services to these villages. Therefore, a brief description of Bethel will be included.



▲ Map of southwestern Alaska. Prepared by Patrick Jankanish.

Map of the Yukon-Kuskokwim Delta. From Fienup-Riordan 2000:vi.

Yukon-Kuskokwim Delta

The Yukon-Kuskokwim Delta (YK Delta) is a flat plain or tundra with many lakes, ponds, streams, and bays located in southwestern Alaska on the coast of the Bering Sea. The Delta is approximately 41,080 square miles and includes over 50 communities. The Yukon Delta National Wildlife Refuge covers most of the delta, with many private lands located within the Refuge. This vast delta formed by the Yukon and Kuskokwim rivers is rich in fish, birds and mammals supporting the Yup'ik subsistence way of life. Bethel is the largest community located in the YK Delta and therefore an important influence on village life.

Bethel

Lying within the Yukon Delta National Wildlife Refuge, Bethel is located approximately 40 miles inland from the mouth of the Kuskokwim River at the Bering Sea and 400 air miles west of Anchorage. The Moravian Church established a mission in the area in 1884 and Bethel was officially founded in 1885 at the site of an Alaska Commercial Company Trading Post (Hensel 1996; Lenz & Barker 1985). Yup'ik Eskimo tradition remains an important part of the community today. Subsistence activities and commercial fishing are the primary source of livelihood for the residents (Hensel 1996; Lenz & Barker 1985).

Bethel serves as the hub for villages in the Yukon-Kuskokwim Delta. The Bethel Airport is the regional transportation center served by major passenger airlines, cargo carriers and air taxi services. Food, fuel, medical care, transportation and other services are provided by businesses in Bethel. All air transportation to and from the villages

comes through Bethel. River travel is the primary means of local transportation in the summer and goods are provided to the Kuskokwim villages by barge. In the winter, the river becomes a 150-mile ice road to surrounding villages. During break-up and freeze-up, village travel is limited.

Health care services are provided by the Yukon-Kuskokwim Health Corporation (YKHC). YKHC is a non-profit Tribal consortium and currently serves 58 western Alaska villages. Yukon-Kuskokwim Delta Regional Hospital in Bethel is a Level IV trauma center offering acute, chronic, preventive, obstetrical, and emergency care. Village services include local clinics with Community Health Aide care plus itinerant dental, optometry, physical therapy, audiology, physician, mid-level, and Public Health Nurse visits. Mental health and home care services are also available in most villages. Health care services not available in the YK region are provided at Alaska Native Medical Center in Anchorage either by phone consult or by air travel. In sum, Bethel provides an important economic and service center for Yup'ik and Cup'ik villages in the YK Delta.

A Cup'ik Coastal Village

The Bering Sea has a strong influence on the coastal climate of this Cup'ik village. Foggy, windy, and rainy conditions occur often in summer months. Average precipitation is 15 inches and yearly snowfall is 57 inches (Alaska Department of Community and Economic Development 2003). Winds and low visibility often make travel difficult. The Cup'ik Eskimo who inhabit this village speak a dialect of Central

Alaskan Yup'ik, the most divergent from other dialects of this language (Jacobson 1984; Lantis 1984).

Historically, the first outside contact was made in the early 1800's by the Russian American Company. An epidemic of measles and influenza swept over much of Alaska killing many of the inhabitants in 1900 (Fortuine 1992). This resulted in a dramatic reduction of the population and a subsequent relocation to nearby villages. An Evangelical Covenant Church was built in this village in 1936-1937 by an Eskimo missionary and a Bureau of Indian Affairs school was established in 1939 (Alaska Department of Community and Economic Development 2003; Lantis 1984). Inhabitants from other villages relocated to be near the school. Today, the Evangelical Covenant Church continues as the only place of worship in the village.

The current population numbers 193 persons. There are 19 persons 65 years and over, 8 males and 11 females (U.S. Census Bureau 2000). There are 72 households. Nineteen households include individuals 65 years and over (U.S. Census Bureau 2000). These numbers do not reflect changes in population since the census was taken. Some elders have moved to Bethel or Anchorage to be closer to family and health care services so the population may be lower than reported in the 2000 census. Health care services in the community are provided by YKHC through the Village Health Clinic.

The people of this village engage in subsistence activities and most families have fish camps. Reindeer and musk ox herds inhabit the island. Musk oxen are hunted during the winter months. Reindeer are herded and harvested for sale beginning in early November. In addition to subsistence, the school, City, Village Council, commercial

fishing, construction, and service industries provide cash-based employment within the village. Native crafts such as basketry, knitting qiviut (musk ox underwool), crocheting, and sewing provide added income for many of the women.

Water is obtained from a well and stored in a tank, though many villages prefer drinking water from the nearby river. The homes do not have piped water. Instead, water is hauled and stored in a holding tank. Sewage is collected in a holding tank and then hauled away. This flush/haul system serves most of the homes and a washeteria provides laundry facilities as well as showers. Fuel oil is used for heating and driftwood from the shore provides fuel for steambaths and for smoking fish or meat.

The median household income is \$30,833 with 21.9% of the population living below poverty level (U.S. Census 2000). The unemployment rate is 19.8% for those seeking work; the unemployment rate of those 16+ (including those not seeking work) is 46.2% (U.S. Census 2000). Hunting and gathering activities are necessary to provide food and other resources.

A Yup'ik River Village

This Yup'ik village is located northeast of Bethel on the banks of the Kuskokwim River. The 1890 census listed a population of 43 at this seasonal subsistence site. A post office was established in 1934 (Alaska Department of Community and Economic Development 2003). In 1987, the city government was dissolved choosing instead traditional village council governance. Currently, this village is one of the largest in the YK Delta. The population numbers 590 with only 23 individuals listed as 65 years and

over, 17 males and 6 females (U.S. Census Bureau 2000). There are 117 family households and 23 of these include individuals 65 years and older.

This strong traditional Yup'ik community maintains a commercial fishing and subsistence lifestyle. Education and public services provide the majority of year-round employment. The median household income is \$35,833 with 21.2% of the population living below poverty level (U.S. Census 2000). The unemployment rate of those seeking employment is 25.5%; the unemployment rate of those 16+ (including those not seeking work) is 58.2%. Community members depend on hunting and gathering for food and other resources.

Construction of a piped water and sewer system is underway. Most residents haul water from the washeteria and own honeybuckets. Transportation includes air, boats, snowmachines, and 4-wheelers. A winter trail and the river ice road connect the village to Bethel during the winter months. Fuel oil and other supplies are barged up the Kuskokwim River during the summer months.

Health care services are provided by YKHC at the Village Health Clinic. The Moravian Church is the only church in the village. Occasionally, a priest visits to hold services for Russian Orthodox living there.

Participants for the Study

Participants were volunteers recruited through the village traditional councils, the local health clinics, and word of mouth among the women in the community. The women themselves became participants in the research process identifying other participants and even scheduling meetings or interviews. This snowball sampling method is effective in

small populations where individuals are in close contact with each other (Bernard 2002). This sampling method does not provide a random sample of the population, but is biased by the women themselves. These women were helpful in not only identifying the participants themselves, but also their physical locations and their need for translation services. Later, several of the women inquired whether enough interviews had been conducted and appeared pleased when the reply was yes. Their active support was greatly appreciated and an asset to this study.

The participants included fifteen ($n = 15$) Cup'ik and Yup'ik women in two villages, one coastal and one river, who discussed their beliefs about health and wellness. One man was included during an interview, remaining at the kitchen table with his wife. He was not included in the data analysis and made few comments during the interview. Informed consent was obtained and an honorarium was offered to all participants. The women ranged between 38 to 89 years of age. The youngest participant was included in the data analysis because of her knowledge of aging women gained through her work as a Community Health Aide. Four of the participants were widowed and the other eleven were married. None of the women lived alone. Eight of the participants worked in jobs outside the home. The women not employed in jobs outside the home made crafts to sell and babysat for younger members of the family.

The high proportion of Cup'ik women ($n = 12$) among the participants is related to the amount of time spent in each village. The time spent in the Yup'ik village fell during Holy Week. Scheduling and conducting interviews conflicted with church activities during that week. The initials of the participants have been changed to protect

their identity. In addition, the ages have been generalized by decade. See table 1 for demographics of participants.

Table 1. Demographics of Participants ($n = 15$)

<i>Participant</i>	<i>Age</i>	<i>Village</i>	<i>Language of Interview</i>
OY	80+	Cup'ik	Cup'ik
TM	50+	Cup'ik	English
HL	50+	Cup'ik	English
FL	60+	Cup'ik	English
CU	60+	Cup'ik	English
JU	30+	Cup'ik	English
PM	80+	Cup'ik	Cup'ik
KY	70+	Cup'ik	Cup'ik
FF	40+	Cup'ik	English
KF	60+	Cup'ik	English
RQ	60+	Cup'ik	English
UY	50+	Cup'ik	English
ON	60+	Yup'ik	English
GR	50+	Yup'ik	Yup'ik
PP	60+	Yup'ik	English

Establishing Relationships

Introductory letters were sent to heads of traditional councils of Bethel and villages in the YK Delta to explain the goal of the *Center for Alaska Native Health Research* (CANHR) and this research. Follow-up phone calls were then made to schedule meetings with the traditional councils in these villages. Over the next two months, introductory visits were then made to seven of these communities. Meetings were held with the traditional councils to ask for the support for the research project and to schedule community presentations.

Community presentations, promoting the *Center for Alaska Native Health Research* (CANHR), were conducted in Bethel and the villages of Nunapitchuk, Atmautluak, Mekoryuk, Toksook Bay, Tununak, Tuntutuliak, and Akiachak to describe the research plan and to gain community support. Traditional councils in six of these villages plus Bethel passed resolutions in support of the research proposed by CANHR. This process of gaining community support is a critical component in participatory research.

Participant and Complete Observations

Establishing rapport in the communities and spending time in the village was an important component of this research. In this manner, a level of trust was developed and insight was gained on the meaning of the observations (Bernard 2002). Participant and complete observation during fieldwork provided an essential basis for this study.

Activities such as attending church, taking part in feasts and other celebrations, fishing, and participating in steambaths offered opportunities for observations. In Bethel,

meetings were held with several members of the YKHC staff to discuss available health care services in the YK Delta. In May of 2002, I visited the City of Bethel Senior Center and met with Louise Charles, Director of Senior Services, to discuss the services they provide. Thus, fieldwork carried out in the Yukon-Kuskokwim Delta from May 2002 through April of 2003 provided knowledge and understanding to interpret the interview data.

Field Notes

Descriptive field notes recorded observations, interviews, and impressions. Each day, two to three hours in the evening were spent reviewing and expanding comprehensive field notes from that day. Few notes were taken during the recorded interview to facilitate active listening without distraction. Immediately after the interview, the recording was checked for sound quality and additional notes were made. The surroundings, observations, impressions, and any distractions were noted. The notes were reviewed and referenced repeatedly during fieldwork and throughout analysis of the interviews.

Semi-structured Interviews

Semi-structured interviews were conducted to allow the respondents to express their ideas at their own pace (Bernard 2002). Careful thought was placed on what to study and how to ask the appropriate research questions (Bernard 2002). A pilot interview was conducted with a Yup'ik female elder in Bethel. Recommendations were made on wording and culturally appropriate ways to ask questions. To be consistent with Yup'ik culture, direct questions were avoided as much as possible. Minor revisions were made to

the interview guide, such as rewording questions for increased clarity and adding probes that would facilitate the interview.

An informal interview guide with a written list of questions and probes was used during the interview (See Appendix B). Silent and echo probe techniques were utilized to allow the respondent opportunity to share her thoughts and to clarify statements. In order to discover those factors that contribute to positive outcomes the women were asked to describe what they believed contributes to health or well-being or “a good life.”

Nine interviews were conducted in the respondents’ homes, five were conducted in the respondents’ workplace, and one interview was conducted in the apartment where the researcher was staying. Preliminary visits or phone calls were made to explain the project and to develop a rapport with the respondents. The interviews averaged 45 minutes in length and were usually conducted over tea or coffee². The interviews were tape-recorded with one exception. In that case, the participant requested not to be recorded and careful notes were handwritten throughout the interview. During the interviews that were taped, few handwritten notes were taken. Eleven of the interviews were conducted in English, three were held in Cup’ik and one was held in Yup’ik. An interpreter, usually a relative, was used for interviews in Cup’ik and Yup’ik. These tapes were then transcribed and translated verbatim by a trained Yup’ik speaking professional. The interviews conducted in English were transcribed verbatim by the researcher.

Data Analysis

Qualitative ethnographic data was collected from the tape-recorded and transcribed interviews with fifteen Cup’ik/Yup’ik women. To obtain patterns, the three

phases of analysis included (1) coding themes that emerged, (2) categorizing them, and (3) identifying patterns occurring across interviews. Patterns or themes were identified and compared. These categories or themes were integrated with information gathered from literature review and ethnographic data gained through observations and detailed field notes.

Initially, sixteen themes associated with health and well-being were identified and coded. These included *keeping busy, walking, exercise, eating subsistence foods, rules for living, respect for elders, obeying, traditional medicine, God/spirituality, cultural change, social support, environment, gender roles, steam, rest/sleep, and getting fresh air*. During further analysis, many of the themes were found to be interrelated. Themes were redefined and sub-themes were identified. Eight themes emerged that were directly related to health and aging: *keeping busy, walking, eating subsistence foods, respect for elders, use of traditional medicine, concern for the environment, inner well-being, and cultural change*.

¹This research was reviewed and approved by the University of Alaska Fairbanks Institutional Review Board (IRB) and the Yukon-Kuskokwim Health Corporation Human Studies Committee. Copies of the University of Alaska Fairbanks and the Yukon-Kuskokwim Health Corporation IRB statements for CANHR, *Generating a Cultural Understanding of Health* (Year 1), are attached.

² The research process and rights regarding participation were explained to each prospective participant and a written informed consent was obtained (See Appendix C and D). Consents were available in both English and Yup'ik. An honorarium was offered to each participant. At the end of each interview, the individual was asked to be photographed and photo consent forms were signed. The photos were later mailed back to the participants and other family members they requested. I was later told how much the photographs were appreciated by the participants.

CHAPTER 4

FINDINGS AND DISCUSSION

The general purpose of this study was to gain an understanding of aging and health among Cup'ik and Yup'ik women in southwestern Alaska. Specifically, the goal of the research was to find out how Yup'ik/Cup'ik women define health and well-being, and to determine what environmental, social, and cultural factors they believe contribute to healthy Yup'ik/Cup'ik aging.

This chapter discusses the eight themes and the sub-themes that emerged from the interviews along with observations during field work in the YK Delta. The themes include *keeping busy*, *walking*, *eating subsistence foods*, *respect for elders*, *use of traditional medicine*, *concern for the environment*, *inner well-being*, and *cultural change*. Four of the themes—*keeping busy*, *walking*, *eating subsistence foods*, and *respect for elders*—were identified verbatim by the participants. The other themes—*use of traditional medicine*, *concern for the environment*, *inner well-being*, and *cultural change*—emerged in the interviews and were formulated by the researcher.

The first theme discussed, *keeping busy*, was common in all the interviews. Sub-themes that emerged in the analysis included subsistence activities, being lazy and getting too much sleep, and not listening to illness. The second theme, *walking*, was identified as an important activity contributing to physical and mental health by twelve of the participants. Three of the participants also engaged in some other physical exercise, such as running, basketball, and volleyball, which formed a sub-theme. The third theme discussed is *eating subsistence foods* which all participants identified as central to health.

Respect for elders was another theme which all the participants believed was important for a healthy and good life. This included listening to elders, obeying, helping elders, and sharing with elders. Eight of the participants identified the theme, *use of traditional medicine*, which includes the use of steambaths and the use of medicinal plants. The sixth theme that emerged was *concern for the environment*. This theme was identified by thirteen of the participants and included two sub-themes: cleanliness and being outside/getting fresh air. The theme of *inner well-being* was identified by ten of the participants and included both social support and belief in God. The last and underlying theme discussed is *culture change*. The theme was identified by twelve of the participants, though the influence of *culture change* was present in all the interviews. Sub-themes included changing gender roles, tobacco, drug, and alcohol use, and television and computer use.

These themes and sub-themes are summarized in Table 2. The theme and sub-themes are presented and illustrated by quotes from the participants¹. Ethnographic descriptions provide a framework for these themes. Current health beliefs and practices identified by the participants and observed during fieldwork are discussed in relation to a rapidly changing cultural environment.

Table 2. Themes and Sub-themes

Themes	Sub-Themes
Keeping busy	Subsistence activities Being lazy/too much sleep Not listening to illness
Walking	Other physical exercise (i.e. running, basketball, and volleyball)
Eating Subsistence Foods	
Respect for Elders	Listening to/obeying elders (transmission of cultural knowledge) Helping/sharing with elders
Use of Traditional Medicine	Steambaths Medicinal plants (teas)
Concern for the Environment	Cleanliness Being outside Fresh Air
Inner well-being	Social support Belief in God
Cultural change	Gender roles Tobacco, drugs & alcohol use Television and computer use

Theme 1 - Keeping Busy

Practices associated with *keeping busy* were the overwhelming theme in the interviews. All of the participants ($n = 15$) expressed the importance of *keeping busy* for health and well-being. This theme was an important aspect of other themes, such as *eating subsistence foods*, *walking*, and *respect for elders*, and was described within the framework of subsistence living. Sub-themes that emerged included subsistence activities, being lazy and getting too much sleep, and not listening to sickness.

Subsistence Activities

Subsistence activities are at the center of *keeping busy*. All participants identified subsistence activities as a key component of Yup'ik/Cup'ik life. The word "busy" is used frequently in casual conversation. Often, the phrase "I'm too busy" or "if I'm not busy" was used among women. As one participant stated, *keeping busy* means "staying active by living a subsistence lifestyle" (JU, age 30+).

They were always on the go, you know. Always in the tundra, doing something, from springtime to fall time, moving around. They never used to stay in one (camp). Like during those years, some of them would be in a seal camp right now. And then from seal camp, they'd move on to fish camp. From fish camp, when everything is done, you know, they'll move to . . . fall camp (RQ, age 60+).

Subsistence activities, such as berry picking, gathering plants, cutting and drying fish, constitute an important role for women. Many of these activities provide physical exercise that keeps the body strong and healthy. Other activities for *keeping busy* include sewing, knitting, basketry, and other crafts.

Keeping busy (is very important). Like maybe the women are sewing, knitting, or making things. They mostly do the food gathering too. They used to like to gather mouse food, berries, all kinds, making

dry fish, taking care of food mostly . . . I think today most of the women are healthy for activity, physical activities. When they go berry picking, they're working using their bodies everything. When we are cutting fish, we are using everything, our muscles, lifting things (ON, age 60+).

In addition, taking care of children is an important role for women. Providing food is regarded as a primary responsibility along with other tasks associated with caretaking. As one participant stated:

She (her mother) told me to always have food for you (her daughter). And during the summer, I had to keep drying food for you so that you'll have food to eat. My mother told me if I ever have children, to keep collecting food for you. That I was to dry food for my children, collect food for them (KY, age 70+).

For one elder woman, taking care of her children is still an important responsibility even though her children who live with her are older adults. Her daughter who lives nearby helps with laundry and the heavy subsistence work of cutting seals.

I try to keep busy. Instead of not doing anything, I try to keep doing things . . . I tried to keep busy in those days. I still keep busy to this day; besides I have those two kids I have to think about. Even though I may become a little bossy sometimes, I still keep busy. Because I don't have anyone else to do things for me, I try to take care of them myself, my children. They try to do some of the things for themselves because they feel sorry for me. I don't do heavy work anymore because that woman (her daughter) down there does the heavy work for me, like seals. I don't do hard work or lift any heavy things anymore (OY, age 80+).

These women illustrated the importance of *keeping busy* through subsistence activities that promote physical exercise. Another sub-theme related to *keeping busy* is being lazy and getting too much sleep.

Being Lazy/ Too Much Sleep

Being lazy and getting too much sleep was identified as an important element which prevented an individual from *keeping busy*. Nine of the women verbalized the importance of getting up early and avoiding too much sleep to have a long, healthy life.

. . . getting up early in the morning so that they would live a long life and be good hunters. . . The old people said that a person who isn't lazy will live a long life. Like that, I wasn't lazy. In the house when someone said that there wasn't any more water, I would quickly get up and get some . . . A person who is always willing to work lives a healthy life" (PM, age 80+).

One participant spoke of her mother's instructions for healthy living and the importance of having a strong body.

My mother used to tell me not to over sleep too much. (Too much sleep) is not good for your body and being lazy is not good for your body. . . . she used to tell me 'don't be lazy; collect whatever you can when your body is able to work for you (KF, age 60+).

Another participant spoke of how getting up early also played a role in helping others which benefited the individual and the community.

. . . some older people used to tell their young kids or young men to get up early, not sleeping in late, and shovel other peoples homes if they're snowed in or do chores like getting water for old people and then they'll have a better life (FL, age 60+).

Thus, not being lazy and getting too much sleep is an important part of *keeping busy* and is also related to the next sub-theme, not listening to illness.

Not Listening to Illness

Another sub-theme in *keeping busy* was identified by two of the participants as not listening to illness in your body so the illness does not stay with you. Staying home

and acknowledging an illness or injury can make you sick. It allows the illness to stay with you whereas keeping busy deters the illness.

I used to have a grandmother . . . She never got sick and was very active. When she got sick, she died in less than a year. She lived a long life. She couldn't have children and women without children were more active. I suppose that's the way a person was made to be, who never gets sick. I think the person who never gets sick ignores her sickness, while others make a big deal about their sickness . . . Some people today probably don't listen to their bodies and keep working even though they may be sick. When a person gets sick and right away says that they are sick, they call them 'unganer'². The other one who doesn't listen to his body keeps going even though he is feeling sick is call 'unganruvkenani'. 'Unganruluni', one who listens to her body and 'unganruvkenani', one who doesn't listen to her body (PM, age 80+).

Women view listening to your body and acknowledging sickness as a sign of laziness, or a way to avoid work.

She (her elder mother) sometimes tells me that if someone stays home and listens to their problems like aches and pain, seems like they're getting worse. They just don't want to get up and do anything (FL age 60+).

Consequently, listening to your body and acknowledging illness is directly related to being lazy and sleeping too much. These are important beliefs and behaviors governing the theme of *keeping busy*.

Discussion

The theme *keeping busy* is an important aspect of village life for Yup'ik/Cup'ik women. Village life in southwestern Alaska is centered on subsistence living. Subsistence is a way of life dependent on harvesting of renewable resources through hunting, fishing, and gathering. It includes not only the resources harvested, but the intricate web of relationships which shape how the food is harvested, processed, and shared (Fienup-

Riordan 1994; Hensel 1996; Lantis 1984; Nuttall 1998). This hunting and gathering lifestyle has shaped the social, political, and religious structure of communities and defined those roles held by community members. Therefore, the role of mid-age and older women is influenced by this subsistence lifestyle.

Until the early to mid twentieth century, men and older boys lived in the men's house or *qasgiq* and women lived in family houses with the children (Lantis 1946). Traditionally, they brought food to the men in the *qasgiq*. Women controlled the food supply and the resources which they gathered and produced (Fienup-Riordan 1994; Lantis 1946). There was a strong, but not inflexible, division of labor. Men hunted seals (ringed, bearded, and spotted), walrus, and an occasional beluga whale in the coastal areas (Fienup-Riordan 1994; Lantis 1946). In the tundra river villages, caribou were hunted. Muskrat, mink, otter, ground squirrel, and marmots were trapped, though fishing, particularly for salmon, was the most important subsistence activity (VanStone 1984:228-229). The women were responsible for butchering, cutting, distributing, and storing meat and fish after they were caught (Fienup-Riordan 1994; Lantis 1946). They also took part in fishing by jigging or using dip nets. Thus, women played an important social and economic role in the gathering, processing, and distribution of food in traditional Yup'ik/Cup'ik society.

In the 1970's, men and women still collected bird eggs from nearby nests, but Fienup-Riordan noted in 1994 that it was no longer being done. Fresh clams and mussels were harvested in the coastal areas. The women gathered edible greens and berries for food and medicinal use in coastal regions (Fienup-Riordan 1994; Lantis 1946). Wild

greens, including wild celery and sourdock, were gathered from the ponds and tundra, although VanStone noted that “the collection of wild plants was minimal” in the tundra regions of the YK Delta (1984:228). Hence, gathering of subsistence foods, especially wild plants, was an important activity for women.

Besides gathering plants, the women were the primary caretakers for the children and household goods. The girls and very young boys were kept in the woman’s house. The boys, at a fairly young age, would be taken to the *qasgiq* to learn traditional knowledge and subsistence skills (Fienup-Riordan 1994; Lantis 1984; VanStone 1984). The women taught the girls skin sewing, food processing, and other skills needed for the subsistence way of life. The women sewed and repaired clothing made from skins, collected dry grass for baskets and fish processing, and made sinew cord (Fienup-Riordan 1994; Lantis 1984; VanStone 1984). Elderly women were kept busy with tasks they could functionally perform, such as making baskets and twine, and repairing clothing (Lantis 1946). Consequently, the role of elderly women did not change but was modified to accommodate age-related physical and cognitive changes.

Historically, these hunting and gathering people were fairly mobile. Subsistence hunting and fishing involved traveling to where the catch could be found. There was spring camp for sea mammals on the coast and large mammals on the tundra. Fish camps in the summer along the rivers and ocean provided fish to dry for the coming winter. Winter camp was the most stable camp and was the site for most festivals. In Yup’ik culture, they were always engaging in subsistence activities or getting ready for them. Thus, it is not surprising that “keeping busy” emerged as a theme in the interviews.

The overall general theme of *keeping busy* remains an essential component of subsistence living in these communities despite the fact that economic and social changes have complicated the already busy lives of women as they age. Producing native crafts, procuring and processing food, providing child care, and other household responsibilities are important activities within economic and social roles aging women hold in the community. Thus, staying active performing activities of daily living are important elements in healthy aging, even though these activities of daily living are changing.

Few women today make mukluks or rain parkas, and skin sewing is not as common. Instead, these women keep busy sewing, making baskets, knitting, and other native crafts which are an important means to supplement family income. Women remain responsible for the processing and sharing of food. They continue to practice subsistence activities such as berry picking, gathering wild greens, and fishing as long as they are physically able to perform these activities. The women in this study identified these subsistence activities as important physical activities which keep the body strong and healthy into old age.

Roles have shifted as women manage both traditional responsibilities and jobs in the community. Many women work outside the home, thus juggling home and work responsibilities. Child rearing and household chores are still shared among women in the family. Many women until they reach old age are actively raising children. Grandchildren are often cared for and/or raised by grandparents and adoption is commonly practiced. As women become physically unable to perform certain tasks, they receive assistance from other family members. Daughters and granddaughters are responsible for helping elderly

women with household responsibilities. This may present a challenge as more women now hold jobs in the community. They may not be available to help as often as needed or wanted and elderly women may spend more time alone. Thus, the shift from subsistence to cash-based economy has affected the role of these women in the community.

The second sub-theme, being lazy and getting too much sleep, continues to be an important concern of village life today. Traditionally, getting up early, not sleeping too much, and hard work were valued. To awaken early and go outside was considered a cleansing action to get rid of waste (Fienup-Riordan 1994). In addition, sleeping late was thought to open up a person's body to illness (Fienup-Riordan 1994). Too much sleep weakened the body and allowed illness to enter the body. Therefore, a desirable characteristic for a wife was one who does not sleep too much and was not lazy. Women were not allowed to sleep while their husbands were hunting, less the man lose his concentration (Fienup-Riordan 1994). Children were also roused early, especially if men were hunting. Therefore, to be healthy and have a good life one must not be lazy and get up early in the morning.

Women in this study also identified laziness as a contributing factor to illness. With regard to health in Yup'ik cosmology, illness is considered an "animate force" and how an individual chooses to live his or her life determines whether an illness can enter their body (Fienup-Riordan 1994:150). Being lazy makes the body and mind weak. Subsequently, being physically, mentally, or spiritually weak allows illness to enter the body and makes a person sick. Therefore, illness could then be "cured" by taking care of the body, thinking good thoughts, *keeping busy*, and following the rules of living.

In sum, the participants in this study demonstrated their belief in *keeping busy* as an important component in physical and mental health throughout the life span. While modern technology (washeteria, electricity, phones, snowmachines, 4-wheelers, etc.) has made life somewhat “easier,” the lives of women in these villages remain as, if not more, busy than traditional life in the past. Women are not only performing traditional responsibilities and duties, but also keeping up with the demands of cash-based employment. Not being busy implies laziness; hard work leads to a healthy life. This cultural belief and practice of *keeping busy* parallels the WHO definition of active aging which emphasizes staying active rather than focusing on physical or cognitive limitations. Thus, *keeping busy*, which remains an important cultural belief and practice of health and well-being among aging women in these communities today, is congruent with what current research tells us constitutes healthy aging.

Theme 2 - Walking

Walking was the primary physical exercise identified in the interviews ($n = 12$). The participants referred to walking as an important component of health, both physical health and mental well-being. Walking is believed to keep the body strong, promote energy, and is a basic physical activity in gathering subsistence foods. One elder woman who did not name walking as important to health was used as an example by other participants. This participant identifies walking as an important contribution to the elder’s health and longevity.

There is this one elder and she’s a good example for me. She walks everywhere. You know with modern times, she’s not taking advantage of the 4-wheelers and stuff. The only time she really does that is when the weather is bad. She walks everywhere and she is really old. Whenever

her legs hurt, she walks. And that, I think, has kept her going for a long time. . . (FF, age 40+).

Walking was also mentioned in connection with fresh air and being outside, especially on the tundra.

Walking is a real good healthy life. Like when it's nice out, you go out and take a good fresh air. It keeps you healthy in the sun. When the sun is shining, you go out and go walking (CU, age 60+).

While acknowledging the advantages of snowmachines and 4-wheelers, some participants identified overuse as a problem.

I think doing some exercises, walking not jumping up and down, but daily walks . . . When the snow gets deep, that's when it gets harder for them (elders) to walk. They use 4-wheelers. I know that's not healthy, but that's their way of going to places (UY, age 50+).

I think walking can help them to be healthy if they walk every day instead of going to the store or wherever by 4-wheeler or snow machine (ON, age 60+).

For one villager, walking was chosen as treatment for a physical condition instead of further medical care outside the village.

I was diagnosed with a heart problem. I was sitting in the clinic every year. I was supposed to go to San Francisco. I told them I'm not worried about my problem. But, they say I have a heart slow beat. I always have to go for walks, do anything to keep it up. Go somewhere, go take long walks in summer with my grandkids which they love to do. For long hikes, but I don't get tired. . . I walk a lot; go out a lot (laughing) (FL, age 60+).

It was noted by several participants in the study that she walks everywhere and rarely uses snowmachines or 4-wheelers.

Thus, the women in these communities identified walking as important to their physical and mental well-being. Other forms of physical exercise, such as running, basketball, and volleyball were also identified and thus form a sub-theme.

Other Physical Exercise

Other physical exercise emerged as a sub-theme ($n = 3$) and included running, basketball, and volleyball. This was more common among mid-age women (50+ and 60+), and participation in these activities was not found among elderly women.

Doing a lot of walking instead of riding around on 4-wheelers. Doing little exercises at the gym sometimes, running around laps. But I haven't done that since last month . . . (TM, age 50+).

I used to play basketball. I was a captain and our name was the 'Chocolate Chips.' That was way back in 70's and 80's, volleyball, running, walking. I don't play basketball anymore, only once in a great while, whenever I want to join the kids when I want the energy (PP, age 60+).

Therefore, walking and other physical exercise were identified as contributing factors in health and level of energy for these mid-aged women.

Discussion

The women identified *walking* as an important physical activity for health and well-being. Historically, walking was the primary means of transportation. Kayaks and umiaks were used for travel on open water, dog sleds for travel over land (Lantis 1946; VanStone 1984). When moving subsistence camps, the women walked while the men traveled by kayak along the coast (Fienup-Riordan 1994). Consequently, walking was an important physical activity, central to subsistence living.

Despite the interviewees' emphasis on walking, today, snowmachines and 4-wheelers have replaced *walking* as the primary means of transportation. There is not much walking reported or observed³ in the villages. Many of the children also drive snowmachines and 4-wheelers. All the homes in the villages had at least one snow

machine or 4-wheeler and many homes had several. These machines are used for daily travel within the village, for subsistence activities, and travel outside the village. People drop their kids off at school, visit the store and post office, and travel to work or church on snowmachines and/or 4-wheelers.

As a consequence, the use of snowmachines and 4-wheelers has changed activity patterns and influenced the health of villagers. Both modes of transportation are used in subsistence activities and contribute to faster, more productive hunting and gathering in a harsh climate. Furthermore, during breakup and freezeup, flooding and mud makes getting around in the village extremely difficult. Boardwalks help, but they are not always available. Consequently, snowmachines and 4-wheelers make travel easier in the villages, but decrease the amount of *walking* which provides physical exercise important for health and well-being.

While only three participants identified physical exercise other than *walking* as important to health, many women in both communities play sports in the school gym. Running, basketball and volleyball were other forms of physical exercise that women participated in until their late fifties and early sixties. Many of the women, up until their early 60's, play basketball at the school gym and participate in other sports when available. The school gym is open several nights a week for community activities. Participation of women in sports decreased with age, however, and many of the older women did not express the view of these activities as healthy. Instead, the older women viewed traditional women's activities, such as gathering, skin sewing, and basketry, as vital to physical and mental health.

Another type of physical activity, Eskimo dancing, has been revitalized in Yup'ik/Cup'ik communities. Eskimo dancing was observed in the communities, though not reported by the women in the interviews. Dance practice is held weekly or more frequently in the school gym. The dance practice lasts up to two hours and provides an excellent source of physical exercise. During an Elder's conference, an Eskimo dance was held in the evening. The elders participated both in the drumming and the dancing. The drummers, all men, included several elders. The elderly women were playful and laughing, taking turns dancing. They wore colorful *qaspeqs* (kuspuks) and danced with fans made of grass and caribou ruff. These elder women danced with vigor and vitality, often exceeding the physical activities of the younger women. Thus, the revitalization of Eskimo dancing has introduced an activity that not only improves physical fitness, but also reinforces an important tradition in Yup'ik/Cup'ik society.

Increased rates of cardiovascular disease and diabetes in the YK Delta indicate a change in the level of physical exercise among community members. Mid-age and older women, however, have demonstrated a heightened awareness of this change in physical activity and of its impact on the health of the community. This may be due to increased media coverage on the importance of physical exercise, health education, and the customary practice of walking in the villages. Consequently, walking was identified as the most important physical activity for reducing the incidence of chronic disorders and in maintaining a healthy, strong body as women move through mid-age and older years.

Theme 3 - Eating Subsistence Foods

Eating subsistence foods was an overwhelming theme among participants ($n = 15$). Subsistence foods are thought to be healthy and to make the body strong. The participants expressed the belief that, traditionally, the people were healthy because there was no store-bought food.

In years back, before I was born, I know there were elders that were very healthy and strong because they have their food, their native food, not mixed up with the *kass'aq* food. Although they have a hard life, they were healthy, strong, because of their native food. Seal oil, dried fish . . . (CU, age 60+).

Consequently, store-bought or *kass'aq* (white man's) food is generally viewed as unhealthy.

Today, as far as I know, it's better not to eat the store-bought stuff like canned foods. Fish are really healthy food, especially fresh fish that our parents used to subsist for us. Even us today . . . We cut fish and store them for the winter . . . Fish camp every year . . . Our sons who take us usually have to go back to work. . . We usually stay like for two weeks (KF, age 60+).

Consumption of store-bought foods is seasonal and related to subsistence activities. Subsistence meat and fish is preferred when available, but meat is not accessible in the summer months. In some villages, musk ox, reindeer, or moose are available during the winter months. Meat is stored in freezers or frozen arctic entry ways of homes. In the summer months, people rely on the store for their meat supply.

Summertime is when I know people start buying store-bought meat. That's when the reindeer season has been cut off until early November. They eat a lot of store-bought food. But wintertime it (eating store-bought food) lowers down because of musk ox, reindeer, and birds (UY, age 50+).

Concern was expressed by several participants that many of the younger generation now prefer store-bought foods over subsistence foods.

Children are very different now though. They're not like we used to be. Like with my daughter, I want her to eat good food like mostly fish. She hardly cares for fish. I want her to eat good food. I am always telling her and she knows that. She even told her husband . . . 'my mom always tells me to eat this; it's good for you.' But, there she's different. She'll eat (subsistence food), but not too much (HL, age 50+).

In addition to an awareness of the nutritional value of traditional foods, women are gaining knowledge of foods that contribute to diabetes and cardiovascular disease. Recently diagnosed with Type II diabetes, one participant described the subsistence foods she eats to keep her blood sugar within a normal range.

Fish are good, dry fish. I still eat my subsistence food from the ocean and from picking berries. Stuff like that from the ground and those wild spinach and wild celery during summertime. I try to eat a lot of greens. It certainly does help you when you're in this kind of situation (diabetes) (TM, age 50+).

Another participant noted the harmful effects of cholesterol in the diet and commented on changing food habits and limiting the amount of *akutaq* (Eskimo ice cream) she and her family consume.

I grew up eating mostly native food. I'm still eating them, still teaching my family. . . since we have freezers, we started storing more food that men hunt. When I was growing up, we didn't have freezers. Most of the food we ate were fresh from outside, from subsistence, like pike, mostly pike and blackfish. Small animals like ptarmigan or seasonal foods. We hardly had any store-bought food, no, mostly dried fish, frozen fish. Some elders have told me that the health of our people have changed because of the diet. People who are eating more food from the stores are not so healthy like people who are eating from the subsistence way of life . . . Seems like our number one killers today, heart attacks and strokes, diabetes . . . We have *akutaq* maybe twice a month now . . . it's part of the cholesterol thing for our Yup'ik people is using too much Crisco in the *akutaq* . . . When I was growing up, we would eat *akutaq* only on holidays, like Easter mostly, Christmas, Slaaviq. We didn't eat *akutaq* every day (ON, age 60+).

Food restrictions are still being practiced today as noted by one participant. Aged foods are not eaten with fruit to avoid getting sick.

Certain foods, they used to tell us . . . can make us get sick, too . . . they told us not to mix those aged foods with apples or salmonberries or even juice. That'll make us get sick (TM, age 50+).

These women have expressed their belief that eating subsistence food is an important part of maintaining a healthy body, as well as preventing and treating chronic disease. Store-bought or *kass'aq* food is generally viewed as unhealthy.

Discussion

Eating subsistence foods continues to be considered an important part of healthy living in these village communities. Historically, among the river villages along the Kuskokwim River, fish was the main subsistence food (VanStone 1984). Small mammals and caribou were hunted for fur trading, to supplement the food supply and provide skins for clothing (VanStone 1984). Sea mammals and fish were the primary subsistence foods in the coastal areas (Fienup-Riordan 1994). Seal oil was believed important for good health (Fienup-Riordan 1994). It was consumed as a food and also used medicinally. Both fresh and “aged” seal oil was used to treat illness and to promote overall health. It was applied topically to the skin, poured into the ear, and taken internally. Newborn babies were rubbed with seal oil to promote a long and healthy life (Fienup-Riordan 1994). This diet of meat and fish was supplemented with berries and wild greens, including marsh marigold, wild celery, and sourdock. Thus, a traditional diet was high in protein and low in carbohydrates. *Kass'aq* or white man's food was introduced with the traders and has been slowly integrated into the subsistence diet.

While subsistence foods are still the mainstay of the Yup'ik/Cup'ik diet, store-bought foods are commonly eaten. Generational differences are evident. Children and young adults consume a diet higher in store-bought foods than the older population. School breakfasts and lunches do not provide for subsistence foods and eating preferences are learned at an early age. In addition, children are frequently observed eating chips and candy or drinking pop after school. At home, children often consume a diet that consists of many store-bought foods while the older family members consume mostly subsistence foods. Older women prefer a subsistence diet, but supplement their diet with store-bought foods. When subsistence game is not available, more store-bought meats are consumed. This has strong implications for the incidence of chronic illness and disease among the younger generations as well as mid-age and older women.

Despite the fact that subsistence foods are believed to be good for the body, some women also recognize the harmful effects of those foods with fats. One example of an important subsistence food is *akutaq* or Eskimo ice cream, which is a mixture containing berries (salmonberries, crowberries, and/or blueberries), sugar and Crisco (Fienup-Riordan 1994). Other foods, such as fish, animal fat, or "mouse food" may be added. It was usually served at festive events and when people visited from other villages. The sharing of *akutaq* is found in oral narratives, thereby demonstrating its important social function. It is still considered a delicacy today and is commonly served at most social functions. As noted by one participant, *akutaq* is high in cholesterol and, therefore, intake must be limited. Thus, she is modifying her traditional diet based on contemporary biomedical knowledge.

Food restrictions were historically practiced by Yup'ik villagers. Some food restrictions may have protected against excess consumption of harmful substances in the diet, such as cholesterol. According to Fienup-Riordan, consuming too much seal meat and oil is thought to be harmful, while not eating enough can also have a negative effect on health (1994). Prohibitions were also placed on certain parts of the seal. Raw foods or certain foods considered "heavy" were not to be eaten with specific injuries or illness (Fienup-Riordan 1994:198). Some foods were considered incompatible. For example, aged fish was not to be eaten with salmonberries (Fienup-Riordan 1994). This type of food restriction was still observed by one of the participants in this study and may still be observed by other villagers.

The Yup'ik/Cup'ik diet is in transition. While mid-life and older women continue to consume primarily subsistence foods, their diet is including more store-bought foods. Many of these store-bought foods are high in sugar and fats that contribute to obesity and chronic disease. Increased incidence of heart disease and Type II diabetes in the Yup'ik/Cup'ik population⁴ demonstrates the effects of this changing diet on the health of aging women. Consequently, mid-life and older women are at increased risk for chronic illness and disease related to diet. Food choices, therefore, are an important component to health and aging for these Yup'ik/Cup'ik women.

Theme 4 - Respect for Elders

Respect for elders is a common theme throughout the interviews. In all the interviews ($n = 15$), the participants spoke of the importance of respecting their elders. The social behaviors of listening to and obeying elders, as well as helping and sharing

with elders comprise the two sub-themes of *respect for elders*. All of the participants identified listening as an important part of *respect for elders*. This sub-theme includes the transmission of cultural knowledge which is vital for these communities.

Listening to and Obeying Elders

Elders possess knowledge and experience for living a subsistence lifestyle and are a critical link in the transmission of traditional knowledge. One participant spoke of the past and teaching the youth how to live a good life. They had little outside contact and lived an isolated lifestyle. There was no electricity or phones and they only received news of the outside world when they visited another village.

The elders used to have the boys and girls in the community house and teach them about the way of life. They taught them how they should live their lives in the future, to live a good life so that they would live long . . . When walking in the tundra, when we were small, they would pick up moss and wash themselves saying that they want to live a good, long life. That is what they taught us to do. It was like wiping away the future sickness . . . Nowadays, I don't hear anyone giving talks, but we do hear a little bit at the church . . . when I'm gone, no one will be able to answer questions about the past, from the time my grandfather took me to the south side where they lived the very old way . . . (PM, age 80+).

Thus, elders provided an important social role through instruction and guidance on daily living.

One way elders pass on traditional subsistence knowledge is during fish camp, an important part of village life. In the summer, families travel to their fish camps for extended stays. There, children and young adults learn subsistence skills by working alongside their elders. Grandmothers, mothers, and daughters usually cut fish together. Older members of the community take their children and grandchildren to fish camp,

although in some cases, the elders have to depend on their children and grandchildren to travel to fish camp.

We go fish camp every summer. She (her daughter) takes her kids and go . . . fish camping. They'll (the grandkids) not forget how the fish are cut and how they were dried and taken care of (CU, age 60+).

Every summer they like to go with me to our camp south of this village. They like to spend summer there for long time. There is a lot of swimming. They like to help. They just want to be out of the village. Do a lot of beachcombing and whatever they want to do. They just don't want to stay home. . . They catch a fish, gut it. Or they'll tell me they caught a fish too big for them to gut, so I end up doing it for them. . . They love to go tundra. They don't usually pick (berries). They have little buckets. But, every time I see her, she's smeared with blue (laughing). That she's been picking to her stomach (laughing). I tell her, 'I'm never going to take you out berry picking because you didn't help me. . . But still have to take them out again. She's learning (FL, age 60+).

Knowing and speaking their language is also important in the transmission of cultural knowledge and is an important aspect of maintaining cultural identity. Many of the elders speak Yup'ik/Cup'ik to their grandchildren who have learned the language in school immersion classes.

I speak it (Cup'ik) good. I always talk to my grandkids in Cup'ik . . . We don't want to lose it (CU, age 60+).

Cup'ik and Yup'ik immersion classes in the schools are teaching the language and traditional knowledge to young students. Elders are invited in to talk to the children about the native way of life. Native crafts and subsistence skills are taught with the assistance of elders from the community.

Maybe they come in (to class) 3 or 4 times so far. They talk to the kids maybe less than five minutes. They mostly talk to them to be good. Listen to the teachers, be respectful and all that. But, they (kids) need to learn more at home from elders maybe . . . their grandparents. (If) they want to learn, they have to listen to them like I did when I was growing up (ON, age 60+).

Elders are also involved in other community programs, for example in village preschool programs. In some villages, they go to family homes and teach the young couples traditional knowledge and skills needed to raise a family.

Maybe two . . . maybe four of them (elders) working at YPP (Yup'ik Preschool Program). . . They house to house and teach the young couples. They do arts, other stuff . . . they talk to them if they have questions . . . Yup'ik stories, mostly in Yup'ik (ON, age 60+).

Elders are a resource in the community for younger individuals. People seek out an elder to listen to a problem and offer advice. Nonetheless, general concern was expressed for the younger generation's lack of respect for elders.

Our young people, when they are listening to elders, some of them would say 'Our elders are old-fashioned, they're old.' They think they know everything that our elders know. But later on in life when they get into their teens or when they get married or when they have children of their own, they start seeing what they need. Then, they would start asking questions to elders to maybe learn more (ON, age 60+).

Increased availability of health care has enabled many elders to remain active within their community and to maintain connection with family and community. Both preventative and emergency health care are provided within the village clinic and transport is available to higher levels of care in Bethel and Anchorage. However, many of the elders have moved into Bethel or Anchorage where family and additional health care resources are available.

We hardly have any elders living in the village . . . (many have) gone on (UY, age 50+).

Obeying is an important component of listening to and respecting elders. This includes not only obeying elders and the rules for living, but also obeying parents, health personnel, and church.

They (her parents) used to tell me, 'If you don't do this and that and if you obey, you'll have a good life.' That's how my parents taught me; to obey, you'll have a good life. . . Before I got married, she taught me how to skin seals . . . how to hang fish and other things. . . Even if you get angry or if your husband gets angry at you, don't talk back to him. It just causes worse if you talk back to your husband. Try to remain silent. That's the best you can do and that is very true for me today (TM, age 50+).

Another participant spoke of staying healthy by obeying: "I obey when I'm told" (OY, age 80+) referring to her health-care providers.

Helping and Sharing with Elders

Helping and sharing with elders is the second sub-theme of *respect for elders*. Family members help elders with heavy chores such as hauling water, laundry, and others. Grandchildren are the designated helpers when possible. In return, elders confer blessings for good luck and a "good life" to the person helping them.

If you help your elders and give them something . . . They'd pray for us and someday I'll have a good life and bring me good luck . . . They don't respect elders sometimes, or they don't respect their parents any more. That's sad . . . this new generation they never know about living poor or they never know living in hut houses. . . Maybe that's why they're like that, some are like that. They don't care (CU, age 60+).

Right now, I don't think we have anybody that's living alone, an elder. They'd be taken care of . . . They can't do certain chores. It's hard for them to do chores . . . Their grandchildren, some family members or whoever is around them (helps with the chores) . . . Sometimes elders do have a hard time gathering subsistence foods. Some people share what they have with elders . . . For instance, if I went out green picking from the ponds . . . I would share some of those greens I picked with some elders because they can't go out and pick them. It's a little dangerous for them to go inside

the pond and pick those greens . . . If they (young people) notice they need help, they just go out and go help them (UY, age 50+).

When elders are no longer able to carry out subsistence activities without help, family members assist them with berry picking, traveling to fish camp, and gathering wild plants. If they are not able to participate in these activities, either family or other community members will share what they have caught or gathered.

. . . once she (her mother) told me that some older people used to tell their young kids or young men to get up early, not sleeping in late, and shovel other peoples homes if they're snowed in. Or do chores like getting water for old people and then they'll have better life. . . she told us a lot of things about old time. But, once we told her tell us about old timers. She tells us, 'you kids might go to sleep before I end up finishing the story, what is good and what is bad. I'm not going to tell you no more stories' (laughing). We used to beg and beg again. We promise never to go to sleep because she was trying to tell us what is good for us. But, we always end up sleeping (laughing). . . (FL, age 60+).

As these excerpts illustrate, participants identified helping elders as an important value and behavior demonstrating *respect for elders*.

Sharing is an important element of *respect for elders*. The participants spoke of the importance of sharing with elders and how it affects their own health and well-being. Elders today continue to bestow good luck and wishes for a good life on people who help them.

Sharing, too, is very important today. My youngest son is going to turn 33 next month. When he started hunt, first seal hunting, I told him and he happened get maklak ugruq (sp) (bearded seal). I told him, we have to give everything away; we don't get to keep anything. So, he did that, we did that. So, every spring whenever he catch _____ (seal), he has to share and give to elders. He likes that. That's a good belief, you know, to share and to help others. My mom, my parents used to tell us, 'if you know somebody who needs help, help them. Don't look at them or watch them. Go over there and help. Ask anybody if they need help.' I don't know about today. Well, outside they do. They used to go to homes, to elder's homes, and ask to

haul water for them or do anything for them. But, today, they don't do that anymore unless you're being told. . . Our parent's and I pass that on to these children here even in school and to my children. I always remind them if you help somebody and they want to give you, of course today's money, they want to pay you, don't take whatever they offer you. Just not too long ago, I saw some elder woman was hauling stove oil. So, I told one of my boys to help her. He came home and he said, 'Mom, you know what, she tried to give me \$30 just to help her. I didn't take it.' I said 'good for you' (RQ, age 60+).

Thus, listening, obeying, helping, and sharing are important values and behaviors that comprise the important theme of *respect for elders*.

Discussion

Respect for elders continues to be an important value for mid-age and older Yup'ik/Cup'ik women today. Traditionally, there were informal procedures for transmission of knowledge from elders. In Yup'ik tradition, rules for living were instructions for proper relationships between humans and humans, and between humans and animals, passed down from the ancestors (Fienup-Riordan 1994). These "rules" were taught in the *qasgiq* (men's house) where the elders were the keepers of the traditional knowledge. Through narratives, older men taught the way to live a long and healthy life. These instructions included all aspects of human life and relationships with the natural world (Fienup-Riordan 1994; Kawagley 1995). By respecting their elders and following these instructions, Yup'ik people carried on the values of the ancestors ensuring a "good life" for themselves and others in the community.

An important aspect of these relationships was between older and younger individuals. Lantis noted the relationship between age and social relations: "Older women made the younger ones work, and young men were made to listen to and help their

elders” (1984:217). In return for obeying these instructions, the elders bestowed blessings for a long and healthy life (Fienup-Riorden 1994; Lantis 1947). Today, these instructions are still being taught by elders, though less often and sometimes in more formal settings. Elders are invited to speak at conferences, schools, and meetings.

Elders’ conferences, sponsored by the Calista Corporation, are a formal way to transmit this knowledge today. A Calista Elders’ conference was held in Toksook Bay on September 19, 2002. Elders from Toksook Bay, Tununak, Nightmute, Newtok, Mekoryuk, and Chefornek told stories about village life in the past. They conveyed lessons about how to deal with current issues in the villages. The conference was held entirely in Yup’ik. When the elders spoke, the atmosphere was quiet and respectful. “United We Strive” was the theme of the conference. Common topics in the oral narratives included: respect for elders and others, listening to elders, proper behavior between men and women, drug and alcohol use, and harmful talk within communities. These topics are closely related to the themes identified by the women in this study. Through oral narratives, the elders continue to pass on the rules and instructions for living the Yup’ik way. Community members also seek out elders individually for knowledge and advice. However, participants in this study expressed concern that elders do not speak often enough. They would like to see more participation of elders in schools and community programs and events.

Today, cultural knowledge, language, and skills are passed down in language immersion classes in the school and other programs offered within the community. Elders play an important role in the transmission of this cultural knowledge. Most

Yup'ik/Cup'ik elders speak in their traditional language, and speak little English. Prior to the 1920's, the Yup'ik/Cup'ik language was the primary language spoken in these communities (Fienup-Riordan 1994; Oswald 1990). Village schools, founded in the 1920's and 1930's, required the use of English and prohibited the use of traditional languages (Oswald 1990). Because Yup'ik/Cup'ik was spoken in the home, it remained the primary language in the villages until the 1960's. There has been a revival over the last two decades to maintain traditional knowledge and language. Yup'ik/Cup'ik immersion classes are provided in the village schools. A language gap was observed in young and mid-aged adults. Few people in these age groups speak their native language because schools, for many years, were only promoting the use of the English language. Hence, these language immersion classes have been helpful in bridging the language gap between very young and the older generations, and have provided a means of sharing traditional knowledge. As the younger generation regains their language, this important traditional knowledge can again be passed down from the elders.

Another important element of *respect for elders* was the sharing of food. Historically, as part of traditional generational relationships, informal food sharing was practiced within the family dwelling and formal food sharing outside the household was only practiced during feast time or when honoring a family member (Lantis 1984). A boy's first seal catch was one such occasion. There were specific rules for the treatment and distribution of seals and they were a focus for ritual activity. The goods were distributed according to age with the elders given first choice (Fienup-Riordan 1983, 1994; Lantis 1946). This ritual distribution of goods guaranteed the young hunter future

success while, at the same time, provided food to the aged members of the community. Furthermore, elderly people in the village who could no longer provide for themselves were “not abandoned” (Lantis 1984:218) but were provided for within specific rituals and practices. They were fed, though not always as well as other members of the community.

Today, formal food sharing is still practiced for special occasions, such as a boy’s first seal catch. Festivals in which formal food sharing was practiced are no longer held, but Slaaviq and other feasts occur regularly in many villages. Today, informal food sharing occurs within the family and among members of the community. Elders are provided for by family members and others in the community as needed.

The care of elders has also been affected by culture change. Traditionally, elders were cared for only by family and community members; there was no outside help. Now, there is some assistance offered at both the local and regional level. Medicare and Medicaid provide economic resources for elderly villagers. Home care assistance and other social support programs are offered in some villages. In Bethel, home care services, behavioral health services, and other social support services are available to assist the aged.

The City of Bethel Senior Center provides assistance to individuals who are 60 years of age and over or individuals with a disability or specific need. Individuals are referred by family and/or health care providers. The Center is supported by the city of Bethel and follows Medicaid guidelines for those who qualify for assistance. People who are in visiting from the village may also access these services. Nutritional Transport

Supportive Services and Adult Day Care are two programs provided by the Senior Center.

Nutritional Transport Supportive Services provides lunch Monday through Friday for elders at the center and delivers lunches to elders in the community. Individuals are asked to pay \$1 for the meal on a voluntary basis. Because some of the staff are performing community service work, elders take advantage of this opportunity to teach these individuals proper behavior in the community.

The Adult Day Care program is open from 8-5 p.m. during the week and has about 12 regular members. Bus service is provided for elders and senior apartments are located nearby. From the Senior Center, the elders are taken on field trips to shop, pay bills, go to appointments, go berry picking, etc. At the Center, the elders watch educational video tapes and take part in scheduled exercise programs. Schools and church groups provide programs for the elders at the Center. Children come to the Center and perform Eskimo dancing and participate in other traditional activities with the elders. Many of the elders speak Yup'ik, and the staff converse with them in both Yup'ik and English. During the day, their medications are administered by the staff. The staff monitors the medication, and makes sure they have enough for evenings, weekends, and holidays. Home visits are made by the staff to check the safety of their environment. Some of the elders live by themselves and may take their evening meal home with them.

In Bethel, a move is underway to build an assisted-living center or nursing home for elders in the YK Delta. The Yukon-Kuskokwim Assisted Living Task Force is a coalition formed to address this need. At a public meeting on September 5, 2003, the

need for an assisted-living center was identified and discussed. An assisted-living center in Bethel would enable elders to remain close to family while at the same time maintaining some independence. With Bethel the hub for village travel, it would be convenient for families to visit loved ones. Without these resources, elders have to relocate to facilities in Anchorage or other areas in the state.

In sum, *respect for elders* encompasses many cultural values and practices such as listening to elders, obeying, helping, and sharing. Even though economic and social changes are influencing the role of the aged in the community, *respect for elders* remains an important aspect of Yup'ik/Cup'ik life. The women in this study value cultural knowledge and the important social role elders play in the community. These beliefs and practices uphold the role of the elderly in these villages today.

Theme 5 – Use of Traditional Medicine

The *use of traditional medicine* is a common theme identified by women ($n = 8$) in the interviews. These traditional remedies and treatments include steambaths and the use of plants for medicinal purposes, especially teas.

Steambath

Maqi, or steambath, is used as a treatment for physical ailments such as arthritis, muscle aches, and colds either alone or in conjunction with plants. Women add plants to water in the steambath to prevent and treat ailments. Pine needles are thought to prevent a cold and relieve congestion if one is already sick.

When we take a steambath, we use those (pine needles), and wormwood, pineapple weed (GR, age 50+).

In addition to treating physical ailments, steambaths are used as a treatment modality for cleanliness and mental well-being. One participant spoke of how steambath contributes to her physical and mental health.

Sometimes our elders would say, ‘Something’s bothering you . . . go take a real strong steam. Then just pour it off, let it burn it off. Or if something’s really bothering you, you go chop wood, put that to that wood, bang on it and it will be gone . . . I love to take steam every night. I think I am addicted to it. I like it because I think it’s keeping me healthy and keeping me clean. It’s helping my muscles . . . I still have a little arthritis on my elbow and I think steam is helping it. . . it helps my cold too. Sometimes in steams, my friends would use medicinal plants like wormwood. They put it in the water and then they use it to splash over, but not all the time. And evergreen, spruce tree needles, also. During the summer and fall . . . some of the ladies gather mint plants and they use them to steam with and sometimes to wash with (ON, age 60+).

Steambaths were identified as important in the prevention and treatment of some disorders, and for cleanliness. Thus, steambaths contribute to both physical and mental health and may be used in conjunction with medicinal plants.

Medicinal Plants

Women gather wild plants from the tundra. Some plants identified by the participants included marsh marigold (*Caltha palustris*), wild celery (*Angelica lucida*), sourdock (*Rumex artica*) or “wild spinach”, wild parsnips (*Ligusticum huttenis*), wormwood (*Artemesia artica*) or “stinkweed”, Labrador tea (*Ledum palustre*), and others. Medicinal plants may be used in the steambath, either in the steam water for their aromatic properties or on the skin while bathing. These plants are also used to supplement the subsistence diet, as well as to prevent and treat various ailments. Teas, made from many of these plants, are commonly used as medicine. Plants are dried or frozen for storage over the winter months.

Try to have these herb teas like tundra teas and greens, stinkweed and stuff for your medicine . . . (CU, age 60+).

Knowledge of plant medicine is passed down among the women and is supplemented from sources outside the community. Many of the plants and their uses are known only by elders in the community and are identified by their Yup'ik name.

Some kind of medicine, I know some of them. I learn from older people. When they talk about it, I understand what they are. But, some of them, I don't understand (PP, age 60+).

Medicinal plants are used by women in this study to supplement their subsistence diet as well as to prevent and to treat disorders. These treatment modalities include steambaths, teas, and topically applied methods.

Discussion

For Yup'ik people, health and well-being entail balancing the physical, cognitive, emotional, and spiritual processes within family and community cultural beliefs.

Traditionally, sweat baths were used as a means to cleanse the body and were also used in rituals for purification. They were held in the *qasgiq* or men's house (Fienup-Riordan 1994; Nelson [1899]1983). Fienup-Riordan provides the following description of a traditional sweat bath:

The *qasgiq* was also the scene of the ubiquitous sweat bath, when occupants opened the central smoke hole and fed the fire to an intense degree. After enduring this heat, the men rubbed their bodies with urine aged in wooden buckets. The ammonia worked to cut the grease, and combined with a rinse of fresh water, effectively cleansed the bathers (1994:36).

The sweat bath was also used during festivals and other rituals to purify the body, often before a participant returned to normal activities within the village (Fienup-Riordan

1994; Lantis 1946). When village structure shifted from men's house to family house, the sweat bath was replaced by the steambath (Fienup-Riordan 1994). The steambath was introduced by Russian traders and was adopted by the Yup'ik when the *qasgiq* was abandoned (Oswalt 1967).

Today, *maqivik* or a steambath is common to most homes in the villages. Steambaths are usually made of plywood, sit low to the ground, and use wood for fuel. In a practical sense, steambaths are a good way to clean the body in an area where running water is not always available, but they also have medicinal importance. During a steambath in Bethel, pine needles were placed in the water because many people were sick with colds. The women believed the pine needles could help prevent colds and also would relieve congestion.

In addition, taking a steam provides a source of social support for women, a time when women (usually family members) in the village can get together to discuss events and concerns. Steambathing is segregated by gender and is often a social event, with telling of jokes and stories (Hensel 1996). During a steam, lots of joking and playful remarks occur between the women⁵.

In addition to their use in steambaths, plants are also used in other medicinal ways. Before biomedical care was available, ailments were treated with plants and other traditional remedies. A traditional activity for women involved gathering wild plants from the tundra, including medicinal herbs, for food and medicinal use (Fienup-Riordan 1994; Lantis 1946; VanStone 1984). Willow leaves (*Salix glauca*) and sourdock (*Rumex artica*) were stored in seal oil for winter use.

Today, plant medicine is still being used for prevention and treatment of ailments, though it is now used in conjunction with biomedicine. Village health clinics provide health care to communities in the YK Delta through the Yukon-Kuskokwim Health Corporation. However, women still use medicinal plants in teas to prevent and treat illness. In some cases, plant medicine may even be used in place of medical therapy.

In sum, traditional medicine is still being practiced today, though the extent of its use is not known. Although information was gathered for only a few of the treatments and remedies, it is clear women continue to use wild plants for steambaths and teas, both for prevention and treatment of illness or disease. Where traditionally steambaths were in the men's house or *qasgiq*, now most families have their own steambath. In fact, the practice of "taking a steam" is more prevalent now than in the past. Women continue to use medicinal plants to make teas, either alone or with store-bought tea. Thus, steambaths and medicinal teas are important in the health of these women.

Theme 6 – Concern for the Environment

Today, the *environment* is considered to play an important role in health and well-being of Yup'ik/Cup'ik women ($n = 13$). Cleanliness, both individual and community cleanliness, along with being outside and breathing fresh air are two sub-themes recognized in the interviews.

Cleanliness

Cleanliness includes not only keeping the body, food, and home clean, but also keeping the village clean. Five of the women specifically spoke of cleanliness, both individual and community.

We have to keep ourselves clean . . . we have to keep clean today in order for us to have healthy life and even for our body system. Here in our village, all of us need to keep our environment, our village, clean . . . Today here in our village, that's what we're doing; steam baths, showers, and we have laundries and water . . . Mostly, healthy life is being clean in the home . . . and how to keep clean with this subsistence way, food. Like the ocean food our husbands catch. They were very clean those days. They never dump them in the trash, you know. The seal bones or fish broth, they throw them out in the ocean . . . that's how clean they were our grandparents and grandmothers those days. Everything they caught from the river or ocean has to be thrown out into the ocean . . . But, today, we're getting very sloppy. Some of them throw them out into the dumpsters . . . The rules are like healthy way of keeping us healthy . . . (TM, age 50+).

Thus, there are specific rules for keeping the village environment clean which must be followed. In turn, this promotes being outside and breathing fresh air which is a sub-theme that emerged.

Being Outside and Fresh Air

Being outside and breathing fresh air were considered vital to physical health and well-being by eight of the participants. Being outside and breathing fresh air also is believed to improve mental well-being and to help cure depression.

When I get very depressed and don't feel happy, she'd (my aunt) always tell me, 'go out, go out to the tundra and take a fresh air' . . . Grandma used to always tell us that it's good for you; it's healthy to be out. You go to the tundra and just walk around. You'll feel better . . . I know that's one thing she told me. To always go out when you're not feeling good. Fresh air is medicine. It's good for your health. I know that; that I remember (UY, age 50+).

Thus, being outside and breathing fresh air contributes to physical and mental well-being.

Because of these values, communities are concerned about air pollution and contaminants in the rivers and ocean. Global climate change and communicable diseases

are thought to be contributing to increased sickness in the village according to one participant.

Today, the change of the world makes people sick. Change of climate and stuff like that. A lot of germs going around . . . more sickness comes around (CU, age 60+).

Discussion

Concern for the environment, both internal and external, was an important theme that surfaced. Health and well-being arise from a lifestyle that seeks to establish and maintain harmony within one's relationship with self and others, as well as one's relationship with the environment. Conversely, illness and disease may result from an imbalance in one's relationships within the community and with the environment. These relationships occur between humans or between animals and humans, embracing not only the physical but also the spirit world (Fienup-Riordan 1994). Thus, *concern for the environment* is important for health and well-being in the community.

Healthy living involves maintaining one's awareness through activities, an awareness that honors all parts of self while maintaining the interconnections with others and the environment (Fienup-Riordan 1994; Kawagley 1995). In Yup'ik cosmology, all things possess awareness or consciousness (Fienup-Riordan 1994). The mind is very powerful and a person's thoughts are considered as powerful as their actions (Fienup-Riordan 1994). One's thoughts and actions in the environment influence daily living. Thus, having a healthy mind is important to one's internal environment and overall well-being.

Specific rules were practiced in daily interactions in the external environment. Dirt was a pathway out of the body for illness, and was also believed a barrier for illness to enter the body (Fienup-Riordan 1994). Refuse was not only used to prevent disease, it was also used to treat ailments. If refuse was handled correctly, it could later be used to assist a person when in trouble. This is illustrated in traditional stories in which ashes and grass assist an individual in crossing a river or traveling on ice floes (Fienup-Riordan 1994). Specific rules were also practiced for the disposal of animal and fish remains. To break these rules was disrespectful and would result in disharmony, thereby disrupting the health of all. Hence, it was thought to be a responsibility of all to maintain a clean environment, both of mind and external environment.

Outside influences are definitely affecting the environment of the YK Delta. Pollutants found in sea mammals, polar bears, and fish have raised concern about the safety of subsistence foods. Villagers are expressing concern over pollutants in the Kuskokwim River where much subsistence and commercial fishing takes place. Waste is dumped into the river from mining operations and other industries. There is also concern about dust clouds carrying harmful pollution from Siberia. Such contaminants are out of Yup'ik/Cup'ik control.

In terms of sanitation within the village, disposal of trash is a recognized problem. The dump sites are usually close to the village and a source of contaminants. Honeybuckets must be emptied in a specific location to prevent contamination of water and food supply. Climatic conditions prevent quick breakdown of biological waste. Thus, refuse presents an environmental problem in most villages.

Refuse is no longer used to prevent or treat illness. Today the emphasis is on cleanliness. Improved hygiene has contributed to increased longevity. Personal hygiene is important and easier now, with more available resources (running water, showers, laundry facilities, etc.). Health care providers and school teachers have played an important role in improving hygiene through education.

Most subsistence activities are performed outside, in the fresh air. Thus, being outside and breathing fresh air is an important lifestyle choice that also affirms the importance of the subsistence lifestyle for healthy living. Today, villagers are outside in the fresh air less often than in previous times due to increased television viewing and computer use. Those individuals with office jobs are kept inside for most of the day. Travel to subsistence hunting and gathering sites is done via snowmachine or 4-wheeler, thus decreasing the time spent outside. Environmental changes are occurring both from outside and from within the village. These changes have affected the health of the community in both positive and negative ways. Consequently, mid-age and older women have expressed *concern for the environment* and believe it affects their physical and mental well-being.

Theme 7 - Inner Well-being

The theme, *inner well-being*, was identified by ten of the participants ($n = 10$) and incorporates both emotional and spiritual health. Social support and belief in God are two sub-themes related to *inner well-being*.

Social Support

The importance of social support is a common thread throughout the interviews. Six of the participants spoke of the importance of social support for mental well-being. One participant was in mourning after the recent loss of her husband. She spoke of how she dealt with her emotional distress, including seeking support from five women in the community:

I keep doing things so I won't be aware. When I lost my husband, I was numb . . . I go only to my friends and after I talk to them, I feel better . . . I would feel better and I seemed to feel stronger (GR, age 50+).

Another participant in the study related how she dealt with the loss of a loved one and depression.

My good friends would help me out and I would do the same thing for them too. So, I think that's part of being healthy too. I have to pass that on to my own family. If something is bothering you, you have to tell it. You have to speak it out . . . you have to get it out of your system . . . When my grandson died, I was really depressed. But then my family helped me . . . they told me not to feel sad . . . it will get into my health. It will make me weak . . . Follow the rules so you wouldn't be depressed . . . Keeping our language alive, keep feeding them (family) Yup'ik food and they are practicing that which is good (ON, age 60+).

Social networks exist among the women in the community. Needs and concerns were expressed frequently over the phone. One woman spoke of being called often, sometimes even during the night, when someone was troubled and needed to talk. She felt it was important to help and would sometimes miss sleep. She expressed concern that women were experiencing difficulties because village life is hard.

Even now, some ladies would call to talk. I get a lot of calls sometimes just to talk. The person that called would come and we'd talk. Whatever is bothering them or whatever she's going through, she'd talk about it . . . younger women, older women. I know I even get calls sometimes from

other villages. I ask myself the question ‘why me?’ (Laughing) Of course, it’s always easier to talk in your dialect, you know (RQ, age 60+).

Hence, support from women in the community, both family members and friends, are important not only during the grieving process, but also to overall *inner well-being*.

Belief in God

The sub-theme, belief in God, is an important aspect of *inner well-being* identified by seven of the participants. The church was identified as a key part of community life and a source of strength for the village.

For myself, I’m a believer too. So we believe in God. He does help us a lot because we trust in him. Otherwise, where would I be? (TM, age 50+).

Churches function not only as a source for spiritual strength, but also as a means for social support and guidance.

. . . one way to keep healthy and to be healthy, be with other people . . . being around people, going to church (UY, age 50+).

Going to church . . . can help us too. Sometimes when we go to church, they (elders) talk to us. We don’t have to think of ourselves only have to listen to an elder or preacher talking . . . how we can live a good life . . . Love in the family; to love everybody (ON, age 60+).

In one of the villages, a church women’s group meets regularly, providing a place for women to come together. They read scriptures from the Bible, sing, and share with each other. The group not only provides Christian fellowship, but is active in preserving and passing on traditional knowledge. The older women provide wisdom and guidance to younger women in the group by sharing their experience and knowledge of life in the past.

On Mondays we have (the women’s group). All the women get together. We share. Of course, read scriptures from the Bible first, sing, and then

we would share. It's always good to hear elders giving us advice, us younger women. How we should live our life, respecting our husbands, anybody that's older than us . . . Now, today, probably, this might be the last month we meet (women's group). When it gets too busy, we stop till fall time. She's always there, even our elders, couple of our elders goes there too . . . sometimes there's about 8 to 10 (middle-aged women). Sometimes maybe 5, depending on how busy they are at home I guess. Then, we have Wednesday prayer meeting and then Sunday . . . I know some days; they invite people from church to their home to have dinner or lunch with them, or even some dinner time (RQ, age 60+).

Participants expressed their belief in God as a source of strength and support. As one elder stated, "We have someone who keeps us well; we pray to Him. I do" (OY, age 80+). Therefore, social support of women and belief in God provide a sense of *inner well-being* for some of these participants.

Discussion

An important theme that emerged is that of *inner well-being*. In traditional Yup'ik cosmology, balance between the human, animal, and spirit world is a primary concept (Fienup-Riordan 1994; Kawagley 1995). This balance is acquired and maintained by following specific instructions for living and ritual behavior. It is also a vital factor in health and well-being.

An underlying concept of balance is that of spirit and awareness. All things possess spirit or *yua*, both animate and inanimate objects, within and including the environment (Fienup-Riordan 1994). It was believed that *ellam yua* or "person of the universe" watched over everything (Fienup-Riordan 1994). All actions and thoughts were known and observed by *ellam yua*; therefore one's thoughts were as important as his/her actions. One must act respectfully to have a successful life. Everyone was responsible for following this code of conduct and consequences or punishment for not following the

proper rules were given by *ellam yua*. When the “rules” are broken or rituals not performed, illness and disease can occur. Thus, following the rules of conduct and thinking “good” thoughts ensured a healthy life in Yup’ik communities.

The mind was thought to be very powerful. Harmful or strong thoughts could negatively affect the health of an individual and/or others (Fienup-Riordan 1994; Lantis 1946). Consequently, some illness could be prevented by controlling negative emotions such as anger, sadness, or depression. Lantis noted that a human being can be changed into a spirit by thinking angry thoughts (1946). Sadness or depression could weaken an individual and allow illness to enter their body. To worry was thought to be harmful because it prevented individuals from being aware of their environment. Thus, inner well-being by avoiding anger, sadness, and depression were believed to keep the body and mind healthy.

A person was warned against following their own mind and not following the rules for living (Fienup-Riordan 1994). It was believed a person could not lead a long and successful life if they followed their own mind. In addition, the elder’s mind, it was thought, had the power to shape the future (Fienup-Riordan 1994). One could not wish bad thoughts on someone to whom they were grateful. By performing good deeds for an elder, a person would be wished good luck and a successful life. As a result, the status or role of the elder was maintained in the community. Thus, in traditional Yup’ik worldview the mind was important to both physical health and *inner well-being*.

Today, Christianity is the primary religion in Yup’ik/Cup’ik communities. Christianity was first introduced to southwestern Alaska by a visiting Russian Orthodox

missionary in 1829 (Oswalt 1990). In the summer of 1885, Moravian missionaries founded the Bethel mission at a trading post on the Kuskokwim River (Lenz & Barker 1985; Oswalt 1990). The Moravian missionaries thought it was their duty to change the “sinful ways” of the Yup’ik people and set about to convert the villagers to Christianity. They thought the festivals were satanic, and tried to substitute Christian celebrations. John Kilbuck, a particularly active Moravian missionary, traveled to villages ministering to the people (Lenz & Barker 1985; Oswalt 1990). Later, in the 1930’s, the Evangelical Covenant Church was established in the YK Delta and there are currently six Evangelical Covenant Churches located there. With the onset of Christianity in the villages, many of the traditional religious beliefs and practices were challenged and discouraged. Thus, current Yup’ik worldview includes both traditional and Christian beliefs.

Today, women receive support from social and spiritual sources. The women obtain social support from other women in the community, both family members and friends. Historically, women could socialize while caring for family and performing subsistence activities, and while that is still true to some extent, changing social patterns have caused women to seek out other women specifically for companionship and support. Outside influences such as media and increasing education have resulted in more awareness of stress and depression. Conversing among women provides an important means of social support in times of need.

Belief in God was identified as a source of strength and support for some of the women in this study. In addition, social support was found through the church. Women’s church groups provide a place for prayer and Bible study, as well as a time for sharing

and support. Instructions for living are given at church, both from elders and religious leaders. Traditional and Christian beliefs both stress the importance of family and community values—respect, obedience, helping, sharing, love. These women found that trust and belief in God were key components in their *inner well-being*.

In sum, social support and belief in God are important aspects of the *inner well-being* of these aging women. *Inner well-being* affects the perception of quality of life, and therefore, is an essential determining factor in an individual's experience of aging. Consequently, *inner well-being* is central to subjective quality of life and has potential consequences for healthy aging.

Theme 8 - Cultural Change

As the preceding discussion has illustrated, Yup'ik/Cup'ik Eskimos have experienced rapid cultural change during the last 50 years. *Cultural change* is an underlying theme throughout this study, altering the traditional subsistence way of living. This theme was identified by twelve ($n = 12$) of the participants in this study. Shifting gender roles, tobacco, drug, and alcohol use, and television/computer use were commented on repeatedly during the interviews and are therefore sub-themes identified in this theme.

Gender Roles

Gender roles have shifted. Eight of the participants in this study work in jobs outside the home. They are away from home eight or more hours a day, though many women go home for lunch. For some, this means added work and increased stress. Family members, often grandmothers, care for the children during the day.

Yes, it's changed a little. You know, a long time ago, these ladies they used to go fishing, dry everything. Nowadays, too much work changed things. Hardly any ladies go fishing and dry things up. But, not enough Eskimo activity I think. Too much *kass'aq* way now . . . To much work, I think. When they're not working, they'll do it. But, when they're working, they're stuck I think (FL, age 60).

Like 50 years ago, we baby sit ourselves and do our work. But today, they don't take their babies and berry pick any more. That's changed (KF, age 62).

Some men share in household chores such as laundry and cooking when their wives work outside the home.

My husband helps me or my boys whenever they have time. They help me clean up the house too. My husband helps me wash clothes over at the laundry. Sharing and sharing. And he cooks for me (PP, age 60).

Because of the shift to cash-based employment, the amount of time spent at fish camp has changed for many families. Many women sell their native crafts, basketry, knitting, crocheting, and sewing, to supplement the household income. The women knit for the Oomingmak Musk Ox Producers' Co-operative, an organization founded in 1969. The Co-Operative is owned by approximately 250 Native Alaskan women from coastal villages of Alaska.

Today, I think our younger children, like the girls, need to be taught or watch their mothers do them (game or fish), so they can learn to do it themselves. For myself, I was taught by my mother-in-law . . . how to make soles, seal skin boots, and making baskets after I got married. Then this musk ox came around and that really spoiled us. I never make mukluks today because of this musk ox knitting . . . I regret. I would have made mukluks even today if I wasn't doing lots of this knitting. Today, even the girls, they're learning to knit musk ox when they should be taught to make kuspuks, make baskets, do some cooking. It changed a lot for lot of us women today (TM, age 50+).

While knitting provides valuable income for these women, many older women regret the loss of traditional skills to make mukluks and parkas.

Everyone has changed in the home including myself. The women used to sew, braid grass, make rain parkas, make bearded seal boots. Now they only knit every day. They don't make mukluk boots. They don't make raincoats. They don't make that kind (any more). They changed to knitting, just always knitting every day, musk ox fur knitting . . . (KY, age 79).

Changes in economic and social patterns have resulted in greater mobility for some family members. Men working seasonal jobs may seek employment in other villages or Bethel. Some villagers may relocate to Bethel or other areas in the state to pursue higher education and better jobs.

Today, the families have changed too. Like even relatives are not together anymore. They are kind of separated from . . . I don't know . . . Today is very different than when I was growing up. There are too many things going on. Maybe that's a part of a lot of change that's happening in the villages too (ON, age 60+).

Thus, the economic and social roles of women in the community are changing. Another change noted by some participants is the influence of tobacco, drug, and alcohol use on the community.

Tobacco, Drug, and Alcohol Use

Tobacco, drug, and alcohol use was identified by four participants as a problem in villages especially among the younger generation.

My late father used to tell me that in 1999 the people would change, that they will become different . . . Even though they are young, they drink alcohol and they have started smoking (cigarettes) . . . They're like strange people (GR, age 56).

Marijuana use was particularly recognized as a problem, disrupting family and village life.

A good life is not using drugs and alcohol and eating good food . . .
That drugs, you know, the marijuana, that is a problem in our village.
Some drinking, but marijuana is active in the village. And that has been
our heartache (HL, age 50+).

When asked what one respondent was told by the elders about how to have a good life, she replied “Well, avoiding alcohol, smoking, tobacco, chew, inhale, all kinds” (PP, age 60+). Thus, these participants indicated the negative impact of tobacco, drug, and alcohol use on the health of their communities.

Television and Computer Use

Television and computer use was identified as a sub-theme in *cultural change*. Concern was expressed by three participants over the amount of television watched and the amount of computer usage. Instead of playing outside in fresh air, the children are staying inside which is considered unhealthy. This was also seen to affect family life by preventing families from interacting during recreational pursuits.

I remember when I was a little girl we used to play football or some kind of ball when the daylight is longer with some elders around us. That’s how we used to play. But today, you don’t see any kids playing around like that anymore, too much T.V. and Nintendo (CU, age 60+).

The transmission of cultural knowledge from the elders has also been affected by increasing television and computer use as noted by another participant.

Way back then, they used to talk to their children or grandchildren a lot about what’s right and what’s wrong, the traditional way of living. But nowadays, I guess that has lowered a lot. They don’t talk to them as much as they used to. I guess because of so much television and Game Boys and whatever (UY, age 50+).

One participant spoke of her concern over the rapid changes that have occurred in the village. She also expressed her belief in the importance of traditional knowledge to the younger generation.

But, things have changed a lot, even in the school system, even in our own village environment, lot of change (for) our children. But if the parents or grandparents can tell them the way of culture living and let them hear and let them do some subsistence. Let them learn what they did in their days, they could do it. They could do it today instead of having their own way so much (TM, age 50+).

Discussion

A subsistence way of life, which is integral to Yup'ik worldview, has changed significantly with increasing westernization of rural villages. Prior to the early 1900's, there was very little contact with the outside world (Fienup-Riordan 1994; Lantis 1946, 1984; Oswalt 1963, 1990; VanStone 1967, 1984). In some coastal areas, the first outside contact was not made until the late 1800's when Russian traders visited the area. Fur trading became the primary relationship with "white men" at the turn of the century (Oswalt 1990). Fur traders, whalers, and early explorers brought in illness and disease for which the Native population had no resistance. As a result, an epidemic in 1900 wiped out over half the Eskimo population leaving mostly the youngest members of the community. Consequently, many of the old, who had the traditional knowledge, were no longer around to pass on that knowledge (Lantis 1946; Oswalt 1990). Culture change began to occur more rapidly as new ideas and methods were adopted.

Churches and schools, established in the 1920's and 1930's in the villages, brought about an increased rate of cultural change. Villages were abandoned as people moved closer to schools and churches. Language, social organization and religious

practices were either altered or replaced, and by the 1950's, the church had gradually replaced the *qasgiq* as the center of social and religious activity (Lantis 1946; Oswalt 1963,1990). Thus, rapid culture change was influencing cultural beliefs and practices in these Yup'ik/Cup'ik villages.

While all villages now have electricity, many village homes still do not have running water. Modern villages have schools, city and traditional council governments, churches, and health clinics. Commercial fishing was introduced to the area in the 1940's. By the 1950's, it had become a source of cash revenue for men in the village and women began to work outside the home as more service jobs became available (Oswalt 1963). Schools, health clinics, along with city and traditional government offices are the primary places of employment for women in the village. A subsistence economy has now been supplemented by a cash economy.

Many women currently work outside the home which has impacted traditional gender roles. A lot of women are no longer physically at home during the day to provide food and care for the family, though many do come home for lunch. Child care is often provided by other family members while the mother is away at work. Women are very busy and overworked. Many are juggling home duties and responsibilities with work obligations. Men are participating in subsistence activities or are working at seasonal jobs which may take them away from home for short periods of time. Some men are helping in what was traditionally considered women's work, assuming more responsibility at home with laundry, cooking, cleaning, and child care. Thus, some shift in men's role in the home has occurred.

As women hold jobs in the community and men work seasonal jobs, subsistence patterns have also changed. Fish camp has to be scheduled with regard to work related obligations, both those of women and men. Summer school for some children has also influenced the time spent at fish camp. Spring camps are a thing of the past and have not been held for many years. Few women today make traditional *mukluks* or raincoats anymore. Only a few elder women know how to make these items and the knowledge is not being passed down to the younger women. The shift to a more cash-based economy has reduced the amount of time spent engaging in subsistence activities of both women and men.

Tobacco, drug, and alcohol use is a problem in the villages. Tobacco use among villagers was documented in early ethnographic works of the late nineteenth century and tobacco continues to be used in the villages today. Tobacco was introduced from Asia to the Bering Strait region by Siberian neighbors (Nelson [1899]1983). In the late 1800's, tobacco was used by both men and women, though women usually chewed and did not smoke. Tobacco was obtained from traders and in some cases it was mixed with tree fungus ash into quids or little balls to be chewed. The ash was obtained through trade with interior groups (Nelson [1899]1983). Hence, tobacco use has been present in many villages since the late 1800's.

Today, smoking tobacco is common among villagers, though not as common among women. Tobacco use is very high in the tundra villages, even among the women and children. It is both smoked and chewed. Chewing tobacco or *ikmik* is commonly used by not only men, but women and children. They also make quids by mixing tobacco

leaves with punk ash and then forming little round pellets which are chewed or held in the mouth. Increasing rates of cancer (lung, esophageal, and stomach), along with other respiratory illness and disease, indicate tobacco use is an important factor contributing to health problems.

Marijuana is also present in some villages and this illegal drug was identified as harmful to the community. Village importation, sale, and consumption of alcohol are prohibited throughout the YK Delta, but in Bethel, consumption of alcohol is allowed in the home only. Even though alcohol sale and consumption is prohibited, in most villages alcohol use is still found. High rates of suicide among teenage and young adult villagers may correlate with drug and alcohol use in this young population.

Technological advances have resulted in increased television and computer use, both at home and at school. By the 1960's and 1970's, technology made contact with the outside world more available (Fienup-Riordan 1994). Today, most homes have a television and many homes also contain a computer. Many of the younger generation spend time watching television and using computers. This has influenced the amount of time spent with family and the time spent engaging activities outside in the environment. These include both subsistence and recreational activities. In addition, generational differences are reinforced as younger generations are influenced by the media. Thus, television and computer use have altered activity patterns, resulting in an increasingly sedentary lifestyle, and disrupted traditional practices.

In sum, rapid cultural change has shifted the balance among the individual, community, and the environment. Changing subsistence patterns, shifting social roles,

and increasing technological advances have influenced, both positively and negatively, the health and well-being of aging and aged women in rural southwestern Alaska.

¹ A comprehensive list of quotes is provided in Appendix E.

² In the Yup'ik language, unga- is a root word meaning "to show affectionate attachment by clinging to another" (Jacobson 1084:395).

³ Visits to the villages occurred between the months of September through April. Conditions were icy or muddy, making walking difficult.

⁴ There has been a sharp increase in the occurrence of type II diabetes in the YK Delta. Current research is being conducted in this region by the *Center for Alaska Native Health Research* on the relationship between obesity and type II diabetes.

⁵ Taking a steam, especially a "hot steam" is also a marker of Yup'ik identity. When questioned by the women in the village, they were impressed when told the researcher had taken a "steam" in Toksook. It was believed that the people in Toksook Bay take very hot steambaths and the women responded with surprise. It had been said that *kass'aqs* usually can't tolerate really hot steams.

CHAPTER 5

CONCLUSION

Yup'ik/Cup'ik beliefs and practices contributing to healthy aging parallel those found in the majority population, but these beliefs and practices have developed from and within a very different cultural context. Yup'ik/Cup'ik women conceptualize and experience health and aging within the framework of a subsistence way of life. This traditional lifestyle defines a woman's self-identity and her place within community. The themes and sub-themes identified in this study are conceptualized and practiced through subsistence living; they are closely interconnected.

This study finds that the basic values of physical activities, healthy diet, social support, positive attitude, and care and concern for others remain important to the health of Yup'ik/Cup'ik women as they age. These ideas are consistent with what current research suggests contribute to healthy aging in general and may provide a basis for efforts to counteract the deleterious influences of increased sedentism and dietary change resulting from recent culture change.

An active lifestyle includes some type of regular physical activity and is a key to healthy aging in any population. Physical exercise not only promotes physical and mental health, but may also slow some components of physiological aging (McPherson 1990). Physical activity and active lifestyle are also important for prevention or modification of chronic conditions such as cardiovascular disease and diabetes (McPherson 1990; Kramer 1997). Physical activity prolongs independence and improves quality of life. Older individuals are able to continue activities important to their sense of self-worth and

mental well-being. Because cardiovascular disease and diabetes are a leading cause of death in the AI/AN population (John 1997), regular physical activity is important for healthy aging in these Yup'ik/Cup'ik communities.

The women in this study recognize the importance of physical exercise in preventing illness and in maintaining body strength and mobility into the later stages of life. Activities associated with subsistence living provide the primary source for physical exercise and promote physical and mental health in rural Yup'ik/Cup'ik villages. Other activities identified by the participants were walking, running or playing sports such as basketball or volleyball, as well as physical activities associated with subsistence living. Thus, physical activity and exercise are vital components of physical health and mental well-being of aging Yup'ik/Cup'ik women.

Proper nutrition is also part of a healthy lifestyle and important to healthy aging. Nutritional status in older people is affected by many factors: eating too much or too little, taking medications, suffering from chronic illness or disease, needing assistance with preparation, and financial difficulties (McPherson 1990; Meydani et al. 2001). Subsistence foods, which these women value, have social and cultural meanings beyond that of nutritional worth. Traditional foods are also important in determining and maintaining cultural identity. Hunting, gathering, processing, sharing, and consuming traditional foods define and enforce social roles within the family and community (Mascia-Lees and Black 2000). In the YK Delta, women play an important role in the gathering, processing, and distribution of food. This role establishes and maintains social

relationships in the household and community. In turn, this role also contributes to physical activity.

Yup'ik/Cup'ik women share similar concerns about diet as women in mainstream populations. They combine knowledge of traditional foods and what makes the body healthy with western nutritional knowledge to determine what constitutes a "healthy" diet for themselves and their families. As chronic conditions associated with aging such as cardiovascular disease and diabetes are increasing, these women recognize the importance of limiting fat and sugar intake. Traditional knowledge tells them subsistence foods are healthy and make the body strong. At the same time, store-bought foods are consumed more frequently and many of these foods are high in fat and/or sugar. Further research is needed on the nutrient value of many subsistence foods to assist women in choosing foods to promote health. There are studies currently underway, such as the Alaska Native Dietary and Subsistence Food Assessment Project through the Alaska Native Tribal Health Consortium, which includes analyzing commonly eaten Native foods. Thus, Yup'ik/Cup'ik women play an important role in their own nutrition as they age, but also the transmission of this knowledge to future generations of women.

Research has shown that attitude significantly influences the way an individual perceives health as they age (Bryant et al. 2001). How healthy individuals view themselves directly affects their experience of aging. Furthermore, social support is important in this perception and experience. Inadequate social support is associated not only with an increase in mortality, morbidity and psychological distress, but also with a decrease in overall general health and well-being (Keith et al. 1994). In addition, research

in mainstream populations demonstrates that confiding in a woman friend has a positive impact upon a woman's adjustment to aging (Portnoy 1997). Peer support is emphasized over family support because peers are usually closer in age. Thus, social support is a critical organizing factor in health and well-being as women age.

The Yup'ik/Cup'ik women in this study emphasized the importance of positive thoughts and attitude to mental well-being and overall health. For example, thinking happy thoughts can prevent sadness and depression which can cause physical ailments. In addition, social relationships are important for positive thoughts and attitude, or inner well-being. Female friends and family members provide important social support especially in time of loss. A women's church group in one community provides a valuable means for women to offer and receive social support. Consequently, social support and group activities are important in the lives of mid-age and aged women.

Current research on the aging process tells us that self-worth and purpose is important for mental well-being. For many older people, healthy aging is defined as going and doing something meaningful (Bryant et al. 2001). For aging women, care and concern for others is an important social function that provides purpose and self-worth (Calasanti and Slevin 2001). The demographic shift over the last three decades, with increasing numbers of older people, especially women, has led to greater dependence on the family as providers of care to the aged. Since women are generally the primary caregivers in the family, large numbers of women in mid-life will be informal caregivers of this older population (Phillips 2000). Thus, care and concern for others is an important social role offering meaning and a sense of self-worth for women as they age.

Concern and care for others is an important value of aging Yup'ik/Cup'ik women. It shapes their role in society and performs an important and meaningful social function. Taking care of the family was a primary concern expressed by the women in this study. Specific responsibilities shift with age and change in family demographics. In Yup'ik/Cup'ik families, many older women are actively raising children. At the same time, many elder women continue to care for younger family members. As demonstrated in the lives of these women, concern and care for others is an important factor contributing to their sense of worth and purpose as they grow older.

In summary, Yup'ik and Cup'ik women share values and health concerns much like those of mainstream populations in the United States today. The Yup'ik/Cup'ik values—physical activity, healthy diet, social activities and support, positive attitude, care and concern for others—are consistent with mainstream research about healthy aging. However, these values are realized in a distinctive cultural context that is undergoing rapid change.

Model for Healthy Yup'ik/Cup'ik Aging

A model of healthy aging for Yup'ik and Cup'ik women should employ values of health and aging described in this study within the framework of a subsistence lifestyle, as they themselves have identified. Physical activity, healthy diet, social activities and support, positive attitude, care and concern for others are all integral components of subsistence living and can be utilized for health promotion and intervention.

Programs for healthy aging can be formulated to include subsistence activities for physical exercise and mental well-being. Gathering and processing of traditional foods

provides physical exercise and the foods themselves necessary for a healthy diet. Subsistence foods and healthy store-bought foods can be combined into a healthy diet to meet the nutritional needs of aging women. Mental health and well-being can be promoted through social activities and social support that uphold traditional roles and relationships. Positive attitude consistent with Yup'ik/Cup'ik values are important for perceived quality of life. Care and concern for others encourages healthy relationships within the family and community and promotes care of the elderly. In summation, this model for healthy aging utilizes existing Yup'ik/Cup'ik beliefs and practices for health promotion and intervention.

Contribution and Implications

Social science research in the aging population is necessary for public health policy formation and funding for community health care resources in addition to the distribution of social and financial resources. Outcomes of aging research can have significant impact on the experiences of elderly people. This research must consider that access to and use of health-care and social services are influenced by many diverse factors such as cultural beliefs, socioeconomic status, emotional and physical states, and social relationships. By identifying social networks and available health care resources, health-promoting behaviors and utilization of resources can be encouraged.

Several areas of future research are needed; specifically we need to understand the relationship between physiological and psychosocial variables, and how they influence the aging process, especially in minority populations. Longitudinal studies are needed to

understand the effects of modernization on aging and the aged in societies undergoing change.

This study and previous research and theory regarding health support the centrality of cultural factors in understanding health beliefs and in developing intervention models. Understanding AI/AN beliefs regarding health and wellness, and how those beliefs affect behavior within a context of rapid socio-cultural change is a critical pre-requisite to understanding and addressing the health disparities found between the various AI/AN groups and mainstream populations.

The women in this study define healthy aging within the framework of subsistence living—keeping busy, walking, eating a healthy diet, maintaining social support, keeping a positive attitude, caring and concern for others. These beliefs and practices promote a strong, active body and mind, vital components to healthy aging. By reframing healthy aging in their own terms, a model can be developed to aid health care providers and health policy makers in developing culturally specific health promotion and maintenance interventions. The model presented in this study encourages an interdisciplinary, holistic approach to aging issues, rather than a strictly medical approach to the challenges of aging. Increased attention to culturally sensitive health policy and health promotion programs will lead to increased quality of life and therefore, more people aging successfully¹.

¹Results from this research will be provided to the Center for Alaska Native Health Research, the Yukon-Kuskokwim Health Corporation, and most importantly, to the communities and individuals themselves participating in this study.

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Research Questions for Individual Interviews

Unstructured or ethnographic interviews allowed the respondent to express their ideas at their own pace (Bernard 2002). To be consistent with Yup'ik culture, direct questions were avoided. I used an informal interview guide with probes to explore leads provided by the respondent (See Appendix B). Silent and echo probe techniques were utilized in a respectful manner to allow the respondent opportunity to share their thoughts.

The following research questions guided the interview process:

1. How does the respondent define health and well-being?
2. How does the respondent define quality of life?
3. What elements in the respondent's environment contribute to his/her health?
4. How do Yup'ik beliefs about health differ from western medicine views?
5. Are there "rules for living" — *alerquutet* (prescriptions) and *inerquutet* (prohibitions) — within Yup'ik culture? If so, can the respondent tell me what they are?
6. What was the respondent taught to do to stay healthy? What was the respondent taught to do to avoid sickness or accidents?
7. What does the respondent do to stay healthy? What does the respondent do to avoid sickness or accidents?

Appendix B

Ethnographic Interview Guide

Hello. My name is Scarlett Hutchison. I would like to talk with you today about health and aging. Specifically, I am interested in hearing what Yup'ik elders think about health and well-being or what makes a "good life."

1. Tell me what you think makes an older person healthy?

Probes will address these topics:

- a. Physical activities
- b. Mental outlook
- c. Social relationships
- d. Environmental influences

2. I wonder what makes a "good life."

Probes will address these topics:

- a. Tradition
- b. Physical health
- c. Social and environmental relationships

3. I wonder if there are specific things a person can do to avoid getting sick or hurt.

Probes will address these topics:

- a. Rules for living?
- b. Things you should do or things you should not do to stay healthy and avoid getting sick?
- c. Who taught these rules for living in the past?
- d. Who teaches them now?

4. I wonder how life changes as you get older.

Probes will address these topics:

- a. Young peoples view of elders

Center for Alaska Native Health Research*Generating a Cultural Understanding of Health***INFORMED CONSENT FORM****Individual Interview****Project Summary:**

To find out more about Yup'ik/Cup'ik knowledge and concerns relating to health and well-being, we are asking for your participation in a research project. You are invited to participate in an interview. This interview seeks Yup'ik/Cup'ik cultural understanding of health and well-being. We will use this information to develop culturally specific health promotion programs for the prevention of obesity as well as related health concerns. If you need this informed consent form translated or an interpreter for the interview, please feel free to ask at any time.

Procedures:

Specific questions will be asked to hear your knowledge of Yup'ik/Cup'ik culture as it relates to health and wellness. The interview should take approximately 1- 2 hours.

Benefits:

We hope that there will be many benefits of this research. The results of this study may benefit residents of the Yukon-Kuskokwim Delta, local health decision-makers and health care providers to know the Yup'ik cultural understanding of health and wellness. Participants may also gain a clearer understanding of their culture's way of perceiving health and their own health behavior. You will be offered \$25.00 as monetary compensation for taking part in this interview.

Risks:

It is possible that the discussion of health and well-being may make you feel uncomfortable. However, there are not any other known risks to you.

Voluntary Nature of Participation:

You have been asked to participate in this interview because of your knowledge, position in the community, interest or a combination of these factors. However, your participation in this study is voluntary. You are free to make your own choice about being in this study or not. You may stop participation in this study at any time without penalty. You may quit at any time.

Confidentiality:

Your answers are confidential. Your name will be kept separate from your answers. We will not tell anyone who took part in these interviews. The consent form will be kept in a locked file at the University of Alaska Fairbanks and will be shredded at the

completion of the study. Reports on the information collected by this project will be given to YKHC to be shared with people. At no time will data from an individual be presented, or the identity of people who participated be revealed. Any information that is published will be reviewed and approved by the YKHC Board of Directors and will not identify you by name.

The interview will be audiotaped using a cassette recorder. The tapes will only be used to help better understand the interview. The tapes will be erased after the draft report is approved by the community tribal representatives. If you do not approve, this interview will not be audiotaped.

Contact Person:

You can ask questions about the study, participate on a committee to review the progress of the research or request a copy of the results by calling Dr. Cecile Lardon at the University of Alaska Fairbanks at 907-474-5272. If you have any questions or concerns about your rights as a research participant, please contact Joe Klejka at the YKHC office in Bethel at 1-800-478-2742 or the UAF Office of Research Integrity at 907-474-7800 or fyori@uaf.edu.

Voluntary Participation:

Your response is important so that we can learn more about Yup'ik/Cup'ik health and well-being. Your participation is voluntary. You may elect not to answer a question if you are uncomfortable about it. You may quit this study at any time.

Authorization:

Your signature on this consent form indicates that you fully understand the above study, what is being asked of you in this study, and that you are signing this voluntarily. If you have any questions about this study, please feel free to ask at any time. A copy of this signed consent form will be given to you.

If you are 18 years of age or over, please sign here:

Signature _____ Date _____

Printed name _____ Participant Number _____

Translator's Signature _____ Date _____

Translator's Printed Name _____

Appendix D

**YUVERIRVIK ALASKAM NAKMIN YUIN YUTUYAARAMUN
YUVERIUTIN**

Ayagnirluni Yuut Ellmeng piciryamegtegun Kangingumallrategun
NALLQIGUCIMALRIA ILAUTELLRAN KALIKAA

YUGMUN ATAUTCIMUN APEQAURUN

Caultra Matum:

Nallunriqanernaluku yupiit nallunritellrat piuyumiutaitellu matum yutuuyaramun natellugniriitcaram'llu tungiinun. Unayaquumauten ilaagautesqelluuten umun kaningnaurutmun caliamun. Ellpet apcimauten ilaagautesqelluten umun kaningnaurutmun, apeqaurumalrianun'llu. Una matum Yupiit qaillun yuutuyaramun netellugniritellratnun'llu kangingnaurut'nguuq. Wankuta aturciqerput mana unakellput wavet yupiit calrunating natellugniriinating'llu elitnaurutmun. Arcaqerluku matumun anagulluteng uquuriciyaanretellkam tunginun. Allat-llu cali temem arninqiallugutektukai elaklluki. Umik mumigcitesqumaakuvet nallqiguutesquvet'llu qanqina.

Caliaqumallerkan ayuqucia:

Apcimaaciquten ellpet nakmiin nallunrilluucirpenek yugtun yuuyamek piciryamek'llu. Arcaqerluku qaillun yuutuyaram wall'u naulluyuicaraamek. Una'llu apqaurumallren casak malruk aturlukek piyugnauc.

Ikayuutekat:

Wankuta neryuniurtukut amllerneq mana kangingnaurun ikayuqengiskelluku. Nalaqutemta ikayuryugnait Kuigpiim Kuskuqviim-llu yui. Ilaklluki yuum temiin caliaqestain atanirturtait, nallunriqaniisqelluku piciryaitegun yuutuyaraq wall' natellugniriinateng'llu yuullerkait. Ilautellriit'llu kangiingumaciqut qaillun ellmegnek yugtun yuullerkamegnek elliyuteng aturlluki. Ellpit umik nunuliumaciquten qalartellrim pitiklluku \$25.00, Yuinaq tallimanek ciplluku.

Ancirtuun:

Makunek qallaskuvet ilait arenqianaqciqut wall' asqainaqlluteng. Taugam tamakut kiimeng ancirtuutnguut.

Ellminek Piugteqlluni ilautellerqak:

Toi Ellpit apcimauten ilauciqelluten umun kangingnaurutmun nallunritellren nakmiin nunavnek, makuumiungullren'llu piteklluku. Taugam mana Ellpinun attauq, piyumillkuvet ilausengaunak, piugteqkvit taugam ilaciquten. Ellpit umyuan atuurarkaagan ilautellerpeni, kiuyumiitellten'llu cali ellpenun attaluni. Taqsullerpeni taqsugnauten camun nagtevkinaq.

Assaqutet:

Kiutseten assaqumaaciiqut. Attren'llu allaakausngaciqlluni kiutevni kaliikami. Kina'llu yuk qanrusngaitaput kinkut ilagautellrutciatnek umi apqaurutmi. Una'llu kalikaq aterpenek egallek, sign'allren kelucausngaciiquq elitnaurvigpagmi Fairbank'sami. Toi'llu cali mana caliaq kangengnaullput taqkan sign'allren allqumaarkauluni. Matum Kangingnaurutem Qanemcia ukuunun ayagciquq, YKHC-mun, Ellaita taugam Yugnun scavtarkauluku. Yuum wani kangingaurutmi kalikami kallatellra, atra'llu, taungucia-llu nasvaumangaituq. Nallunairtutet'llu yugnun nasvaumangaituq, taugam Ukut YKHC-iit BOARD-iata cangallkenrillkatki.

Una apqaurun, riinairesuutekun tegumanciiquq. Riinairisuutem'llu imai qalartellren'llu atuutciquq tarenkanillerkanun qanellpet. Riinairaq'llu perriumarkauluni tribe'avet taugam draft report'aq canrillkumariikategu. Pisqumanrillkuvet riinairengnaitamtegen.

Qayagauryuumaken:

Ellpit apcugengauten mana kangingnaurun peteklluku. Wall'u ilaugaucugnauten committee'mun urenkiqkaata matum caliam ayallrenek wall'u qaqiskan una caliaq igausengallranek pikarpenek piyugnalluuten. Una calista ukuuni aterluni Dr. Cecile Lardon wani caliituli University of Alaska Fairbanks qayaagauryugnaan qanercuutiini 907-474-5272. Cali apyutenkanqerkuvit matum kangingnaurutem tuynginun. Una Yungcarista Joe Klejka Mamterillermi Qanercuuterluku wani 1-800-478-2742. Wallu una Fairbanksamelenguk Qayagauruluku wani 907-474-7800, wall' e-mailarluku wani, fyori@uaf.edu. Mumigcisten Sign-allra

Piyugteqlluni ilautellerkaq:

Ellpit matum tungiinun kiutekan apeqaurutmun arcaqertuq. Ikayuutnguciiquq'llu yuutuyaramun naullunritcaram'llu kangingnaurutiinun wall' lucirkaatnun. Taumik piugteqkuvet taugam ilauciiquten matumun. Kiuyuumiillketen apyutet kiunrillngerpeki canrituq. Cali taqsungnauten camun naguutaanak.

Piunarqucin:

Sign'allerpegun una kalikaq nallunairan tariingumallren una caliaq. Cali tarengluku qaill pitarlluten ilaagaucin, cali piyugteqlluten ilaagaucin. Apyutekangqerkuvit matumun apekina egmian. Uum kalikam sign-allerpet ayuqiinek cikiumaciiquten.

Akiimiaq pingayun ciplluku allrakungqerkuvit wavit sign-aa:

Signature _____ Date _____

Atrin Igapiarluku _____ Ilautellrim Numba _____

Mumiqcistem sign'allra _____ Date _____

Mumigcisten Atra Igapiarumaluni _____

Appendix E

Quotes from the Interviews by Theme

Theme 1 - Keeping Busy

Get going and stay busy. Obeys. Try not to sleep so much during the day (JU, age 30+).

Keeping busy. When they go out for subsistence, they are walking, eating healthy food, subsistence food (FF, 40+).

I think we need to keep busy every day, because that's what I do. I keep busy all the time. Even I don't work (outside the home). As soon as I get up, after reading my Bible, then I start getting busy with things until evening (HL, age 50+).

She always tried to get up and do things in the house even she's old just to keep herself busy (FL, age 60+).

I try to keep busy. Instead of not doing anything, I try to keep doing things . . . I tried to keep busy in those days. I still keep busy to this day; besides I have those two kids I have to think about. Even though I may become a little bossy sometimes, I still keep busy. Because I don't have anyone else to do things for me, I try to take care of them myself, my children. They try to do some of the things for themselves because they feel sorry for me. I don't do heavy work anymore because that woman (her daughter) down there does the heavy work for me, like seals. I don't do hard work or lift any heavy things anymore (OY, age 80+).

Staying active by living a subsistence lifestyle (JU, age 30+).

To this day, starting from the time I was young, I kept busy collecting food (OY, age 80+).

She (her mother) told me to always have food for you. And during the summer, I had to keep drying food for you so that you'll have food to eat. My mother told me if I ever have children, to keep collecting food for you. That I was to dry food for my children, collect food for them (KY, age 70+).

I know an old lady and she has a lot of energy; she cannot even stay still. She always walks, packs water, chops wood, washes clothes with her hands, and hangs them outside . . . she had a lot of energy (PP, age 60+).

Keeping busy (is very important). Like maybe the women are sewing or knitting, or making things. They mostly do the food gathering too. They used to like to gather mouse food, berries, all kinds, making dry fish, taking care of food mostly (ON, age 60+).

I think today most of the women are healthy for activity, physical activities. When they go berry picking, they're working using their bodies everything. When we are cutting fish, we are using everything, our muscles, lifting things (ON, age 60+).

They were always on the go, you know. Always in the tundra, doing something, from springtime to fall time, moving around. They never used to stay in one (camp). Like during those years, some of them would be in a seal camp right now. And then from seal camp, they'd move on to fish camp. From fish camp, when everything is done, you know, they'll move to . . . fall camp (RQ, age 60+).

Staying busy, going and getting water, fishing, getting up and just moving during the day" (KY, age 70+).

She (her elder mother) sometimes tells me that if someone stays home and listens to their problems like aches and pain, seems like they're getting worse. They just don't want to get up and do anything (FL, age 60+).

I think I stay healthy because I keep busy even though I may feel a little bit sick (KY, age 70+).

Our elders say some people are getting to lazy to make their own Yup'ik food, to preserve in the summer and keeping them that are healthy for them (ON, age 60+).

Today our young people are so lazy. Some of them don't even cut fish even if you ask them (RQ, age 60+).

. . . some older people used to tell their young kids or young men to get up early, not sleeping in late, and shovel other peoples homes if they're snowed in or do chores like getting water for old people and then they'll have a better life (FL, age 60+).

My mother used to tell me not to over sleep to much. (Too much sleep) is not good for your body and being lazy is not good for your body. . . she used to tell me 'don't be lazy; collect whatever you can when your body is able to work for you (KF, age 60+).

Getting up early . . . we sleep to long. I guess our body, we got lazy (PP, 60+).

They were told to get up early in the morning and go outside right away (GR, age 50+).

. . . getting up early in the morning so that they would live a long life and be good hunters. . . The old people said that a person who isn't lazy will live a long life. Like that, I wasn't lazy. In the house when someone said that there wasn't any more water, I would quickly get up and get some . . . A person who is always willing to work lives a healthy life (PM, age 80+).

They always say you have to exercise by walking, by going on the tundra and doing. Not to be lazy, to walk and to move around. Knit and sew. Most of the people today like to just sit and watch TV all day. . . just sitting and watching (TV) is also unhealthy. (ON, age 60+).

The hard part about getting old is not being able to do what we used to do when we were younger (OY, age 80+)

Theme 2 - Walking

Walking, staying active by living a subsistence lifestyle. Need to start early, moving a lot, though people are different (JU, age 30+).

There is this one elder and she's a good example for me. She walks everywhere. You know with modern times, she's not taking advantage of the 4-wheelers and stuff. The only time she really does that is when the weather is bad. She walks everywhere and she is really old. Whenever her legs hurt, she walks. And that, I think, has kept her going for a long time. . . (FF, age 40+).

Walking is a real good healthy life. Like when it's nice out, you go out and take a good fresh air. It keeps you healthy in the sun. When the sun is shining, you go out and go walking (CU, age 60+).

I think doing some exercises, walking not jumping up and down, but daily walks . . . When the snow gets deep, that's when it gets harder for them to walk. They use 4-wheelers. I know that's not healthy, but that's their way of going to places (UY, age 50+).

I think walking can help them to be healthy if they walk every day instead of going to store or wherever by 4-wheeler or snow machine (ON, age 60+).

Doing a lot of walking instead of riding around on 4-wheelers. Doing some little exercises at the gym sometimes, running around laps. But I haven't done that since last month . . . (TM, age 50+).

I was diagnosed with a heart problem. I was sitting in the clinic every year. I was supposed to go to San Francisco. I told them I'm not worried about my problem. But, they say I have a heart slow beat. I always have to go for walks, do anything to keep it up. Go somewhere, go take long walks in summer with my grandkids which they love to do. For long hikes, but I don't get tired. . . I walk a lot; go out a lot (laughing). . . Every summer they (the grandkids) like to go with me to our camp south of this village. They like to spend summer there for long time. There is a lot of swimming. They like to help. They just want to be out of the village. Do a lot of beachcombing and whatever they want to do. They just don't want to stay home (FL, age 60+).

I used to play basketball. I was a captain and our name was the 'Chocolate Chips.' That was way back in 70's and 80's, volleyball, running, walking. I don't play basketball anymore, only once in a great while whenever I want to join the kids when I want the energy (PP, age 60+).

Theme 3 - Eating Subsistence Foods

Getting our own kind of food, like fish. All natural, subsistence way of living" (JU, age 30+).

In years back, before I was born, I know there were elders that were very healthy and strong because they have their food, their native food, not mixed up with the Kass'aq food. Although they have a hard life, they were healthy, strong, because of their native food. Seal oil, dried fish . . . (CU, age 60+).

If we don't hunt and fish today, what food are we going to eat? We store all those subsistence food for the winter like our dry fish. Every day we eat dry fish and seal oil. . . We hardly buy any store-bought food like frozen meats, hardly. So we got our own food. We store lots of fish for the winter, too . . . our parents, especially my mother, used to go out and do a lot of walking, pick all those greens, and all those stuff that grows in tundra. She used to say those wild spinach are the best for healthy people in

older days. Today, as far as I know, it's better not to eat the store-bought stuff like canned foods. Fish are really healthy food, especially fresh fish that our parents used to subsist for us. Even us today . . . We cut fish and store them for the winter . . . Fish camp every year . . . Our sons who take us usually have to go back to work. . . We usually stay like for two weeks (KF, age 60+).

Children are very different now though. They're not like we used to be. Like with my daughter, I want her to eat good food like mostly fish. She hardly cares for fish. I want her to eat good food. I am always Telling her and she knows that. She even told her husband . . . 'my mom always tells me to eat this; it's good for you.' But, there she's different. She'll eat, but not to much (HL, 50+).

Fish are good, dry fish. I still eat my subsistence food from the ocean and from picking berries. Stuff like that from the ground and those wild spinach and wild celery during summertime. I try to eat a lot of greens. It certainly does help you when you're in this kind of situation (TM, age 60+).

I grew up eating mostly native food. I'm still eating them, still teaching my family. . . since we have freezers, we started storing more food that men hunt. When I was growing up, we didn't have freezers. Most of the food we ate were fresh from outside, from subsistence, like pike, mostly pike and blackfish. Small animals like Ptarmigan or seasonally foods. We hardly had any store-bought food, no, mostly dried fish, frozen fish. Some Elders have told me that the health of our people have changed because of the diet. People who are eating more food from the stores are not so healthy like people who are eating from the subsistence way of life . . . Seems like our number one killer today, heart attacks and strokes, diabetes . . . We have akutaq maybe twice a month now . . . it's part of the cholesterol thing for our Yup'ik people is using too much Crisco in the akutaq . . . When I was growing up, we would eat akutaq only on holidays, like Easter mostly, Christmas, Slaaviq. We didn't eat akutaq every day (ON, age 60+).

A lot of elders don't know that it's (cholesterol) not good for them . . . Summertime is when I know people start buying store-bought meat. That's when the reindeer season has been cut off until early November. They eat a lot of store-bought food. But wintertime it lowers down because of musk ox, reindeer, and birds (UY, age 50+).

. . . It helps not to have too much of something and try to live a good life and have good food and drink plenty of water, will [help you] stay well. The elders used to drink water a lot. When they got sick, they'd drink fish broth (PM, age 80+).

. . . I know they [ancestors] drink lots of water, that's all they used to do anyway. Hardly any coffee to drink or tea, just drink lots of water.
(RQ, age 60+).

Theme 4 - Respect for Elders

Sometimes they'll come to me personally . . . to talk about old times. We were going to Kipnuk, but they cancelled . . . (In Toksook)
I talked even though I was shy (PM, age 80+).

The elders used to have the boys and girls in the community house and teach them about the way of life. They taught them how they should live their lives in the future, to live a good life so that they would live long When walking in the tundra, when we were small, they would pick up moss and wash themselves saying that they want to live a good, long life. That is what they taught us to do. It was like wiping away the future sickness Nowadays, I don't hear anyone giving talks, but we do hear a little bit at the church when I'm gone, no one will be able to answer questions about the past, from the time my grandfather took me to the south side where they lived the very old way When we lived down there we didn't know anything. Only teachers who lived here would use a phone and there wasn't much beside that. The electricity which is the white man's way was scarce. We didn't know anything when we lived down there. One day one of the men would walk to here and be gone for a few weeks and when he came back he would, then, tell us about things. We didn't have much down there because we lived in the old way (PM, age 80+).

They (parents) used to tell me, 'If you don't do this and that and if you obey, you'll have a good life.' That's how my parents taught me; to obey, you'll have a good life. . . . Before I got married, she taught me how to skin seals how to hang fish and other things. . . . Even if you get angry or if you're husband gets angry at you, don't talk back to him. It just causes worse if you talk back to your husband. Try to remain silent. That's the best you can do and that is very true for me today. Those kinds of (things) she taught me and that still is up to me today. I'm very proud of her for telling me those things and how to keep clean with this subsistence way, food. Life the ocean food our husbands catch. They were very clean those days. They never dump them in the trash, you know. The seal bones or fish broth, they throw them out in the ocean that's how clean they were our grandparents and grandmothers those days. Everything they caught from the river or ocean has to be thrown out into the ocean But, today, we're getting very sloppy. Some of them throw them out into the dumpsters

. . . The rules are like healthy way of keeping us healthy . . . Certain foods, they used to tell us . . . can make us get sick, too. . . they told us not to mix those aged foods with apples or salmonberries or even juice. That'll make us get sick (TM, age 50+).

We go fish camp every summer. She (her daughter) takes her kids and go . . . fish camping. They'll (the grandkids) not forget how the fish are cut and how they were dried and taken care of (CU, age 60+).

Every summer they (the grandkids) like to go with me to our camp south of this village. They like to spend summer there for long time. There is a lot of swimming. They like to help. They just want to be out of the village. Do a lot of beachcombing and whatever they want to do. They just don't want to stay home (FL, age 60+).

Every summer they like to go with me to our camp south of this village. They like to spend summer there for long time. There is a lot of swimming. They like to help. They just want to be out of the village. Do a lot of beachcombing and whatever they want to do. They just don't want to stay home. . . They catch a fish, gut it. Or they'll tell me they caught a fish too big for them to gut, so I end up doing it for them. . . They love to go tundra. They don't usually pick (berries). They have little buckets. But, every time I see her, she's smeared with blue (laughing). That she's been picking to her stomach (laughing). I tell her, 'I'm never going to take you out berry picking because you didn't help me. . . But still have to take them out again. She's learning . . . You know my mom always talk to my older grandkids. They listen. Sometimes they let my mom go to school and talk to the school kids. . . She likes to go there. She likes the kids. She likes to talk to them in Cup'ik. She's still active (FL, age 60+).

I speak it (Cup'ik) good. I always talk to my grandkids in Cup'ik . . . We don't want to lose it (CU, age 60+).

Maybe they come in (to class) 3 or 4 times so far. They talk to the kids maybe less than five minutes. They mostly talk to them to be good. Listen to the teachers, be respectful and all that. But, they (kids) need to learn more at home from elders maybe . . . their grandparents. (If) they want to learn, they have to listen to them like I did when I was growing up (ON, age 60+).

Maybe two . . . maybe four of them (elders) working at YPP (Yup'ik Preschool Program). . . They house to house and teach the young couples. They do arts, other stuff . . . they talk to them if they have questions . . . Yup'ik stories, mostly in Yup'ik (ON, age 60+).

Some (knowledge is passed down) through their grandchildren. They tell their grandchildren, but I guess that's lowered a lot from way back then . . . they used to talk to their children and grandchildren a lot about what's right and what's wrong, the traditional way of living. But nowadays . . . they don't talk to them as much as they used to. I guess because so much of TV and game boys and whatever . . . I know they're needed. They know they're needed because we need somebody to tell us what's right and what's wrong. They're the wisest, so we have to listen (UY, age 50+).

Kids think they know more than the elders. They control the parents. Some kids are good and behave (UY, age 50+).

Our young people, when they are listening to elders, some of them would say 'Our elders are old-fashioned, they're old.' They think they know everything that our elder's know. But later on in life when they get into their teens or when they get married or when they have children of their own, they start seeing what they need. Then, they would start asking questions to elders to maybe learn more (ON, age 60+).

Those elders, they tell the truth. What we want to learn we have to do with our own hands; try to memorize everything. Try to think of it. It was a hard way back before everything change (PP, age 60+).

We hardly have any elders living in the village . . . (many have) gone on (UY, age 50+).

It seems our elders are getting fewer because maybe they died too early or they have a heart attack or stroke (ON, age 60+).

Right now, I don't think we have anybody that's living alone, an elder. They'd be taken care of . . . They can't do certain chores. It's hard for them to do chores . . . Their grandchildren, some family members or whoever is around them (helps with the chores) . . . Sometimes elder's do have a hard time gathering subsistence foods. Some people share what they have with elders . . . For instance, if I went out green picking from the ponds . . . I would share some of those greens I picked with some elders because they can't go out and pick them. It's a little dangerous for them to go inside the pond and pick those greens . . . If they (young people) notice they need help, they just go out and go help theme (UY, age 50+).

Family provides food for her (elder), her kids and grandkids, too. Sharing of food (JU, age 30+).

Those old people, they used to tell stories about what to do and what

makes them stay alive for a long time. If they follow the rules, what they are told to do long time ago like whatever. Not listening to your problems, just ignore them and then do whatever she can do. . . once she (her mother) told me that some older people used to tell their young kids or young men to get up early, not sleeping in late, and shovel other peoples homes if their snowed in. Or do chores like getting water for old people and then they'll have better life. . . she told us a lot of things about old time. But, once we told her tell us about old timers. She tells us, 'you kids might go to sleep before I end up finishing the story, what is good and what is bad. I'm not going to tell you no more stories' (laughing). We used to beg and beg again. We promise never to go to sleep because she was trying to tell us what is good for us. But, we always end up sleeping (laughing). . . (FL, age 60+).

If you help your elders and give them something . . . They'd pray for us and someday I'll have a good life and bring me good luck . . . They don't respect no elders sometimes, or they don't respect their parents any more. That's sad . . . these new generation they never know about living poor or they never know living in hut houses. . . Maybe that's why they're like that, some are like that. They don't care (CU, age 60+).

. . . our elders or anybody used to play with children. Like playing marbles with them and what else did I talk about? I don't know that called, but they used to team up and pass the ball to their partners. The other team would try to take that ball away from them. Even from like 5 years on up to maybe 30 years old, just enjoying themselves. The other thing, too, was get kids involved in playing marbles with elders or anybody that wants to join. Even play baseball with anybody that is interested. Like our women, we used to have a sewing circle. On our last meeting we used to go out picnicking and play games, like across the sand dunes or anywhere. Just enjoying themselves. . . They don't do this anymore. Right after snow all melted, anybody would pick one of their kids; give him/her something for the prize. Like sometimes for elders, only for elders, he or she would run with that prize in her hand and anybody that wants to would chase her or him and whoever catch him would get that prize. . . For elders, it would have to be a little girl or little boy. That used to be fun . . . we don't do these anymore. When we didn't have running water, we used to haul water. Especially around her, there used to be pond. Now, it's between those houses. There is a little pond where everybody used to haul water from. At my age, it used to look so far. We used to do chores. Our elders would say, if we are obedience, we'd have long life, you know. It's also written in the Bible, you know. To have good life and be obedience, we have long life. So, today all we do is sit in front of T.V. or now with computer today. They can sit for hours and hours. They say 'I'm tired.' Like one of my boys would lay around all day and say 'mom, I'm tired.' From what, 'I don't know.'

Just things are so easy. Today with 4-wheeler, trucks, cars, things get so easy and everybody gets lazy. The guys used to, even boys, chop woods for their parents when we didn't have no oil stove. Chop wood, haul water, get snow, you know haul wood from wherever they can find, always walking, sometimes by dog team. But today, everything has to be fast, right now So if we could go back to these things, you know, involving kids or anybody, I guess we'd have more fun (laughing), stay healthy that way you know. I hardly see kids nowadays, here in Mekoryuk, nice weather, nice sunny out weather, they'd be home watching T.V. or something . . . and sharing is very important even today. My mom, I remember, my mom and youngest brother, she used to push him to pass out whatever my brothers catch or he catch to elders. Always, tell us to respect our elders. Today, our children have no more respect for anybody. Even their parents have no more respect (RQ, age 60+).

Sharing, too, is very important today. My youngest son is going to turn 33 next month. When he started hunt, first seal hunting, I told him and he happened get maklak ugruq (sp) (bearded seal). I told him, we have to give everything away; we don't get to keep anything. So, he did that, we did that. So, every spring whenever he catch _____ (seal), he has to share and give to elders. He likes that. That's a good belief, you know, to share and to help others. My mom, my parents used to tell us, 'if you know somebody who needs help, help them. Don't look at them or watch them. Go over there and help. Ask anybody if they need help.' I don't know about today. Well, outside they do. They used to go to house, to elders homes, and ask to haul water for them or do anything for them. But, today, they don't do that anymore unless you're being told. . . Our parent's and I pass that on to these children here even in school and to my children. I always remind them if you help somebody and they want to give you, of course today's money, they want to pay you, don't take whatever they offer you. Just not to long ago, I saw some elder woman was hauling stove oil. So, I told one of my boys to help her. He came home and he said, 'Mom, you know what, she tried to give me \$30 just to help her. I didn't take it.' I said 'good for you' (RQ, age 60+).

Theme 5 - Traditional Medicine

Some kind of medicine, I know some of them. I learn from older people. When they talk about it, I understand what they are. But, some of them, I don't understand (PP, age 60+).

They used to say back then that if a person never got sick, when he gets sick he will not last long because he never got sick. When a sickness hits him, he dies very quickly. Back then they didn't have medicine since there was no white man. When someone had an earache, kids or old people, they would pour oil into their ear. I had

that done myself when I was small. And they would get well. I used to have a grandmother . . . She never got sick and was very active. When she got sick, she died in less than a year. She lived a long life. She couldn't have children and women without children were more active. I suppose that's the way a person was made to be, who never gets sick. I thin the person who never gets sick ignores her sickness, while others make a big deal about their sickness . . . Some people today probably don't listen to their bodies and keep working even though they may be sick. When a person gets sick and right away says that they are sick, they call them 'unganer'. The other one who doesn't listen to his body keeps going even though he is feeling sick is call 'unganruvkeNan:i'. 'Unganruluni', one who listens to her body and 'unganruvkeNan:i', one who doesn't listen to her body. That person who listens to her body is being lazy (PM, age 80+).

Try to have these herb teas like tundra teas and greens, stinkweed and stuff for your medicine . . . (CU, age 60+).

When we take a steambath, we use those (pine needles), and wormwood, pineapple weed (GR, age 50+).

Sometimes our elders would say, 'Something's bothering you . . . go take a real strong steam. Then just pour it off, let it burn it off. Or if something's really bothering you, you go chop wood, put that think to that wood, bang on it and it will be gone . . . I love to take steam every night. I think I am addicted to it. I like it because I think it's keeping me healthy and keeping me clean. It's helping my muscles . . . I still have a little arthritis on my elbow and I think steam is helping it. . . it helps my cold too. Sometimes in steams, my friends would use medicinal plants like wormwood. They put it in the water and then they use it to splash over, but not all the time. And evergreen, spruce tree needles, also. During the summer and fall . . . some of the ladies gather mint plants and they use them to steam with and sometimes to wash with (ON, age 60+).

Theme 6 - Environment

Maybe number one is being clean in the house, your body, home, food has to be clean. I think that helps to be healthy (ON, age 60+).

To have clean clothing, bedding, and house; to keep everything clean (PP, age 60+).

We have to keep ourselves clean . . . we have to keep clean today in order for us to have healthy life and even for our body system. Here in our village, all of us need to keep our environment, our village, clean . . . Today here in our village, that's what we're doing; steam baths, showers, and we have laundries and water . . . Mostly, healthy life is being clean in the home . . . Following doctor's instructions and eat subsistence food, greens during summertime, doing activities, makes a healthy life for me. For myself, I'm a believer too. So we believe in God. He does help us a lot because we trust in him. Otherwise, where would I be? (TM, age 50+)

When I get very depressed and don't feel happy, she'd (my aunt) always tell me, 'go out, go out to the tundra and take a fresh air' . . . Grandma used to always tell us that it's good for you; it's healthy to be out. You go to the tundra and just walk around. You'll feel better . . . I know that's one thing she told me. To always go out when you're not feeling good. Fresh air is medicine. It's good for your health. I know that; that I remember (UY, age 50+).

Theme 8 - Inner Well-Being

Life is good when you don't sit and think of worries or stuff like that. Just try to be away from things you are not supposed to do. Do lots of work like I said. Walk out there and gather all that food. That helps (KF, age 60+).

Look on the brighter side instead of looking back at the bad (UY, age 50+).

I keep doing things so I won't be aware. When I lost my husband, I was numb . . . I go only to my friends and after I talk to them, I feel better . . . I would feel better and I seemed to feel stronger (GR, age 50+).

My good friends would help me out and I would do the same thing for them too. So, I think that's part of being healthy too. I have to pass that on to my own family. If something is bothering you, you have to tell it. You have to speak it out . . . you have to get it out of your system . . . When my grandson died, I was really depressed. But then my family helped me . . . they told me not to feel sad . . . it will get into my health. It will make me weak . . . Follow the rules so you wouldn't be depressed . . . Keeping our language alive, keep feeding them (family) Yup'ik food and they are practicing that which is good (ON, age 60+).

Even now, some ladies would call to talk. I get a lot of calls sometimes just to talk. The person that called would come and we'd talk. Whatever

is bothering them or whatever she's going through, she'd talk about it. . . .
 younger women, older women. I know I even get calls sometimes from
 other village. I ask myself the question 'why me?' (Laughing) Of course,
 it's always easier to talk in your dialect, you know (RQ, age 60+).

. . . one way to keep healthy and to be healthy, be with other people . . .
 Being around people; going to church (UY, age 50+).

Going to church . . . can help us too. Sometimes when we go to church,
 they (the elders) talk to us. We don't have to think of ourselves only have
 to listen to an Elder or preacher talking . . . how we can live a good life . . .
 Love in the family; to love everybody (ON, age 60+).

On Monday's we have (the women's group). All the women get together.
 We share. Of course, read scriptures from the Bible first, sing, and then
 we would share. It's always good to hear elders giving us advice, us younger
 women. How we should live our life, respecting our husbands, anybody
 that's older than us. Not to lay around so much like our young people do
 today. Just keep, always do something. Like on your feet, not expecting
 things to be done themselves. That we are responsible for things in the house
 like cooking, and today . . . our men are starting to seal hunt today. We have
 to not let them lay around. We have to do what ever we have today, you know.
 Take the fat off the skin, clean it, slice them for dried meat. Then they would
 encourage us to pass it on to our children and their children. Like
 this elder, he was old man, but he died. He said when he was visiting us one
 time before he died he said 'Your children's children, if you don't pass these
 on to them, they going to forget how to dry even fish.' Summer time is a very
 busy time for us. To gather, harvest, like greens like sour dock's, berries, all
 those things we have to store and put away for the winter. And they'd say today
 our young people are so lazy. Some of them don't even, if you ask them to cut
 fish, they wouldn't know what to do. I guess eating the right food, not so much
 fast food, like when you are away from home. I know they drink lots of water,
 that's all they used to do anyway. Hardly any coffee to drink or tea, just drink lots
 of water. I don't think they had no time for being stressed out because they're
 always on the go, you know. Always in tundra, doing something, from spring
 time to fall time. And move around. They never used to stay from one. Like
 during those years, some of them would be in a seal camp right now. And then
 from seal camp, they'd move on to fish camp. From fish camp, when everything
 is done, you know, they'll move to spring camp, I mean fall camp. So, they used
 to move around a lot, from one place to another just by walking. Those guys
 would use kayak to take whatever they have, and then the ladies would walk.
 There's this lady I talked about, she said one time she walked long ways from
 other side of the island to about maybe southeast of island in one day. That was
 the farthest she walked. . . . And, today she's not fat yet. For her age, she's not fat.

She's healthy . . . Now, today, probably, this might be the last month we meet (the Women's group). When it gets to busy, we stop till fall time. She's always there, even our elders, couple of our elders goes there too. . . sometimes there's about 8 to 10 (middle-aged women). Sometimes maybe 5, depending on how busy they are at home I guess. Then, we have Wednesday prayer meeting and then Sunday . . . I know some days; they invite people from church to their home to have dinner or lunch with them, or even some dinner time (RQ, age 60+).

We have someone who keeps us well; we pray to Him, I do (OY, age 80+).

God is watching all over us (PP, age 60+).

Theme 8 - Cultural Change

The change I see is that the people are in a rush now (KY, age 70+).

Like 50 years ago, we baby sit ourselves and do our work. But today, they don't take their babies and berry pick any more. That's changed (KF, age 60+).

Way bath then, they used to talk to their children or grandchildren a lot about what's right and what's wrong, the traditional way of living. But nowadays, I guess that has lowered a lot. They don't talk to them as much as they used to. I guess because of so much television and game boys and whatever (UY, age 50+).

We were always taught if your husband is leaving, prepare some food for him for the day. Today, the men probably fix their own grub . . . A lady is supposed to, but where's the lady? She may be out basketball playing. I don't know what she's doing (KF, age 60+).

My husband helps me or my boys whenever they have time. They help me clean up the house too. My husband helps me wash clothes over at the laundry. Sharing and sharing. And he cooks for me (PP, age 60+).

Making a good life is very important for family to work together (KF, age 60+).

Everyone has changed in the home including myself. The women used to sew, braid grass, make rain parkas, make bearded seal boots. Now they only knit every day. They don't make mukluk boots. They don't make raincoats. They don't make that kind (any more). They changed to knitting, just always knitting every day, musk ox fur knitting . . . (KY, age 70+).

Today, I think our younger children, like the girls, need to be taught or watch their mothers do them (what is hunted), so they can learn to do it themselves. For myself, I was taught by my mother-in-law . . . how to make soles, seal skin boots, and making baskets after I got married. Then this musk ox came around and that really spoiled us. I never make mukluks today because of this musk ox knitting . . . I regret. I would have made mukluks even today if I wasn't doing lots of this knitting. Today, even the girls, they're learning to knit musk ox when they should be taught to make kuspuks, make baskets, do some cooking. It changed a lot for lot of us women today (TM, age 50+).

My late father used to tell me that in 1999 the people would change, that they will become different . . . Even though they are young, they drink alcohol and they have started smoking . . . They're like strange people (GR, age 50+).

. . . Yup'ik way of life is to care for each other, love each other, the whole family. Yea, some have big families, but it has changed because of drugs and alcohol (ON, age 60+).

A good life is not using drugs and alcohol and eating good food . . . That drugs, you know, the marijuana, that is a problem in our village. Some drinking, but marijuana is active in the village. And that has been our heartache (HL, age 50+).

Everybody changed, you know . . . today you have stores . . . go to Anchorage and bring some stuff home (CU, age 60+).

Today, the change of the world makes people sick. Change of climate and stuff like that. A lot of germs going around . . . more sickness comes around (CU, age 60+).

I remember when I was a little girl we used to play football or some kind of all when the daylight is longer with some elders around us. That's how we used to play. But today, you don't see any kids playing around like that anymore, too much T.V. and Nintendo (CU, age 60+).

Yup'ik way of life has changed . . . because of western-style living. We have TV's in our house, we have bingo going in the village, and other activities. It seems like the families are not together anymore because of these things (ON, age 60+).

Yes, it's changed a little. You know, a long time ago, these ladies they used to go fishing, dry everything. Nowadays, too much work

changed things. Hardly any ladies go fishing and dry things up. But, not enough Eskimo activity I think. Too much kass'aq way now. . . . To much work, I think. When they're not working, they'll do it. But, when they're working, they're stuck I think (FL, age 60+).

Being lazy. You know, I have things to do; I'll put them off for now. Not like before. Things that never used to be heavy, seems like they get heavy. I don't know; getting harder as you get older (FL, age 60+).

. . . the people don't go to spring camp anymore (GR, age 50+).

Today, the families have changed too. Like even relatives are not together anymore. They are kind of separated from . . . I don't know . . . Today is very different than when I was growing up. There are too many things going on. Maybe that's a part of a lot of change that's happening in the villages too (ON, age 60+).

But, things have changed a lot, even in the school system, even in our own village environment. Lot of change(for) our children. But if the parents or grandparents can tell them the way of culture living and let them hear and let them do some subsistence. Let them learn what they did in their days, they could do it. They could do it today instead of having their own way so much (TM, age 50+).