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## **Executive Summary**

From 2007 to 2008, the Métis Centre of the National Aboriginal Health Organization and the Métis Women of BC of the Métis Nation British Columbia collaborated on a research project on healthy messaging as it relates to healthy pregnancies. This report provides a summary of the process and key findings of the project.

Along with a pilot project in 2006/2007 and a project with the Métis Nation of Ontario, this project was one of three Métis Centre projects looking at healthy messaging for Métis.

In early 2007, MNBC approached the Métis Centre to collaborate on a project for healthy messaging. MNBC had begun work with the B.C. government on the development of effective healthy pregnancy education materials for Métis. A crucial first step was in establishing what constituted an effective healthy message for the population.

The intent of the Healthy Messages initiative was to gain insight on the Métis perspective regarding health promotion media, programs and services, Métis specificity, and cultural safety. More specifically, the project in British Columbia seeks to:

- a) Assess the perspectives of participants with regard to pan-Aboriginal/Métis-specific health promotion media directed at the Métis population in British Columbia.
- b) Address the concept of Métis specificity in British Columbia.
- c) Explore the concept of organization/agency cultural competency in British Columbia.
- d) Develop, or impact the development, of effective Métis-specific educational materials for healthy pregnancy.

In partnership with MNBC, focus groups were conducted with Métis women throughout British Columbia. Various health promotion materials were used to elicit discussion including a poster from the government of British Columbia (B.C.), a poster from Health Canada, a pamphlet from BC Liquor Stores, and various B.C. promotional products such as a coffee cup and a key chain. Facilitators asked participants if they could relate to the products as women and as Métis, and whether the messages were effective and meaningful.

Discussion around these questions elicited responses around several themes, which were grouped under three thematic areas: identity, support networks, and product design.

While all participants spoke to identity in some regard, it was most often in the context of Métis identity as contrasted to First Nations identity. Less frequently, Métis identity was described in comparison to non-Aboriginal identity.

Support networks was a common theme expressed throughout all of the groups, however, it took many varying forms. Most often, support networks included a broad range of relationships, and were not limited to the nuclear family. Comments most often included the importance of men, elders, the community, and women supporting women.

Comments within the product design section included specific recommendations regarding the design of posters and other health promotion items. Participants had strong views on the colour, messaging, and images used to target Métis.

This project is not intended to draw conclusions about all Métis, instead it is one of many steps in the process of exploring meaning for Métis as it relates to identity, cultural safety, and effective health messaging.

## Introduction

The overall objective of this project was to gain insight on the impact of health promotion media on Métis. More specifically, the purpose was to evaluate the efficacy of pan-Aboriginal (and other) messaging on Métis, as well as to speak to broader issues of Métis specificity, identity, and cultural safety.

This project was one of three Métis Centre projects looking at healthy messaging for Métis. In 2006/2007, the Métis Centre of the National Aboriginal Health Organization (NAHO) collaborated with the Métis National Youth Advisory Committee (MNYAC) of the Métis National Council to conduct five focus groups in four locations to serve as the pilot project. In 2007, the Métis Nation British Columbia (MNBC) approached the Métis Centre to collaborate on a Healthy Messages project in British Columbia. This report details this 2007/2008 collaborative project. There was also a similar project in 2007/2008 with the Métis Nation of Ontario.

This project was intended to provide insight into methods for effectively targeting Métis and to, in turn, guide the Métis Centre and MNBC approaches to health promotion activities in effectively communicating with Métis.

The following report details research findings on perceptions of Métis women regarding specific health promotion material. This report is a summary of the key emerging themes, including a discussion of regional and age cohort variance where relevant.

An unintended outcome of this project was the discussion of gaps. Such gaps were discussed in terms of lacking services and programs or in terms of a personal gap or sense of loss of one's culture. A brief summary of these perceptions follows within the section entitled Gaps.

Because this project looked at messages related to healthy pregnancy, and because some products tested deal explicitly with fetal alcohol spectrum disorder (FASD), a brief discussion outlining the relevance of the findings to FASD is included. Next Steps outlines the impact of these findings for the Métis Centre and MNBC, as well as, implications for outside related research.

## Definitions

In this report, *cultural safety* encompasses the definition from the Nursing Council of New Zealand (2005). A culturally unsafe practice includes “any actions that diminish, demean or disempower the cultural identity and well being of an individual.” (p.4)<sup>1</sup>

For the purposes of this report, the term *Métis specificity* will refer to products, messages, services, etc., which are targeted to Métis only. Most often, this stands in contrast to the concept of pan-Aboriginal, which targets Aboriginal People, but not specifically First Nations, Inuit or Métis.

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<sup>1</sup> For further discussion of concepts of cultural sensitivity, cultural competency, and cultural safety, please refer to the NAHO publication *Fact Sheet: Cultural Safety* available online at <http://www.naho.ca/english/documents/Culturalsafetyfactsheet.pdf>.

Within this report, the terms *fetal alcohol spectrum disorder* and *fetal alcohol syndrome* are used interchangeably. This is in part because in discussing FASD/FAS/FASE (Fetal Alcohol Spectrum Effects) etc., group participants did not make any distinction between the various terms, and in part because space and time do not allow for a full discussion of the varying levels of the spectrum of fetal alcohol conditions and disorders.

## *Methodology*

In early 2007, the Métis Centre was approached by the Métis Women of BC of MNBC to enter into an agreement for a collaborative research project. The proposed Healthy Messages project met the needs of MNBC, who were working with ActNow BC<sup>2</sup> to design more effective products, and of the Métis Centre, who had began work in effective messaging in 2006.

The collaboration agreement was drawn between the Métis Centre and MNBC in November of 2007, ending December of 2008. All information, data and analysis generated within this agreement became joint property of MNBC and the Métis Centre. The Métis Centre agreed to keep all information, including transcripts, under its care under locked storage, to be destroyed after five years.

Unfortunately, the Métis Centre staff member who designed and organized the collaboration agreement and the project design was no longer with the Centre by the time of implementation. Additional information, such as that from discussions leading up to the collaboration agreement, is therefore limited. A separate Métis Centre staff member managed the implementation and completion of the project.

The promotional materials tested in the focus groups were chosen from a selection available to MNBC. Materials chosen were not directly aimed at Métis but their coverage or their target (the general population or Aboriginal population) was intended to include Métis. It was believed that such an approach would elicit significant discussion. The materials tested in British Columbia included [see Appendix 1]:

- A Health Canada poster
- A British Columbia poster
- A BC Liquor Store pamphlet
- Various ActNow BC promotional items (key chain, coffee mug, water bottle, magnet, pen, small note pad, bib and baby hat)

The Métis Centre and MNBC agreed that meaningful findings could arise from exploring differences in ages and in regions. Half of the focus groups were conducted in what was loosely defined as northern B.C. (Chetwynd, Dawson Creek, Prince George), and half in southern B.C. (Comox, Kelowna, Victoria). Similarly, the groups were equally divided into the following age groups: 18-24, 25-34, and 35 and over. The age cohorts were determined in part with consideration for ease of recruitment and in part in consideration for separating women into

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<sup>2</sup> According to the government of B.C.'s website, ActNow BC is a cross-government initiative to promote and improve health by addressing common risk factors and reduce disease. For more information please refer to the ActNow BC site: <http://www.actnowbc.ca/>.

potentially meaningful groups based on child-bearing years (young, mid, and late into non, childbearing years).

As planned, a total of 12 groups were held with a total of 76 participants. All participants received an honorarium of \$50. The groups met for between one to two and a half hours depending on the number of participants.

The groups were organized by MNBC who identified key community contacts in the area recruited significant numbers of Métis women.

The venues for the groups were chosen based on recommendations from the community contact. Venues that were most familiar to participants, such as local MNBC offices and Friendship Centres, were chosen.

The focus groups were held between the fall of 2007 and the summer of 2008. Groups were facilitated and discussions recorded by a staff member of the Métis Centre. A consent form was used [see Appendix 2] outlining this project, its partners and the details of voluntary participation and confidentiality. The groups were conducted based on an original question guide [see Appendix 2]. An external consultant transcribed the recordings, which were then coded within Atlas T.i software.

Coding, analysis, and writing was done in the winter of 2008. Coding on common themes, analysis, and writing of the report was done by the same Métis Centre staff member who facilitated the majority of the focus groups. The findings and report were approved by the MNBC.

Upon final analysis, minimal regional or age variation emerged. Throughout the facilitation of the groups, as well as the coding and the analysis, special attention was paid to any significant variation by region or age group, as these were identified as priorities for MNBC. Some variation was found for identity, which is outlined within that section. This is not to say that other variation does not exist, but rather that within this analysis, only minimal variation emerged.

It should be noted that the breadth and depth of knowledge that was identified in the focus groups could easily be translated into a number of papers. Each group was lively and provided insight into complex issues such as identity, cultural safety, fetal alcohol spectrum disorder (FASD), and others.

### *Limitations*

As with all research, several challenges appeared throughout this project. Most notably, issues of capacity within Métis communities represented a challenge in terms of time efficiency. On occasion, it was difficult to find a key community contact with enough time to recruit adequate numbers of Métis women. This challenge was not a significant barrier to the research and was easily overcome by the continued commitment of MNBC and its community members.

Recruitment challenges around identity and age were minimal throughout the project. Every effort was made to ensure that Métis were recruited for the focus groups; however, anyone who

showed up for the group was allowed to participate. One participant identified as First Nations and not Métis, and it is possible that this occurred on more than one occasion but was not articulated. Similarly, in holding focus groups for different age groups, one woman indicated that she was close to but not quite within the identified age group of 25-34. Again, anyone who was present for the groups and wanted to participate was included.

Ethical concerns arising throughout the study included the unexpected need to educate a few participants on FASD. In two of the focus groups with young women, opinions were expressed relating to the safety of drug use during pregnancy. Given the seriousness of this issue, the facilitator felt it necessary to clearly explain that drug use, like alcohol use, is dangerous to the health of the mother and fetus. Given existing controversy and continually evolving nature of the science of FAS, the Métis Centre and MNBC had a pre-arranged response for the facilitator.<sup>3</sup>

This project brought together hours and hours of qualitative data on a variety of Métis-relevant issues. It was not possible to include every point on every topic that was discussed. Topics identified as priorities within the research objectives, and topics that were prioritized by participants, as evidenced by their comments and discussion, were given special attention. It was felt that several different reports could be drawn from the data collected. This is just one of many collections of voices possible.

While the findings of this project cannot be generalized to all Métis due to the study design, it is possible, or perhaps even likely, that some of these findings relate to other Métis across Canada. It is anticipated that this project will lend to the development of a more informed national portrait of Métis in terms of identity, cultural safety, and effective health messaging.

## **Findings**

The findings have been organized within three areas: Identity, Support Networks, and Promotional Product Design. Each area includes related themes, with a brief description of the findings, along with quotes from participants.

Variation according to age and region was found within the theme of specificity and is included within that section. This is not to say that variation does not exist within the other themes, but rather, that within the analysis conducted and under the codes developed, variation by age or by region did not emerge and could not be termed significant within other themes.

## ***IDENTITY***

At its core, identity encompasses very difficult questions:

- What does it mean to you to be Métis?
- Who are Métis?
- What makes Métis distinct or different or unique?

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<sup>3</sup> Given the divergence within the health field on issues of FASD, it was felt that such collaboration within this decision was necessary. A small literature review revealed several sources of plain language materials that adequately addressed the most common questions or misunderstandings of participants, without delving too deeply into controversies within the field.

As anticipated, all participants spoke to identity on some level. Métis identity was often expressed in contrast to First Nations identity, and occasionally in relation to non-Aboriginal identity. Identity emerged within discussions of cultural symbols, physical appearance, and common cultural beliefs or perceptions, like holistic health and well-being.

## Physical appearance

The physical diversity of Métis emerged as a theme throughout all focus groups. Considerable discussion captured not only the stereotype of what Aboriginal people look like, but what Métis people look like. Comments like *not all Aboriginals have black hair, or we're not always the same skin colour* were common throughout the project.

The issue of physical appearance was expressed within concepts of diversity and difference from First Nations. One participant felt the First Nations woman on the Health Canada poster was not relatable: *If you look around this room right now, none of us look like her. Our features are different.* Another woman suggested changing the poster by adding *people that... were fairer and didn't look strictly First Nations.* Yet another indicated that *Métis are not always the same skin colour* and that *you could put a blonde Métis person in [the poster] too.* Overall, the majority agreed that there is no typical image of Métis: *you can be... Métis...and not look it.*

On the other hand, some groups did not see a distinction between First Nations and Métis. Some saw that identity was not always singular. One participant remarked, *I am Métis with an Indian status card. So I don't think there is any difference.*

## Symbols

In discussing Métis identity and how to make products more meaningful to Métis, many women suggested using cultural symbols on products. In speaking about symbols, many also spoke of Métis pride:

*[It would be good] if [the baby hat] said something like, 'Proud to be Métis' or... 'Métis Nation of BC' or something like that.*

*I like ... the part [of the B.C. poster] where [it says] 'Healthy Pregnancy, Healthy Baby, Healthy Nation.' That [says] there's [a] responsibility to prove a stereotype wrong.*

*If we are promoting Métis, then I think it should have the flag and symbols for Métis people.*

Some participants related, as Métis, to symbols such as the dream catcher and medicine wheel. Many others saw merit in having symbols that were unique to only Métis, like the Métis flag, the sash, and the infinity symbol.

While nearly all groups saw merit in having typified Métis symbols like the infinity symbol or the MNBC logo, some felt that the traditional clothing of Métis was not reflective of today. This was particularly true of youth who liked the simple white shirt of the British Columbia woman

poster: *She symbolizes the more present day Métis. 'Cause if we put her in Aboriginal clothes, it might get a stronger message but it wouldn't be ... truthful.*

## Colours

Although comments on the colours in the posters relate clearly to design, they also may relate to Métis concepts. Nearly every participant felt that vibrant colours were indicative of Métis and/or, at least, that they would be more appealing to Métis. The browns, blacks, and beiges of the Health Canada poster were nearly always seen as *bland*, contrary to the nature of Métis, and, in some cases, contrary to notions of good health:

*I don't like [the colours] because they speak of ill health to me. There's nothing vibrant about it and for me, like eating well and being active is about vibrancy. It can be conveyed well by bright colours.*

*... It's like everything Métis too—[we're] very vibrant and unique people.*

*I don't know if you could make, though, ... Métis style, or to have some of the colours a bit more vibrant ...*

*I know we are earth people, but we've got some colour in us.*

## Outdoor activity

In half of all focus groups, the Health Canada poster elicited comments on the importance of being active. While the poster said to eat well and be active, its image showed women eating. Participants felt it should have shown the active side as well.

As with colour, this is a design issue, but it is also relevant in a discussion of identity. Within every group, there was an emphasis on the importance of physical activity, not only healthy eating. This activity was not often typified as going to the gym, but rather as outdoor activity. The participants felt the most relatable image would be one of a healthy Métis outside in the park, in a field, or berry picking. The intersections of health, activity, and nature were clear in many responses.

*Every woman doesn't go into a yoga class, or ... go jogging, or [go] to the gym ... but just enjoying nature ... is easy to do.*

*[It's important to] incorporate some kind of natural element.*

*There's something serene about nature.*

*Rather than them eating vegetables [in the Health Canada poster] ... I think that seeing someone outside ... in touch with nature ... would just relate more to me.*

## Holistic Well-being

It was often recognized that well-being is not only about eating well and being physically active. One woman noted that *a healthy life is about more than not using alcohol and drugs*. Within a different group another woman pointed out that *there's a lot of harmful things that you can give to your baby besides alcohol*. Others affirmed this, adding *an unhealthy relationship* is another harmful thing for you and your baby. This more holistic concept of well-being was echoed throughout the groups.

*[Eating healthy and being active] is just part of ... a whole ... There's spirituality; there's a lot of other things other than eating.*

*... Prevention of violence [is important as well] ... There has to be a partnership there ... eating well and having a healthy lifestyle isn't something that's singular ...*

Other factors, or determinants, of holistic health that were mentioned include stress, domestic abuse, and poverty, in particular not being able to afford healthy foods like fruits and vegetables. A few participants indicated that health and well-being should not be isolated to one time (pregnancy) but instead applied to a lifetime.

*... You should be making healthy food choices all the time instead of just when you're pregnant.*

## Specificity

This project sought to understand the effectiveness, or ineffectiveness, of pan-Aboriginal messaging for Métis women. Communicating this question to participants was often difficult. A simpler wording of this query translated to asking participants whether a poster with a First Nations woman on it could reach and relate to Métis women. Framing specificity in this way elicited meaningful responses.

While opinions varied, some participants were unsure whether it mattered, suggesting that Métis specificity was less important to them.

*What is the difference if she is Métis or First Nations? She is pregnant anyway.*

*We all look the same.*

Many participants understood the difficulty in effectively targeting Métis. Culture was seen as complex and lived. Artificial representations, such as the Aboriginal-looking women eating vegetables in the Health Canada poster, were sometimes seen as just that; artificial:

*It reminds me ... of ... when Barbie came out with the Black Barbie doll, and I know it's the same Barbie doll ... It's just like they just picked a scenario ... to have it from any cultural perspective and just popped in Métis people.*

Throughout all focus groups, and implicit in many responses, was the distinct nature of Métis. In most cases, this meant distinct from their *First Nations brothers and sisters*. This was most strongly felt in areas where context—be it legal, social, political, or with regards to funding—played an important role in First Nations-Métis relations.

*Why could they not have a Métis or even an Inuit woman that's pregnant, rather than...First Nations again? I'm getting tired of holding a second seat...*

One poster used the phrase *healthy nation*, which elicited varying responses. While some saw the word nation as representative of the next generation of Métis, just less than one third of participants automatically associated the word nation with First Nations.

*Nation means First.*

*If you had Inuit, Métis, and First Nations then yeah, 'Healthy Nation' that's fine —Or 'Healthy Nations.'*

### **Regional variation**

In comparing responses from women in the southern groups with responses from women in the northern groups, it was found that northern participants were slightly less likely to see a difference between Aboriginal (First Nations) women and Métis women. In some cases, the difference between First Nations and Métis seems arbitrary, *like the government has separated Native people that way*.

In the northern groups, defining Métis more often involved comparisons to “White” people, or non-Aboriginals.

*You are pregnant whether you are a White or Native.*

*I don't care whether you are Native or White. This is what can happen if you drink [while pregnant] ...I don't care whether you are Native or status, or White, or whatever you are, 'cause it all applies.*

In the North, suggestions for a more culturally appropriate and effective poster were slightly more likely to include having an Aboriginal person and a “White” person in the image.

*Maybe have an Aboriginal guy with a White girl and they're holding the baby ...*

*I would have more people [on the poster] than just an Aboriginal person on it.*

Within the southern groups, participants were slightly more likely to emphasize the diversity within Métis. Many women recommended highlighting physical traits that be Métis but are generally assumed to be *less Aboriginal*.

*... [A poster] showing ... blonde hair and blue eyes [like me], [and] maybe [have] two girls ... one with blonde hair and blue eyes and one that is more ... Aboriginal looking.*

Other participants recommended having an Inuit, a Métis, and a First Nation person on the poster.

## Age

Some participants in the 25-34 and 35 and over groups more clearly articulated the difference between being Métis and being First Nations, expressing the importance of having posters and messages intended specifically for Métis.

*I find this makes me tired and confused in my ethnicity ... [like] things that are too First Nations like the first poster [that] had that elderly very First Nations woman. I almost felt alienated and confused and it's just hard for us to kind of find our own way in ...*

## SUPPORT NETWORKS

Throughout the project, an important theme that emerged was not only the importance of support networks, but that support comes in many forms and from many different types of relationships. One group spoke to the importance of these relationships, these human connections, particularly in a time of the *Internet age*, and particularly during a time when a pregnant woman can feel very alone.

*When I was pregnant the first time, I was terrified. You know, I was happy obviously, but really terrified too. And I just so highly value those human connections I had.*

The emphasis on this connection with people can be heard throughout all groups within the discussions of the importance of family, extended family, elders, and even health services.

*... Nothing beats having a living person there talking to you and helping you.*

## Men

In all focus groups, the absence of men in the two posters was clearly articulated as negative. The role of men within a partnership is key to the well-being of the pregnancy and baby.

*You sort of missed part of the family ... there's no guys in the image.*

*It's important that the man helps the woman and leads a good lifestyle with her.*

*The absence of men is pretty glaring to me ... It seems very obvious it's about being a woman, having a healthy baby, but in the absence of any male presence at all ... I think there should be men for a good start.*

This was seen in both the 25 and over groups and within the younger 18 to 24 age groups. Younger women often expressed a desire for a supportive partner if they were to become pregnant.

*Like my husband, if we got pregnant, I'd like him to support me too in not drinking when I was pregnant.*

Men were seen as so significant to maternal/child well-being that it was *strange that there's no men* featured in the two posters.

This was applicable not only to the father or father figure, but also to other prominent male figures within the family, such as grandfathers and brothers. The pamphlet, which showed both a man and a woman, was viewed positively for including a man:

*I really like how the father is right there [in the image on the pamphlet].  
Like that definitely shows that – 'make sure you got a good man behind you.'*

The role of the father was seen as so important that a few participants felt his behaviour before conception could impact the baby. These participants questioned whether there could be an impact, similar to Fetal Alcohol Spectrum Disorder (FASD), on the baby if the father drank heavily.

*I've always kind of had a thing about [how] ... they talk about the woman not drinking but what if her husband is an extreme alcoholic? ... I've often thought that that can affect the development of the child as well ... Because if he's ... been an alcoholic for thirty years or whatever ... I'm not convinced that there's nothing wrong with his contribution to things ... but I don't see a whole lot of literature about that.*

In nearly all groups, emphasis on the role of men was not directed exclusively to the father. There was an understanding that not all couples are married and that not all families consist of a father and a mother.

*Don't you think...having a male presence would ... establish the nuclear family...*

*You could have numerous males in the poster, so it would break that nuclear family type of image ... but still portray having a partnership ...*

One participant expressed that the assumption of marriage bothered her so much that she automatically checked posters and promotional images for wedding bands. In her view, not many people she knew were married, so such images were not reflective of her reality.

*Every, every pregnancy ad or whatever, every time you see...a pregnant woman, she's always wearing a wedding ring...it makes me roll my eyes when I see a pregnant woman with a wedding ring on: 'Oh please, we're not all like that!'*

## **Families**

The family was seen as an important source of support for healthy pregnancies. The implied definition of family, as suggested by the comments of participants, is one of the extended family or a non-nuclear family.

*Not everyone has a husband or a spouse but have [other family members like] their parents ...*

*I notice pregnancy is always targeted to the women, but it affects everyone—  
— 'Cause it is a family thing right?*

Other phrases identified as positive by participants include *happy family* and *family support*.

Suggestions concerning finding a more relatable image for the posters included making it look like *an actual gathering of family with healthy food and show[ing] ... a pregnant girl eating bannock ... Your family will support you if you get pregnant and they will feed you good food.*

On the other hand, one participant asked what it meant if you had the support of your family, but no one else, suggesting that it may be construed as negative if pregnant women *have to* rely on their families because they have no support elsewhere. This could refer to community support, but also to the support of a partner.

*Then you wonder, is that really what they want, because of the different generations in the background ... It's almost like you have support from your mom and your grandmother because you're pregnant, and ... it seems ... like you don't have support elsewhere other than your family.*

## **Women**

While most comments related to women were also relevant within other themes, there were some comments specific only to women. These comments centred around support, strength, and being or feeling alone, particularly during pregnancy.

A few participants commented on the Health Canada vegetable poster, feeling positively about the different generations of *women supporting women*. One woman felt that pregnancy could be a lonely time for a woman because even if she has a partner, he can never completely understand what it's like for her. It can become very isolating.

*...When a woman is pregnant she's going through feelings and things that a man is not even going to be able to feel, right? So a lot of women think that they're alone even if she has a boyfriend or husband...*

In discussing the generations depicted on the Health Canada poster, a few groups indicated that, not only are the different generations supporting each other, but that *women are supporting other women*.

## **Community**

Many women in the groups really liked the slogan on the B.C. poster: 'Our community supports healthy pregnancies.' This is perhaps related to the *really important* role that the community is seen as playing in well-being, specifically with regards to pregnancy.

*... That's the whole village, right? It takes a whole village to raise a child well. You got to know that the village is there.*

*It's the notion of a healthy baby, healthy planet, healthy body, healthy community, right?*

An understanding of the diversity of communities was expressed by participants, including awareness of communities where pregnant mothers may feel alone:

*Because each community is so unique, with their different resources ... everything goes right back to the local community.*

*... It also depends whether you are urban or rural, like if you are in a city or, like, a small community...*

*I've just heard things ... in communities where you ... have to give birth and have to be pregnant by yourself ...*

Suggestions regarding building a sense of community were linked to the importance of human connections. For example, one group suggested *[having] a whole group of gossiping little women sitting in a room drinking coffee ... at least then it would be easy to vent about ... everything that's going on with everyone.* This was appealing to other women in the group: *You wouldn't have to worry about so much of your stuff because you know, 'Oh, I went through that too.'*

## **Elders**

Portraying an Elder on the Health Canada poster was seen as a strength:

*I do like that, though, that you see right there, the connection ... [with] the grandmother.*

One woman summarized: *In Native culture...Elders are very important.*

The idea of support from Elders and the role they play in well-being is exemplified by one group's suggestion of a *pack of Elders*:

*I think we should have a Métis welcome wagon. Send out a pack of Elders after the young women [who are pregnant]—  
—You could take ... gifts ... through the Elders' committee ... and [the Elders] could plan their visits ... That would be awesome. And it would be a good way to ... welcome that new member before he was even here.*

This one idea encompasses many similar comments speaking to the support of Elders: the importance of support *throughout the generations and throughout the rest of the family*, and the continuity of support *throughout different stages of life*.

## **PRODUCT DESIGN**

Since this project used promotional materials such as posters to elicit discussion, there was considerable qualitative data and recommendations that speak directly to design features. Within

every group, participants expressed strong preferences relating to the types of posters, pamphlets and products they would like to see.

## Colour

The women in all groups commented on the need for bright colours. Participants found the Health Canada poster to be *bland, neutral, blah, and boring*. The brown tones of the poster did not seem like *a happy kind of life*. The dark colours and the black clothes of the women in the Health Canada poster were similarly viewed.

The colours of the B.C. poster were better received. Many participants liked the white of the pregnant woman's shirt. A few participants did not like the pink of the poster, saying it reminds them of *gender* and of *pregnancy tests* or *breast cancer*.

As mentioned previously, most of the women saw vibrant colours as being more relatable as Métis:

*It's not quite as interesting to look at...I don't know if you could make it ... Métis style, or ... have some of the colours a bit more vibrant, like some of the sash and the blue...*

Participants would prefer *big, bold, and colourful* posters and products. One woman suggested using the *colours of the four directions* or the colours of the medicine wheel.

## Promotional items

The promotional items tested included: a coffee cup, a water bottle, a key chain, a magnet, a bib, a baby hat, a small note pad, and a pen. The items that elicited the most discussion were the coffee cup, magnet, bottle, hat, and bib.

Some participants felt that having baby items, like the bib and hat, as promotional items with clear logos, was like using your baby as advertising: *My baby is not going to be a poster!* Others felt that this could be appropriate if the items were meaningful, or useful and tasteful.

A couple women were confused by the 'Baby's Best Chance' slogan on some of the products: *[it] sounds like he's almost dying*. A more positive slogan would have been preferred by some; for example, *healthy, happy baby*.

There was some concern as to whether these items were environmentally-friendly and whether the plastic bottles were safe, particularly within the Victoria 18-24 age group.

*It would be nice if it was ... biodegradable.*

*I would make sure that they're environmentally-friendly. Like if you're going to have a T-shirt, [use] ... organic cotton."*

*A lot of people worry about leaching [from plastic water bottles]. [And] leaching ... into the liquid ... doesn't really encourage health.*

It was felt that promotional items should be useful to mothers: *It's important not to produce for the sake of having more stuff around...to have just more crap to throw in the garbage.* The items should make sense. A few women felt it was contradictory to encourage healthy pregnancy, yet use a coffee cup as a promotional item: *You don't drink coffee when you're pregnant.*

A few women liked the magnet because they found it useful. The magnet included contact information on the B.C. nurses hotline, which some mothers found helpful: *I definitely called it!*

The items should not be cheap. They should be something to inspire pride and something on which to display symbols like the Métis flag, the infinity symbol, and Métis organization logos.

Some participants liked the baby hat and bib, but almost none liked the plain white colour. The hat elicited considerable discussion. Some thought it looked funny. Others wondered if it was a voyageur hat. Many agreed it would be much better if it was a bright colour, perhaps even similar to a sash.

*I actually thought of the voyageur hat, and then I thought of the sash voyageur hat that they make and how cute little babies would be in those sash voyageur hats.*

The consensus throughout the groups was that all of the promotional items lacked cultural relevance or cultural meaning to Métis. One woman wondered if the design around the top of the water bottle could be Aboriginal, but overall, the majority could not relate to the items as Métis or as Aboriginal People.

There were many suggestions better promotional items. The following is a collection of some of these recommendations:

- Frisbees.
- An apron.
- An assortment of teas.
- A rattle.
- *A little cookbook thing with just all the basic recipes.*
- *A mini baby sash.*
- A baby bottle.
- Bumper sticks.
- T-shirts.
- A thermos.
- Diaper bag.
- A traditional canteen made out of leather, hide, or *some kind of animal's belly.*
- Something with emergency contact information.
- Something funny and memorable such as a baby diaper with 'Shit Happens' or something catchy like a shirt with 'My mom gave me the best chance' – something that could *start a dialogue.*
- A baby headdress.
- A soother for a baby.

## Image

The food portrayed in the Health Canada poster drew out many comments. The poster showed women eating vegetables and included a glass of water. Women felt there should be *more food groups in there*. One woman said the food in the poster was *White people food*, and many suggested including more traditional foods like bannock and fish. Several women thought it was unusual that the text in the poster recommended the *Canada Food Guide*, but the image in the poster did not include food from all food groups. Some participants felt that it *doesn't fit with reality. It's more like they're dieting*. One young woman said, *when I was pregnant, I couldn't eat, especially that kind of food*. Overall, it wasn't an image to which many Métis women could relate: *It looks like they are having a Tupperware party*.

In the B. C. poster and in the pamphlet, the size of the pregnant belly was a point of discussion, and was seen as either not big enough or just big enough.

*I probably would want to focus on her tummy more...you can't really see it.*

*She doesn't look pregnant. But sometimes that's good...it kind of might target somebody who is only a month pregnant.*

With the B.C. poster, a few women saw the image of the young pregnant woman as lonely while most saw her as happy and healthy.

*She kind of looks lonely all by herself.*

*I think she looks very happy—  
— ...and proud.*

*It...looks like she's independent.*

*She looks healthy.*

*[She] is alone up there. There's no other peers around her.*

Some participants felt the age of the woman (B.C. poster) seemed reflective of reality; however, a couple of women thought she looked too young:

*She looks like she's 15 and she's pregnant. She shouldn't be drinking in the first place.*

The pamphlet was often well-received, with the exception of the BC Liquor Stores logo, which all groups thought should not be displayed so prominently. Overall, nearly all women liked the image of the man and woman because it included a man, and sometimes because it was multi-cultural and/or not Aboriginal-specific.

*See this is nice, that one with the man.*

*It's kind of like a human race pamphlet instead of a race oriented [pamphlet].*

*...This is certainly something for the general public and that's fine and I like the idea that it's almost not First Nations or Aboriginal-based ... [As opposed to implying] 'all you guys do is drink when you're pregnant' kind of idea. It's more like it can affect anyone.*

*I think it's cool that they're different cultures.*

*Twenty years ago my mom and dad got together. My grandma, my dad's mom, wanted nothing to do with my side of the family because we were White...Now I'm seeing all my Native cousins with White people.*

*I know my husband would understand this 'cause he's not Métis.*

A few women suggested using a strong, or more *shocking*, image to emphasize the seriousness and consequences of drinking during pregnancy.

*I was thinking of a photo of an actual baby ... that has FAS, but that's probably [more than] people can handle.*

Other suggestions were to show a *baby drinking [alcohol]*, and *the brain of a normal baby and a baby with FAS*.

## **Text and Messaging**

Discussion of text primarily concentrated on how easy the materials were to read. Many felt the Health Canada poster was difficult to read and *text heavy*.

*It's so much at once that you don't even see the main point.*

*Pick ... three main points ... and put them big and bold and colourful and [people who saw it would] be curious from a distance.*

Conversely, there was also the feeling that the information on posters should be useful, perhaps emphasizing sources for additional information such as websites.

There should be a balance between the amount of text and ensuring the information is meaningful. For example, many women liked the information in the pamphlet because it was in sync with their experiences of pregnancy. In particular some women said they liked the section entitled "What if I was drinking before I knew I was pregnant?" because they believe it is a common concern.

In a few instances, the wording of the messages was discussed.

*That is way too much ... 'Don't,' 'Don't,' 'Don't.'*

*As soon as I see the 'don't,' [I think] the brain does not metabolize a 'don't' [or] a 'not' ... How many of you have children? ... When you say [to kids], 'don't run across the*

*road, ' what is the first thing they do? They run across the road. It's because their brain doesn't hear the 'don't.'*

In some cases, the pamphlet was seen as having contradictory or confusing messages. The overall message of the pamphlet is that there is 'no safe time, no safe amount' of alcohol or drug use during pregnancy. However, it goes on to imply that if you cannot stop drinking or using drugs, then at least cut down on your use. For some women, this was a confusing message. For example, the phrase in the pamphlet 'it is never too late to quit or cut down on your drinking' was seen by some as in conflict with the message of 'no safe time, no safe amount.' Similarly, 'stop or cut down on your use of cigarettes or other drugs' was a contradiction to one woman who joked, *I can just take a couple puffs...instead of the whole [cigarette].*

Similar responses were made regarding other phrases used in the pamphlet:

*[It says] 'drinking regularly is most harmful to the healthy baby,' and then they go on and say, 'two drinks equals...' But to me, it's kind of saying, it's OK to have two drinks today."*

*'It is 'safest' not to drink' [is a] ridiculous comment...that needs to be scratched.*

## **Stereotyping**

In all but one group (Kelowna age 18-24), the idea of stereotyping was highlighted. Some felt that the products assumed that because you're Aboriginal, you will drink when you're pregnant. This was articulated in a number of ways.

*[The] need to take care of yourself is [not] related to culture.*

*People generalize and say ... FASE babies are ... predominately First Nations, which I'm not denying that there is an issue, but I mean, they are amongst all people.*

*I see the Government of Canada stereotyping First Nations girls with getting pregnant early, and not having that nuclear family and that support. And so, it kind of makes me bitter.*

*Maybe the woman [on the poster should be] fair-haired because it takes away that stereotype that automatically, 'Oh yeah, she's Native, she drinks.'*

*People always just assume that if you saw a White girl walking pregnant, you'd think that she was healthy and had a healthy baby going on. But if you'd seen a Native girl pregnant on a rez [a reserve] or something like that, than you would have questions.*

*It's racist.*

This argument superseded age or region, or even Aboriginal identity. This concern was not articulated as specific to Métis, but as an issue of prejudice for all Aboriginal women. The researchers found this to support some literature on the racialization of fetal alcohol spectrum

disorder. This research is discussed further in this report within the section entitled ‘FASD and public health messaging.’

## **GAPS**

An unintended outcome of this project has been significant discussion on gaps for Métis. This includes the gap in Métis-specific programs and services, and the gap in awareness of traditional knowledge and of Métis traditions.

## **Traditions and Traditional Knowledge**

A few of the younger participants expressed a desire to explore Métis traditions, indicating a yearning to connect with an often unknown part of their heritage.

*I think when you have children, then you're more analytical ... [questioning] where did [the children] come from ... [and] how did I get here, what's my background, what am I going to do now ... You ask all these questions that your parents probably asked before [you] and you know if you have someone that you can talk to, then that'll be great, and if you don't then you just bottle it all up and cry—*

*—And cry and cry and cry.*

*—Yeah.*

*—And eventually scream.*

Perhaps further complicating this yearning for traditional knowledge is confusion over what Métis culture is and what traditions are truly Métis. Within one of the 35 and over groups, two women strongly disagreed about whether a particular tradition was historically Métis:

*What would be nice [is] ... when I was growing up, I used to see mothers carrying their babies on a—what do you call that?—wrap around? Wouldn't that be awesome to see something like that?—*

*Métis didn't carry their babies on their back.*

*No, but I mean they had this—*

*Yeah but that was the—*

*—The First Nations.*

*But wouldn't it be nice, I mean—*

*—No, no, no. Unless you want to go First Nations but if you're going for Métis, the Métis didn't carry their babies that way.*

Young women in one group were confused about where to access information on traditions and traditional knowledge:

*I've found that there's not a lot of Elders passing along the information on [traditional] medicinal ways ... the way that things used to be done ... We can't really lead each other, ... [it's] like we're on equal playing ground, so we can't really [lead each other]. Where's the information [supposed to] come from if our Elders ... don't have it?*

## **Services**

In a few instances, discussing Métis-specific messaging led to comments on the absence of Métis-specific programs and services:

*It's, yeah, like there's not really much. Like you can go to counseling and stuff like that but it's not like—I don't know—culturally aware. Like it's not what I'm looking for.*

For one participant, this gap in Métis-specific services meant relying on whatever existed that was First Nations-specific, like her reserve: *the only place I can escape to is run off to my rez in Alberta and, you know, be considered White out there because my skin's not dark enough.*

Another participant thought that *support groups* were something that would be helpful for pregnant Métis.

Of the resources that do exist, some that are intended for all Aboriginal People are actually seen as First Nations-specific.

*[In B.C.] there's the First Nations Hand Book for the Guide to Health...it says Aboriginal but it just screams, screams, First Nations...[it's] trying to [put] ... a more cultural context on ... accessing care and stuff like that. To be honest with you, I never read it...because it didn't appeal to me.*

## **DISCUSSION**

An unintended finding of this study relates to stereotypes inherent in many common public health messages for Aboriginal Peoples in regards to Fetal Alcohol Spectrum Disorder. Given the consistency in the participants' perceptions, a brief discussion of public health messaging for FASD is warranted.

### ***FASD and public health messaging***

The work of Dr. Caroline Tait (2003) on FASD is very closely supported by the ideas presented by women in the focus groups. Both speak to the stereotyped association of Aboriginal women to FASD, and of the politics or the social construction impacting public health messages for FASD.

According to Tait, there have been serious implications and consequences of the identification of Aboriginal People as a population “at risk” for FASD, or of prenatal alcohol exposure. This is particularly salient, given that there are no consistent standardized means of diagnosing FASD. Dr. Tait cites that “less than one percent of the estimated population believed to have FAS are currently diagnosed” (p.11) in Canada. Although the numbers of those actually diagnosed with

FAS are low, there is a “sense of urgency” in Canada that has led to several campaigns aimed at stopping pregnant women from drinking alcohol.

As discovered in this research project, the messages of many public health campaigns on alcohol and pregnancy not only lack meaning for Métis, but in many cases, are described as *racist*, *prejudiced*, and as *perpetuating stereotypes*. The message of ‘no safe amount’ was put forth over twenty years ago. While Dr. Tait looks at the accuracy of this message and examines contradicting evidence, this report does not allow for a discussion of this argument.

In Canada, the focus of FAS has remained with Aboriginal People, perhaps influenced by a long history of racial and gender discrimination. Contrastingly, the United States has moved away from this “racialization” of FAS, concentrating on the risk of drinking alcohol while pregnant, regardless of ethnic, racial, or socio-economic group.

Various perceptions, or as indicated by many participants, “stereotypes,” influence the arguments of FAS. References to the drinking patterns of Aboriginal People as cultural imply a level of inevitability, creating the assumption that Aboriginal People will consume alcohol while pregnant.

The Métis women in the focus groups clearly articulated the vast diversity within the Métis population. It is reasonable to believe that Métis women are indeed very diverse in many ways, including with regards to alcohol consumption. Tait puts forth evidence suggesting that, in FAS studies, Aboriginal People are over represented, which by definition would include Métis. This is not to discount the reality of prenatal alcohol-related pathology, but rather to challenge the stigmatization of Aboriginal women within FAS public health messages.

Unfortunately, the timeline of this project did not allow for a comprehensive literature review of existing research. However, a brief overview revealed literature similar to that of Tait. For example, Kline (1993) looked at ideologies of “good” and “bad” motherhood and its impact on First Nations women. Kline suggests that such ideologies ignore the broader contexts and realities of colonial oppression. Societal appeals to “bad mothering” serve only to isolate women by concentrating on individual behavioural choices. Others such as Swift (1995), speak to the damaging ideology of alcoholism as a disease to which Aboriginal People are particularly inclined. This is an ideology that further serves to label Aboriginal mothers as “sick.” In a similar vein to Tait, Strange (1994) saw the racialized construction of FAS as having devastating effects on Aboriginal People, where women are singled out and condemned.

## **NEXT STEPS and RECOMMENDATIONS**

A next step for the Métis Centre will be to facilitate bridging the gap between the knowledge holders and those seeking to connect with their culture. This was clearly articulated as a desire by a few young participants in this project who had a longing to understand and practice their heritage. Specifically, they wanted to know:

*What medicines did [Métis] use? Did they use any, what? What techniques were used? ...I don't want to call them myths but you know, or different beliefs [or] ... just the whole envelope involved in birthing and making a family.”*

*“I would have questions about after the baby’s born. Like was there any ceremonies done or, you know, like any blessings or anything like that to the babies because that’s what I was looking up on and I can’t find anything on it at all.”*

The Métis Centre and MNBC currently strive to bridge this gap by acknowledging the importance of traditional healing to the well-being of Métis. Both organizations also view well-being from a holistic perspective, seeing maternal child health as crucial to the well-being of community, and vice versa. MNBC made crucial connections with the B.C. government under the ActNow BC initiative and has prioritized healthy pregnancies within this partnership. The Métis Centre is beginning to delve into issues of maternal health. Both organizations will consider the voices of these participants in developing future projects. As intended, these voices will help to ensure that projects and products are relevant and meaningful to Métis.

A very concrete recommendation from nearly all participants relates to a specific idea for a poster. Many emphasized the importance of a multi-cultural poster, showcasing various ethnicities. It was thought that this would help to overcome obstacles in addressing FASD without perpetuating the stereotype that all Aboriginal people drink. It would also meet with the understanding of many women’s beliefs in the diversity of Métis. Including two or more women of varying skin tones and hair colour would fit with the findings of this project.

Comments recommending a multi-cultural poster include, but are not limited to:

*I almost wonder if [we could] ... [show] a diversity [of people] ... [or show different] shades of people [where] everybody could ... see a part of themselves in [the image].*

*There should be ... different cultures all mixed up in there, not just the people targeted.*

*Maybe have...four or five different coloured people there.*

*I would have an Inuit, a Métis and a First Nations.*

*You could put a blonde Métis person in there too.*

*I think ... showing ... one [person] with blonde hair and blue eyes and one that is more, like, Aboriginal looking [would be good].*

In order to produce a template or a model using the focus groups comments, the Métis Centre and the Métis Women of BC developed a healthy pregnancy poster based entirely on the data from Healthy Messages focus groups. [see below] The poster attempts to prioritize concepts of holistic well-being as well as the importance of community to family, while respecting the diverse nature of Métis. The “Healthy Beginnings” poster was produced with the approval of HealthLink BC of the government of British Columbia. Now Métis families in British Columbia can embrace the Healthy Beginnings poster, knowing that their voices created it, and knowing that they can turn to the Métis Women of British Columbia, the Métis Centre and to the 811 HealthLink hotline (811, available only in B.C.) for information and support.



## CONCLUSION

The objective of this project was to use focus groups to look at health promotion materials that were not specifically designed for Métis. Through this process, broader issues like Métis identity, and cultural safety and specificity were discussed and analyzed. This project was intended to impact future health promotion activities at the Métis Centre and MNBC and to learn how to effectively reach Métis.

Twelve focus groups were conducted throughout British Columbia with Métis women in different locations and of different ages. The Métis Centre Organization provided the facilitation and analysis for this collaborative project with the MNBC.

Findings indicated strong themes related to identity, support networks, and the design of the materials. Little variation by age or region was found.

Unintended findings of relevance to public health initiatives on fetal alcohol spectrum disorder (FASD) were identified through the groups. More specifically, nearly all participants expressed concerns over what the some literature calls the ‘racialization’ of FASD. It was felt that the stereotype or assumption that all ‘Natives’ drink alcohol when they’re pregnant permeated throughout the materials tested.

Another unintended common thread that emerged throughout the groups was the recommendation for a multi-cultural poster, showcasing either many ethnicities or varying degrees of skin tones and hair colours. This is particularly relevant given the frequent assertions of Métis as diverse.

While this project cannot be generalized to apply to all Métis across Canada, it is the hope of both the Métis Centre and the MNBC that it will lend to the development of a more informed national portrait of Métis identity, cultural safety, and effective health messaging.

*I would like to see more ... awareness being evolved on a level of the society, [in terms of] knowing about Métis ... And for the people that are Métis to be able to feel comfortable to come out and say, ‘this is who I am and I’m proud to be who I am.’ And then for them to have the resources to be able ... to find out more information about healthy pregnancies and ... if they’re wanting to have that cultural support ... that that’s there for them.*

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## Appendix 1

### Health Canada poster



**For a Healthy Pregnancy: Eat Well and Be Active!**

*Pregnancy is a time to focus on making healthy food choices.*

Choosing a variety of foods from the four food groups in Canada's Food Guide will help you get all the nutrients you need.

All women who could become pregnant and those who are pregnant or breastfeeding need a multivitamin containing folic acid every day.

Pregnant women need to ensure that their multivitamin also contains iron.

Being physically active during your pregnancy makes you feel good and gives you more energy.

If you have any questions about eating well and being active during your pregnancy, please talk to your health care provider.

For more information:

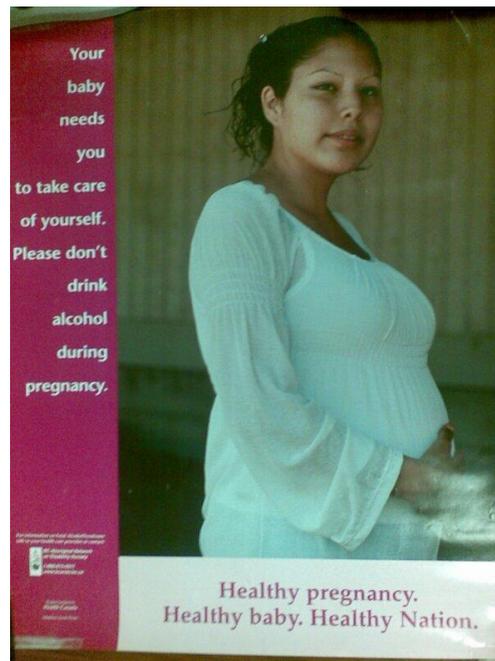
1 800 0-Canada  
[www.healthypregnancy.gc.ca](http://www.healthypregnancy.gc.ca)

Canada

*"I gave my baby a healthy start in life by taking good care of myself."*  
Jessie Ann Hughes  
Kashechewan First Nation

OUR COMMUNITY SUPPORTS HEALTHY PREGNANCIES

### British Columbia poster



Your baby needs you to take care of yourself. Please don't drink alcohol during pregnancy.

Healthy pregnancy. Healthy baby. Healthy Nation.

BC Liquor Stores pamphlet



# Alcohol and Pregnancy Don't Mix

*Alcohol can hurt your baby*

**It is safest not to drink when pregnant**

For information call the BC Nurseline  
1-866-215-4700

**BC LIQUORSTORES**



## How does alcohol hurt my baby?

If you drink when pregnant, alcohol can cause birth defects and brain damage to your developing baby. Fetal Alcohol Spectrum Disorder (FASD) is the name used to describe the range of harm that can result from alcohol use during pregnancy. These harms can include brain damage, vision and hearing problems, slow growth, and birth defects such as heart, liver and kidney disease and bone problems. The more alcohol you drink, the more harm will have drinking, drinking differently, and problems in learning, reasoning and judgment.

## What drinks are harmful?

All drinks containing alcohol can be harmful to your developing baby. Alcohol is in beer, wine, spirits, sodas and cider.

## Are there any safe times for pregnant women to drink alcohol?

Drinking alcohol can be harmful to your baby at any time during pregnancy. The baby's brain and nervous system develop all through pregnancy.

**No Safe Time**

## Is there a safe amount to drink?

There is no known safe level of alcohol use in pregnancy. It is safest not to drink at all when you are pregnant or planning to become pregnant.

If you have ever had to quit or cut down on your drinking, drinking more than 2 drinks per day, and drinking regularly are most harmful to the developing baby. 2 drinks is a can of beer, cider or juice (16oz/1/2L), a glass of wine (5oz/1/2 cup), or a shot of spirit (1.5oz/1/2 shot). Even one drink can hurt drinking, and be harmful during your pregnancy can be harmful.

**No Safe Amount**

## What can I do to protect my baby?

- Get lots of rest
- Get your doctor to check regularly
- Eat healthy food
- Stop or cut down on your use of cigarettes and other drugs
- Reduce your stress. Stress that results from getting home or spending alcohol is not as harmful to your baby as the alcohol itself. It is better to get at least one day of rest drinking for reducing stress for getting the rest or talking with a professional about a healthy lifestyle.

## Where can I get more info and help?

If you need help or want drinking or not always, we have to talk to someone. Please, family or a health care professional can help.

You can get 24-hour confidential information and advice from nurses at the BC Nurseline. Please call toll free 1-866-215-4700. Contact information: 1-866-215-4700. Text and Nursing Language: 1-866-215-4700.

If you need help with an alcohol addiction, you can call the Alcohol and Drug Information and Referral Service. The information we offer is confidential in most areas. Please call toll free 1-866-215-4700. Contact information: 1-866-215-4700.

**Women's**  
SOCIETY  
RESPONSIBILITY

**AccNow**

BC LIQUORSTORES

March 2008

Promotional items



## **Appendix 2**

### *Facilitator Guide*

#### **Healthy Messages, Métis Specificity and Cultural Competency**

#### *A project on the British Columbia Métis perspective on health promotion media, Métis specificity and cultural competency*

#### Question Guide

#### **Introduction to the focus group**

- Welcoming the participants; re-introduce the reason for their participation, main objectives of project, and who we are.
- Explaining the consent form, take any questions, getting them to sign, and the research group gather the signed copies.
- Giving basic rules: no interrupting, following the instructions given for each segment, etc.
- Explaining that some topics are sensitive and that they might get emotional
- Mentioning the process for honorarium that will be distributed at the end of the group.
- Going over the agenda for the focus group and for the next 90 minutes.

#### **Posters (Same questions apply to both posters chosen by MNBC)**

What are your first impressions on the poster you are seeing? How does it make you feel?

From this poster, who do you think is the target population/audience?

How does the poster relate to you culturally? Do you see yourself and your reality reflected in the images and messages presented?

Do you find the messages presented are relevant to your needs? Do you find the information useful?

How would you adapt the poster to make it relate better to you or other Métis women that are mothers, or future mothers?

Is there anything else you would like to add regarding this poster?

#### **Pamphlet**

What are your first impressions on the pamphlet you are seeing? How does it make you feel?

From this pamphlet, who do you think is the target population/audience?

How does the pamphlet relate to you culturally as a Métis woman? Do you see yourself and your reality reflected in the images and messages presented?

Do you find the messages presented are relevant to your needs? Do you find the information useful?

How would you adapt the pamphlet to make it relate better to you or other Métis women that are mothers, or future mothers?

Is there anything else you would like to add regarding this pamphlet?

### **"No Safe Time, No Safe Amount" products**

These are all products that were produced for the "No Safe Time, No Safe Amount" campaign.

Have you ever heard of the "No Safe Time, No Safe Amount" campaign? If so, how you would describe the objective of the campaign?

**\*\*Briefly describe the campaign to make sure that everybody is on the same page.**

Please take a closer look at the material that was produced for the "No Safe Time, No Safe Amount" campaign.

Do you find these items are great promotional items when it comes to this specific campaign? Please comment on more than one item.

How do the different items relate to you culturally? Do you see yourself and your reality reflected in these items?

How would you change the items (or distribute other items) to make it relate better to you or other Métis women that are mothers, or future mothers, and to make sure that the message reaches these women?

Is there anything else you would like to add regarding this campaign and the items?

### **Conclusion**

When accessing health information (or when you accessed information) related to pregnancy, what are the different media that you use(d)?

When accessing health information related to pregnancy, what would you say are the best media to reach the majority of Métis women in British Columbia?

We thank the participants for attending and remind them that they can find the contact information for the research group on their copy of the consent form.

## **Appendix C**

### *Adult Consent Form*

#### Healthy Messages, Métis Specificity, and Cultural Competency

##### **Research Project**

The Métis Centre of the National Aboriginal Health Organization (NAHO) and the Métis Nation British Columbia (MNBC) are collaborating on a research project in order to gain insight on the British Columbia Métis population, through the assessment of health messaging, Métis specificity, and cultural competency. Both organizations contribute to the advancement of Métis health and well-being through knowledge-based activities and strategies deriving from their respective mandates. The Métis Nation British Columbia brings Métis citizens together to celebrate and share their rich culture, heritage and values, and to forward their aspirations as a people, one of the founding Aboriginal peoples of Canada, whose Treaty and Aboriginal rights are recognized and affirmed in Canada's Constitution. The Métis Centre of NAHO is dedicated to improving the mental, physical, spiritual, emotional, and social health of Métis people in Canada through the advancement and sharing of knowledge in the field of Métis health. It is the Centre's fundamental belief that this approach is key to empowering Métis people in Canada.

You have been invited to participate in a focus group for a research project that examines the British Columbia Métis perspective on health promotion media, on Métis specificity, and on cultural competency. The three main objectives for this project are as follows:

- a) Assess the perspectives of participants with regard to pan-Aboriginal/Métis-specific health promotion media directed at the Métis population in British Columbia.
- b) Address the concept of Métis specificity in British Columbia.
- c) Explore the concept of organization/agency cultural competency in British Columbia.

##### **Consent Agreement**

This consent form allows for the use of my responses in a research paper and other related reports that aim to inform the development of future products or services that may be used by the Métis Nation British Columbia and the Métis Centre of the National Aboriginal Health Organization. All of the information that I provide is strictly confidential and will not be attributed directly to myself by name. My participation in this focus group will be de-identified, which means that my name will never be associated with my responses directly.

My participation in this project is voluntary and I am able to cease participation at any time without any consequence by communicating with the project lead. The nature of the project has been explained to me and I have been given an opportunity to ask any questions that I have. I agree to be available for the two hours that are required to answer all the questions for the focus group. I will receive an honorarium of \$50 for my participation.

I also consent that the recordings, tapes or disks, and verbatim resulting from this focus group shall be the property of NAHO. The material will be free and clear of any claim whatsoever on my part, and will be kept in locked files for a period of five years.

By signing below, I declare that I have read and that I understand this consent form, and agree to its terms knowingly and voluntarily.

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Aboriginal ancestry:     Métis     First Nation     Other, please specify: \_\_\_\_\_

Home community: \_\_\_\_\_

Organization (optional): \_\_\_\_\_

Age Category:             18-24             25-34             35 and over

Gender:                     Male             Female             Would rather not self-identify

### **Research Project Contact Information**

Miranda Dyck  
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