

“Iskwēwak Mīwayawak”



Women **Feeling**
HEALTHY:

A Photovoice Project

This document is a summary of the final report for the ongoing photovoice research project “*Women Feeling Healthy*” developed in January 2012.

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Iskwěwak Mīwayawak

Women Feeling Healthy



DRAFT FINAL REPORT SUMMARY

January 2012



INTRODUCTION

Background & Purpose

This report summarizes the current and completed phases of the ongoing project entitled “Iskeewewak Miwayawak” (*Women Feeling Healthy*) which is funded by the Canadian Institute for Health Research (CIHR). Obesity and its associated health risks have been identified as areas of concern for First Nations women. There has been little focus on the visual, gendered, historical and cultural meanings or experiences of healthy body weight and healthy body image for Aboriginal women. The goal of this research has been to identify, analyze and disseminate local knowledge about the cultural and visual contexts of healthy body weight and healthy body image from the perspective of First Nations women in the region.

This study was established in 2007 and developed using a collaborative model with Battlefords Tribal Council Indian Health Services (BTCIHS) formerly Miwayawin Health Services, university-based researchers and Battlefords Tribal Council (BTC) community stakeholders and members. Our qualitative photovoice study documented the visual, gendered, historical and cultural (local) meanings and experiences of healthy body weight and healthy body image for 45 Saskatchewan Aboriginal women and 20 Saskatchewan Aboriginal female youth of the seven BTC communities including: Little Pine First Nation, Lucky Man Cree Nation, Moosomin First Nation, Mosquito Grizzly Bears Head Lean Man First Nation, Poundmaker Cree Nation, Red Pheasant First Nation and Sweetgrass First Nation.

The study consists of 3 key phases as follows: 1) Community consultation and an environmental scan; 2) Photovoice project (data collection and analysis); 3) Knowledge Translation (KT) activities of key findings.

As our study nears completion, findings indicate that the meanings of the ‘healthy body’ for First Nations women are inextricably connected to cultural and historical contexts. Emerging themes indicate that while there are interesting complexities around accessing healthy food and lifestyles, embodying the ‘healthy body’ is connected more closely to family commitments, community pressures and broader socio-cultural and historical issues such as residential schooling, cultural traditions, contemporary media and resiliency. Sharing the views of these women and youth surrounding their health needs as connected to healthy body weight and body image through KT initiatives informed by cultural and visual contexts is an important step toward promoting dialogue within the community. It is also vital for increasing the capacity of local community members, health services staff and policy makers by transforming existing practices, programs and policies related to healthy body weight and healthy body image. The final phase of the project explores future steps and initiatives to better improve health services based on community recommendations.

Final Report Summary

Currently, research team members from the University of Saskatchewan and Battlefords Tribal Council Indian Health Services (BTCIHS) are in the process of assessing health services policies



and programs based on community recommendations collected through a variety of knowledge translation (KT) activities that are on-going.

This report consists of the following components:

- A.** Project overview: a summary of project related events and activities to date
- B.** Findings: Consultations with Community Stakeholders from the Battlefords Tribal Council Communities, Field Notes and Available Materials from Miwayawin Health Services:
 - 1.** An inventory of concerns/ideas related to healthy bodies and body image;
 - 2.** An inventory of concerns/ideas related to social determinants of health, cultural and historical contexts of health;
 - 3.** An inventory of information and resources about practices, programs and policies about healthy body weight and image in the BTC region;
 - 4.** Battlefords Tribal Council and Miwayawin stakeholders hopes for the study;
- C.** Key observations and responses to the project
- D.** Findings: Key themes and recommendations identified by the participating women of the study:
 - 1.** A detailed snapshot of existing themes related to healthy bodies and body image;
 - 2.** Participant/community recommendations for improving health services and the future direction of the research;
- E.** Conclusions and Future Directions

A. PROJECT OVERVIEW

The below list summarizes of the various stages by activities and events that took place over the course of the project since 2005.

1. Initial Community Consultation & Meetings

Initial community consultation with BTCHIS representatives took place in a meeting setting with a group of BTC community members in October 2005. The ideas developed from the initial consultation helped to shape directions and focus for research questions and a funding proposal was created in collaboration with the community members, Miwayawin Health Services staff and director (Janice Kennedy) and a research team from the University of Saskatchewan (Jennifer Poudrier and others who were established by both Jennifer and Janice).

2. Collaboration with Miwayawin Health Staff

A second collaborative meeting was held with Miwayawin Health Services to determine how the Environmental Scan¹ for this study, would be operationalized. Two members of the University research team met with a representative of the Miwayawin Health staff who represented health care workers throughout each of the seven reserve communities in the Battlefords Tribal Council region. Miwayawin staff was introduced to the key features of this study as they had developed through the initial community consultation. This was also an opportunity to receive feedback from Miwayawin Health care service providers. Importantly, many of the MHS health care providers not only work in the seven reserve communities but also live there and many are First Nations women. This group of women contributed ideas including the identification of key stakeholders to be interviewed for the Environmental scan.

3. Environmental Scan/Pilot Study

In 2007, research team members from both the University of Saskatchewan and Miwayawin Health Services began conducting an environmental scan relating to the issue of healthy bodies and healthy body image of women within the Battlefords Tribal Councils region. The purpose of the environmental scan was to identify practices, programs and policies to understand: What has already been done; where are we now; and where do we want to go?

4. Women Feeling Healthy Photovoice Project

In 2008 the photovoice project began which included initial participant interviews and focus groups, picture taking and interviews that discussed the meanings and experiences captured in those photos as they related to their understandings of healthy body weight and healthy body image. The majority of the photos and interviews were completed prior to June 2010 which

¹ The Environmental Scan is an overview of themes resonating from the communities in relation to healthy bodies which addresses: where the community is now (in relation to healthy bodies and body images); identified needs; themes; services and programming that already exist and that are felt to be necessary.



was transcribed, coded and analyzed using NVivo software. A photovoice presentation was prepared for the Gala Event and is the next stage.

5. Photovoice Exhibit & Community Gala Event

On June 2, 2010 a Gala Event was hosted at [which events center?] where participants, family and friends, community members, BTC Health staff and University of Saskatchewan researchers gathered together. The evening consisted of a photo exhibit presentation, buffet supper and a variety of guest speakers and entertainment which allowed the guests to explore the visual and cultural meanings of the healthy body through the eyes of the participating women and youth in the community.

6. Participant Gathering: Workshop & Photo-Exhibit

In September 2011, a participant gathering consisting of a workshop and photo-exhibit was held at BTC Health Services with invited participants, community members, members of the U of S research team and BTC Health staff. The purpose of this meeting was to engage in a knowledge translation activity through revisiting and exploring the photovoice presentation and themes that emerged from the study through small and large group discussions. The objectives of the workshop were to: (a) recognize the contributions of study participants; (b) share local knowledge and understanding about the cultural and visual contexts of healthy body weight and healthy body image; and (c) extend the process of community capacity building as a means to enable community members to continue to determine local needs and strengths and take effective and sustainable action upon those health priorities most meaningful to them.

B. FINDINGS: CONSULTATIONS WITH COMMUNITY STAKEHOLDERS

In the consultation interviews with the community stakeholders, four main areas were addressed: 1) health issues; 2) psycho-social and social determinants of health; 3) programs and services offered by Miwayawin Health Services; and 4) stakeholders hopes for the study.

1. HEALTH ISSUES AND DEFINITIONS OF HEALTHY BODIES:

Themes related to definitions of healthy bodies and image and health issues that were raised by the stakeholders included; 1) obesity (in adults and children) and overeating; 2) body image and eating disorders; 3) illnesses such as diabetes, heart disease and kidney failure; 4) quality of life concerns; 5) healthy body size versus media body size; and 6) 'health' as more than healthy bodies and body images. We address three here.

1.1. Obesity and over-eating:

Stakeholders in all of the community consultations identified being overweight and over-eating as a key concern in the communities—yet, one which is identified by some as becoming more socially acceptable.

...being overweight is becoming more accepted. There are so many overweight people in our communities. Even the young people. When I was growing up on the reserve there were very few overweight people ... both youth and adults.

1.2. Diabetes, Heart Disease, Kidney Damage and Related Illnesses:

The concern regarding stigmatization for weight seemed to be around health and quality of life, rather than appearance. This is reflected in concerns about diabetes, heart disease, kidney damage and quality of life concerns (including behavioral concerns for youth).

1.3. Healthy Body Size versus Media Body Size:

Although stakeholders discussed health problems related to obesity, they were very careful not to link their definition of what a healthy body looks like to the slim body.

We don't want to look at people who are thin and say that they are healthy because they are not. They might be smokers or they may be taking drugs and things like that. And there is a reason sometimes that people with these addictions are very thin. And so, it is not to confuse thin with health.

2. SOCIAL DETERMINANTS OF HEALTH:

Many social determinants of health were identified, which were seen to influence and/or be related to the health bodies and body image. Six key themes identified were: 1) economics, poverty and employment; 2) physical environments/geographic barriers; 3) history, culture and exercise norms; 4) history, culture and nutrition; 5) family and work-life responsibilities; 6) community crisis, strength and resilience.

2.1. Economic Factors/Employment and Healthy Bodies:

All of the stakeholders discussed unemployment, low income, poverty and meeting needs as a barrier to nutrition and health.

2.2. Physical Environments and Geographic Barriers:

Another barrier to healthy bodies is geographic and a lack of available facilities for physical activity. This included problems with transportation into the cities as well as problems with walking in the communities because of unpredictable dogs and unkempt roads, with youth sometimes driving recklessly.



I'm a strong believer that we don't need a lot of resources you know... but even walking they have issues of poor roads and safety and unpaved roads and dogs that roam quite openly

2.3. History, Culture and Exercising:

Interestingly, exercise in the communities is seen as an anomaly, not normalized. These exercise norms have seemingly changed over time. There is less activity and more sedentary activities such as watching satellite television or playing poker.

I think in the communities if you are doing it people are stopping to ask you if you want a ride. They don't get the fact that you are walking for the benefit of walking. It hasn't quite caught on.

2.4. History, Culture and Nutrition:

The history of healthy bodies in the communities helps link the problem of obesity to cultural, social and environmental issues. For example, gardening and hunting have become increasingly less common, yet both contributed to exercise and healthful eating in the past. There are also more stores in communities in the present day, with less affordable healthy choices—and more vehicles to get from place to place.

As far as eating patterns...you ate because you were hungry ...a survival thing.. and now food tends to be part of the culture... too much food and without physical activity... plays a big role.

2.5. Family and Work-Life Responsibilities:

Work-life responsibilities and family violence were linked by stakeholders to healthy bodies and lifestyle opportunities.

...a lot of us women are basically raising our own children and raising our own grandchildren. ...Because if they get really sick, who is going to look after the kids right? They do the cooking, cleaning, grocery shopping and could be working full time on the side.

2.6. Community Crisis, Strength and Resilience:

Community members deal with an inordinate amount of family crisis, including death and suicides.

... I have clients, who given different circumstances, would be very ready to change, but they have had death after death after death after death. I can't imagine how they even keep going. It is like crisis after crisis after crisis after crisis. I might deal with a crisis every one or two years, but because of the community nature, it is not your personal crisis it affects

your whole community. If it is your neighbor or another person in the community and it just ...affects everything.

2.7. Education and Information

All of the stakeholders agreed that a lack of knowledge and skills (and time to develop these) contributes to problems with healthy bodies.

If you don't know how to cook it is easier just to go out for meals, or to buy frozen, prepared food, that usually aren't ...the easier things are usually not as healthy...higher fat, higher salt content and things like that.

3. PRACTICES, PROGRAMS AND SERVICES OF MIWAYAWIN HEALTH SERVICES:

Miwayawin Health Client Services Community Health Program, Home and Community Care and Department of Health Promotion promote holistic health, citing spiritual, social, physical and mental health as themes and program goals. (Annual Report, 2006-2007) Objectives related to healthy bodies and body image reflect this overarching theme towards holistic health, and are addressed through a number of programs run by the Miwayawin staff.

As noted in the Annual Report for Miwayawin Health Services (2006-2007) and through interviews with staff involved, programs reflect; 1) nutritional needs; 2) exercise and physical activity 3) school programs; 4) social, environmental and political needs. There is also a work philosophy that reflects culturally appropriate and non-judgmental principles. This section summarizes (briefly) some of the Miwayawin Health services and work principles.

3.1. Nutritional Needs:

Programs that address nutritional needs are done by: ensuring fresh food is available through fresh food boxes and providing food vouchers; offering nutritional assessments, counseling, education; home support by community nutritionists, chronic disease management and prevention (and more). Stakeholders spoke of many of these programs with enthusiasm.

3.2. Exercise programs and initiatives:

Miwayawin health service also supports exercise programs and healthy lifestyles. There are: exercise leaders; initiatives to train community exercise leaders; walking groups; Sadie's walk; initiatives in schools; and more.

3.3. Social/environmental and political:

There is a strong community development approach into program planning. This is evident in programs, for example, through: Cooks training; MOAUIPP and DREAM.

3.4. Work Philosophies (Culturally acceptable/non-judgmental):

Stakeholders discussed the importance of culturally acceptable ways of working with people in the communities—linking many of the barriers noted above, with program goals. This involved meeting people where they are at, rather than inflicting their own personal work goals.

It is trying to meet people where they're at and give them bits and pieces that they can fit into their life. And the struggle that I have is that sometimes we get so formal in what we do, that we forget that these people's lives are...many of their lives are affected by huge amounts of stress and strains. And we just think that they don't want to listen to us today. But I think geez...if I had all that going on in my life I wouldn't want to listen to you either.

3.5. Healthy Work Environment:

This positive and people focused work philosophy seems to make its way into the work environment. The stakeholders agreed that a very positive work environment is created at Miwayawin and that staff are committed to staying.

...very strength based and that's what I love about here.

4. STAKEHOLDER HOPES FOR THE STUDY

Stakeholders felt the present study was needed/important: 1) as a community up approach to program effectiveness; 2) as a means to increase self-perception; 3) to enhance community sharing and mental health; and 4) towards making healthier and informed choices. We summarize two here:

4.1. Community-up Approach to Program Effectiveness:

Stakeholders were hopeful that this community based study may offer community input into what Miwayawin is doing, and help to assess programming effectiveness. They were very interested in learning what how women would define their own health and body image needs.

...I would like to learn what people are thinking and how we can best support people in either maintaining their health or increasing their levels of health—both physically and in any other way.

4.2. Enhancing Community Sharing and Mental Health:

There were some hopes that a project like this may create an ongoing talking circle, where women can come and feel safe and talk about issues. This may also lead to increased self-awareness, esteem and maybe increased physical activity and healthy choices.

I have always envisioned a gathering of women where they can come to a place where they feel safe to talk about their issues...and even just to have



fun or even just to have even an hour of talking and ...to start some support –hopefully would work even in getting more physical activity.

C. INITIAL RESPONSES TO THE PROJECT

This project has been enthusiastically received at a MHS staff day (June 7th, 2007) and at a Stakeholders meeting (September 24th, 2007, between Band Chiefs, collaborators from MHS, Health Portfolio Councilors and the U of S research team). There was a very positive, uplifting atmosphere at both meetings, full of laughter and personal stories. At the stakeholders meeting, the positive atmosphere resonated into ideas for changing the title of the study to reflect: ‘feeling good all of the time’, rather than ‘feeling bad, sick and getting better’. Many people suggested that the project was not only worthwhile but may be “fun” and an opportunity for women in the communities to unite towards enhancing programming, communication and healthy living. There were insights shared about: the influence of the media on body image; historical changes from eating healthy wild meats and garden vegetables towards the present day increase in junk foods from stores, chemicals in products and the soil; increasing sedentary lifestyles; difficulties of breaking habits such as overeating; and community perceptions about weight and health. The conversations seemed quite lively.

Very helpful and practical ideas were presented about recruitment of participants—which have been incorporated into the project. These ideas included; the importance of childcare during meetings and the taking of the photographs; finding ways to reach all women who might be interested; and finding ways to involve all ages in the project.

The stakeholders identified the interdependence of social determinants of health as key factors in determining healthy body and healthy body image outcomes, focusing on root causes. The interviews, field observations and stakeholder meetings raised health concerns (related to healthy bodies) such as obesity and diabetes and showed their interrelationship to inequalities, poverty, economics, employment, mental health issues and infrastructural deficits. This research points to the importance of capacity building and community development.

In summary, this report identifies the importance of and goals related to: 1) infrastructural concerns; 2) recreational opportunities; 3) benefits of information and education; 4) importance of social supports—families, communities, (and problems with isolation, work-life balance, self-esteem, suicide, addictions, crisis and death); 5) culturally relevant philosophies; and 6) social justice and health inequalities. Importantly, discussions on social justice and health inequalities are reflected in larger Saskatchewan and Canadian statistics as well.

1. Infrastructural deficits:

Discussions on infrastructural deficits revealed needs to improve road conditions, safe walking spaces and transportation. Issues of safety on the roads are critical. Respondents identified safety concerns related to dog packs and problems with youth driving.



2. Recreational opportunities:

The need to continue to support recreational programs and opportunities, including regular and increased support people/staff to encourage participation was also recommended.

3. Information/education:

The discussions about the importance of information and education, social support and access to healthy food also point to the successes of Miwayawin programs and the need for continued community development (and capacity building). Interviews revealed the need for continued health education related to; exercise, healthy eating/cooking and parenting/care-giving. Support for school programs related to health was also critical, as well as increased access to health care services.

4. Social Supports:

Issues related to mental health including; isolation within communities, problems related to work-life balance, self-esteem, suicide, addictions, stress and violence were also mentioned in relation to maintaining healthy bodies and healthy body images. Mental health seems to be both a healthy body outcome as well as a healthy-body determinant.

Although there is a high staff-client ratio when compared to off-reserve populations, there was still discussion on the need to hire more mental health nurses, diabetes educators and dietitians—to keep up with the communities need.

5. Culturally relevant philosophies:

The importance of culturally relevant protocols, non-judgmental approaches to care (practiced at Miwayawin Health Services) and increased social support programs are impressive and cited by stakeholders as critical to understanding their approach to services.

6. Social justice and health inequalities

Interviews and the larger statistics seem to point to the need for governmental policies to reflect residents' concerns related to inequalities, health inequalities and on-reserve communities' needs—at all levels of government; municipal, provincial and federal levels. Social justice issues related to inequalities, health inequalities and food security were also viewed as having a critical relationship to healthy bodies.

D. FINDINGS: KEY THEMES & PARTICIPANT/COMMUNITY RECOMMENDATIONS

There were 8 key themes and various sub-themes identified by the research team which were presented to the participants, community stakeholders and members at the workshop & photo-exhibit gathering. These themes are listed in detail below. The research team and Health Services staff at BTC were provided with a number of recommendations to improve health services and the future direction of the research and are discussed in section 2.

1. DETAILED SNAPSHOT OF THEMES

1.1: Strengths

Community and personal strengths are often acknowledged and displayed through overcoming extreme adversity and life challenges. Such resilience is often connected to surviving through positive self-growth and achievement.

a) Challenges growing up:

Cultural traditions such as powwow dancing are often acknowledged as important to staying strong and positive especially when moving forward after facing challenging life situations. The participant in the following quotation explains how powwow has kept her focused during the transition of leaving an abusive relationship. Being involved in cultural and spiritual traditions has been empowering for her.

I think I was feeling, just relaxing and because at this time in my life it was a big... I was going through a big transition. I was actually separated from my partner and on my own with my two kids and it was a big change because I was leaving an abusive relationship and I was doing it on my own. I think there was a lot going on for me in my life but being at the powwow just kept me sane, kept me focused.





It makes me feel good because I was actually at the powwow where I should have been and helping me because when I dance it's healing it's so healing for me. I feel so good when I dance.

It empowered me and I was also...I did a lot of praying there too.

a) Residential Schooling

Some participants reflect on their strengths, pride and achievements despite having been exposed to residential schooling and a variety of challenges while growing up.

I'm a very proud person. I have a lot of dignity. I have a lot of pride in who I have become in spite of the way I grew up in spite of all the obstacles that came my way. I have a lot of good things that happened in my life and that's what I want to concentrate on for the rest of my life. My life span isn't very long so but I want to make every day the best day as much as possible.

The following quote expresses how residential schooling has impacted the lives of many families on the communities and despite oppressive forces there is positivity towards the changes that can be made.

I think it comes from the residential school. I think it stems from it like with the parenting, the loss of parenting skills, the sexual abuse, the physical abuse, the nepotism... We are an oppressed people. But I mean we can also make changes to where we can get out of that and I know it's happening but I wish it would happen faster sooner.

1.2: Cultural & Traditional Connections to Health

Cultural and traditional aspects were often discussed in association with perceptions of health and wellbeing. Sub-themes include:

a) Positive role modeling and passing on culture:

One participant explains how raising children in the cultural traditions is important and how being a positive role model through dancing powwow and taking pride in culture has been meaningful for her.



It means a lot because I wanted to raise my kids in the cultural tradition of dancing powwow and I'm doing it. It meant a lot for me to role model to my son to dance and show him that it's ok to dance and to be proud of who he is.



That it's good to do things with your kids you're capable of doing it. That even though you have kids, you can still bring them out to your soccer game and so on. And role model for them, that there's sports out there that you can do, there's other activities that you can do besides.

b) Culture as healing and empowering:



It makes me feel good because I was actually at the powwow where I should have been and helping me because when I dance it's healing, it's so healing for me. I feel so good when I dance.

c) Cultural and spiritual connections:

A number of women talked about the connections between culture and spirituality. In particular, dancing and being involved in cultural traditions are experienced as a blissful escape and empowering.



...when I'm dancing that's like my escape from realities and...just a blissful place where I feel untouchable and invincible.

d) Traditional attitudes/practices:

Traditional health attitudes, beliefs and practices are often maintained and valued important to one's well-being:

...after I had my child my Mother got a sheet she tore up the sheet and wrapped it around my waist. It was common with the Native women I guess a long time ago my Mother used to tell me that her Mother did that to her. It's to prevent you know from having a bulging stomach. That's what she told me.

1.3: Spirituality & Health

Spirituality is linked to the healthy body through the ways in which physical activity can be healing.

a) Physical Activity as Healing

Being involved in Powwow dancing is viewed as healthy in terms of both the physical and spiritual aspects. She reflects on how dancing is healthy because it gives you physical exercise and to be connected to culture and praying:

I think it's healthy like to be a part of powwow dancing like for like physically and spiritually ...It's just healthy like you get exercise from it and at the same time you're like connecting with your culture and praying I guess and that's why I took that picture.

One participant explains how there is a spiritual connection to horse riding and is more than just a physical activity:

I just feel really free and I just love the wind going through my hair and my face. There's nothing like the speed of a horse. Nothing like running on a horse, running with a horse.

1.4: Perceptions of Healthy Body-Image and Healthy Body Weight

Many participants referred to the broad theme of healthy body weight and body image which are further categorized into 14 different sub-themes. One of the main objectives of the study was to understand what healthy body weight and healthy body image means to the participating women and is explored through the photography produced by each of the women. While the overarching sub-themes refers to those personal reflections, meanings and the participants' definitions of healthy body-image, other aspects such as media influences, positive and negative self/body-image, role modeling, community perceptions and influences, etc. are importantly discussed.

The sub-themes include:

a) Meanings & definitions of healthy body image:

One participant explains how an image of a long path or road is symbolic of the long path towards health and taking care of one's self and their body.

...it's a view of an ongoing trail and also you can look at it as you know, a long road down ... a long life from being healthy and ... you know taking care of yourself and your body. That's how I see it.

One participant explains how rivers symbolize the changes one experiences throughout their lives. The river is symbolic to her, as being part of her life, body and self; something that is always changing and that this is a positive way to look at body-image.



I've always liked rivers because they're always new and they're always old...forever changing. So I really like pictures of rivers. ...you're not at the same place and it's symbolic for me, it's just life, it's part of my life, it's part of my body, myself and there's always something changing.



b) Positive encouragement and role modeling:

Elders play influential and important roles through providing positive encouragement and role modeling in the community. There were many powerful stories about the ways in which Elders have impacted their lives through teachings and stories of traditional ways of life:

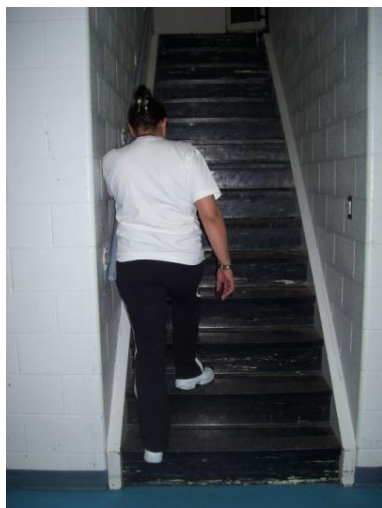


...it was the stories that went into the tanning hide and how, how this elder was talking to me about how simple that they used to eat long ago.

Oh, definitely, she not only motivated me, she disciplined me without saying a word. Just through her actions.

c) Importance of and motivations for good health

Emphasis is placed on doing activities that are good for your health regardless of whether you want to do them. She notes how the thing we least like to do are often the best things for us and that being aware of these positive choices is important for good health:



I climb 22 steps to get to my office, and if I have to come down, up and down. Today, I was aware of it, today I thought no I'm not going to complain, I got to go all the way to the front door again, and this is good for me. Sometimes the things we don't want to do are the best things for us.

d) Media influences

I think now we see more educational awareness in our media of how to have healthy eating lifestyle and healthy body. I guess I'm thinking about my kids like they...have been really being conscious about you know their eating habits stuff and even recycling and drinking lots of water.

e) Nutrition

Nutrition was viewed as an important factor in maintaining a healthy body-image and weight. One participant notes that paying attention to the foods a person eats is necessary for a healthy outlook:

Because to me in order to have a healthy outlook on life you need to pay attention to what types of foods you eat. I eat yogurt a lot because it has a lot of nutrients and vitamins and when I eat it I feel good.

One participant notes that:

...on the reserve there I remember eating beaver tail and they were quite good. I remember eating rabbit and different kinds of birds, ducks and all that.

f) Physical activity

A number of participants acknowledged that achieving a healthy body weight and healthy body image is more about the health benefits through eating right and exercise and not the goal of reaching a perfect model's figure:

I have to accept where I'm at and if I want to be healthier I have to lose weight and that's not now it's with the idea that I'm not going to expect a glamour figure, a model's, that's not what I have in my mind anymore now it's like reality. I want to be healthy and I want to be I don't want to be short of breath just getting in and out of the vehicle.

Physical activity was also viewed as promoting positive self-image and feeling good about one's self:

I will jog down this road and it's about a 20 minute run and I love doing that I crave it all the time. It just makes me feel good you know afterwards it really builds up my self-esteem.

g) Positive body-image

One participant notes that feeling good about yourself is related to the food choices you make; what you put into your body.

Like the way I am now I feel good and no one says anything to me about it. Like a lot of people say oh well you look good for you know just having two kids and whatever. I tell them well yeah I feel good and it's just all about choices and what you're going to eat and what you're going to put into your body and stuff like that.

Another participant speaks about her night out with her friends and how she felt positively about this picture because of the way they all dressed up and were all unique in their own way.



I like the way they dressed and the way they put their makeup on and everything, their hairstyles...all the girls got all dolled up in their own little way... we're all different in that picture.

h) Negative body-image

While many participants spoke positively about their own body-image, there were a number of participants that also experienced negative body-image.

I don't have a good body image... but I have all these awareness's, but yet when it comes to my body weight and my body image, it's still such a mystery almost. Because I know what I'm putting in my mouth and I know it's not healthy but I, like I talk myself out of it, "oh well it's just today you're going to be okay today and then it's just such a mystery".

i) Growing up and changes over time

One participant expresses how there has been an important change to media and advertising from focusing on beauty to health:

I think there's a lot more focus on body image today. I think social figures maybe, media plays a big role in it. I think it's good that with the new



things that are coming up on the shows you know the TV shows that are now turning it where it's not so much focus on beauty but health and there's a lot of good advertisements now. It's promoted.

j) Community perceptions and influences

When asked about the community's perception of healthy body image one of the participants explains that there is little attention paid to body-image:

I don't think they really pay attention to them it's not a big thing to them at all you know they don't it's not a problem for them like it's not an issue for them I don't know. Like when they're young everyone is slim and then when they hitting you know a certain age they all start getting bigger you know or after their first kid you know.

k) Family perceptions and influences

The influence of family on maintaining good health and body-image were often mentioned. One participant explains how her father supported her by taking her to her hockey games while growing up:

I played hockey ever since I was little until I was about 17 and then same with fastball and baseball, like I was registered young. My Dad took me to my games and stuff like that. I played fastball actually in a competitive league until I was about 21. I went to the Indigenous Games and did all that.

l) Illness and disease

As one participant suggests, there has been more promotion of health awareness and prevention for diabetes in the media recently:

There's more awareness of diabetes there's more awareness of heart disease and stuff out there. And it's being brought out in the media. You see non-Caucasian people on TV promoting for you know I'm afraid to get diabetes so this is what I'm doing to prevent.

Participants describe how they have overcome and have stayed positive despite extreme health challenges:

Some people call it a surgical biopsy but I think it was more like a lumpectomy because they removed the entire lump which was quite large I think at first it was like the size of a golf ball I think it grew to like twice as much by the time they took it out. Anyways it's taking a real toll on my body. I got pretty weak. I had to stay in bed for quite a long time. I lost a

lot of blood so I'm just trying to regain my strength and heal my body. It'll come.

m) Anorexia and obesity:

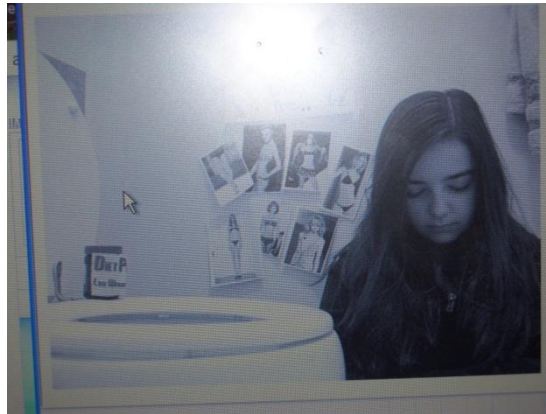
There is a need for youth to get reached and develop awareness around obesity and the associated risks for diseases such as diabetes and cancer:

.... diabetes and cancer and you know and not looking after themselves the way they should. I know that there is a lot of education but I don't think there is it's not getting reached out that much to them maybe but then again they probably do receive the education but it's up to them to absorb it and follow it you know...

One participant explains how there is evidence of the two extremes of anorexia and obesity in the community:

I do see some anorexic and I also see some obese so it's kind of goes both ways some are really paranoid that they go anorexic and the other ones that they go really obese. And then some of them just can't help it it's just in their body.

Another participant shares her story of living with eating disorders and the challenges that she faced. She points out that, for her, happiness was only achieved with obtaining the perfect body size.



I turned to eating disorders and there'd be days... see these are perfect bodies...like to me that's a perfect body size and I'll never be happy until I reach that, I'll never have anything, everything I want in this world, the nice car the nice home, perfect career, I'll never get those until my body is that size.

1.5: Health Supports and Enablers

A variety of supports and enablers to health were identified by participants broken into 3 sub-themes:

a) Programming enablers:

One participant expresses how she feels quite positively about the health services and programs available at BTC Health Services and views the promotion of new programs with young girls at the reserve level as an enabler to health outcomes:

I think it's really good that they have these new programs. You know they're working with young girls at the reserve level. And working with those young girls I'm sure you know that there's going to be it's a start you know to start living a healthy lifestyle.

b) Family enablers:

Family members were viewed as important enablers to achieving or maintaining good health and positive body-image. One participant emphasizes that her father had helped to her guide and shape the exercise and eating habits when she was younger and this has stuck with her throughout her adult life.

When we were younger my Dad would tell us you know, you can only watch TV for this amount of time after you do your homework and after you at least go run 10 minutes on the treadmill or go play outside for 10 minutes like he'd always have some kind of exercise for us. And we didn't like it because we were kids and we'd get mad about it but I think now that I'm bigger it made a lot of sense because I could have been overweight and not feeling good about myself and insecure and stuff like how a lot of my friends are.

c) Education Awareness & Information:

One participant suggests that having Elders more active in the community to talk to youth about healthy eating and self-esteem would be beneficial:

I think the community could have our elders be more active in talking to our young people about eating healthy having a better self-esteem and giving them that opportunity to talk.

Some participants felt that more education around cooking healthier meals was needed:

I just think a lot of them don't have an idea how to cook more healthier it can still taste as good but you don't have to use you know 3 tablespoons of lard with it or something.

1.6: History & Change

Participants often referred to history and change such as the differences between traditional and contemporary diets and lifestyles as well as the resistance to change within the community.

a) Diets & Lifestyles:

b) Resistance to Change:

In particular, resistance to change was often identified as a barrier toward making positive changes in the community. One participant notes that:

...really you want to see change for your own children. It's challenging because you come you see so many different attitudes so many different people and it's challenging because you want change and you're doing every attempt to make it but it's not happening.

Another participant notes that there needs to be more health promotion and de-sensitization in her community:

I think we need workshops in fact we are working on one now with the nurses here on wellness. We're calling it "Springing into Wellness" because we see that as a lack and I can only specifically talk about our own community. There does need to be more promotion. We need to ... there's certain issues that are so I guess so sensitive and we need to de-sensitize women and talk openly about menopause and pregnancy and these kinds of issues. It's like a [type of] shyness or some topics are taboo. So that's a challenge.

1.7: Barriers to Health

Barriers to health are identified through a number of sub-themes such as:

a) Programming barriers:

When asked about barriers to health some participants mentioned the lack of promotion and advertising on the communities and the need to make people more aware of what is offered.

More advertising, more promoting, more advocating, more everything like that, advertising, being out in the community and being visible in the community.

Another participant suggests:

Where anybody can go there and get on a treadmill and maybe once a week provide a healthy nutritious lunch for different groups. You know maybe have women's night or maybe get a competition going ...you can ... you know you can participate more.

b) Peer pressure:

Peers are also viewed as having a negative influence on healthy body image. One participant explains how she felt that she needed to change her body because of what her peers thought was attractive.

My peers. Everybody was... had to fit into a size 26 pair of jeans and it seemed like that what was attractive.

c) Time barriers:

A number of participants discussed the ways in which time barriers impede on the ability to always have a healthy meal available. In the picture below the participant notes that this is an example of what a healthy meal would look like but she also mentions that a lot of times there isn't enough time to cook and the alternative to make something quick and easy is not necessarily a healthy choice.



Well I thought this is a healthy meal we should take a picture of it, cause a lot of times when we don't have time to cook we have something really fast like macaroni and cheese and you know those cutlets you buy in the store that are so cheap and easy to warm up you know faster stuff.

d) Racism:

Reflecting on the challenges and barriers to achieving a healthy body-image, one participant notes that racism was apparent for First Nation girls growing up in predominantly white populated schools. She notes that the stereotypical images of the perfect, slim Barbie-like body, while not reality, had an impact on body-image.

I think maybe she did that too yes to be proud of who we were because we did grow with racism like I went to school in a white school growing up and I never went on reserve school. Yeah, there was racism. It could have been that but I think there was just the thought the image that Barbie portrayed to be perfect tiny and skinny and slim and that's not the reality for some of us First Nation gals.

e) Socio-economic barriers:

Unemployment is viewed as a barrier to achieving good health. One participant explains that the welfare system seems to make individuals dependent on receiving those services and the perception is that this encourages people to be inactive. She notes that people must feel that they can't get out there and be engaged in programming.

It makes them dependent I find cause they're just sitting around waiting for their next cheque and you know, I don't know if I had to sit around for two weeks I think I'd want to be out there doing something to kill that two weeks like you know or month or whatever like I couldn't sit on my couch day after day after day like you know at least show my kids something like that's what I'd want to do.

Living in poverty is often found to be a barrier to achieving good health. One participant notes how she sees a lot of families struggling financially and how this impacts the types of food that people have access to.

I see it as a lack of motivation I think there's awareness out there but also too I think poverty plays a big role as well because some people they I don't know sometimes their parents tend to abuse their financial situation ... and then wind up by not having enough food and stuff. But I think things like healthy Food Box I think they're called I think things like that I try and encourage when I see families struggling financially for food I try and encourage that for them to purchase things like that. I think that's important for them to try and create more of a what do you call that co-op networking thing for food and fresh vegetables and fruit.

g) Transportation:

Transportation is another barrier to accessing necessities such as being able to buy food and has a tremendous impact on lifestyle and healthy eating.

Well over there like in Mosquito like if you don't have a vehicle, pretty much you suck, you can't go do this even just going to go pick up groceries is a struggle.

h) Lack of Education, Information & Awareness:

People are just not educated about stuff like that like it's important it's important to know. Because like a lot of my friends' parents are kind of overweight or they're not healthy like they drink or they're doing drugs or something so then that's what their kids do then I think if they're not educated about it at any time in their life then that's what their kids are going to do. But for me like my parents educated me about it so you know I'm going to educate my boys about it now.

i) Loss/Lack of Parenting Skills:

Like their parents don't talk to them anymore their parents are too busy...since the bingo situation came on and you know the parents were hardly home during the day. Well that's what I think.

I think we need to get our parents more active in creating a healthy balance meals for our young people in school so they can go to school and have a and think and do their work.

j) Family barriers:

...like all that intergenerational abuse. I think we need to start somewhere and quit blaming and quit pointing fingers and quit blaming each other and work together as a community because all our complaining is not going to get anywhere. That's how I see it.

I think being a young Mom like 21 was young and I didn't realize that it was young to have a baby and it was young for me. And I had my kids back to back so I was always at home. I didn't have I couldn't just up and go and leave and like go exercise unless I had support there and a lot of the times I didn't. Especially like because in the beginning I was a single Mom. My partner wasn't there for me for the first 3 years. And now that he is it's a big change

k) Substance abuse and violence:

I think the partying and the drinking and stuff like that really people can put on a lot of weight and from also the drugs too.

I just think it's a lifestyle choice. Like a lot of those girls they don't have to be overweight but they just like they're not really active or anything like a lot of them are just so drinking and partying and like doing drugs and whatever and like if you're getting high all the time you're just going to get the munchies and want to eat and if you're drinking like alcohol doesn't really help your body either like you can get like a beer belly thing going.

l) Health attitudes, habits & lack of communication:

Negative attitudes and habits towards health and fitness are viewed as significant barriers to health in the community. One participant explains how it is difficult to get started working out because there are negative attitudes in the community and the town site areas are not friendly to pedestrians.



And initially that's always so hard to get started it's so hard. Yeah so a lot has to do with who you hang around with who you're around the community even the attitudes of people tend to I guess we kind of let people run the show. But you know cause I kind of live away from the main I just go ahead and do this I wouldn't want to walk around the town site that's for sure because people are so like there's dogs and there's people that drive by fast and you know.

m) Language barriers:

...my Dad for instance I always have to explain to him things because my Dad only has a grade 6 education and a lot of the times I have to explain to him what it means.

Language is a barrier true with our elders even with our parents that haven't completed in going to high school or even a grade 8 level that you're at home with your kids all the time I'd like to see those parents get more encouraged to get involved.

n) Leadership – Past & Present:

It does honestly it makes me sick because you know it's not who you are as an individual it's what your last name is. That's really sad and I mean people are so it's sad because a lot of people are bought up by money and are controlled by white people and the bands suffer for that and it's so political like why not work together like why are we diverse all of a sudden. It never used to be like that a long time ago but now I'm understanding why we are diverse for a long time there was a white man

controlling our money and he was getting rich and the rest of us weren't seeing jack shit on the reserve.

1.8: Feelings about the Study

Participants were asked how they felt about the study which was categorized into 3 sub-themes:

a) Positive experiences:

For instance, one participant felt very strongly about participating in the study and sharing her story:

It was a good experience for me you know to participate in body image and it was part of my healing you know to tell my story and it makes me feel good like you know like I had accomplished something that's how I feel about it

Another participant describes how the study gave her the freedom to express her views on what the healthy body image is.

I enjoyed it, that I'm able to share my, my views on what I think is a healthy body image and like I said before I think society... especially with young girls there's such a pressure you know, to be a certain way but I think as long as you're healthy and you feel comfortable in your own skin then you know, that's healthy.

b) Negative experiences:

'Cause card was full and so I didn't get a lot of the pictures that I wanted to and some I had to delete if I wanted to take another picture that I thought was appropriate. So there's not a lot on there and there's not a lot on there of the stuff that I've been doing. So I'm really disappointed in your camera. [laugh].

c) Recommendations:

Yeah and what I think too would help well just from like my family my Grandma's always like yeah they're going to be having a supper there she always goes somewhere to score a meal. So I think maybe if like if they had booths where they're cooking healthy foods and demonstrating you know and the ingredients and like how to you know cook healthy meals for you know a cheap price because a lot of people are cheap you know like on a budget and stuff and I think if they had stuff like that and then you went to like a big I don't know like a conference I guess you call it then people could you know have samples of the food and or even like a supper and then show them how they cook it and you know maybe get people to help you try cook it just so you can kind of have that like one on one with them



like showing them how like not you know oh here's a cookbook with the ingredients you know have a good day see you later you know.

1.9: Lack of Male Involvement

It is important to note that during the workshop and photo-exhibit session participants identified an additional key theme as the “lack of male involvement.” There was a discussion surrounding the need for male presence and role modeling in the home and community. This was viewed as important for positive changes to healthy lifestyle and well-being. Additional investigation into this particular theme and possible sub-themes is warranted.

2. PARTICIPANT/COMMUNITY RECOMMENDATIONS

This project has been well received by the participants and community members as evidenced by the evaluation responses to the Gala event that was held during the summer last year (June 2, 2010). A recent community meeting that took place this fall (September 29, 2011) with BTC Health staff, study participants and community members successfully enabled those in attendance to share their thoughts on the initial findings presented which included a presentation of the photo slideshow and themes identified. Attending parties voiced their recommendations and suggestions surrounding the thematic analysis and future steps in the research. This has allowed our research team to move forward in the research to take the next steps towards developing policy recommendations and programs suitable to the needs of the community.

An overview of these 2 events follows:

2.1: Gala Evaluations

The comments we received were full of positivity and excitement. Numerous guests described their experience of the project and the Gala as "powerful", "beautiful", "healing", "empowering" and "inspiring" and shared their overall appreciation for the project and the Gala evening. Many expressed having fun and enjoyed being brought together with friends and family to share these special moments. Some guests suggested that there needs to be more of these types of gatherings in the community. One guest in particular noted that they were impressed with what they heard, saw and felt and another viewed this experience as effective for building self-confidence and self-worth. Some guests expressed how touched they were by the stories that were shared and the emotions it brought forth. One guest commented that the project "encourages women to really think positively about themselves" and suggested that "we are the ones who care to our bodies... only we can change it if we want to".

Many guests felt that the project was a success and that the participants had really learned about themselves and that the project was "empowering to the women who participated". Others also said that they learned new things by listening to the speakers and gained awareness or new knowledge. One person mentioned that they were able to "see the different parallels of barriers experienced". Another person commented that the experience was powerful in that it was "really drawing from the true resources in our community". One guest in particular expressed that they really enjoyed being a part of this project and asked if there



was going to be a follow up they can do again in the future. A number of comments focused on how happy they were to see youth being involved in the project and how important this was for health in the community and some thought this could be emphasized even more so. While a couple of people felt that the speakers took too long or that there were too many speakers, many others felt that the timing was just right and the event was very well planned and organized. A few guests felt that a slideshow could have been made to go along with each of the speeches and the main slideshow off while they spoke. Some guests wished more people they knew could have come to the event (either they were not invited or did not make it) because they felt they would have benefitted from this experience.

Most people indicated a positive overall experience of the Gala and the project. One guest commented that they "enjoyed hearing and seeing the stories and amazing strength of First Nation women in and around [her] community". There were positive comments about the evening, the decor, food, entertainment, presentations, stories, music and slideshows. A variety of guests viewed the Gala as an important event and felt lucky to be a part of it. Those guests who identified as being members of BTC health felt the project was a great opportunity for their organization to see and hear community members talk about themselves as this is something they do not get the time to hear.

When asked "where should we go from here?" there were a large number of people that said we are on the right path and to continue on with the project and others similar to this one. Some commented on getting more women (new/more youth and older women) involved and to create conferences or workshops on the topic. Many of the guests indicated that they look forward to the analysis and outcome of the project and would like to see more projects or workshops in the future in their community. Someone suggested that the information should continue to be shared such as through a book that identifies and helps to raise awareness/overcome barriers faced by Aboriginal women. One person suggested that there should be a project such as this that focuses on young single mothers' view of health body weight and body-image. Another person thought that a study geared more toward youth or the family members of those who participated in this study would be worthwhile.

Having an annual gala to recognize or honour more girls, women and Kokums was suggested. A mentorship program in schools for the youth that offers exercise programs that are not on the reserves such as yoga, exercise ball, spin class, sports camps, or hip hop dance was also suggested. Many guests felt that the project should continue to draw awareness through demonstrations or publications. Getting elders to talk to the youth, talking circles, workshops, role modelling programs or other activities were viewed as being beneficial for the community. Many felt that the project could go bigger and to spread the word on a wider scale. One suggestion was to continue this in each community and across Canada.

2.2: Participant Gathering: Workshop & Photo-Exhibit

As part of the knowledge translation component of our research a Community Workshop-Photo Exhibit took place at BTCHIS for study participants, their invited guests, BATC and BTC leadership and health staff and researchers from the University of Saskatchewan on Thursday, September 29, 2011. This workshop displayed and provided extensive opportunities to discuss the Photo Exhibit created by the photovoice participants as well as the initial research findings, how to implement this knowledge into programming, policy and service



and the future of the research. Activities included a slide show presentation, small group discussions around the emerging themes from our research findings and collaborative lists created around what healthy body image and body weight means which were later presented to the larger group. A broader discussion around these themes and how they could be best integrated into the programs, policies and services at BTCIHS and how to move forward or the next steps of the research project. Below is a list of the Knowledge Translation activities that took place at this workshop:

- a) Dissemination of the initial research findings to the study participants and stakeholders through a presentation of the photovoice slide show, gala feedback and an overview of the major themes identified.
- b) Small group discussions between the participants, stakeholders and researchers took place where they exchanged ideas around what "healthy body image and weight" means to them and whether the themes identified were appropriate.
- c) Participants were asked what themes they identified with most, the patterns they can see, which themes were most important and if there were any missing or additional themes needing to be added. Lists were created to reinforce themes around healthy body image and weight.
- d) As a larger group we discussed how these themes could be integrated into programs, policies and services at BTCIHS.
- e) Finally, we brainstormed what steps we should take next. We asked: "Where do we go from here? Should we develop another project? How should we display the pictures? How do we stay connected?"

As a result of the workshop and photo-exhibit the participants and community members identified which themes were considered most important. Below summarizes the participant/community recommendations:

1. A similar type of study or group based on men's experiences
2. Travelling exhibit and poster presentations held at the Chapel Gallery with local booths to share the stories and experiences of the participants
3. Host all women youth and Elder workshops to share traditional teachings
4. Conducting a grief study and education was viewed as very important for growth and health
5. An easily accessible website hosted by BTCIHS to inform people what BTC health services offers
6. Continue to share the information and knowledge gained from the study through:
 - a. A news letter
 - b. Radio show such as Moccasin Telegraph
 - c. School assemblies
 - d. Presentations at treaty day events
 - e. CDC proposal for book/journal

E. CONCLUSIONS & FUTURE DIRECTIONS

Where do we go from here?

Future directions of this project will follow the suggestions made by the community through the continuation of KT activities. We are currently in the final stages of evaluating the outcome of this project.