BUILDING HEALTHY MI'KMAQ COMMUNITIES IN PRINCE EDWARD ISLAND

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Abstract / Résumé

This study is important as there has been little research undertaken with the Mi'kmaq communities of Prince Edward Island. The purpose was to focus on two determinants of health: childhood development and personal health practices and coping. Unique features of this study are the inclusion of children as informants, the use of a multi-disciplinary team, and the active involvement of the Mi'kmaq community in all stages of the project. The study population included all Aboriginal children between the ages of 0 to 18 years and their parents, and pregnant women from the Lennox Island and Abegweit communities. Interviews (108) were conducted including two key informants and four case studies. Research findings have emerged in the form of descriptions of children's and youths' perceptions of health, and of their own health behaviours.

L'article traite d'une étude importante, car il s'agit d'une des premières études sur les collectivités micmaques de l'Île-du-Prince-Édouard. Elle avait pour objectif l'examen de deux déterminants de la santé, le développement des enfants et l'hygiène de vie, accompagnée de la réponse du sujet face aux stresseurs. L'étude est unique en raison de l'intégration des enfants à titre de répondants, du recrutement d'une équipe multidisciplinaire et de la participation active des Micmacs à toutes les étapes du projet. La population étudiée comptait tous les enfants autochtones âgés de 18 ans et moins et leurs parents, ainsi que les femmes enceintes, des collectivités de Lexxox Island et d'Abegweit. On a interrogé 108 personnes, y compris deux répondants clés, et mené quatre études de cas. Les résultats de la recherche prennent la forme d'une description des images de la santé perçues par les enfants et les jeunes et de leurs propres comportements liés à la santé.

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Introduction

In the past several years there has been a renewed interest in the health of Canadians with a particular focus on the health of Canadian children (Federal, Provincial, & Territorial Advisory Committee on Popu-lation Health, 1999; Federal Provincial Territorial Council on Social Policy Renewal, 1999a & 1999b). While the majority of children in Canada are healthy, certain groups, like the children of Canada's Aboriginal people are considered more vulnerable. According to the Canadian Institute on Child Health (CICH, 2000), "the general health status of Canada's Aboriginal population ranks below the national standards for all other populations" (p. 145). Approximately 50% of Aboriginal children, both on and off reserve, live in poverty (National Forum on Health, 1997). The prevalence of chronic diseases such as diabetes, cardiovascular disease, and cancer is higher in the Aboriginal population than in the general population and appears to be increasing (Federal, Provincial, & Territorial Advisory Committee on Population Health, 1999). While statistics regarding the health status of Aboriginal populations are discouraging, more comprehensive information about Aboriginal health factors are needed to facilitate appropriate planning and policy decisions. Current statistics regarding Aboriginal health reinforce the importance and urgency of identifying culturally appropriate ways to improve the health and well-being of this population.

During the past decade there have been several health surveys involving the Aboriginal people in Canada. In many of these studies, the Aboriginal population on Prince Edward Island has not been adequately represented. Given the lack of information regarding the health status of this population, the Abegweit and Lennox Island First Nations began a collaboration with the University of Prince Edward Island's (UPEI) Faculty of Education, School of Nursing and Department of Family and Nutritional Sciences to gain a more comprehensive profile of perceptions, health behaviours, and needs of Aboriginal children living on reserve in both of these Island communities. These two communities represent the total reserve population in the province.

In recent years considerable progress has been made in understanding the factors that make people healthy, factors commonly referred to as the determinants of health. These determinants include: income and social status, social support networks, biology and genetic endowment, personal health practices and coping, early childhood development, and health services (Federal, Provincial, & Territorial Advisory Committee on Population Health, 1994). There is widespread support in the literature for the need to move beyond the medical determinants of health to acknowledge and address the importance of the biological,

social, economic, and environmental determinants of health (Munro et al., 2000; National Forum on Health, 1996).

The intent of this study was to focus primarily on two of the determinants of health: childhood development and personal health practices and coping. This research is important in the fact that, at the outset of the study, there had been little or no research undertaken with the Mi'kmaq communities of Prince Edward Island. Unique features of this study are the inclusion of children as informants, the use of a multi-disciplinary team, and the active involvement of the Mi'kmaq community in all stages of the project. One of the three priorities for action identified by the Federal, Provincial, & Territorial Advisory Committee on Population Health (1999) was investing in the health of key population groups including children, youth, and Aboriginal people. This study incorporated all three groups.

The Community

In keeping with the recommendations of the Royal Commission on Aboriginal Peoples (RCAP) (1996), research approaches used for this project were based primarily on the involvement of the Mi'kmaq people of the Lennox Island and Abegweit communities in identifying their perceptions of their children's health and education needs. By supporting the articulation and documentation of Mi'kmaq children's perspectives on health, the researchers allowed for a vision to emerge, providing recommendations for future interventions, directed and owned by members of the community. In this way the Mi'kmaq people themselves identified the issues and challenges they face in their efforts to build a healthy community. Participatory, multi-disciplinary approaches to the research involved children, youth, parents, care givers, educators, health professionals, and other members of the community in interviews regarding the health of Aboriginal children.

Method

Sample

The study population included all Aboriginal children between the ages of 0 to 18 years and their parents, and pregnant women from the Lennox Island and Abegweit communities. Successful efforts were made to ensure both genders were adequately represented. An exception to this was the parent/care giver interviews, in which case it was primarily women who consented to be interviewed (It must be noted here that the few men who did give interviews were very honest and open in sharing their parenting stories). In all, 108 individual interviews were

conducted including two key informant interviews and four case study interviews (See Table 1).

Table 1
Interview Breakdown

Interviews conducted	
Pregnant mothers	(3 individual and focus group of 4)
Parents of 0-5 year olds	(10)
Children, 6-8 year olds	(18)
Children, 9-12 year olds	(22)
Youth, 13-18 year olds	(28)
Parents of 6-18 year olds	(23)
Nutrition surveys completed	
1-8 year olds	(17)
9-18 year olds	(55)

Data Collection

The communities had requested that data be collected through interviews, as they preferred to share their perspectives face to face. Interview guides were developed by the research team, in collaboration with an advisory group consisting of Aboriginal community members, community health and school representatives. Age-appropriate interview guides were developed for children in the following age groups: six to eight years, nine to 12 years, and 13 to 18 years. The appropriateness of the interview questions was determined through expert consultation, community input and feedback, and the piloting of the interview questions with at least three children and adults from each group. Separate interview guides were developed for pregnant women, the primary care givers for children zero to five years, the primary care givers for children six to 18 years and key informants in the community. The interview guides included structured and semi-structured questions regarding children's perceptions of health, the determinants of their health and health behaviours. Quantitative nutrition information was gathered through the use of food frequency surveys, one for older children and one completed by the parent/care giver of the children aged zero to five years old.

Before seeking consent for individual interviews, researchers and research assistants went into the communities to promote the research

project and to get to know community members. By hosting such events as strawberry socials and pizza parties, and by participating in organized community events such as health expos, powwows, and holiday gatherings, the research assistants were soon familiar figures to children and parents alike. Research assistants were trained on interview skills and cultural sensitivity. All interviews had two research assistants attend, one to take notes and one to ask questions. By the time research assistants began the actual interviews they were able to interact with the participants in a genuinely friendly and familiar manner. Interviews were conducted either in the home or in a place convenient for both the participant and the interviewer. The interviews lasted approximately 30 minutes for younger children and not more than 60 minutes for older children and parents. During a single meeting, each participant provided demographic information, participated in an audio taped interview to share personal perceptions of health and determinants of health, and responded to structured questions regarding health behaviours. When it proved difficult to get a sufficient number or pregnant women to consent to interviews, a focus group of pregnant women and mothers of infants was arranged by a community parenting counselor. All research assistants received ongoing mentoring and monitoring from the research coordinator and researchers.

Data Analysis

The interviews were transcribed verbatim from the audiotapes and analyzed using content analysis. Qualitative data was analyzed according to manifest content; that is, statements were taken at "face value" rather than attempting to make inferences about what was intended. Interviews were then coded using N6, a qualitative data management software program. Themes, perceptions and patterns of behaviour at different ages were identified.

Ethics

Researchers received approval for the study from the UPEI Research Ethics Board. As well, all steps of the project were approved by the Advisory Committee. Prior to interviewing each participant the research assistant explained the purpose of the research, discussed potential risks and benefits of participation, described the interview process, and discussed issues related to confidentiality and anonymity. Study participants were assured that their participation was voluntary and that they could withdraw from the study at any time. Written consent was received for each interview granted.

Accessing the Community

Prince Edward Island is a relatively small and close-knit community where people travel in similar and often intersecting circles. A researcher interested in nutrition, for example, is often going to cross paths with others in the community involved in nutrition-related initiatives. These key players then, find themselves working together on province-wide committees, attending common conferences and seminars, and sharing information and research findings with one another. In such a place "interaction with policy actors by researchers" is constantly happening and one gets to know who will "get things done."

Such was the case with the Building Health Mi'kmaq Communities researchers. Through the course of the two-year project much informal interaction occurred among key players or "policy actors." The researchers were careful, however, to take the following formal steps to ensure that the right people—the people with the power to affect change—were engaged in the research.

Strategies for Maintaining Credibility and Trust

Early on in the planning of this study researchers sought to form partnerships with the two Aboriginal communities in Prince Edward Island. They knew that in order to do any meaningful research in these communities they had to be welcomed by key community members. The chiefs of the two band councils were approached and the nature of the research explained and discussed. Only after receiving approval from these two community leaders, did the project proceed. In early April 2002 a dinner was held on campus to celebrate the beginning of the partnership between UPEI and the First Nations communities. In attendance were the chiefs and key community members of Abegweit and Lennox Island First Nations, the president and vice-president of the university, members of the research team, and other support persons. Tobacco was presented to the chiefs as a sign of goodwill and partnership.

A consultative body, the Advisory Committee (AC), was formed with representation from both Aboriginal communities, as well as representatives from education, and health. This group was very interested and involved in the project, offering advice to the research team in regards to cultural matters and local issues. The AC worked with the researchers to craft the interview questions and met with them again when the preliminary data were presented. The input from the education and health professionals was especially valuable in clarifying what programs and supports are presently in place.

Stakeholder Analysis

By consulting with the community members and the community health and school representatives who served on the Advisory Committee (AC), the research team was able to tap into a valuable resource of connections and insight; this guided them as they established their interview question. AC members were able to advise the researchers as to the appropriateness of the questions. It was often these same AC members who helped to promote the project at the local level and who helped to connect the research assistants with the children and the parents in this study. When the research results were presented to the community, community members were delighted to have the opportunity to discuss results which had emerged from their community, from their people, about issues important to them. They took ownership for the research results and expressed a strong desire to continue their partnership with the university research team in order to take positive action

> "It was a great day–tremendous sharing and reaffirms the need to continue this important work." (Aboriginal Community Member)

Sharing Knowledge

As outlined in the study proposal, sharing the results of the research with the community was to be an important part of the overall project. This sharing was to take place in the context of a day long symposium to which study participants and key community members would be invited. This symposium was held on Lennox Island in April 2004 after the analysis had been completed. Members of both Lennox and Abegweit communities attended, along with health and education representatives, parents of study participants, Elders, and Aboriginal people from off reserve and out of province. The study results were presented in the form of a slide show with accompanying comments/explanation by the researchers. The presentation was divided into health related categories, with time for small group and large group discussion between each section. The discussion prompted by the slide show proved to be rich and heartfelt.

During a day long symposium held on Lennox Island, and attended by members of both First Nation communities, participants clearly expressed their desired for continued partnership between the people of their communities and UPEI researchers. Good work had been done, thanks to a spirit of cooperation between the partners, and the willingness of community members to share their stories. There was much

discussion about future projects and intervention programs. Two strong messages were given to researchers in regards to future research and intervention. The people of Lennox Island and Abegweit asked that any intervention programs offered be family-centred, and based on Mi'kmaq culture and tradition.

Results

Research findings have emerged in the form of children's and youth's perceptions of health, and descriptions of their own health behaviours. It is important to keep in mind that all self-reported responses to questions are simply that–self-reports. With the questions about behaviours, researchers were never able to say with certainty that, for example, "Most nine to 12 year olds engage in physical activity daily," but rather that "Most nine to 12 year olds say they engage in physical activity daily." In this research the term "health" is used in a broad sense, encompassing physical health and fitness, physical activity, nutrition, family and friend relationships, mental and emotional health, success at school, spirituality, self-esteem, and self-identity. Researchers believe that social context, such as relationship with families, friends, school and community characteristics, influence health and health related behaviours of young people. Questions were designed and asked according to categories, and responses were subsequently analyzed in the same way (See Table 2). While most aspects of health are interrelated and difficult to separate from one another, the data seemed more meaningful when viewed by category. The community members reviewed the results of the literature, validated the data, provided context and developed potential intervention strategies.

Table 2
Response Categories

Responses sorted and analyzed according to categories	
Pregnant Mothers	Mental Health
Parents of 0-5 Year Olds	Violence
Children's Perceptions of Health	Racism
Risk Behaviours	

Pregnant Women

Pregnant women keep themselves healthy by eating well and exercising, taking vitamins, avoiding risk behaviours, and getting enough rest. Support during pregnancy comes from physicians, family and friends (particularly those with pregnancy experience), health nurses, and nutritionists (See Table 3).

> "Oh, get exercise, eat right, take your vitamins, get enough rest, I'm kind of a pro at it now." (Pregnant Mother)

Table 3
Pregnant Mothers' Perceptions of Health

To keep themselves and their babies healthy, pregnant mothers report:	
Eating healthy and exercising	(6/6)
Taking vitamins	(3/6)
Avoiding risk behaviours	(1/6)
Getting enough rest	(1/6)

Pregnant women are aware of the effects of smoking, drinking, and drugs on the baby. Despite being aware of these negative effects on their babies, many of the participants continued to smoke during their pregnancies. Although none of the participants drink or take drugs themselves, they are aware of other pregnant women in their community who do.

In a discussion of breastfeeding versus bottle feeding, participants cited reasons to breastfeed as having a supportive environment and being convinced by family members and friends that this is a good thing to do. Reasons for bottle feeding include not wanting to be tied down and feeling more comfortable bottle feeding than breastfeeding.

Parents of 0 to 5 Year Olds

Parents of 0 to 5 year olds believe in a strong connection between a positive self-esteem and good health.

> "Well, playing with them and doing things with them. You have to make sure they have a healthy self-esteem. If they don't have a good self-esteem, they're not going to be healthy." (Parent of Young Child)

Reading to their children was rated as important, with all participants

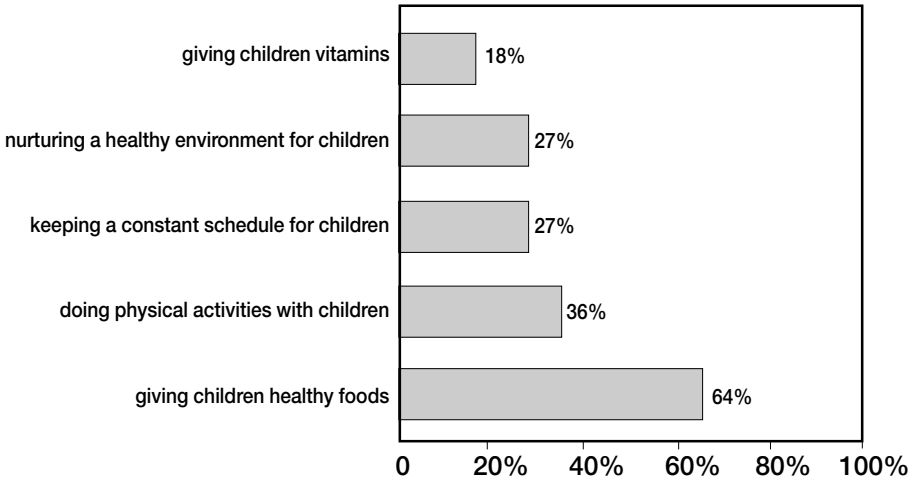
saying they read to their children. Support in caring for their children comes from family members and from people in the community.

> "And when we go out, we all watch everybody's kids...if you're close to them you supervise them, that's just the way it goes." (Parent of Young Child)

Parents try to keep children healthy by giving children nutritious foods, participating in physical activities with children, keeping a consistent schedule, and nurturing a healthy environment for their children (See Figure 1). Parents suggest ways their community could better support parenting efforts, such as offering more activities, having a doctor or nurse always present at the Health Centre, and establishing a Block Parent Program. Hopes and dreams parents have for their children include finishing school and attending college or university, finding satisfying jobs, being happy, and avoiding risk behaviours. Concerns relate to prejudice and peer pressure associated with risk behaviours.

Figure 1
Health Perceptions

How Parents Try To Keep Children Healthy



While most (88%) of six to eight year olds perceive themselves to be healthy, only 12% feel they are unhealthy. A very high percentage (93%) of nine to 12 year olds perceive themselves to be healthy, while a small number (7%) feel they are unhealthy. Less than half of the 13 to 18 year olds (43%) perceive themselves to be healthy, while 36% feel them-

selves to be unhealthy. The other 13 to 18 year olds (21%) were unable to respond with certainty.

> "You should like who you are.... You should be happy with what you are doing...and if you're not, then you're not mentally healthy, and if you're not mentally healthy then you get disorders, and then you're not physically healthy." (17 year old male)

Participants suggested that activities that might keep a person from being healthy include smoking, eating junk food, drinking, not exercising, not caring for one's body, using drugs, and engaging in risky sexual behaviour (see Table 4).

> "Healthy means being in shape, eating right, not smoking, not drinking or doing drugs." (15 year old male)

Table 4
Barriers to a Healthy Lifestyle

What Keeps A Person From Being Healthy			
	6-8 Year Olds	9-12 Year Olds	13-18 Year Olds
Smoking	88%	86%	76%
Eating junk food	71%	64%	48%
Drinking	18%	59%	52%
Not exercising	12%	23%	----
Not taking care of one's body	18%	59%	52%
Using drugs	----	64%	62%
Engaging in risky sexual behaviour	----	----	10%

Risk Behaviours

Only a small number (5%) of the 9 to 12 year olds report being smokers, while 5% report drinking, and none report using drugs. A much higher percentage (44%) of the 13 to 18 year olds report being smokers, while 35% of them report drinking, and 27% report using drugs. All of the children and youth (including those in the 6 to 8 year old category) report being around others who smoke and drink (see Tables 5, 6, & 7). Many of the teens are conscious of the availability of illegal drugs in their communities.

"It's horrible 'cause when I was at the age around Grade 9, we weren't exposed to it as much as it is now. Now there are bootleggers (here) who sell drugs to kids. It's horrible that they are so exposed at such a young age." (17 year old female)

Table 5
Experience with Smoking

	6-8 year olds	9-12 year olds	13-18 year olds
Has tried smoking but not smoking now	----	14%	19%
Smokes now	----	5%	44%
Has never smoked	100%	73%	30%
Quit smoking	----	----	7%
Is around people who smoke	89%	82%	64%

Table 6
Experience with Drinking

	6-8 year olds	9-12 year olds	13-18 year olds
Has tried drinking but not drinking now	----	14%	19%
Drinks now	----	5%	44%
Has never tried drinking	100%	73%	30%
Quit drinking	----	----	7%
Is around people who drink	89%	82%	64%

Table 7
Experience with Drugs

	6-8 year olds	9-12 year olds	13-18 year olds
Has tried drugs but not using drugs now	----	5%	4%
Uses drugs now	----	----	27%
Does not/has never used drugs	100%	95%	50%
Quit using drugs	----	----	19%
Is around people who use drugs	----	41%	79%

Participants who do not engage in risk behaviours spoke of the reasons they do not; listing the following "protective factors":

Family support. "Some teens...do all of that stuff. I'm not one of them. I was brought up not to do it, my parents didn't do that stuff." (15 year old female)

Positive role model(s). "Role models, if (kids) are doing things they are not supposed to be doing, (role models) could help them." (16 year old female)

Peer influence. "My friend is having a kid. He told me to have safe sex because it's better to be safe than sorry." (15 year old male)

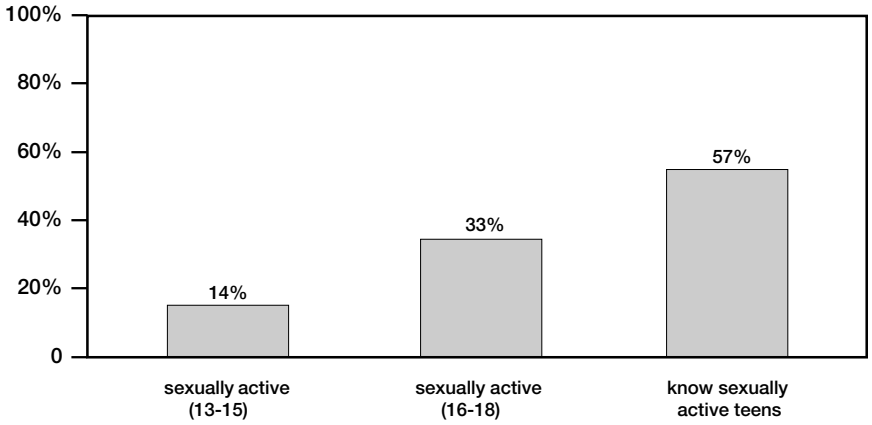
Personal goals/motivation to do well. "I stay away from that stuff...I set my goals high." (17 year old female)

Opportunity to engage in more positive behaviours. "Sports like boxing, judo intramurals...I think it gets them away from the bad stuff 'cause it gives them something to look forward to." (17 year old female)

Desire to avoid negative effects of risk behaviours. "I decided not to take (drugs) any more. It ruins my lifestyle." (15 year old male)

Of the 13 to 15 year old respondents, 14% report they are sexually active. Of the 16 to 18 year old respondents, 33% report being sexually active. Of this combined group, 57% report knowing other teens who are sexually active (See Figure 2).

Figure 2
Sexual Activity of Teens
Age 13-18 (n=21)



Violence

For many of the children and youth living in these communities witnessing or experiencing violence is a reality.

> "Especially the break-ins, rape, every Friday there is everyone partying and they start wrecking things. I'm scared sometimes that they'll make it over this way where the baby is." (17 year old female)

Many of the teenage girls report having been sexually assaulted. The way they report it makes it seem commonplace and something to be endured.

> "I was raped when I was 7, but it never happened again until I was 13." (16 year old female)
>
> "All the girls in the community know not to ever go walking on the trails alone. There are lots of sexual assaults (around here) and all the girls know who to be afraid of." (15 year old female)

Discussion

The participants of this study were eager to share their stories and offer insight regarding health issues.

> "It feels better to share our stories. I hope it helps other young girls. It feels better when you talk about it." (17 year old female)

Having this opportunity to articulate their thoughts about their own health empowered and informed the participants. Raising the level of consciousness about a particular issue is always a crucial step in taking action toward positive change. As children and youth talked about what they understood about health, and talked about their own health behaviours, it often seemed enlightening to them when they recognized there was a disconnect between the two. As they spoke of their own positive health practices they were very proud to make the connection between these practices and their life successes.

> "I don't smoke or drink or do drugs. I stay away from that stuff 'cause those who are not on that stuff are capable of so much more. I set my goals high." (17 year old female)

Health issues are broad in scope and research from a multi-disciplinary perspective is most effective. The researchers represented a broad range of expertise and experience in areas related to health. This broad range of knowledge and insight proved invaluable as the study results emerged. The researchers were each able to focus on the information that pertained to their particular fields of expertise, be that prenatal care, early childhood, school life, risk behaviours, nutrition, family rela-

tionships, to name a few. Recognizing that health is broad, and that health perceptions and behaviours impact on and are impacted by all facets of daily life is critical in affecting positive change.

> "The issues, concerns are all inter-related. The solution has to be broad." (Aboriginal Community Member)

Continued research in small rural Aboriginal communities is important to establish a solid base of information. Future research will gain credibility from having baseline data with which to compare research results. Baseline data will also be important for evaluation of any interventions introduced. For example, the outcomes of this research, while influenced by the contexts of the individual Aboriginal communities sampled, will contribute broadly to understanding health determinants, individual and community perspectives on health and wellness issues in small rural-based communities across Canada. The policy and program implications generated by research outcomes will be conceptualized as models which can be adapted within the parameters of a community's specific circumstance and needs. Within the Atlantic Provinces alone, in addition to the two Mi'kmaq communities in Prince Edward Island, there are 23 Mi'kmaq communities (Nova Scotia – 11, New Brunswick – 11, and Newfoundland – 1) with population bases below 1,000 living on-reserve. Of the remaining five communities, three have on-reserve populations of less than 1,500, one less than 2,000, and the largest—Eskasoni, Nova Scotia—has an on-reserve population of 2,792. The information generated by the Prince Edward Island research would be highly generalizable to these 28 communities based upon similar demo-graphics, cultural tradition, life circumstances and environ-mental determinants.

Potential for Policy Development

Building Healthy Mi'kmaq Communities In Prince Edward Island is a research study that is broad in its scope. Although the population was limited to two small communities in rural Prince Edward Island, the health related issues explored included personal health practices, physical activity, school life and education, family and friend relationships, nutrition, and risk behaviours. The age range covered in the study included infants, preschool children, adolescents, and teenagers, some of them already parents. Truly this is a study touching on many aspects of daily life. It should not be surprising, therefore, that the results of such a study might suggest many and varied policy implications. The following are just some of the policy implications arising from the research, perhaps some of the more attainable and realistic ones:

In Support of Good Parenting

• Young mothers report that simply being told of the ill effects smoking has on their babies is not enough to convince them to quit smoking. They suggest that hearing real life stories, and hearing other women share their experiences is one of the most meaningful ways to learn new information. Smoking cessation programs must be available and accessible to all smokers wishing to quit, particularly young pregnant women.

• A highly successful parenting program (parents of young children) is currently in place in one of the communities. Ensuring continued support for this program and modeling other programs from it would be a valuable asset to both communities. Incorporating the strengths that exist locally within the communities (Elders, girlfriends, mothers, aunts, grandmothers) would undoubtedly add value to any parenting programs.

Conclusion

Research and policy must reflect the wishes of the community. In the case of this study, community members provided clear direction to the researchers in regards to the direction they wished to take with future research and/or intervention. Members of Lennox Island and Abegweit communities asked that future research and intervention be family-centered and culturally based. Researchers must continue to seek out the voices of children and youth when attempting to learn about the health of this population.

> "There is a need out there to hear the voices of our children and our community." (Aboriginal Community Member)
>
> "It feels better to tell our story. I hope it helps other young girls. You don't have to be scared. You're not alone. It feels better when you talk about it." (17 year old female)

The research team would like to thank the First Nation communities of Lennox Island and Abegweit, the Lennox Island Band Council, the Abegweit Band Council and especially the children, youth, and parents who welcomed us into their communities and took the time to participate in this study.

Wela'li'oq!

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