



VOICES FROM THE FIELD - The First Nations and Inuit Perspective on Nutrition

**Lori Doran, Senior Nutritionist & Manager
Canada Prenatal Nutrition Program First Nations & Inuit Health Branch
Health Canada**

(Published online December 15, 2004)

Aboriginal perspective

In the past, First Nations and Inuit obtained all of their food from the land and water around them. Traditional food was central to the culture and the way of life. As long as there was enough to eat, traditional food gave everyone all the nutrition they needed to stay strong and healthy. Most people now eat a mix of traditional and store-bought food. For some First Nations and Inuit groups, this shift to more commercial foods has happened very quickly. Reasons for this change in dietary patterns include, but are not limited to, relocation into settlements, decreased access to land, less time and energy and fewer skills for harvesting due to employment, depletion of game, concern for environmental contaminants, and costs of or restrictions on hunting.

At the same time, the geographic isolation of many First Nations and Inuit communities is such that nutritious store-bought foods, especially perishable items, are expensive and sometimes difficult or impossible to obtain. The Government of Canada, through the Food Mail program, subsidizes the cost of transporting nutritious foods to remote, isolated communities, but even with such a subsidy, market foods are often much more expensive than they would be in southern urban centres. In some communities, virtually all after-shelter social assistance income is required to purchase the basic amount of food required to feed a family. Families are forced to make tough decisions between purchasing food for their family and buying other essentials.

The decrease in traditional food use, food insecurity, the lack of knowledge and skills in selecting and preparing a nutritionally adequate diet of store-bought foods or combining traditional and store-bought foods have had major consequences for the nutritional well-being of many First Nations and Inuit. Many groups experience significantly higher levels of nutrition-related health problems than other Canadians. For example, the rate of diabetes in the adult population is three to five times higher,¹ rates of iron deficiency anemia among infants is higher,² and rates of overweight and obesity are at least twice as high.^{1,3} There is evidence of poor intakes of key nutrients required for good health, including iron, calcium and folate.⁴

Improved nutritional health would improve quality of life, prevent a wide range of health problems and reduce health-care, economic and social costs. As concluded in the CEECD research papers,⁵⁻¹³ nutritional health promotion targeted to First Nations and Inuit must be part of an integrated, holistic approach and grounded in the broad social, economic and environmental determinants of health. Such an approach also requires a human and financial resource capacity, especially at the community level, that does not currently exist. Nonetheless, there are a number of national initiatives supported by the Government of Canada that address important aspects of nutritional health, including those with a particular focus on pregnancy and early childhood, such as the Canada Prenatal Nutrition Program. This particular program adopts what is close to a true life-cycle approach, with women of childbearing age, pregnant women and infants all included in the target population. As highlighted in the CEECD papers,⁵⁻¹³ a life-cycle approach with interventions at all life stages is most effective in improving the nutrition of women and children.

In the CEECD research papers,⁵⁻¹³ emphasis is placed on the importance of a multidisciplinary approach with experts in the field of reproductive health, nutrition and child development working together. This is currently difficult to achieve for First Nations and Inuit, given the limited access to health professionals and the need to coordinate services between the federal and provincial health-care systems.

In describing the impact of poor nutrition during pregnancy, the CEECD papers⁵⁻¹³ emphasize low birth weight as an outcome. The reduction of low birth weight rates is the goal of prevention programs, especially for nutritionally vulnerable populations. However, prevalence of low birth weight among First Nations, and among most Inuit, is on par or lower than rates reported in the general population.¹ Further, the majority of these low birth weights can be linked to prematurity. As discussed in the CEECD papers,⁵⁻¹³ prematurity is multi-factorial, and prevention programs need to focus on reducing stressors before and during pregnancy to improve pregnancy outcome. This is very relevant, as First Nations and Inuit women are often living in stressful situations due to such factors as lack of employment, isolation and poor housing.

In contrast, rates of high birth weight are elevated among this population. In 1999, 22% of First Nations births were classified as high birth weight, which is almost double the rate for the general Canadian population.¹ High birth weight is higher in overweight mothers, as is the prevalence of gestational diabetes.¹⁴

In an environment of increasing obesity, it is particularly important to protect First Nations and Inuit women against gestational diabetes, especially given the strong link to the development of diabetes later in life. To develop effective prevention programs, the individual and collective factors influencing maternal weight gain in the First Nations and Inuit population need to be identified. Socio-cultural factors, including perceptions of overweight and high birth weight babies, and environmental factors, such as access to opportunities to engage in physical activity and healthy eating, need to be considered.

REFERENCES

1. Health Canada. *A statistical profile on the health of First Nations in Canada*. Ottawa, Ontario: Health Canada; 2003. Available at: http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/sppa/hia/publications/statistical_profile.htm. Accessed October 14, 2004.
2. Willows ND, Morel J, Gray-Donald K. Prevalence of anemia among James Bay Cree infants of northern Quebec. *CMAJ - Canadian Medical Association Journal* 2000;162(3):323-326.
3. Canadian Population Health Initiative. *Improving the health of Canadians: patterns of health and disease are largely a consequence of how we learn, live and work*. Ottawa, Ontario: Canadian Institute for Health Information; 2004.
4. Lawn J, Harvey D, Hill F, Brule D, prepared for Indian and Northern Affairs Canada. *An update on nutrition surveys in isolated Northern Communities: Revised 24-hour diet recall data from the Food Mail Nutrition Surveys (1992 and 1993) and the Santé Québec Health Survey among the Inuit of Nunavik, 1992, and original data from the 1997 Food Mail Nutrition Surveys*. Ottawa, Ontario: Minister of Public Works and Government Services Canada; 2002. Available at: <http://dsp-psd.communication.gc.ca/Collection/R2-188-2001E.pdf>. Accessed October 14, 2004.
5. Lumey LH, Susser ES. Long-term effects of prenatal and early postnatal nutrition on adult psychosocial outcomes. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2003:1-6. Available at: <http://www.child-encyclopedia.com/documents/Lumey-SusserANGxp.pdf>. Accessed October 14, 2004.
6. Innis SM. Nutrition and its impact on psychosocial child development: Preterm infants. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2003:1-6. Available at: <http://www.child-encyclopedia.com/documents/InnisANGxp.pdf>. Accessed October 14, 2004.
7. Atkinson SA. Nutrition and its impact on psychosocial child development: Perspective on preterm infants. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2003:1-6. Available at: <http://www.child-encyclopedia.com/documents/AtkinsonANGxp-Nutrition.pdf>. Accessed October 14, 2004.
8. Dubois L. The impact of prenatal and early postnatal nutrition on child development: Comments on Lumey and Susser, Innis and Atkinson. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2004:1-5. Available at: <http://www.child-encyclopedia.com/documents/DuboisANGxp.pdf>. Accessed October 14, 2004.
9. Reifsnider E. Effective nutritional practices and policies for childbearing and childrearing women. Rev ed. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec:

- Centre of Excellence for Early Childhood Development; 2006:1-8. Available at: http://www.child-encyclopedia.com/documents/ReifsniderANGxp_rev.pdf. Accessed October 31, 2007.
10. Devaney BL. Program and services to improve the nutrition of pregnant women, infants and young children. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2003:1-8. Available at: <http://www.child-encyclopedia.com/documents/DevaneyANGxp.pdf>. Accessed October 14, 2004.
 11. Black M, Hurley KM. Helping children develop healthy eating habits. Rev. ed. In: Tremblay RE, Barr RG, Peters RDeV, Boivin M, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2007:1-10. Available at: http://www.child-encyclopedia.com/documents/Black-HurleyANGxp_rev-Nutrition.pdf. Accessed February 19, 2008.
 12. Caulfield LE. Nutritional programs and policies for women and children. Commenting: Black, Reifsnider, and Devaney. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2003:1-4. Available at: <http://www.child-encyclopedia.com/documents/CaulfieldANGxp.pdf>. Accessed October 14, 2004.
 13. Dewey KG. Facilitating improved nutrition for pregnant and lactating women, and children 0–5 years of age. Commenting: Black, Reifsnider, and Devaney. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2003:1-6. Available at: <http://www.child-encyclopedia.com/documents/DeweyANGxp.pdf>. Accessed October 14, 2004.
 14. Harris SB, Gittelsohn J, Hanley AJ, Barnie A, Wolever TM, Gao J, Logan A, Zinman B. The prevalence of NIDDM and associated risk factors in native Canadians. *Diabetes Care* 1997;20(2):185-187.

To cite this document:

Doran L. Voices from the field – The First Nations and Inuit perspective on nutrition. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2004:1-4. Available at: <http://www.child-encyclopedia.com/documents/DoranANGps.pdf>. Accessed [insert date].

Copyright © 2004