HARMONIOUS JOURNEY: UNDERSTANDINGS OF THE HEALTHY BODY AND BODY IMAGE FOR FIRST NATIONS GIRLS' IN THE BATTLEFORDS TRIBAL COUNCIL REGION THROUGH PHOTOVOICE

A Thesis Submitted to the College of

Graduate Studies and Research

In Partial Fulfillment of the Requirements

For the Degree of Doctor of Philosophy

In the Department of Sociology

University of Saskatchewan

Saskatoon

By

Jennifer Mary Shea

PERMISSION TO USE

In presenting this dissertation titled *Harmonious Journey: Understandings of the Healthy Body and Body Image for First Nations Girls' in the Battlefords Tribal Council Region Through Photovoice*, in partial fulfillment of the requirements for a Postgraduate degree from the University of Saskatchewan, I agree that the Libraries of the University may make it freely available for inspection. I further agree that permission for copying of this dissertation in any manner, in whole or in part, for scholarly purposes may be granted by the professors who supervised my dissertation work or, in their absence, by the Head of the Department of Sociology or the Dean of the College in which my dissertation work was done. It is understood that any copying or publication or use of this dissertation or parts thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the University of Saskatchewan in any scholarly use which may be made of any material in my dissertation.

Requests for permission to copy or to make other uses of materials in this dissertation in whole or part should be addressed to:

Head of the Department of Sociology
University of Saskatchewan
9 Campus Drive
S7N 5A5
Canada

DEDICATION

I would like to dedicate this thesis to two individuals who have had a profound and lasting impact on my life. First, to my Grandfather Fergus Tremblett, who taught me the importance of being understanding, driven, accountable and hopeful. Second, to my father-in-law Keith Halleran, who was the epitome of hard work and dedication. Your absences have left such an immense void, but your characters continue and will remain an immense source of inspiration and motivation.

ABSTRACT

First Nations peoples in Canada are increasingly referred to as an 'at risk' population for the development of poor health outcomes. While these health inequalities are well established in the literature, there is a lack of understanding of how health is both defined by First Nations peoples. This thesis describes a community-based participatory research project with First Nations girls in the Battlefords Tribal Council region. The purpose of this project was to explore the ways in which these girls negotiate different meanings of health and the body, as guided by their words and stories. The project design incorporated various methods including individual interviews, sharing circles, photovoice, and art collages. The participants were given cameras with which to take photographs that represented their understandings of health in their communities; they also completed art collages that further explored the healthy body and body image. Following the completion of the photovoice and art projects, the girls discussed their photographs and their understandings of the healthy body and body image in further detail in both individual interviews and sharing circles. This research has been informed by feminist and sociological theories of the body, which acknowledge social and historical influences on health and the body and the agency of individuals.

The thesis is organized in a manuscript style format and, as such, contains three analysis chapters comprised of manuscripts either published in or submitted to academic journals. The findings of this study reveal that the girls have both insightful and holistic definitions of both the healthy body and body image. The first manuscript discusses findings of the girls' perceptions of health as a holistic concept. The second manuscript details findings of the girls' personal resilience showcased in their narratives of the healthy body and body image. The third and final manuscript discusses in detail the undertaking of this community-based participatory project, focusing on the strengths and challenges of this particular research project. The discussions and knowledge created by the girls make a valuable contribution to the literature by increasing our collective understanding of how the healthy body and body image are defined by First Nations girls living on-reserve. In this thesis, I argue, as guided by the words of the girls, that health needs to be understood in a more holistic manner, particularly in the design of health promotion materials, programs, and services designed for First Nations youth. This compliments recent literature that views health in a holistic manner. I also discuss the empowering potential that a community-based participatory project presents when working with First Nations youth.

ACKNOWLEDGEMENTS

This project and process were very much about relationship building and as such there are many people to thank for making this journey possible. First and foremost, I express my sincere gratitude to the twenty amazing girls who participated in this study. Thank you all so much for sharing your ideas, experiences, time, and enthusiasm with me. What you have taught me carries far beyond what is contained in this thesis, particularly the importance of strength and having a positive outlook on life. Your spirit and strength were with me as I wrote, and I hope I have done you justice as I described your experiences and understandings.

I would like to thank my amazing "powerhouse" committee. I have been truly blessed to have had the honour of working with four brilliant academics. To my supervisor, Dr. Jennifer Poudrier, I cannot begin to thank you for all the knowledge that you shared, your belief and trust in me to be a part of such an amazing project, and most importantly for being a wonderful friend. I will forever be grateful for all that you have done and for giving me such an amazing opportunity. To my committee members, Dr. Roanne Thomas, Dr. Karen Chad, and Dr. Bonnie Jeffery, you were always a joy to meet with and brought a smile to my face, and I thank you for all for your feedback and advice, and for challenging and supporting me throughout this process. All of you brought unique perspectives and strengths that weaved together to create an amazing tapestry; I have learned so much from each of you and I could not have asked for four better mentors. I would also like to thank my external examiner Dr. Heather Castleden for offering her time and perspectives which in turn helped to strengthen this thesis.

I would like to thank the community members that made this project a success. To Janice Kennedy, I am in awe of your ability to juggle numerous demands and your determination to improve the health of community members in the Battleford Tribal Council region. To the four amazing and inspiring Community Youth Outreach Workers, Jessica Atcheynum, Lenore Kiskotagan, Kimberly Burnouf, and Kellie Wuttunee, I cannot begin to thank you for the time and efforts you put into this project. You are all such intelligent and strong women and your dedication and impact on the girls and youth in your communities were continuously evident throughout this project. To the community research assistants, Tanya Delmore, Lillian Blackstar, and Sonya Whitecalf, I greatly appreciate your sharing of knowledge and contributions as well as your belief in this project. To the coordinator of the larger project with women, Carolyn Brooks, thank you for everything that you have done for this project, for being a sounding board, and for

being an amazing friend. My sincere gratitude to Elder Melvina Thomas for joining us and offering prayer during Phase One of this project. You were an invaluable presence to the girls, the team, and I as we began our work together. I would also like to thank additional staff members at Battleford Tribal Council Indian Health Services, Lillian Pooyak, Jose Pruden, and Sandra Favel Rewerts, for your support and feedback in the planning stages of this project and onwards.

My sincere thanks to the Indigenous Peoples' Health Research Centre for your generous funding that made this project possible.

I would like to thank my colleagues at the University of Saskatchewan for all your support, for making us feel welcome in our new home, and for all the good times and laughter; your friendships are some of the best souvenirs from my life in Saskatchewan. I would especially wish to thank my colleague Meridith Burles, who has always been one of my biggest cheerleaders. You were always there when I needed to talk through ideas or if I needed something read. You were an invaluable support system throughout this process and beyond. Most importantly, you were my family when I was so far away from my own. Additionally, I would like to thank all the administrative staff in the Department of Sociology for your help and kindness.

To my colleagues at the Newfoundland and Labrador Centre for Health Information, thank you all your support and understanding especially when I needed some time off to write. It was difficult to be away from Saskatchewan as I wrote this thesis, and being surrounded by supportive and understanding co-workers also pursing graduate degrees has been extremely helpful.

To Randy Johner I am grateful for your advice and feedback on the design of a manuscript based thesis, thank you for providing your thesis as an example of this approach. Thank you to Gillian Binsted for your insightful comments and editorial help, your assistance has been invaluable as I prepared this thesis. My sincere gratitude to Jennifer Phillips your assistance with formatting this thesis.

Finally, I would like to thank my family and lifelong friends for support and understanding throughout my university life. To my husband, Trevor Halleran, I cannot begin to thank you for all your love and support, and for taking this journey with me. I greatly appreciate your confidence in me, as having you by my side gave me focus and made me stronger.

TABLE OF CONTENTS

PERMISSION TO USE i
DEDICATION ii
ABSTRACT iii
ACKNOWLEDGEMENTS iv
LIST OF TABLES x
LIST OF FIGURES xi
LIST OF COMMON ABBREVATIONS xii
CO-AUTHORSHIP STATEMENT xiii
Chapter 1 - Introduction to the Research 1
1.1 Introduction 1
1.2 Terminology Used in Thesis 2
1.3 Overview of the Larger Project, the Battlefords Tribal Council (BTC) Region, and Participating Girls 3
1.3.1 The Beginning Stages of My Involvement with the Communities in the BTC Region 5
1.3.2 Participating Girls' 10
1.4 Purpose, Research Questions, and Contributions 12
1.5 Thesis Organization 13
Chapter 1 References 16
Chapter 2 - Critical Understandings of Health and the Body 19
2.1 Introduction 19
2.2 Historical and Current Understandings of Health and Body Image for Aboriginal Peoples 19
2.2.1 Aboriginal Health in Canada 20
2.2.2 Social Determinants of Health 23
2.2.3 Health of Aboriginal Women and Girls 24
2.2.4 Youth and Girls' Body Image 26
2.2.5 Resilience and Aboriginal Health 28
2.3 Theoretical Understandings of the Body 31
2.3.1 Sociological Theories of the Body 31
2.3.1.1 The Social Body 32
2.3.1.2 The Body and Agency 35
2.3.2 Feminist Theory 37
2.3.2.1 Feminism and the Body 37
2.3.2.2 Feminist Standpoint Theory 40
2.3.2.3 Black Feminist Thought and Postcolonial Theory 41
2.4 Summary 43
Chapter 2 References 46
Chapter 3 - Methodology and Methods 58

3.1 Introduction 58
3.2 My Standpoint 58
3.3 Decolonizing Methodologies 59
3.4 Community-Based Participatory Research 61
3.5 Photovoice 62
3.5.1 Photovoice and Youth 63
3.5.2 Photovoice Exploring Aboriginal Health 64
3.5.2 Application of Photovoice 65
3.6 Research Design 66
3.6.1 Partnerships, Relationship Building & Planning 67
3.6.2 IPHRC Grant 71
3.6.3 Recruitment of Participants 71
3.6.4 Phase 1: Photovoice Projects and Individual Interviews 73
3.6.5 Analysis 75
3.6.6 Phase 2: Sharing Circles and Community Event Planning 77
3.6.7 Inspirational Evening - Gala Celebration 78
3.6.8 Knowledge Translation 78
3.7 Ethical Considerations 78
3.8 Summary 81
Chapter 3 References 83

Chapter 4 – Manuscript 1 89

Understanding the Healthy Body from the Perspective of First Nations Girls' in the Battlefords Tribal Council Region: A Photovoice Project 89

4.1 Abstract 89
4.2 Background 89
4.3 Methods 92
4.3.1 Project Design 92
4.3.2 Decolonizing Methodologies and Photovoice 93
4.3.3 Participants 94
4.4 Findings 96
4.4.1 Healthy/Unhealthy Foods 96
4.4.2 Community 99
4.4.3 Relationships 102
4.4.4 Physical Activity 106
4.4.5 Additional Healthy Behaviours 109
4.5 Discussion 111
4.6 Conclusion 115
Chapter 4 References 117

Chapter 5 – Manuscript 2 123

In Their Own Words: First Nations Girls' Resilience as Reflected Through Their Understandings of Health 123

5.1 Abstract 123

5.2 Introduction 123
5.3 Theoretical Understandings of the Body 126
5.4 Methods 127
5.4.1 Study Design 127
5.5 Findings 128
5.5.1 Body Image 129
5.5.1.1 Appearance 129
5.5.1.2 Friendship & Weight 130
5.5.1.3 Gender 131
5.3.1.4 Beauty 132
5.5.2 Loss 132
5.5.3 Addictive Substances 134
5.6 Discussion & Conclusions 136
Chapter 5 References 141

Chapter 6 – Manuscript 3 145

Reflections from a Creative Community-Based Participatory Research Project Exploring Health and Body Image with First Nations Girls' 145

6.1 Abstract 145
6.2 Introduction 145
6.3 Background 147
6.3.1 Decolonizing Methodologies 147
6.3.2 Community-Based Participatory Research 148
6.3.3 Photovoice 149
6.3.3.1 Wang & Burris's Model of Photovoice 150
6.4 Study Design 151
6.4.1 Phase 1: Relationship Building 151
6.4.2 Phase 2: Co-Creating Knowledge 1 154
6.4.2.1 Photovoice Projects 155
6.4.2.2 Art Collages 156
6.4.2.3 Interviews 156
6.4.3 Phase 3: Co-Creating Knowledge 2 157
6.4.3.1 Sharing Circles 157
6.4.3.2 Surveys 158
6.4.4 Phase 4: Knowledge Translation 158
6.5 Reflecting on the Process – Lesson Learned 159
6.5.1 Capturing Images and Creating Knowledge – The Girls' Engagement in a CBPR Project 159
6.5.1.1 Photographs 159
6.5.1.2 Art Collages 162
6.5.2 The Girls' Evaluations 164
6.5.3 Limitations and the Importance of Flexibility 166
6.5.3.1 Project Design 167
6.5.3.2 Images and Photovoice 168
6.6 Conclusions 170

Chapter 6 References 172

Chapter 7 - Conclusions 177

7.1 Summary of the Research Findings 177
7.2 Inspirational Evening – Gala Celebration 184
7.3 Implications & Contributions 194
7.4 My Standpoint (Post-Research) 196
7.5 Final Thoughts 198

Chapter 7 References 200

APPENDIX A - Information for Research Participants & Data Collection Documents 205

APPENDIX B - Research Recruitment Materials: Pamphlet and Poster 214

APPENDIX C - Consent Forms: Interview and Sharing Circle 217

APPENDIX D - Photograph and Artwork Release Forms: Participants, Third Party Artwork, Interviews and Sharing Circles 226

APPENDIX E - Permission to Print 233

APPENDIX F – Eagle Feather News Article 235

LIST OF TABLES

Table 1: Key partners in the project with girls' 7
Table 2: Participants 11
Table 3: Summary of community meetings 70
Table 4: Selected feedback from the Inspirational Evening – Gala Celebration 190

LIST OF FIGURES

Figure 1: Map of the BTC Region 4
Figure 2: CBPR Process 66
Figure 3: Collection of collages completed by girls 74
Figure 4: Three participating girls holding meat 96
Figure 5: Ravyn standing in front of bananas 98
Figure 6: Police Car 101
Figure 7: Elder Melvina 104
Figure 8: CYOW Jessica and three participating girls 105
Figure 9: Tiffy exercising 107
Figure 10: Ronaldino's picture of a statue 108
Figure 11: Three participating girls outside a church 110
Figure 12: Local anti-smoking poster 111
Figure 13: CBPR Project Design 151
Figure 14: Tony, Jessica (a CYOW), Tibby Jonez, and Tiffy on the bridge 161
Figure 15: Otis, Barry Manalow, and Simpson at a bridge 162
Figure 16: Karryn's collage 163
Figure 17: Tibby Jonez's collage 164
Figure 18: Location of Inspirational Evening – Gala Celebration 186
Figure 19: Trail of Footprints at the Inspirational Evening – Gala Celebration 187
Figure 20: Janice Kennedy delivering opening address – Gala Celebration 188
Figure 21: Group photograph from Inspirational Evening – Gala Celebration 191
Figure 22: Youth project quilt 192

LIST OF COMMON ABBREVATIONS

AANDC – Aboriginal Affairs & Northern Development Canada

BTC – Battlefords Tribal Council

BTCIHS – Battlefords Tribal Council Indian Health Services

CBPR – Community-Based Participatory Research

CRA – Community Research Assistant

CYOW – Community Youth Outreach Workers

FNIGC – First Nations Information Governance Centre

IHS – Indian Health Services

IPHRC – Indigenous Peoples' Health Research Centre

RHS – Regional Health Survey

CO-AUTHORSHIP STATEMENT

The results of this research project are contained as three separate but interrelated manuscripts (Chapters 4-6). These manuscripts are currently published or are under review for a peer-reviewed academic journal. Below are the references for each manuscript:

Chapter 4

Shea, J.M., Poudrier, J., Chad, K., & Atcheynum, J.R. (2011). Understanding the healthy body from the perspective of First Nations girls in the Battlefords Tribal Council Region: a photovoice project. *Native Studies Review, 20*(1), 27-57.

Chapter 5

Shea, J.M., Poudrier, J., Chad, K., Jeffery, B., Thomas, R., & Burnouf, K. (under review). In their own words: First Nations girls' resilience as reflected through understandings of health. *Pimatisiwin.*

Chapter 6

Shea, J.M., Poudrier, J., Thomas, R., Jeffery, B., & Kiskotagan, L. (in press). Reflections from a Creative Community-Based Participatory Research Project Exploring Health and Body Image with First Nations Girls'. *International Journal of Qualitative Methods.*

Jennifer Shea had the primary role in the preparation and writing of each paper. Committee members (Drs. Jennifer Poudrier, Roanne Thomas, Karen Chad and Bonnie Jeffery) and Community Youth Outreach Workers (Jessica Atcheynum, Kimberly Burnouf, and Lenore Kiskotagan) were involved in the study design, provided useful comments, feedback and editorial suggestions.

Chapter 1 - Introduction to the Research

1.1 Introduction

Aboriginal peoples within Canada have increasingly been labelled and targeted as an 'at risk' group for the development of poor health outcomes, compared to non-Aboriginal Canadians (Khan, & Khan, 2009); these inequalities can be linked to historical colonialism in this country (Adelson, 2005). Moreover, these inequalities and colonization have had profound effects on Aboriginal peoples in Canada. Aboriginal youth in particular face risk factors, such as suicide, substance abuse, fetal alcohol syndrome, incarceration, teenage pregnancy, and sexually transmitted infections (Kirmayer, Simpson & Cargo, 2003; Wexler, 2009). Further, Fleming and Ledogar (2008) outline two unique influences that indigenous communities face—racism and historical loss, which are also closely connected to the effects of colonialism. This connotation of risk can be problematic as it tends to focus on traditional biomedical explanations of health which focused on individuals and often overlooked larger influences on health, such as the social determinants (Bendelow, 2010). As Gard and Wright (2005) contend, viewing health and the body primarily through a traditional biomedical lens lacks an analysis of important associated factors, such as social and cultural conditions, as well as the macro level analyses of politics, industry, and capitalism. Health can also be greatly influenced by history. Despite profound adversities brought on by assimilation and colonization, Aboriginal communities have displayed immense strength which too needs to be explored (Ritchie, et al., 2010). As observed by Bendelow (2010) in recent years we have seen a paradigm shift in how health is understood from individual focused to a more holistic approach.

While health concerns are well established, we lack understanding of how health is defined by Aboriginal peoples, particularly youth (Issak, & Marchessault, 2008; Poudrier, & Kennedy, 2008). For example, Poudrier and Kennedy's (2008) work with women in the Battlefords Tribal Council region in Canada has revealed that a "healthy body" is highly connected to culture and the community, thus reinforcing possible social influences on health. Given the difference in biomedical and Aboriginal definitions of health, health promotion messages and behaviours need to be adaptable as well. While Aboriginal health literature often focuses on negative experiences and risk factors, this thesis while acknowledging challenges faced by youth presents a positive discussion and a deeper understanding of health as defined by First Nations girls. An additional consideration is that past health research was often undertaken

"on" and not "with" Aboriginal communities; thus, it is important to adhere to decolonizing approaches so that research can be of benefit to the community and individual participants (Tuhiwai Smith, 1999). In this thesis, I describe a community-based participatory qualitative project with First Nations girls that explored their understandings of the healthy body and body image. Prior to discussion of the research project and its findings, it is important to define key terminology used in this thesis.

1.2 Terminology Used in Thesis

Aboriginal communities in Canada, and Indigenous peoples globally, are very diverse; therefore, it is impossible to generalize (Tuhiwai Smith, 1999). In addition, various terms are used to refer to these different groups, and thus it is important to be clear on the terminology that will be used throughout this thesis. The source of the terminology described in this section is the Aboriginal Affairs & Northern Development Canada (AANDC) (2002) document "Words first":

- The term *Aboriginal* is used in Canada to refer to the descendants of the First peoples of this country. Under the Canadian constitution of 1982, there are three distinct Aboriginal groups recognized: *First Nation, Inuit,* and *Métis*.
    - The term First Nation in Canada is increasingly used in the last thirty years instead of the previously used term *Indian*. There is no official legal definition of First Nation and it can include both status and non-status individuals. When references are made to on and off reserve population, these refer only to First Nations peoples.
    - The second group Inuit refers to Aboriginal people living primarily in Arctic Canada (Nunavut, Northwest Territories and Northern Quebec and Labrador). Inuit live in communities and many are beneficiaries of land claims which in turn have led to the creation of four land claim regions in Canada, such as Nunatsiavut in Labrador. These four regions combined are referred to as Inuit Nunaat (Inuit Homeland).
    - The third Aboriginal group in Canada is Métis, and this term refers to people of mixed First Nations and European ancestry, and distinguishes between First Nation, Inuit, and Non-Aboriginal peoples in Canada.

- The term *Indigenous* can be defined as "native to the area" and is often used to describe Aboriginal peoples internationally (AANDC, 2002, p. 12).

These different terms are used throughout this thesis. When I cite the work of others, I will be as specific as possible in referencing groups. However, some literature classifies their participants as Aboriginal or Indigenous so further breakdown is not possible. The girls that participated in my study were all First Nation. In the following section I provide background on the larger project from which the study with the girls stems, and information on the communities and participants.

1.3 Overview of the Larger Project, the Battlefords Tribal Council (BTC) Region, and Participating Girls

The research project that is described in this thesis is a component of a larger research project entitled The Visual and Cultural Context of Healthy Body Weight and Body Image among Aboriginal Women in the BTC region. The project was initiated by Janice Kennedy, Director of Battleford Tribal Council Indian Health Services Inc (BTCIHS)., and she was interested in developing a research project with a University research team led by Dr. Jennifer Poudrier (Principal Investigator (PI)). The goal of this project was to identify, analyze and disseminate local knowledge about the cultural and visual contexts of healthy body weight and body image from the perspectives of First Nations women in the region[1]. The BTC region represents seven unique First Nations communities, including Little Pine First Nation, Lucky Man Cree Nation, Moosomin First Nation, Mosquito Grizzly Bears Head Lean First Nation, Poundmaker Cree Nation, Red Pheasant First Nation, and Sweetgrass First Nation (BTCHIS, 2001 as cited in Poudrier & Kennedy, 2008). Figure 1 is a visual representation of the BTC region and the communities located therein and nearby.

[1] Source: *Iskwewak Miwayawak* webpage: homepage.usask.ca/~jsl007/Photovoice/index.html

Figure 1*:* Map of the BTC Region

(Adapted from: Aboriginal Affairs & Northern Development Canada, 2008).

In the preliminary stages of this larger project a sharing circle was organized with six women for the purposes of advising this direction of the proposed project in 2005. This group of women later formed to become the Community Advisory Committee for the research project *Iskwewak Miwayawak.* Findings from this sharing circle revealed the importance of Elder knowledge and traditional values in connection to community wellness; importance of understanding family history and the role of women; and a consideration of the practical aspects of eating healthy (Poudrier & Kennedy, 2008). Additionally photovoice pilot projects were completed by Janice Kennedy and two community research assistants. Funding from the Indigenous People's Health Research Centre allowed Kennedy and Poudrier to plan the research process; develop a BTC Indian Health Services research team consisting of health service providers that worked within the BTC communities; organize a Community Advisory Group;

form a University of Saskatchewan research team and hold a sharing circle. Throughout the process, with the input of all participating members of the research group, the project was re-named *Iskwewak Miwayawak*, a Cree term for "Women Feeling Healthy". The process and adhered to a participatory framework, which stipulates that research be "carried out by and for communities with a focus on positive transformation" (Poudrier & Kennedy, 2008, p. 17). This community and research partnership later allowed them to secure funding by the Canadian Institutes of Health Research – Institute of Aboriginal People's Health and was undertaken with women in the Battlefords Tribal Council (BTC) Region in the province of Saskatchewan, Canada (Poudrier & Brooks, 2008).

This project and work officially began with the first conversations and the development of a research partnership between Janice with BTCIHS and Jennifer with the University of Saskatchewan. From the onset of the conversations between Janice and Jennifer, they engaged in relationship building and project planning prior to formal meetings as a research team.

1.3.1 The Beginning Stages of My Involvement with the Communities in the BTC Region

I began my conversations with Jennifer in the December of 2004. It was at this time that was exploring universities to apply for a PhD. I had seen Jennifer's Curriculum Vitae on the Department of Sociology website at the University of Saskatchewan and I was keen to contact her based on what seemed to be shared interest in qualitative health research. I also thought that her work in community based participatory research was very interesting and something that I would like to further explore. My contact with her coincided with Jennifer's work with Janice Kennedy, in the development of *Iskwewak Miwayawak*. During my early conversations with Jennifer she informed me about this proposed project and the plan to apply for a CIHR grant to fund the study. We discussed my Masters research that explored constructions of health and fitness and incorporated arts-based (drawings of a healthy and unhealthy person) health research with immigrant youth in Newfoundland (Shea, 2006) and we both agreed that my experience was a good fit with her own interests. I indicated that I would every much enjoy the possibility of continuing work with youth. Jennifer indicated there was potential to expand this larger project to include youth. While I had very little previous experience working with Aboriginal or First Nations communities, I was very interested in learning more about the communities she was working with and being involved in a community-based participatory project. Upon my arrival in

Saskatchewan in the summer of 2006 to begin my PhD studies, I was invited on behalf of Jennifer to become a member of the University of Saskatchewan research team for *Iskwewak Miwayawak.* As it relates to my involvement in the community-based research project and the process I undertook with girls' BTC region, this engagement began with my involvement in *Iskwewak Miwayawak.* Having the opportunity to engage in *Iskwewak Miwayawak* was invaluable knowledge and experience as it provided me with a better understanding of the concerns of the community, the history of the process and to begin my own involvement in the community and the research. Through detailed note taking of my involvement in *Iskwewak Miwayawak* , I later merged these with my field/process notes from the project as it progressed constituting the beginning pieces of data from the project with girls'. Below I describe my attendance at meetings/community visits using my field notes.

Table 1 provides an overview of the key partners referenced in this thesis that were involved in the design and undertaking of the project with First Nations girls'.

Table 1: Key partners in the project with girls'

Individual	Description of Role	Affiliation
Janice Kennedy	Director of Battlefords Tribal Council Indian Health Services (BTCIHS). Janice had the vision for *Iskwewak Miwayawak* and approached Dr. Jennifer Poudrier to form a research partnership.	Community - BTCIHS
Dr. Jennifer Poudrier	Jennifer is the principal investigator for *Iskwewak Miwayawak* as well as my PhD supervisor.	University of Saskatchewan
Marcella Bird	Marcella was the first Community Research Assistant (CRA) for *Iskwewak Miwayawak*. She worked on this project for a short time in the beginning of project design.	Community - BTCIHS
Dr. Carolyn Brooks	Carolyn was the research coordinator for *Iskwewak Miwayawak*. In this role she also assisted with data collection for the project with the girls'.	University of Saskatchewan
Tanya Delorme	Tanya was a CRA with *Iskwewak Miwayawak*. Tanya was a key collaborator in the design and organization for the project with the girls'.	Community - BTCIHS
Jessica Atcheynum	Jessica is a Community Youth Outreach Worker (CYOW) with BTCIHS. In which she provides services and delivers programs in the BTC region. CYOW attended all events and aided in the recruitment for the project with girls'. She was also the community contact for the project with girls'.	Community - BTCIHS
Kimberly Burnouf	Kimberly is a CYOW with BTCIHS. In which she provides services and delivers programs in the BTC region. CYOW attended all events and aided in the recruitment for the project with girls'.	Community - BTCIHS
Lenore Kiskotagan	Lenore is a CYOW with BTCIHS. In which she provides services and delivers programs in the BTC region. CYOW attended all events and aided in the recruitment for the project with girls'.	Community - BTCIHS
Kellie Wuttunee	Kellie is a CYOW with BTCIHS. In which she provides services and delivers programs in the BTC region. CYOW attended all events and aided in the recruitment for the project with girls'.	Community - BTCIHS
Lillian Blackstar	Lillian was a CRA with *Iskwewak Miwayawak*. Lillian assisted with data collection for the project with the girls'.	Community - BTCIHS
Sonya Whitecalf	Sonya was a CRA with *Iskwewak Miwayawak*. Sonya was the main organizer for the Inspirational evening – gala celebration which was the beginnings of knowledge translation for both projects.	Community - BTCIHS

While I was not a member of the communities in the BTC region I was welcomed in for the purposes of the project and after visits returned to my position at the university. It was a connected and intertwined flow and took place and continues to be strengthened over the years.

Further discussion related to relationship building, and engagement in the CBPR with the participating girls' and community contacts is discussed throughout the remainder of this thesis. The first meeting for the *Iskwewak Miwayawak* project I attended took place in May 25, 2007. This was the first opportunity that I had to meet Janice face-to-face. Immediately I was struck by her energy and her presence. It was through my involvement in the larger project, and the relationship between Janice and my supervisor that she became aware of my desire to be part of part of this work and focus on youth and their perspectives on health, the healthy body and healthy body image. Janice was always supportive of this idea and felt it was important to also include the voices of the youth to complement those of the women.

Two weeks following the research team meeting, I made my first visit to some of the BTC communities with the other team members from the University including Jennifer Poudrier and Carolyn Brooks (*Iskwewak Miwayawak* project coordinator). On this date the BTCIHS staff was meeting offsite at the Battlefords Provincial Park, Jennifer was asked to present the research in its planning stages to the staff of BTCIHS. When we arrived there were about 60 people gathered in the meeting room. I was impressed with the rapport that Janice had with the staff in attendance, and it was evident that everyone there was very interested and the meeting and information that was being provided. Jennifer gave a presentation on the BTC project with the women in the area. Comments following the presentation noted the importance of hiring community members and in particular those who could speak Cree. Moreover, there was a great deal of support and interest in working with youth. Following Jennifer's presentation, Janice introduced me to the BTCIHS summer research student that had been recently hired, and we discussed the project with the youth further.

Following attendance at the meeting we met with Elsie who is a registered Nurse and Health Portfolio Counselor who proceeded to show us around some of the communities in the BTC region including Moosomin, Mosquito, Poundmaker & Red Pheasant. As Elsie took us to visit the communities we made stops to visit the health clinics and/or band offices. Visiting these locations gave us the opportunity to meet and interact with additional staff in the BTC region. While visiting the Mosquito First Nation band office I found it very interesting to be in the room where meetings took place and to learn more about the activities of the band. This meeting room had many older photographs that provided historical representations and for me it highlighted the importance of history. As we drove around and visited Elsie gave us some background on issues

in the communities such as a house fire that occurred in Sweetgrass the night before, poor quality of roads, and the presence of dogs in the communities. In regards to health the presence of dogs was a safety issue that in turn acted a deterrent to individuals engaging in the physical activity of walking. Elise indicated that housing availability and quality was a problem on the reserves, and was a constant need for the communities. Additionally, Elise spoke of the socio-economic status of the community members and the lack of jobs available for individual's on-reserve, and that many individuals work off-reserve to provide for their families. We were extremely fortunate to have this opportunity to travel around the BTC region with Elise, through her sharing of local knowledge we learned a great deal about the communities and potential health concerns for its members.

In September 2007, there was a key stakeholder meeting organized with community Chiefs, community stakeholders and health portfolio workers. This was a critical meeting for both *Iskwewak Miwayawak* and the later project with girls' as it represented the official ethics approval from the community given on behalf of community Chiefs and other community stakeholders, as was indicated in the application to the University of Saskatchewan Behavioural Research Ethics Board. I describe the meeting and its outcomes in further detail.

At the time of the meeting with chiefs and stakeholders, the first community research assistant (CRA) Marcella had been hired and was present at the meeting. Janice had completed a pilot project of Photovoice and took this opportunity to share the pictures and their meanings with those present at the meeting. In particular she showed a self portrait wearing a bathing suit. What impacted me most about sharing was while many women would not share a similar portrait; Janice did and was open about her feeling associated with the image. Additionally I feel that Janice's completion of the pilot showcased her dedication to the project and her belief in it. Indeed, her openness and humor about her photographs and the importance of the collective project generated a great deal of enthusiasm and support from the stakeholders at the meeting. One of the chiefs present stressed the importance of women and girls participating in this project due to the number of health crises they experience, and noted how critical it is to have good self esteem. Elder Ethel who was present at the meeting spoke about how worthwhile she thought this project was and said "I was laughing on the inside thinking about how much fun can be had". This quote struck me and I was constantly reminded of it as I later engaged in the project with the girls. Overwhelmingly there was immense support for and belief in the project,

additionally the importance of learning from youth and future work with men and boys in the area emerged from the discussions.

Following the stakeholder meeting one of the initial components of *Iskwewak Miwayawak* was the completion of an environmental scan in the BTC region, which was conducted to gain a deeper understanding of current practices and ideas, and develop an initial understanding of what can be done in the communities in the future to address health concerns (Poudrier & Brooks, 2008). Data collection for this scan consisted of interviews with eight key stakeholders, wherein participants reflected on both programming available and their personal understandings, ideas, and opinions on health in the BTC region. Field notes were gathered from four community visits and also incorporated into the analysis process (Poudrier & Brooks, 2008). In the interviews, four themes were discussed: 1) health issues, 2) the social determinants of health, 3) programs and services available in the communities, and 4) hopes for the *Iskwewak Miwayawak* study. Overarching findings from the scan included the complex nature of health and how its status is related to larger social issues, such as the determinants of health and racism (Poudrier & Brooks, 2008). Of particular importance to my project with girls in this area was the interviewees' discussion of their concerns for the youth of the community. These concerns included youth having a healthy body and body image (e.g., media influences, eating disorders and obesity) and the impact of poverty on youth (e.g., access to healthy food and physical activity opportunities) (Poudrier & Brooks, 2008). The stakeholders were extremely supportive of *Iskwewak Miwayawak* and felt it would provide helpful information to design or enhance existing policies, programs and services provided by BTCIHS (Poudrier & Brooks, 2008).

A key theme of my joint involvement with *Iskwewak Miwayawak* and the project with girls' was weaving. In my experience it was a weaving between and within both projects as a team member on both. This process of weaving was extremely beneficial as engagement in one strengthened engagement in the other. As well it enabled me to make community contacts beyond the project with women and vice versa with the project with the girls. The metaphor of weaving can also be extended to describe my position as a university researcher.

1.3.2 Participating Girls'

Both the larger study; and hence my project with youth, were undertaken in the BTC region. The BTCHIS is located in the city of North Battleford, which is within 90 kilometers of

each community it services (Poudrier & Kennedy, 2008). Youth in the BTC region receive programming from BTCHIS delivered by Community Youth Outreach Workers (CYOW). The CYOW Jessica, Lenore, Kimberly and Kellie were key contacts throughout the development and undertaking of the project with the girls, as well as following its completion. A total of twenty girls were recruited to participate in this project (Shea, Poudrier, Chad & Atcheynum, 2011). Table 2 provides a list of participants (by pseudonym).

Table 2: Participants

#	Pseudonym	Age	Community
1	Beckham	15	Little Pine First Nation
2	Blues Lopez	13	
3	Ronaldino	15	
4	Tibby Jonez	15	
5	Tiffy	14	
6	Karryn	13	Moosomin First Nation
7	Larissa	15	
8	Ravyn	15	
9	Simpson	13	
10	Bugeye	13	Mosquito Grizzly Bears Head Lean First Nation
11	Tom-Tom	15	
12	Tony	13	
13	Sodapop	15	Poundmaker Cree Nation
14	Tay-Tay	15	
15	Bobby Joel	14	Red Pheasant First Nation
16	Elmo	15	
17	Marie	13	
18	Barry Manalow	14	Sweetgrass First Nation
19	Otis	15	
20	Shae Walker	16	

The participating girls represented six of the seven communities on the BTC region, as follows: Little Pine First Nation (5), Moosomin First Nation (4), Red Pheasant First Nation (3), Sweetgrass First Nation (3), Mosquito Grizzly Bears Head Lean First Nation (3), Poundmaker Cree Nation (2), and Lucky Man Cree Nation (0). The ages of the participants ranged from 13 to 16. At the start of data collection in December 2008, one participant was 16 years old, ten were 15, three were 14, and six were 13. While some of the girls knew each other before their participation in this project, this was not the case for all as they resided in different communities.

1.4 Purpose, Research Questions, and Contributions

The purpose of this research project has been to learn from and gain a greater understanding of First Nations girls' experiences and comprehension of both the healthy body meaning both physical and social meanings of the body understood through participant's experience (Poudrier & Kennedy, 2008); and body image which can be defined as an individual's personal feelings/satisfaction with body and appearance (Royall, 2012). In recent years, health concerns have been paramount in the public media; in particular, there has been a proliferation of discourse regarding rising rates of diabetes and obesity (Bruce, Riediger, Zacharias, & Young, 2011; Pouliou & Elliott, 2009; Tremblay, Perez, Ardern, Bryan, & Katzmarzyk, 2005; Tait Neufeld, 2011). While Aboriginal youth are considered at an increased risk for obesity and diabetes compared to other Canadian youth, Willows (2003) argued that we lack substantial information and research to truly draw this conclusion, and identified the need for community-based research that examines health through a complex understanding, as meanings of health vary based on culture. For example, in recent years there has been a shift away from biomedical definitions to more holistic approaches that look at larger influences (such as environmental determinants) on both weight and health (Melendez, 2011; Skinner, Hanning, Metatawabin, Martin & Tsuji, 2012; Willows, Hanley & Delormier, 2012). While some studies have examined body image and urban Aboriginal youth in Canada (Fleming et al., 2006; Fleming & Kowalski, 2009; Marchessault, 2004), qualitative inquiries conducted exclusively with rural Aboriginal youth remain limited.

As described in the previous section, the project described in this thesis was an extension of the larger project with women in the area. The motivations for completing the research included increasing knowledge on experiences of the healthy body and body image; moreover, this was an area of inquiry that was desired by the community (Poudrier & Kennedy, 2008). The goal of my unique project with the girls was to complement the larger study and explore ways in which these youth negotiate different meanings of health and body image, guided by their words, photographs, and stories.

Three research questions directed both the design and undertaking of this project:

1) How do First Nations girls interpret the healthy body and body image?
2) What are the social, historical, visual, and cultural meanings of the healthy body and body image for girls in the BTC region?
3) What are the barriers and strengths faced by First Nations girls in regards to the healthy body and body image?

I was motivated in unison by feminist and sociological theories of the body that view the body as a social construction and acknowledge the individual's ability through exercise of agency to negotiate, resist, challenge, and/or accommodate ideal notions of the body (Grosz, 1994; Shilling, 1993; Turner, 1996). Guided by these research questions and the analysis of the four data streams (interviews, sharing circles, photovoice, and art collages), the girls' experiences with health and body image were revealed to be complex and layered. In addition, engagement in a community-based participatory project was a profound experience for the entire team, and we feel that these experiences are in themselves an important finding. In this thesis, I argue, as guided by the words of the girls, that health needs to be understood in a more complex manner in both healthcare and policy, particularly in the design of relevant health promotion materials, programs, and services designed for First Nations youth. I also discuss the empowering potential that a community-based participatory project presents when working with First Nations youth.

1.5 Thesis Organization

The purpose of this thesis is to describe a community-based project that explored First Nations girls' understandings of the healthy body and body image. This thesis is organized in a manuscript style; as such, chapters 4-6 are based on independent but related manuscripts that were prepared and submitted for publication as manuscripts for peer reviewed journals. A manuscript style thesis is different in some respects than a traditional format; for example, each chapter concludes with its own bibliography. The three manuscripts focus on three important findings that emerged from this study. These findings are separate but linked, and include: 1) the girls holistic definitions of health; 2) experiences of body image, loss, addictive substances, and their displayed resilience; and 3) benefits and challenges in undertaking a community-based participatory research project with First Nations girls. All three make an important contribution to existing literature, and increase our understanding of definitions of health and resilience in

youth and the importance of decolonizing approaches in research projects. Between the manuscript chapters are brief sections that link the manuscripts to the thesis as a whole. Below, I provide an overview of each of the chapters contained in this thesis.

In this introductory chapter, I provide background to the study, terminology used, connection to the larger project *Iskwewak Miwayawak*, and an overview to the BTC region and the participating girls. Furthermore, I provide an overview of the research purpose, justification for study questions, and contributions to the existing literature.

Chapter Two is divided into two sections: review of the relevant literature and theoretical understandings. First, I discuss historical and current experiences of health and body image for Aboriginal peoples in Canada with a focus specifically on colonization, social determinants of health, Aboriginal women and youth, and body image. Second, I discuss theoretical understandings of the body focusing on both sociological theories of the body and feminist perspectives. In my discussion of sociological theories, I approach an examination of the body through both structure and agency. With respect to feminism, I review literature on the body, standpoint theory, black feminist thought, and postcolonial theory. These discussions are important as they provide both background to the study and understanding of how the body is perceived in the social world, as well as reveal health and social inequalities and justification for the need of increasing knowledge on experiences of health for Aboriginal peoples, especially youth.

Chapter Three provides an overview of this qualitative study with First Nations girls exploring their experiences of the healthy body and body image. This chapter contains a number of components that weave together to highlight the layered data collection process. First, I begin with background that provides an overview of the theoretical underpinnings to this study design, particularly decolonizing methodologies. In the initial sections I also provide an overview of my standpoint, community-based participatory research, and photovoice (overview, youth, Aboriginal health, and application of the methods). I then discuss the design of my project and its various components. I conclude with a discussion of ethical considerations as related to this project.

Chapter Four is the first of three manuscripts. This manuscript focuses on the findings relating to the girls' definitions of health, and describes using their words and photographs they took as part of this project. Throughout this project, the girls defined health in larger terms than

an individual concern/experience and highlighted the multidimensional nature of being healthy. In particular, this manuscript focuses on five themes as related to the girls' personal definitions of health: 1) healthy/unhealthy foods; 2) community; 3) relationships; 4) physical activity; and 5) additional healthy behaviours. Their definitions highlight the importance of viewing health in a broader context beyond the individual physical body.

Chapter Five contains the second manuscript. This manuscript also raises the importance of viewing health in the broader context and notes that individual experiences with health are complex, layered, and varied. In particular, this manuscript focuses on three themes that emerged from the study: body image, loss, and addictive substances. Analysis revealed that as the girls described these three themes, they did so in insightful and knowledgeable ways; their resilience was also apparent when discussing personal experiences. Resilience is important when related to health; despite the profound adversities that Aboriginal peoples in Canada face, these communities and individuals showcase immense strength that needs to be celebrated.

Chapter Six contains the third and final manuscript. This final manuscript tells the story of our research partnership. In particular, this manuscript discusses the importance of community-based participatory research in studying health with Aboriginal communities in accordance with a decolonizing approach. Through detailed reflection we outline the design and undertaking of our project while focusing on the benefits and challenges that emerged from our project with the girls. Additionally based on our findings we advocate for similar approaches in future research projects.

Finally, in Chapter Seven, I conclude this thesis with a discussion summarizing the findings of this project with First Nations girls and their understandings and experiences of the healthy body and body image contained in Chapters Four, Five, and Six. I connect these findings to previous studies on Aboriginal health, particularly with youth. Additionally, I connect to my personal standpoint as well as discuss implications and suggest responses to the themes in this research. I finish with a final conclusion reflecting on the process and knowledge created in partnership with the girls and communities.

Chapter 1 References

Aboriginal Affairs & Northern Development Canada (AANDC). (2002). *Words First*. Ottawa: AANDC.

Aboriginal Affairs & Northern Development Canada AANDC Saskatchewan Region. (2008). *First Nations in Saskatchewan*. Regina: AANDC.

Adelson, N. (2005). The embodiment of inequality health disparities in Aboriginal Canada. *Canadian Journal of Public Health, 96*, S45-61.

Battleford Tribal Council Indian Health Services (BTCIHS). (2001). *Battleford Tribal Council Indian Health Services: Overview April 2000. Home Care Plan*. North Battleford, SK: BTCIHS.

Bendelow, G. (2010). The mind/body problem in contemporary healthcare. In J. Fernandez (Ed.), *Making sense of pain critical and interdisciplinary perspectives* (pp. 21-30). Oxford: Inter-Disciplinary press.

Bruce, S.G., Riediger, N.D., Zacharias, J.M., & Young, K.T. (2011). Obesity and obesity-related comorbidities in a Canadian First Nation population. *Preventing Chronic Disease, 8*(1), 1-8.

Fleming, J., & Ledogar, R.J. (2008). Resilience, an evolving concept: a review of literature relevant to Aboriginal research. *Pimatisiwin, 6*(2), 7-23.

Fleming, T.L., Kowalski, K.C., Humbert, L.M., Fagan, K.R., Cannon, M.J., & Girolami, T.M. (2006). Body-related emotional experiences of young Aboriginal women. *Qualitative Health Research, 16*(4), 517-537.

Fleming, T.L., & Kowalski, K.C. (2009). Lessons learned: participatory action research with young Aboriginal women. *Pimatisiwin, 7*(1), 117-131.

Gard, M., & Wright, J. (2005). *The obesity epidemic science, mortality and ideology.* Oxon: Routledge.

Grosz, E. 1987. "Notes Towards a Corporeal Feminism." *Australian Feminist Studies,* Vol. 5, pp. 1-16.

Issak, C.A., & Marchessault, G. (2008). Meaning of health: the perspectives of Aboriginal adults and youth in a Northern Manitoba First Nations community. *Canadian Journal of Diabetes, 32*(2), 114-122

Khan, W., & Khan, I. (2009). Solutions to issues of equity in primary healthcare for Aboriginal people living in Canada. *Hypothesis, 8*(1), 1-6.

Kirmayer, L., Simpson, C., & Cargo, M. (2003). Healing traditions: culture community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry, 11*(supp 1), S15-23.

Marchessault, G. (2004). Body shape perceptions of Aboriginal and non-Aboriginal girls and women in Southern Manitoba, Canada. *Canadian Journal of Diabetes, 28*(4), 369-379.

Melendez, G. (2011). Introduction: the first forum on child obesity interventions. *Advances in Nutrition, 2*(supp 1), 157S-158S.

Poudrier, J., & Brooks, C. (2008). *Iskwewak Miwayawak: Women Feeling Healthy - Multiple Exposures: An Environmental Scan of Miwayawin Health Services regarding healthy body weight and body image*. Saskatoon: University of Saskatchewan.

Poudrier, J., & Kennedy, J. (2008). Embodiment and the meaning of the "healthy body": an exploration of First Nations women's perspectives of healthy body weight and body image. *Journal of Aboriginal Health, 4*(1), 15-24.

Pouliou, T., & Elliott, S. (2009). An exploratory spatial analysis of overweight and obesity in Canada. *Preventive Medicine, 48*, 362-367.

Ritchie, J. (2010). Why we need success stories in reporting the health of Australian Aboriginal and Torres Strait Islander peoples: a personal perspective. *Global Health Promotion, 17*(4), 61-64.

Royall, D. (2012). Improving body image. *Canadian Journal of Dietetic Practice and Research, 73*(2), 56.

Shea, J. (2006). *"An apple a day keeps the doctor away": Immigrant youth in St. John's Newfoundland and Labrador, and their constructions of health and fitness*. Unpublished Master's Thesis, Department of Sociology, Memorial University of Newfoundland.

Shea, J.M., Poudrier, J., Chad, K., & Atcheynum, J.R. (2011). Understanding the healthy body from the perspective of First Nations girls in the Battlefords Tribal Council Region: a photovoice project. *Native Studies Review, 20*(1), 27-57.

Shilling, C. (1993). *The Body and Social Theory*. London: Sage.

Skinner, K., Hanning, R.M., Metatawabin, J., Martin, I.D., & Tsuji, L.J.S. (2012). Impact of school snack program on the dietary intake of grade six to ten First Nation students living in a remote community in northern Ontario, Canada. *Rural and Remote Health, 12*, 1-17.

Tait Neufeld, H. (2011). Food perceptions and concerns of Aboriginal women coping with gestational diabetes in Winnipeg, Manitoba. *Journal of Nutrition Education and Behavior, 43*(6), 482-491.

Tremblay, M. S., Perez, C. E., Ardern, C. I., Bryan, S. N., & Katzmarzyk, P. T. (2005). Obesity, overweight and ethnicity. *Health Reports, 16*(4), 23-34.

Tuhiwai Smith, L. (1999). *Decolonizing methodologies*. London: Zed Books.

Turner, B. S. (1996). *The body and society.* London: Sage.

Wexler, L. (2009). Identifying colonial discourses in Inupiat young peoples narratives as a way to understand the no future of Inupiat youth suicide. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center, 16*(1), 1-24.

Willows, N.D. (2003). The Sociocultural and Biological Reasons for the Weight of Cree Children. Research Update-Alberta Centre for Active Living, *10*(1). Available from: http://www.centre4activeliving.ca/publications/research_update/2003/March.htm

Willows, N.D., Hanley, A.J.G., & Delormier, T. (2012). A socioecological framework to understand weight-related issues in Aboriginal children in Canada. *Applied Physiology Nutrition and Metabolism, 37*(1), 1-13.

Chapter 2 - Critical Understandings of Health and the Body

2.1 Introduction

Health is a complex concept that varies tremendously based on individual experience, socioeconomic status, gender, culture, race, age and location. As such, it is impossible to define health in a uniform way; rather there are a number of considerations that must be made. In this Chapter, relevant literature is presented as pertaining to my study with First Nations girls in the BTC region Saskatchewan. As such the literature review is separated into two sections. In the first section, I review literature that specifically applies to the health of Aboriginal peoples in Canada. In doing so, I will focus on both historical considerations and current research findings. This section concludes with an overview of resilience as is witnessed in Aboriginal communities in Canada, particularly the BTC region. In the second section, of this Chapter I provide an overview of the theoretical influences for this research project both sociological theories of the body and feminism (focus on the body; standpoint; black feminist thought and postcolonial theories). The merging of both sections provides an understanding of the complexity and variety of influences on one's attainment of health. Furthermore, it provides insight into the social meaning that is attached to the body and individuals based on gender and culture; yet this does not render the individual powerless as their personal agency enables them to reject or appropriate dominant discourses of health and the body. Both sections of literature were a motivating guide to the design and undertaking of this project with First Nations girls.

2.2 Historical and Current Understandings of Health and Body Image for Aboriginal Peoples

In the 2006 Canadian Census, 1.7 million individuals self-identified as Aboriginal across three categories: First Nation, Inuit, and Métis (Statistics Canada, 2008). Of these, 698,025 were First Nations. The majority of these individuals reside in Ontario and the Western provinces (Statistics Canada, 2009, p. 52). Aboriginal Affairs and Northern Development Canada (AANDC) recognizes distinct 253 First Nations in Canada (AANDC, 2008). While Aboriginal peoples in Canada share a history of colonization each are diverse, with varying language, experiences, and cultural practices (Kirmayer, Tait, & Simpson, 2009). Kirmayer, Tait, and Simpson (2009) clarify that diversity exists not only across the three classifications of Canadian Aboriginal peoples, but also between unique communities. These differences have been an

important consideration in the writing of this dissertation, as this research explains health through the words of twenty First Nations girls in the BTC region, and may not be inclusive of all First Nations girls in Canada. This section of the literature review provides a summary of the impact of history as well as current studies and understanding of Aboriginal health, with a focus on Aboriginal women/girls, youth, and body image.

2.2.1 Aboriginal Health in Canada

History has the potential to influence current and future experiences of health, as such it is important to acknowledge the past prior to discussing current experiences of Aboriginal health and prior to focusing on my specific research project. Descriptions of Aboriginal health in Canada pre-contact are limited. Historical descriptions are based on bio-archaeological evidence, such as autopsies of mummified remains (Waldram, Herring & Young, 2006). Unfortunately the volume of such evidence is limited and not evenly dispersed in the Canadian context, what has emerged of importance is evidence that disease and infection existed prior to European contact (Waldram, Herring & Young, 2006; Herring & Sattenspiel, 2007). As Herring and Sattenspiel (2007) argue "the historical record documents epidemic after epidemic of newly introduced diseases, but these diseases did not occur in a vacuum; rather they interacted with those already present" (p. 200). While infections and disease existed in the pre-contact era, colonization changed the nature, severity, and frequency of infections and disease (Waldram, Herring & Young, 2006; Herring & Sattenspiel, 2007).

Colonization has had profound negative effects on the health of Aboriginal peoples in Canada. Through the ongoing processes of colonization and assimilation policies implemented by the Canadian government many Aboriginal communities' experienced detrimental effects to their land, language, culture, traditional way of life, which in turn negatively impacts health (Shah, 2004; Adelson, 2005; Wilson, Rosenberg & Abonyi, 2011; Muirhead & de Leeuw, 2012). Legal justification of this intervention was possible under the *Indian Act* (1876). Gabriel (2011) referred to this Act as "a colonial instrument of genocide" (p. 183). The Act provided the government with the legality to control Aboriginal peoples, and outlawed cultural practices that were central to their identity (Kirmayer, Simpson, & Cargo, 2003). One of the most detrimental effects of colonial and assimilation policies was the implementation of residential schooling (Milloy, 1999; Macaulay, 2009). Residential schools were formed based on the stereotype that

Aboriginal cultures and peoples were both diseased and problematic, thus requiring intervention (Kelm, 1998). Schools were formed through a partnership between the state and religion (Milloy, 1999). The last Aboriginal residential school closed in 1996, but the reality of what happened in those schools lives on. Annett (2010), a prolific writer on the experience of Aboriginal residential schooling and himself now entrenched in the struggle for acknowledgement of experience, has eloquently summarized this period in his book based on his conversations with survivors. Fournier and Crey (2006) observe that these testimonies only became part of the Canadian consciousness beginning in the 1980s. Wesley-Esquimaux (2009) refers to these experiences as "historic trauma" and contends that this trauma has contributed to dysfunction, addiction, suicide, disconnect, violence, and destructive behaviours; yet, despite these adversities, resilience of individuals and communities is apparent (p. 20-21).

Aboriginal peoples face greater health inequalities in comparison to non-Aboriginal Canadians (Fridkin, 2012; Muirhead & de Leeuw, 2012; Wilson & Cardwell, 2012). These health disparities are linked "to social, economic, cultural and political inequities; the end result of which is a disproportionate burden of ill health and social suffering" (Adelson, 2005, p. S45). Aboriginal definitions of health are also broad and diverse (Smylie & Anderson, 2006). Aboriginal perspectives about health and wellness are often seen in terms of balance, harmony, holism, and spirituality (Shah, 2004; Checkland, Harrison, McDonald, Grant, Campbell, & Guthrie, 2008). Some First Nations people visualize health through the medicine wheel, for example, where its four quadrants highlight a holistic conception of heath achieved through physical, mental, emotional, and spiritual means; to be healthy, an individual must have balance between the four quadrants (Shah, 2004; Waldram, Herring, & Young, 2006). Furthermore, differing conceptions of health can influence the health care that Aboriginal people receive in non-Aboriginal environments (Harris et al., 2011). The following section provides a summary of some of these inequalities as well as the current status of Aboriginal peoples classified as an "at risk" population.

In the Canadian Community Health Survey, off-reserve Aboriginal Canadians are more likely to rate health as fair or poor than Caucasians (Veenstra, 2011). Social determinants of health, such as income, housing, and employment, impact not only the development of respiratory illness for Aboriginal peoples but also its treatment (Estey, Kmetic, & Reading, 2007; Loppie Reading & Wien, 2009). Cardiovascular disease is higher among First Nation peoples,

particularly women, due to low plasma apolipoprotein; this is also believed to be linked to higher rates of diabetes and obesity (Riediger, Bruce, & Young, 2011). Aboriginal peoples are also viewed as economically disadvantaged in comparison to other groups in Canada. This is worrisome in that lower socio-economic groups have poorer health outcomes and face related risks, including those of being overweight or obese (Gerald, Anderson, Johnson, Hoff, & Trimm, 1994; Galuska, Will, Serdula, & Ford, 1999; Coburn, 2001; Johner & Maslany, 2011). Addiction and injection drug use is a concern among Aboriginal communities, with a British Columbia (BC) study indicating that users are more likely to be female, experience poverty and abuse, have a sexually transmitted infection (STI), and have had a parent attend residential schooling, among other risk factors (Miller et al., 2011).

Aboriginal peoples are often perceived as an at risk group for developing obesity (Pouliou & Elliott, 2009). In a study of body mass index (BMI) rates among Canadians, both Aboriginal men and women (off-reserve) were found to be at the highest risk; furthermore, this risk was double that of other ethnic groups (Tremblay, Perez, Ardern, Bryan, & Katzmarzyk, 2005). A recent study indicates obesity and related comorbidities are higher among on-reserve Aboriginal peoples in Canada (Bruce, Riediger, Zacharias, & Young, 2011). Aboriginal peoples residing in the northern prairies and Labrador are seen to be at a heightened risk of developing obesity, as fruit and vegetable consumption is low and sedentary lifestyle is high (Vanasse, Demers, Hemiari, & Courteau, 2006). Haman et al. (2010) caution that disruption of traditional lifestyles and diets can be linked to spikes in obesity in Aboriginal communities. It is important to be mindful of these inequalities in the study of health with Aboriginal peoples' (de Leeuw, Maurice, Holyk, Greenwood & Adam, 2012) as these inequalities have the potential to negatively affect the acquisition of a healthy body and body image of Aboriginal women and girls. Furthermore, in regards to obesity, body weight reaches beyond individual health, as individuals can be subject to weight-based discrimination in their schools, work places, and day-to-day interactions highlighting how the body is perceived in society; these negative body perceptions are heightened for females (Stinson, 2001). Health experiences past and present undeniably contribute to Aboriginal peoples' experiences of health and have evolved as a social determinant of health in Canadian society.

2.2.2 Social Determinants of Health

The relationship between health and inequality is diverse and prominent and, as such, it is important to reflect upon the social determinants of health. Social determinants of health refer to the larger social, economic, and political influences that impact the health of individuals, a great deal of literature outlines social determinants of health and their effects on individuals. (Raphael, 2004; McGibbon, Etowa, & McPherson, 2008; Mikkonen and Raphael, 2010; Gore & Kothari, 2012). Mikkonen and Raphael (2010) argue that these larger influences have a greater impact on the health status of individuals than health care received and individual lifestyle. Nationally, fourteen social determinants of health have been identified, "income and income distribution, education, unemployment and job security, employment and working conditions, early childhood development, food insecurity, housing, social exclusion, social safety network, health services, Aboriginal status, gender, race, and disability (Mikkonen & Raphael, 2010, p. 9). Although the social determinants of health are broad, children face the most risk. Children from lower socio-economic backgrounds are more likely to become ill and experience hunger, injury, and mortality than those from higher socio-economic backgrounds (Raphael, 2004). In Canada, one in 10 persons (including children) live in poverty; for First Nations' children living on-reserve, this number is one in four (Campaign 2000, 2010, p. 1). National statistics clearly dispute the federal government's supposed commitment to addressing child poverty in Canada (Crossley & Curtis, 2006). Individuals subject to health inequities face oppression not only in the larger society but also in the health care system, which in turn can negatively impact the care they receive (McGibbon, Etowa, & McPherson, 2008).

Evans (2010) argues that while poverty rates have dropped in Canada in recent years, "nowhere is the impact of systemic discrimination, coupled with colonialism, more apparent than in the situation of Canada's Aboriginal population" (p. 156). These health inequalities brought on by colonialism are widespread and include, for example, higher infant mortality rates and lower life expectancies (Mikkonen & Raphael, 2010). Race and gender are both closely tied to experiences of poverty (Raphael, 2004; Galabuzi, 2004; Bastos, Casaca, Nunes, & Pereirinha, 2009; Johner & Maslany, 2011). Galabuzi (2004) argues that a racialization of poverty in turn contributes to susceptibility of lower socio-economic status, social exclusion, and oppression. Sociologist Diane Pearce (1978) coined the term *feminization of poverty*, which encapsulates the unequal distribution of poverty, more women face poverty when compared to men. In studying

these social determinants, both the racialization and feminization of poverty need consideration. Poverty has profound effects not only on health, but on one's sense of self, stress, experienced stigma, and access to resources (Reutter et al., 2009).

A cause of food insecurity is poverty, with children perceived to be at the highest risk (Dubois, Farmer, Girard, & Porcherie, 2006). One Canadian study found that only about a third of individuals who experience food insecurities receive support and assistance from organizations (Vozoris & Tarasuk, 2003). In a study with off-reserve Aboriginal adults, those experiencing food insecurity were more likely to experience poorer health, higher levels of stress, and disconnect with the community (Willows, Veugelers, Raine, & Kuhle, 2011). These studies suggest that food access is a critical issue within Canada that still lacks an adequate response from Canadian policy makers. While Canada has begun to respond to social determinants of health in policy, it lacks an organized plan on how to address important issues such as Aboriginal health and poverty (Glouberman & Millar, 2003). In short, many Aboriginal people encounter a variety of external negative factors that, in turn, negatively impact health. Previous literature highlights that this can be heightened for females. As this thesis focuses on the experiences of girls and health, the following section focuses on specific health issues for Aboriginal women and girls.

2.2.3 Health of Aboriginal Women and Girls

The healthy body is connected to community, which include complex determinants such as community health and wellness. Aboriginal women and girls in Canada are perceived to be an "at risk" group, separate from men, for a number of health inequalities, for example body weight, particularly overweight and obesity, are often measured through the Body Mass Index (BMI). While BMI is commonly used to identify obesity, measurements of adiposity are seen as a better predictor (Anderson et al., 2010). In a Canadian study, Aboriginal children were found to have a higher prevalence of both weight and central adiposity (fat or lipid deposit located in stomach of individual) compared to Caucasian children (Anderson et al., 2010). While Aboriginal youth are perceived to have an increased risk for obesity compared to other Canadian youth, Willows (2003) argues that there is a lack of national-scale information, research, and rates of prevalence to support this conclusion. Current information can be drawn from two national surveys: a) the Canadian Community Health Survey, which excludes on-reserve populations, and b) the

Regional Longitudinal Health Survey, which provides more coverage (Pigford & Willows, 2010). Moreover, Aboriginal people in Canada are thought to have an increased risk of development of diabetes compared to non-Aboriginal people and Aboriginal women are viewed as being at the greatest risk (Kelly & Booth, 2004). Aboriginal youth are considered to be at risk of developing type 2 diabetes, a strain that before the "obesity epidemic" was believed to be observed only in adults (Barton, Anderson, & Thommasen, 2005). A Saskatchewan diabetes study noted that "in 1937, although diabetes was not detected amongst 1500 First Nations people who underwent a tuberculosis survey" rates have continuously increased over time, for example in 2006 20% of First Nations Adults had diabetes (Dyck, Osgood, Hsiang, Gao, & Stang, 2010, p. 249).

Speakman (2008) describes the thrifty gene theory as "thrifty genes are suggested to be positively selected for in the historical feast-famine environment because during the feast periods they make people fat. This fat provides the energy necessary for individuals to survive during subsequent famines" (p. 1612). The development of obesity and diabetes among Aboriginal people is linked to the thrifty gene theory, which despite being underdeveloped and unclear has gained momentum and validity within current discourses (Poudrier, 2003; Fee, 2006). Furthermore, Fee (2006) argues that the development of type 2 diabetes was not significant before the 1940s, highlighting larger social and environmental influences. Linking race to disease development is problematic, and leads in turn to surveillance and the perception of certain groups as at risk (Poudrier, 2003). When addressing issues of Aboriginal health, it is important to adhere to their values and culture rather than proscribe proper health behaviours. Energies could be better distributed helping these communities deal with problems rather than directing the gaze of surveillance (Fee, 2006). Surveillance is driven by a political agenda; this is achieved through the aid of government and medicine in disseminating information and producing concern (Ball, 2005). A number of socio-cultural factors influence the development of diabetes and/or obesity within Aboriginal communities. Adhering to an Aboriginal value system of health is critical when addressing the existence of these conditions, as this will likely lead to empowerment and the more effective transfer of messages (Barton, Anderson, & Thommasen, 2005). Poudrier and Kennedy (2008) note that body weight and body image are highly connected to culture. Three important themes emerged from their first phase of research in the Battlefords Tribal Council (BTC) Region: the importance of Elder knowledge, the importance of family

history and women's roles, and better understanding of food purchasing and preparing (Poudrier & Kennedy, 2008). The above examples of health experiences and inequalities are important considerations for this thesis. Health is a complicated concept and, as these examples show, is also very much woven with the history, individual experience, location, and culture that influence one's self image, particularly during such a critical time as youth.

2.2.4 Youth[2] and Girls' Body Image

While the previous section reviewed literature on the health of Aboriginal women and girls in general, it is also important to focus on the girls' status as youth as this is a critical time in an individual's development. Furthermore given the nature of this project this section provides an overview on literature exploring body image in girls, and where the literature allows focuses particularly on Aboriginal girls. Past studies have argued that while youth have rights as citizens, they have little say or influence on the institutions that impact them heavily (Wyn and White, 1997). Youth are considered a vulnerable and often weak group, and are viewed as an at risk population in need of protection (Lupton, 1999; Sharland, 2006; Baldwin, Brown, Wayment, Nez & Brelsford, 2011; Nelson, Macdonald & Abbott, 2012). This lack of influence and voice can easily be applied to notions and meanings of health and body weight in their own lives. Youth's voices can go unheard in the decision-making process (e.g., health promotion), which means their experiences and understandings are not utilized (Bader, Wanono, Hamden, & Skinner, 2007; Kirmayer, Simpson, & Cargo, 2003; MacDonald et al., 2011). Those in roles of power, such as parents, teachers, and policy makers, feel it is their duty to prescribe and outline the ideal manner in which youth should carry out their lives. Rather, health promotion for youth should be both culturally relevant and appropriate (Cinelli & O'Dea, 2009). In recent years this lack of voice has changed and improved particularly in Aboriginal communities through a desire to learn about youth's experiences (France, 2007). In Saskatchewan, Elders have highlighted the importance of both including youth in research and learning from them, as they are an important part of the community's future and passing on of cultural knowledge (Ermine, Sinclair & Browne, 2005). Insights about the ways in which First Nations' girls learn and read cultural and educational messages and form their own understandings of health and body image will assist

[2] For the purposes of the project described in this thesis, the term youth refers to the time period between child (girl) and adult (woman). Definitions of youth and specific age range can vary depending on source.

educators, health care providers, and health promotion professionals in designing programs and learning strategies that will be both favoured by and beneficial to youth.

Research with Aboriginal female youth regarding body image and their understandings of health is limited, and the sparse literature in existence has differing findings. On the one hand, one study has observed dissatisfied body image among members of this group (Neumark-Stztainer et al., 1999). On the other hand, another has found that young urban Aboriginal women have a positive body image, although this acceptance was viewed as an evolving experience (Fleming et al., 2006). Fleming et al.'s (2006) participants also revealed that they perceived cultural differences with respect to ideal body types in Aboriginal versus Caucasian individuals. This is similar to findings from Fleming and Kowalski's (2009) study in which participants spoke of the body differences between urban and rural home settings; in the city, bodies are subject to increased pressure to conform to ideals and styles versus a more relaxed comfortable feeling in one's body while in a rural area, especially if it was a reserve. These two studies present a unique perspective on how both the body and appearance are influenced by and adapt to geographic location (Fleming et al., 2006; Fleming & Kowalski, 2009).

Further studies with Aboriginal girls focus on ideal body types. Marchessault's (2004) study in Manitoba notes that Aboriginal females are more likely to select "larger" body types as their ideal in contrast to non-Aboriginal females. This is similar to Cinelli and O'Dea's (2009) Australian study that showed both female and male Aboriginal youth chose larger body types as ideal compared to Anglo-European participants. In contrast, an American study with Native American youth utilizing silhouette images found that child participants were more likely to select a smaller body type as ideal compared to teenagers, and boys were more satisfied with their body size than females (Rinderknecht & Smith, 2002). In a body image study amongst Australian Aboriginal youth, females were more satisfied with their bodies compared to their non-Aboriginal peers but were also more likely to engage in body projects in efforts to tone and lose weight (Ricciardelli, McCabe, Ball, & Mellor, 2004). In another Australian study, obese Aboriginal youth were less likely to classify themselves as 'fat' than Caucasian and Asian participants (O'Dea, 2008).

McHugh and Kowalski (2009) observe that studies examining body image among Aboriginal youth are predominantly quantitative, and qualitative works are limited. This thesis thus offers a unique perspective contributing to qualitative work with First Nations youth, and an

exploration of meanings of health and body image with rural on-reserve First Nations girls. In addition, focusing on the voices and concerns of youth regarding health and body image stands in contrast to health promotion messages, which are typically produced by adults. Aboriginal communities and youth have repeatedly showcased their resilience despite health inequalities. While it is important to be mindful of these inequalities that Aboriginal communities face it is even more critical to acknowledge and build on strengths. The following section provides an overview of resilience as a concept and provides examples of showcased strengths in data collection and programming at the community level.

2.2.5 Resilience and Aboriginal Health

This section provides an overview of both the concept of resiliency and tangible examples of resiliency in action. Resilience is often defined as "positive adaptation despite adversity" (Fleming & Ledogar, 2008, p. 7). Simply defined, it refers to an individual's ability through their personal strengths to cope and do well in instances of hardship and difficulty (Kirmayer, Dandeneau, Marshall, Kahentonni Phillips, & Jessen Williamson, 2011). While definitions of resilience often focus on the individual, current cultural explorations such as those in Aboriginal communities have been expanded to encompass the family and community and their roles in fostering resilient members (Fleming & Ledogar, 2008; Ungar, 2008). In the Canadian context, concepts of resilience applied to Aboriginal communities often incorporate an acknowledgement of colonial history and the impact it can have on individuals, communities, and cultures (Fast & Collin-Vezina, 2010; Filbert & Flynn, 2010; Kirmayer, Dandeneau, Marshall, Kahentonni Phillips & Jessen Williamson, 2012). The negative and painful events resulting from colonization (e.g., forced assimilation and residential schooling) present a challenge for individuals and communities to overcome (Tousignant & Sioui, 2009). Swanson (2010) contends that this trauma is especially problematic for youth but, despite this, Aboriginal youth have the capacity to overcome it.

Acknowledging adversities as well as celebrating the strengths of individuals and their respective communities are important when focusing on resilience. While resilience studies with Aboriginal youth in Canada are limited (Filbert and Flynn, 2010), research suggests a strong link between culture and resilience in First Nations youth and communities (Chandler & Lalonde, 1998) as well as the creativity of youth in their approach to coping and the utilization of

resources facilitating resiliency (Ungar et al., 2008). Additionally Dell, Dell, and Hopkins (2005) in their review of inhalant use treatment through the Native Youth Solvent Addiction program, which advocates a holistic approach to resilience, acknowledges the resilience of youth and how they draw upon the resources available to them in their communities. Furthermore, Kirmayer et al. (2011) explored meanings of resilience in Aboriginal communities in Canada through a CIHR funded research project entitled *Roots of Resilience*. Findings from this research led to the formulation of four Indigenous strategies of resilience: 1) connection to the land and a sense of place; 2) recuperation of tradition, language, spirituality, and healing as personal and collective resources; 3) stories and storytelling as a privileged way of knowing and transmitted collective identity; and 4) political activism as a source of collective and individual agency. This study highlights the diverse and layered approach to resilience and draws attention to the importance of culture in overcoming adversity, similar to Chandler and LaLonde's (1998) work noting the importance and strength of cultural continuity in helping individuals cope. Together, these studies emphasize the resilience of individuals and their communities to overcome adversities and positively and effectively cope particularly through celebration of culture.

The effects of colonization are still both widespread and disastrous; however, throughout Canada there are numerous examples of resilience of Aboriginal communities and individuals. Decolonizing research shifts the focus from research "on" Aboriginal communities and individuals to the researchers and participants becoming partners in inquiry (Tuhiwai Smith, 1999), in the following chapter, I discuss the concept of decolonizing methodologies in further detail. In this section I highlight two examples of resilience, one at the national level (research) and the other in the local BTC region (programming).

A prominent example of decolonizing methodologies is the Regional Health Survey (RHS) distributed though the First Nations Information Governance Centre (FNIGC). Since 1997, the RHS has collected information through surveys and "is the first and only research initiative under complete First Nations control" (FNIGC, 2011). The FNIGC is a leading source of First Nations health data that measure changes over time and influence policy at the national level (FNIGC, 2011). The RHS is longitudinal in design and includes the participation of all Canadian First Nations (n=238) with the exception of the St. James Bay Cree, Natuashish Innu First Nation, and Sheshatshiu Innu First Nation (FNIGC, 2011). The research design focuses on health concerns at the community level, adheres to decolonizing principles through a

community-based approach that fosters participation, and includes representation of both adults and youth in data collection (FNIGC, 2011). In regards to youth specifically, the findings provide greater insight to the experience of both the healthy body and body image. For example, the majority of youth surveyed at the national scale rated their general health to be excellent (30.1%) or very good (34.7%), and 37.1% noted they were very satisfied with their weight (FNIGC, 2011). Both the RHS and the FNIGC are innovators in both health information and research, where the data provided are culturally relevant and can be reported at the regional level.

There are also examples of work being done through BTCIHS at the community level; these endeavors adhere to "a work philosophy that reflects culturally appropriate and non-judgmental principles" (Poudrier & Brooks, 2008, p. 29). A major strength of the BTCIHS is their commitment to enhancing services in the region guided by the community members they service, such as the desire for both this project with the youth and the larger project with women to enhance understandings of the healthy body and body image for females in this area in their own words. Based on concerns for holistic health, the BTCIHS designs and delivers programs that are both beneficial and culturally relevant to the communities it serves (Poudrier & Brooks, 2008). Innovative programming, such as the "Fresh Food Box Program", which provides the community with healthy food but also ensures that individuals know how to use it through additional education and supports, such as shopping and cooking classes with resident dieticians (Poudrier & Brooks, 2008). A wide range of programs are offered in the BTC region through IHS. Particularly in regards to youth are school-based programs that focus on nutrition, education, sexual health, healthy lifestyles, and counseling (Poudrier & Brooks, 2008) and are making a positive difference in the communities in which they serve. Furthermore, and as evident through this research partnership, additional programming and support offered through CYOW Jessica, Lenore, Kimberly and Kellie have profound positive effects on the lives of youth in these communities. The programming, dedication, and support offered through BTCIHS combined to foster positive community engagement, which undoubtedly contributes to the resilience of individuals and the collective community. Given that this is a limited and growing area of research, social theory was consulted during the design and data analysis phases of this research project.

2.3 Theoretical Understandings of the Body

Historically health and weight discourses construct "good and bad" bodies and link health with attractiveness. These constructions in turn can lead to self surveillance and body modification in efforts to conform to dominant standards (Burrows & Wright, 2004). In specific reference to health and weight, the influence of dominant discourse is achieved through a number of institutions, including standards of beauty projected in the media, physical education courses in schools, and fields of medicine and nutrition that further dictate health and weight behaviours (Wright, 2004; Welch & Wright, 2011).

The following theories of the body and feminism are the most appropriate theoretical underpinnings for the work because they provide a greater understanding of both the social body and individual agency with a particular focus on women. Moreover, there is very little literature in the sociology of the body or body/culture studies that address the Aboriginal body. This work will not only provide a good theoretical basis to understand the complex interconnections between Aboriginal females' experiences of the body and the larger socio-cultural historical context, but it will also address a gap in the sociological literature which neglects examination of the social construction of the "Aboriginal body". Linked to the literature reviewed in the first section that outlined inequalities experienced by Aboriginal peoples, these theories additionally highlight that health statuses and experiences are deeper than the individual and their personal health behaviours, and that health has the potential to be influenced by larger societal dominant discourses. In the following paragraphs, I will describe some of the prevalent theoretical understanding of the body and provide an overview of the relevant feminist thought connected to the study described in this thesis.

2.3.1 Sociological Theories of the Body

As referenced in the previous sections, Aboriginal peoples are routinely labelled as "at risk" population. Issues such as political movements, public health concerns, and health prevention and promotion surround the current body focus and have led to growing interest in the body (Lupton, 1995; Farnell, 2011). This social and cultural interest is not surprising given that the body itself is often viewed as a social construction, with meanings that are developed and reinforced in society. Meanings of the body are very much dependent upon the cultural climate, as social constructions of the body change vary with historical period and culture

(Shilling, 1993). Cultural understandings of the body vary, for example there is often disconnect between western and Aboriginal definitions of the health. Sociological theories of the body are particularly important to those working in the field of medical sociology; this is where body concerns are most evident (Williams, 2006). Maintaining distinctiveness from biological analyses, the body in sociological analyses can be examined, for example, in regards to the effects of illness and disability, aging and dying, and gendered bodies (Williams, 2006). In keeping with the traditional sociological debate between structure and agency, two major trends can be observed within sociological theories of the body. On the one hand, there is a tendency to view the body as a social entity (Foucault, 1972; 1973; 1977; 1978). This involves viewing the body as an object of social control. On the other hand, there is a tendency to view the body as influenced by individual agency. This means that the body is viewed as an entity in itself, with the ability to act in the manner it chooses (exceptions in the face of illness) and as a personal source of power in its own right (Reischer & Koo, 2004; Shilling, 2008). This section examines sociological theories of the body, specifically the body as examined through both the social body and individual agency.

2.3.1.1 The Social Body

Intrinsically tied to a structural/external examination, the body is a discussion of social construction. Foucault (1972; 1973; 1977; 1978) has been regarded as one of the most influential postmodern theorists on the body, where the body can be observed as an object of societal powers achieved through discourse, and societal discourses define what is normal in regards to the body. Lupton (2003) further summarizes this perspective as a question of truth claims, stating that truth does not really exist; rather, these believed truths are an extension of power and social relations. Dominant discourses can often be seen as a reflection of the underlying power relations. Health discourses hold a great deal of power and often act as a means of surveillance of citizens (Foucault, 1977; 1978). Surveillance is often achieved in obscure ways while targeting morality. Individuals are made aware of problems, such as excess weight, and provided with a perceived solution, for example diet and exercise, that emphasizes individual responsibility. Aboriginal peoples are often subject to surveillance through the designation of an “at risk” population (e.g., heightened risk for the development of diabetes and obesity). Health is often presented as a one-dimensional concept within the dominant discourse; ‘healthism’ is viewed as

a state that can be controlled and manipulated by the individual (Crawford, 1987). Without doubt, this presents a dilemma for those falling outside the definitions of healthy and does not acknowledge larger influences on health status.

Discourse not only refers to the language involved but also the accompanying actions (Foucault, 1972). In describing the influence of discourse, Foucault (1978) describes the construction of sexuality. Through this designation of abnormal (homosexuality) and normal (heterosexuality) definitions, meanings of sexuality were formed and applied; as a result, it became the responsibility of individuals to validate their normalcy. A similar argument can be made regarding the perceived individual responsibly for health attainment; those who fail to conform are seen as deviants and poor citizens (Crawford, 1980; Edgley, and Brissett, 1990). Discourses are not permanent, but rather can and do change over time. Through discourses, we see the formation of good and bad bodies (Garrett, 2004); current Western ideals would designate the slim body as good and the bad body as obese. These discourses are transmitted, internalized, and understood to be the norm and shape what society views as an ideal body. I argue that by applying Foucault's argument of opposing discourses regarding sexuality, we can compare the healthy and the unhealthy body. The thin/fit body has become the norm. Bodies considered healthy are the bodies that individuals should strive for; this is the body that is idealized. Normal bodies are reinforced through societal discourse focusing on body images (such as those in the media). In contrast, the unhealthy body is viewed as deviant, therefore, individuals with the unhealthy body also face stigma. Meanings of deviance have changed over time and also through historical context. Interestingly, Conrad and Schneider (1980) observe that deviant behaviours have slowly come to receive medical meanings, for example the evolution of mental illness definitions. The designation of deviant can be seen as reinforced through the social power and position of the medical community. For example, through racialization Aboriginal bodies can be viewed as problematic.

In *Discipline and Punish*, Foucault (1977) introduces three terms for analysis of bodies and the power expressed upon these. First, he outlines the term 'docile bodies', which refers to strict bodily discipline. Following the body as a machine metaphor, individuals such as those in the military were expected to mould their bodies in such a fashion as to acquire and embody all functions and movements unique to the given institution. Foucault extends this discussion to incorporate the notion of 'intelligible bodies' and 'useful bodies'. Intelligible bodies refer to our

scientific and cultural notions regarding bodies, such as health ideals. In comparison, the useful body can be viewed as the practices and activities engaged in as a means of conformity, for example women and dieting practices (Bordo, 2003). The pressure for individuals to conform to an ideal body could be seen as evidence of the strength of discourses. Thinness is constructed as superior to obesity, thus making obesity a negative bodily classification. Without these hierarchical and differential assignments of meaning based on weight, neither body would hold any particular meaning or power within society.

The power of the medical profession was further explored in *The Birth of the Clinic* (Foucault, 1973). Foucault analyzed this power through the concept of medicalization. Chang and Christakis (2002) define medicalization as "the process in which certain behaviours or conditions are defined as medical problems and medical intervention becomes the focus of remedy and social control" (p. 152). Conrad and Barker (2010) contend that as health and illnesses become socially constructed, they contain both biomedical and social meaning. Foucault argues that both the designation and intervention are major forms of social control. Often, these medicalization distinctions tend to focus more on what constitutes one being normal rather than the promotion of health. Medical guidelines are viewed as the rules that individuals are to follow. These rules are often very much tied to notions of morality, where to conform and be healthy is to be a moral citizen (Crawford, 1980). Conrad (2005) observes that with advances in both technology and pharmaceuticals, medicalization has evolved to be more commercially based. The resulting pressure from and influence of the medical profession is profound, widespread, and filters directly into dominant discourses on health. Foucault's analyses of power and control are very interesting, but the issue of agency often seems lacking or underdeveloped in regards to the body. Not only do individuals internalize the discourse regarding their bodies, they engage in practices that reinforce its existence; so, here we see the choice to engage or not as an exercise of their agency. This is an important consideration, particularly for health as it contains both a social and individual/personal meaning. While this section highlights the influence of social definitions on the body and health, individuals have the power to reject these notions. For example through agency Aboriginal women and girls can challenge dominant discourses and instead are influenced by their culture in definitions and understandings of the healthy body and body image.

2.3.1.2 The Body and Agency

In contrast to the preceding section, an internal examination incorporates agency into its theorizing. The following discussion is motivated by two sociologists—Bryan Turner and Chris Shilling. Turner, in his influential work *The Body and Society* (1996), provides a sophisticated analysis incorporating both external and internal analysis applied to the social body. In his examination of the body, Turner (1996) critiques Cartesian ideals, and feels that this tradition has contributed to the ideal of the body as problematic. These ideals facilitate a mind and body separation. Turner identifies four key issues for the body, which he defines as both natural and cultural. These four issues break down the various manners in which societies deal with the body, and refer to reproduction, regulation, restraint, and representation. First, reproduction refers to the control needed as the population increases. Second, the influx of individuals in urban centres has prompted the need for the regulation of space. Third, restraint is seen as practiced on behalf of the individual; they must control themselves in terms of diet, passion, and indulgences. Finally, through the practice of representation, the influence of capitalism is observed in an obsession with the body and a number of profitable, powerful industries that cater to this fixation. The four merge together to repress/contain bodies in a socially acceptable manner and achieve social order.

Importantly, control is experienced in different manners depending upon the body in question (e.g., gendered bodies). To illustrate this point, Turner (1996) examines the reality of anorexia as predominantly observed in females. The prevalence of anorexia is, in his belief, evidence of different bodily control. Women are faced with additional pressures to conform to an ideal body type; anorexia is encountered by many women in this pursuit. Turner does not paint women as passive victims; the development of anorexia is a form of individual agency at work. Women, as do men, choose to reiterate these bodily norms; they can also choose to resist or challenge them. This has been evidenced in previous studies with Aboriginal youth in which they choose larger body types and provided more holistic definitions of a healthy body when compared with the social ideal in western culture (Cinelli & O'Dea, 2009; Fleming et al., 2006; Fleming & Kowalski, 2009; Marchessault, 2004). While influenced by social discourses, the body cannot be simply reduced to these, and individuals have a great deal of liberty in this regard (Turner & Rojek, 2001).

Shilling's (1991; 1993; 1997) work on the body for the most part complements the work of Turner. While both examine the body as a socially constructed entity, Shilling's work has a contrasting focus and insistence for the dialectical approach in body theorizing (Shilling, 1991). By following the dialectical approach, the power of social construction and the reality of human agency are acknowledged. Shilling (1991; 2008) notes that while Foucault's (1972; 1973; 1977;1978) analysis reveals a great deal regarding the reproduction of bodies in the public and private context, it fails to provide proper acknowledgement of history and the issue of embodiment (e.g., the experience/impact of colonialism for Aboriginal peoples and the resilience/agency of individuals). This is important as meanings of the body in Western society have changed greatly with time; the 'overweight' and 'obese' body was once both a sign of wealth and health but is now stigmatized and seen as an indicator of an unhealthy lifestyle (Shilling, 1991).

Discourse, power, and the notion of docile bodies indeed have a profound impact in society and our everyday interactions, but individuals are also willing actors in the production and reiteration of societal discourses (Shilling, 1991). Shilling believes that "[d]iscourse is important, but it represents a set of rules, rather than determining structures, which can be drawn on or rejected in social interaction" (p. 667). While he notes the power of discourse, he chooses instead to examine these as a set of rules or guidelines that individuals are ideally supposed to follow. Ultimately, the application of these rules remains the decision of the individual, and they can either accept or reject these in the engagement of social relations. Further, Shilling (1993) argues that these social categories and positions have great influence on one's self identity. They aid in an individual's understanding not just of themselves, but their position in the social world as well. Identity is very much tied to the body, and both are a continuously evolving project (Shilling, 1999). Individuals are never entirely socialized into these meanings. Given that these meanings are also historical in nature; these dominant discourses are also very much a reflection of learned behaviour. In any regard, it is the decision of the individual through the exercise of agency to appropriate or to choose to disregard these meanings (Shilling, 1993).

Further, Shilling (1993; 1997) looks at the body as a project. Through this concept, the body is seen as a mouldable entity that can be corrected, improved, and changed to adapt to societal body expectations; this is viewed as both expected and desired by individuals. The body is the visual means to assess the worth of the individual and is very much connected to issues of

self-identity (Shilling, 1997). In recent years, a cult of thinness and fitness has emerged, particularly in Western cultures (Bordo, 2003). However, there is now a concern that this focus on fitness resembles a new obsession similar to eating disorders (Bordo, 2003). This can be strongly linked with the obesity epidemic and focus on Aboriginal peoples' as "at risk" for the development of ill health. While this may be seen as an additional way in which society exercises control over bodies, it is not that simple. As Crossley (2006) found in his study of increasing gym membership enrolments, individuals had numerous reasons for engagement that were complex and multifaceted highlighting agency. He identified nine predominant themes (Crossley, 2006), none of which were reducible to societal pressures; rather, they were driven by individual wants and desires. Themes such as social interaction and escape/stress relief were common justifications used by participants. Often the individual's reasons for engagement in body projects are often overlooked, and actions are seen as reducible to societal pressures. The body is an important focal point in sociological theory as bodies signify how individuals are perceived in the social world. This being said, bodies hold different meanings (Turner, 1996; Shilling, 1991; 1993; 1997). These meanings can be different based on gender expectations; given the focus of this project it is important to acknowledge feminist understandings of the body and culture.

2.3.2 Feminist Theory

Feminist theory has been an important consideration for this work and provides a deeper understanding of the social body and experiences for females in particular. Harding (1987) argues that there is no pure feminist method, but there exists a feminist approach. For the purposes of this project, I contend that there is also no one feminist theory that adequately informs this method of inquiry. As such, three streams of feminist theory have been consulted: feminist theories of the body; standpoint; and black feminist thought and postcolonial theory.

2.3.2.1 Feminism and the Body

As my research focuses on First Nations girls, consulting feminist works on the body is important to move toward an understanding of body experiences for women. Because there is a lack of literature, with a focus on Aboriginal body experiences in particular, it is important to merge feminism with theories of the body to provide a more comprehensive approach in inquiry

and analysis. Social construction is a common theme among feminist writers of the body, and they caution that gender needs to be understood in the same regard (Orbach, 1998; Butler, 1993; Bartky 1997; Bordo, 2003). In society, we have traditionally viewed gender as a natural assignment when in reality it is socially constructed. We repeat and follow gender norms that are assigned through society, which in turn impacts our identity (Butler, 1993). As Grosz (1987) argues, gender provides dual manners in which the body is classified, dependent on culture. In Western society, these norms stress high masculinity for males and high femininity for females; any variation is designated as performance outside strict gender scripts and therefore a deviation. As a result of this performance, norms are then created and altered in society and learned by those individuals that inhabit it (Butler, 1993).

Similar to Turner, Bordo (2003) regards the historical mind-body separation of the body as a negative entity, in that it always implicates women from the opinion of religion. Traditionally, women have been viewed as the temptation and/or negative influence, and this historical discourse exhibits great influence and power (Bordo, 2003). These discourses are internalized and negotiated by women and men, and an end result is often women blaming themselves for their bodily imperfections. While this mind-body dualism is very much a historical construct, it is embedded in the social fabric of contemporary society and to this day holds significance. This duality has a profound impact upon gender relations through the performance of gender scripts (Butler, 1993).

Following Foucault's notion of docile bodies, Bordo (2003) contends this body type has particular consequences for both women and men through socially constructed gender expectations including, for example, for women the constant make-up applications, dieting, and body modifications in which some women engage in their pursuit of the ideal body. Through the continuous, everyday discipline of the docile body, individuals are constantly reminded of their imperfections and insufficient standing. At the extreme we see eating disorders, such as anorexia, which can be fatal. This idea has also been discussed through the works of feminist writer Orbach (1988) in her examination of the distorted body. She argues that the true reality of the woman's body, rich with diversity in shapes and sizes, has been ignored through a focus on the thin body as the ideal (Orbach, 1988). This thin body oppresses all women in that it projects an unrealistic ideal fraught with double standards. As Orbach (1988) notes, women are faced with many contradictions especially in regards to food; women are expected to nurture and feed all

members of their families while subjecting themselves to self-starvation through repeated dieting practices. Both docile/distorted bodies are those which can be continuously pushed to achieve a societal and/or cultural ideal. Bordo (2003) notes these pressures historically have been both different and heightened in the experience of women, referring back to the mind-body separation. Women were subjected to body controls, and their bodies were also associated with negativity. Due to this assertion, they undeniably experience bodily oppression to a higher degree.

Further, Bartky (1997) views the notion of femininity as created through the discipline of the female body. This discipline is both internal and external in form, and she offers three examples of current cultural practices to highlight her point. These include pressures to conform to a body ideal (i.e., thin toned body), a women's bodily space and movement (i.e., a woman sitting differs than a man in that she consumes less physical space), and the way in which the body is presented (i.e., make-up practices). These pressures are a form of control and posit women's bodies as inferior to men's. Also important in her analysis is the issue of agency. While she acknowledges the influence of social pressures, it is in the end the woman's choice to accept and follow these disciplinary measures. As such, the reiteration of these bodily norms is not a given and depends upon the individual in question (Bartky, 1997). As referenced earlier Aboriginal youth have clearly highlighted agency through their challenges to these dominant body norms.

The consideration of agency is further developed by Davis (1993; 1995; 2003) in her analysis of cosmetic surgery. Surgery is seen as the ultimate invasion of the body in an effort to achieve physical beauty (Gimlin, 2002). However, Davis (1993) disregards the contention that women engage in surgical solutions due to the overwhelming influence of cultural ideals. Many individuals can use transformation tools, such as cosmetic surgery, for their own benefit. Davis (1993; 1995; 2003) moves away from viewing women as "cultural dopes"; i.e., women are not merely victims of the beauty system but also enjoy and derive the benefits generated from it. While Davis (1993) does not dispute the social pressure to conform to an ideal body, she does not view individuals as passive recipients of these messages. Through her research, she found that the majority of women had good justifications for engaging in body modification practices and were themselves critical of surgical procedures; this further reinforces that they were well informed about cosmetic surgery (Davis, 2003).

Davis' (2003) study reveals the power that individuals can gain from their body despite the pressure that is experienced upon women in the current context. All of the theoretical works reviewed here provide insight into the reality of the social body as well as the concept of agency. Discourse and power have a profound impact in society and our everyday interactions. Individuals are also willing actors in the production and reiteration of societal discourses (Davis, 1993). While feminist theories of the body provide the necessary consideration of women's experiences, these too are not without their limitations. For example, Aboriginal girls' unique experiences are tied to cultural experiences and history such as colonialism. In the consultation of theoretical writings for this project, I found it critical to incorporate discussions of standpoint, black feminist thought, and postcolonial theories to supplement feminist analysis of the body and account for the varying experiences of women in regards to health and the body.

2.3.2.2 Feminist Standpoint Theory[3]

Feminist writers acknowledge the strengths of classical sociological theories but argue that these approaches are incomplete or inadequate at best through the neglect of the experiences of women (Smith, 1987). The male-centered approach, coupled with an objective, detached stance, is problematic as it rejects and overlooks the experiences of individuals, particularly women. An individual's knowledge is affected by their place in society and this in turn is our standpoint (Smith, 1987). Acknowledging this gap in sociological thought, Smith has aimed to create a theory that accounts for the experiences of women. Smith (2005) defines women's standpoint as:

> A methodological starting point in the local particularities of bodily existence. Designed to establish a subject position from which to begin research-a site that is open to anyone-it furnishes an alternative starting point to the objectified subject of knowledge of social scientific discourse. From women's standpoint, we can make visible the extraordinary complex of ruling relations, with its power to locate consciousness and set up as subject as if we were indeed disembodied (p. 228)

Smith (1987; 1990) considers 'relations of ruling' in her discussions of everyday experience; these refer to social relations and all forms of institutional power that perpetuate and maintain gender inequalities and thus overlook a woman's standpoint. Smith (1987) notes "'relations of

[3] While the term Standpoint theory was actually coined by Sandra Harding (1986) I have chosen to focus on the specific work of Dorothy Smith as a sociologist.

ruling' is a concept that grasps power, organization, direction, and regulation as more pervasively structured than can be expressed in traditional concepts provided by the discourses of power" (p. 3). She also contends that the most prominent ways the 'relations of ruling' operate are through texts, which represent creation, tangible documents, and the actions and relations that occur as a result of these texts. Again, the production of these social texts has been traditionally performed by males with the experience and voice of women excluded. These texts provide the link between the functioning of the ruling power coupled with the lived experiences of individuals in relation to these (Smith, 1987). Smith (1990) argues that the 'relations of ruling' coupled with the traditional male-centered focus of sociology requires transformation.

Smith's analysis presents profound strengths to sociological inquiry, and highlights the importance of women's differing lived experiences. Through research, sociologists need to begin analysis with individuals learning about their experiences in order to begin to understand everyday life. As Smith (1990) argues,

> The only way of knowing a socially constructed world is knowing it from within. We can never stand outside it. A relation in which sociological phenomena are objectified and presented as external to and independent of the observer is itself a special social practice also known from within (p. 22).

Smith's theories carry over effectively to applied research, through her insistence of the importance of learning about society through the lived experiences of individuals; this has been the goal of my research with First Nations girls. Smith's (1987) theories advocate that sociology and research be for women, thus shifting the previous imbalances brought on by gender inequalities from 'relations of ruling'. Standpoint theory challenges the notion of objectivity, diversity of each individual's standpoint and insists on the acknowledgement of our individual standpoint as researchers (Smith, 1987; 1990; 2005). While Smith effectively highlights the inequalities face regarding gender, race, and historical experiences is another important inequality that needs to be acknowledged.

2.3.2.3 Black Feminist Thought and Postcolonial Theory

Feminist contributions have benefited sociological scholarship by highlighting how women have been neglected from theorizing, but they are not without their own internal exclusion of the varying experiences of women. Beginning in the second wave of feminism, a black feminist critique emerged that "accused the white middle-class feminists of ethnocentrism,

racism and marginalization" (Lovell, 2000, p. 302). These well-founded arguments revealed the same charges feminists had made against men, namely that of generalizing and theorizing from their own situations without the recognition of diversity (hooks, 2000). As argued by Hill Collins (2000), women undeniably face oppression from men but black women (and women of other ethnicities) also face oppression from white women. Traditionally, feminist theory has projected an unwillingness to acknowledge that their white privilege benefits them; thus, theory needs to be remodelled to account for differing, outsider experiences (Hill Collins, 2000). While women share the commonality of oppression, the extent and manner in which they face oppression varies a great deal based on their background and location. In addition to gender inequalities, many women face additional disparities resulting from "colonialism, imperialism, slavery and apartheid" (Hill Collins, 2000, p. 171). Oppression is complicated and many women's experiences are rooted in a variety of instances beyond gender.

Similar to Smith's (1987) criticism that sociology was written by men with women's experiences neglected, hooks (1991) criticizes feminism for being written from the perspective of privileged white women; as a white woman I have been mindful of these realities. hooks (1986) perceives this as a disregard of women's experiences and relates to race as a "struggle" within the feminist movement (p. 125). Related to this is feminism's acceptance of victimization as a form of camaraderie among women; as argued by hooks (2000), "sexist ideology teaches women that to be female is to be a victim" (p. 45). This approach toward victimization is problematic on two counts: first, it glosses over the unique experiences of women; second, it disregards their agency. While both Hill Collins and hooks have made undeniable contributions to our thinking by highlighting differing experiences and privilege, it is critical to juxtapose black feminist thought with postcolonial perspectives for the purposes of research with Aboriginal females.

The title postcolonial theory implies at first glance that colonization has come to an end, but this is misleading (Childs & Williams, 1997; Tuhiwai Smith, 1999). Rather, postcolonial theory can be seen as an approach that acknowledges the various inequalities individuals face under colonial rule on the basis of class, gender, culture, and race that has been found to be particularly useful applied to the study of health inequalities (Racine, 2003). Tuhiwai Smith (1999) further expands the definition of this theory to incorporate the process of "decolonizing

the mind"; this process not only includes the acknowledgement of inequalities but aims to understand their cause as well (p. 23). Further, Schutte (2000) defines postcolonial feminism as

> …those feminisms that take the experience of Western colonialism and its contemporary effects as a high priority in the process of setting up a speaking position from which to articulate a standpoint of cultural, national, regional or social identity. With postcolonial feminisms, the process of critique is turned against the domination and exploitation of *culturally* differentiated others (p. 59).

Absolon and Willet (2005) caution that Indigenous research needs a critical examination of the effects and meanings of colonization, in particular its connection to traditional academic research. Traditionally, colonization research was *on* Aboriginal peoples not *with* them, and findings were used to surveil and compare to others (Waldram, Herring, & Young, 2006). Tuhiwai Smith (1999) argues that this traditional approach has led to the classification of 'other', which has created difference and imbalanced equality. The 'other' has been socially constructed as different, and understanding and opinions of the 'other' are fraught with misguided assumptions of colonizers (Tuhiwai Smith, 1999; Schutte, 2000). This dichotomy between colonizer and 'other' is problematic, and continues to be problematic as we address the effects of colonialism (Schutte, 2000). Kelm (1998) contends that through colonization Aboriginal bodies have been rendered diseased; these assumptions in turn justified colonization, assimilation, and intervention of the medical community in efforts to respond to perceived problematic bodies. The actions and assumptions formed through colonization have had profound negative impacts on Aboriginal peoples in Canada, particularly in regards to health, body image, and wellness. Applying black feminist thought and postcolonial perspectives in unison brings an awareness of the inequalities created based on race and facilitates a move toward empowering research created with and not on individuals (Anderson, Reimer Kirkham, Browne, & Lynam, 2007).

2.4 Summary

Health and its status are complicated and influenced by larger issues, such as culture, society, politics, and economic inequities that are beyond the scope of the individual and their personal health behaviours. This chapter provided a brief overview of possible external influences that can impact individual's health, for example colonization and its impact on Aboriginal peoples in Canada. Colonization has resulted in immeasurable negativity, loss, pain, inequity, and hardship to Aboriginal peoples, culture, and collective communities (de Leeuw,

Greenwood, & Cameron, 2010). Kelm (1998) offers an extensive understanding of the role of colonization to both health and the body. Under colonization, Aboriginal bodies were inscribed with the meanings of danger and disease in need of intervention, and these perceptions continue to have a profound influence on how the bodies of Aboriginal are viewed. While residential schools are now closed, assumptions created through colonization persist. I would argue this is evident through the racialization of illness and the labelling of an 'at risk' population. As argued by Nelson (2012) in her research with Australian Indigenous youth "in light of a colonial history and the biopolitical context of urban Western society the ways in which the body is understood and performed by urban Indigenous young people may be complicated and multi-faceted" (p. 58). This is not to dispute that real health issues need addressing; rather, it is the manner in which these are projected that is problematic, and it is important to be mindful of social construction and meanings that can be inscribed on bodies. Nevertheless, Aboriginal peoples in Canada have shown immense resilience in the face of adversity despite constant attempts of cultural assimilation (Fleming & Ledogar, 2008). Resilience has been particularly apparent and inspiring amongst Aboriginal youth in recent years (Ungar, 2008). It is with this resilience in mind that I have merged a number of theoretical positions to account for and acknowledge experience, the past, society, culture meanings, women's experience, and, importantly, the agency of individuals to appropriate, challenge, resist, and change in regards to the healthy body and body image.

Health, the body, and its meaning in society are complex and varied. Thus, theory too needs to be diverse to account for varying meanings. As such, I have applied both sociological and feminist theories. I have examined two predominant ways in which the body is examined within sociological theory. In the first instance, there is a focus on the social body, for example the ways in which societal ideals and discourse act as a form of power upon bodies. These constructions are not fixed; rather, they evolve and change over time. In the second insistence is a consideration of individual agency. While these later theories do make reference to societal pressures and discourses, these do not exist in isolation of the individual. As discussed in Davis's (1993; 1995; 2003) analyses of cosmetic surgery, women willingly engage in surgery in attempts to modify their body and appearance. This point has been further reinforced through the work of Shilling (1993; 1997), in which he refers to the body as a project that can be continuously re-worked and re-defined. He argues that the most common example of this project can be seen in the construction of the healthy body (Shilling, 1997). Engagement in this body project is both

expected and willingly taken on by individuals. These theories have made me more aware of the way in which the body is viewed, how the body can be socially constructed, and, more importantly, the reality of agency. Through agency, we acknowledge the manner in which individuals have the ability to negotiate, resist, challenge, and/or accommodate dominant discourses of the body in their own lives. These discussions were supplemented with feminist theories that acknowledge the unique experiences of women and fill gaps in sociological theory. In these discussions, I provided an overview of black feminist thought and postcolonial theory. The awareness of colonization and its effects, acknowledgement of culture and race, an individual's standpoint, as well as social theories of the body and feminism, greatly aided in the design of this community-based participatory research project, which I discuss in detail in the following chapter.

Chapter 2 References

Aboriginal Affairs and Northern Development Canada (AANDC). (2008). Frequently asked questions about Aboriginal peoples. Retrieved July 26, 2011, from http://www.ainc-inac.gc.ca/ap/fn/fip/info125-eng.asp.

Absolon, K., & Willet, C. (2005). Putting ourselves forward: location in Aboriginal research. In L. Brown & S. Strega (Eds.), *Research as resistance critical, Indigenous and anti-oppressive approaches* (p. 97-126). Toronto: Canadian Scholars' Press.

Adelson, N. (2005). The embodiment of inequality health disparities in Aboriginal Canada. *Canadian Journal of Public Health, 96*, S45-61.

Anderson, J., Reimer Kirkham, S; Lynam, J., & Browne, A. (2007). Continuing the dialogue: postcolonial feminist scholarship and Bourdieu - discourses of culture and points of connection. *Nursing Inquiry, 14*(3), 178-188.

Anderson, K.D., Baxter-Jones, A.D.G., Faulkner, R.A., Muhajarine, N., Henry, C.J., & Chad, K. (2010). Assessment of total and central adiposity in Canadian Aboriginal children and their Caucasian peers. *International Journal of Pediatric Obesity, 5*, 342-350.

Annett, K. (2010). *Unrepentant disrobing the emperor*. Winchester: O Books.

Bader, R., Wanono, R., Hamden, S., & Skinner, H.A. (2007). Global youth voices engaging Bedouin youth in health promotion in the Middle East. *Canadian Journal of Public Health, 98*(1), 21-25

Baldwin, J.A., Brown, B.G., Wayment, H.A., Nez, R.A., & Brelsford, K.M. (2011). Culture and context: buffering the relationship between stressful life events and risky behaviors and American Indian youth. *Substance Use & Misuse, 46*(11), 1380-1394.

Ball, K. (2005). Organization, surveillance and the body: towards a politics of resistance. *Organization Articles, 12*(1), 89-108.

Bartky, S. L. 1997. Foucault, femininity, and the modernization of patriarchal power. In D. Tiegjens Meyer (Ed.) *Feminist social thought* (pp. 93-111). London: Routledge.

Barton, S. S., Anderson, N., & Thommasen, H. V. (2005). The diabetes experiences of Aboriginal people living in a rural Canadian community. *Australian Journal of Rural Health, 13,* 242-246.

Bastos, A., Casaca, S. F., Nunes, F., & Pereirinha, J. (2009). Women and poverty: a gender-sensitive approach. *The Journal of Socio-Economics, 38*, 764-778.

Bordo, S. (2003). *Unbearable weight. Feminism, Western culture and the body.* Berkeley: University of California Press.

Bruce, S.G., Riediger, N.D., Zacharias, J.M., & Young, K.T. (2011). Obesity and obesity-related comorbidities in a Canadian First Nation population. *Preventing Chronic Disease, 8*(1), 1-8.

Burrows, L., & Wright, J. (2004). The discursive production of childhood, identity and health. In Evans, J., Davies, B., & Wright, J. (Eds.), *Body knowledge and control. Studies in the sociology of physical education and health* (pp. 83-95). London: Routledge.

Butler, J. 1993. *Bodies that matter: on the discursive limits of sex*. New York: Routledge.

Campaign 2000. (2010). *2010 report card on child and family poverty in Canada: 1989-2010*. Toronto: Campaign. Retrieved on July 6, 2011, from http://www.campaign2000.ca/reportCards/national/2010EnglishC2000NationalReportCard.pdf.

Chandler, M., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *transcultural psychiatry, 35*(2), 191-219.

Chang, V. W., & Christakis, N. A. (2002). Medical modeling of obesity: a transition from action to experience in a 20th century American medical textbook. *Sociology of Health and Illness, 24*(2), 151-177.

Checkland, K., Harrison, S., McDonald, R., Grant, S., Campbell, S., & Guthrie, B. (2008). Biomedicine, holism and general medical practice: responses to the 2004 general practitioner contract. *Sociology of Health & Illness, 30*(5), 788-803.

Childs, P., & Williams, P. (1997). *An introduction to post-colonial theory*. London: Prentice Hall.

Cinelli, R.L., & O'Dea, J.A. (2009). Body image and obesity among Australian adolescents from indigenous and Anglo-European backgrounds: implications for health promotion and obesity prevention among Aboriginal youth. *Health Education Research, 24*(6), 1059-1068.

Coburn, D. (2001). Health, Health Care, and Neo-Liberalism. In P. Armstrong, H. Armstrong, & D. Coburn (Eds.), *Unhealthy Times Political Economy Perspectives on Health and Care in Canada.* (pp.45-65). Oxford: University of Oxford Press.

Conrad, P., & Schneider, J. (1980). *Deviance and Medicalization From Badness to Sickness.* St. Louis: The C. V. Mosby Company.

Conrad, P. (2005). The shifting engines of medicalization. *Journal of Health and Social Behavior, 46*(1), 3-14.

Conrad, P., & Barker, K.K. (2010). The social construction of illness: key insights and policy implications. *Journal of Health and Social Behavior, 51*(S), S67-S79.

Crawford, R. 1980. "Healthism and the Medicalization of Everyday Life." *International Journal of Health Services,* Vol. 10, No. 3, pp. 365-388.

Crawford, R. (1987). Cultural influences on prevention and the emergence of a new health consciousness. In Weinstein, N (Ed.), *Taking Care. Understanding and encouraging self-protective behavior* (pp. 95-113). Cambridge: Cambridge University Press.

Crossley, N. (2006). In the Gym: Motives, Meaning and Moral Careers. *Body & Society, 12*(3), 23-50.

Crossley, T.F., & Curtis, L.J. (2006). Child poverty in Canada. *Review of Income and Wealth, 52*(2), 237-260.

Davis, K. (1993). Cultural Dopes and She-Devils. In Fisher, S & Davis, K (Eds.), *Negotiating at the Margins* (pp. 23-47). New Brunswick: Rutgers University Press.

Davis, K. (1995). *Reshaping the Female Body. The Dilemma of Cosmetic Surgery.* New York: Routledge.

Davis, K. (2003). *Dubious Equalities & Embodied Differences*. Lanham: Rowman & Littlefield.

de Leeuw, S., Greenwood, M., & Cameron, E. (2010). Deviant constructions: how governments preserve colonial narratives of addictions and poor mental health Intervene in the lives of Indigenous children and families in Canada. *International Journal of Mental Health and Addiction, 8*, 282-295.

de Leeuw, S., Maurice, S., Holyk, T., Greenwood, M., & Adam, W. (2012). With reserves: colonial geographies and First Nations health. *Annals of the Association of American Geographers, 102*(5), 904-911.

Dell, C., Dell, D., & Hopkins, C. (2005). Resiliency and holistic inhalant abuse treatment. *Journal of Aboriginal Health, 2*(1), 4-13.

Dubois L, Farmer A, Girard M, Porcherie M (2006). Family food insufficiency is related to overweight among preschoolers. *Social Science & Medicine, 63*(6), 1503-1517.

Dyck, R., Osgood, N., Hsiang Lin, T., Gao, A., & Stang, M. (2010). Epidemiology of diabetes mellitus among First Nations and non-First Nations adults. *Canadian Medical Association Journal, 182*(3), 249-256.

Edgley, C., & Brissett, D. 1990. "Health Nazis and the Cult of the Perfect Body: Some Polemical Observations." *Symbolic Interaction,* Vol. 13, No. 2, pp. 257-279.

Ermine. W., Sinclair, R., & Browne, M. (2005). *IPHRC Kwayask itotamowin: Indigenous research ethics*. Regina: Indigenous Peoples' Health Research Centre.

Estey, E.A., Kmetic, A.M., & Reading, J. (2007). Innovative Approaches in Public Health Research. *Canadian Journal of Public Health, 98*(6), 444-446.

Evans, P. (2010). Women's poverty in Canada: cross-currents in an ebbing tide. In G.S. Goldberg (Ed.), *Poor women in rich countries: the feminization of poverty over the life course* (p. 151-173). New York: Oxford University Press.

Farnell, B. (2011). Theorizing "the body" in visual culture. In M. Banks., & M. Ruby (Eds.), *Made to be seen: perspectives on the history of visual anthropology* (pp. 136-158). Chicago: University of Chicago Press.

Fast, E., & Collin-Vezina, D. (2010). Historical trauma, race-based trauma and resilience of Indigenous Peoples: a literature review. *First Peoples Child & Family Review, 5*(1), 126-136.

Fee, M. (2005). Racializing narratives: Obesity, diabetes and the "Aboriginal" thrifty genotype. *Social Science & Medicine, 62,* 2988-2997.

First Nations Information Governance Centre (FNIGC). (2011). *RHS phase 2 (2008/10) preliminary results*. Ottawa: FNIGC.

Fleming, J., & Ledogar, R.J. (2008). Resilience, an evolving concept: a review of literature relevant to Aboriginal research. *Pimatisiwin, 6*(2), 7-23.

Fleming, T.L., Kowalski, K.C., Humbert, L.M., Fagan, K.R., Cannon, M.J., & Girolami, T.M. (2006). Body-related emotional experiences of young Aboriginal women. *Qualitative Health Research, 16*(4), 517-537.

Fleming, T.L., & Kowalski, K.C. (2009). Body-related experiences of two young rural Aboriginal women. *Journal of Aboriginal Health, 4*(2), 44-51.

Filbert, K.M., & Flynn, R.J. (2010). Developmental and cultural assets and resilient outcomes in First Nations young people in care: an initial test of an explanatory model. *Children and Youth Services Review, 32,* 560-564.

Foucault, M. (1972). *The archaeology of knowledge.* London: Tavistock Publications.

Foucault, M. (1973). *The birth of the clinic.* London: Routledge.

Foucault, M. (1977). *Discipline and punish: The Birth of the Prison.* Harmondsworth: Penguin.

Foucault, M. (1978). *The history of sexuality,* vol. 1: *an introduction.* Harmondsworth: Penguin.

Fournier, S., & Crey, E. (2006). "Killing the Indian in the child" four centuries of church-run schools. In R. Maaka & C. Andersen (Eds.), *The Indigenous experience: global perspectives* (p. 141-149). Toronto: Canadian Scholars' Press, Inc.

France, A. (2007). *Understanding youth in late modernity*. New York: Open University Press.

Fridkin, A.J. (2012). Addressing health inequalities through Indigenous involvement in health-policy discourses. *Canadian Journal of Nursing Research, 44*(2), 108-122.

Gabriel, E. (2011). Commentary Aboriginal women's movement: a quest for self-determination. *Aboriginal Policy Studies, 1*(1), 183-188.

Galabuzi, G.E. (2004). Social exclusion. In D. Raphael (Ed.), *Social determinants of health Canadian perspectives* (p.235-251). Toronto: Canadian Scholars' Press, Inc.

Galuska, D., Will, J., Serdula, M., & Ford, E. (1999). Are health care professionals advising obese patients to lose weight? *Journal of the American Medical Association, 282*(16), 1576-1578.

Garrett, R. (2004). Gendered bodies and physical identities. In J. Evans., B. Davies., & J. Wright (Eds.), *Body Knowledge and Control. Studies in the Sociology of Physical Education and Health* (pp. 83-95). London: Routledge.

Gerald, L. B., Anderson, A., Johnson, G.D., Hoff, C., & Trimm, R.F. (1994). Social class, social support and obesity risk in children. *Child Care, Health and Development, 20*(3), 145-163.

Gimlin, D. (2002). *Body Work, Beauty and Self Image in American Culture*. Berkeley: University of California Press

Glouberman, S. & Millar, J. (2003). Evolution of the determinants of health, health policy, and health information systems in Canada. *American Journal of Public Health. 93*(3): 388-392.

Gore, D., & Kothari, A. (2012). Social determinants of health in Canada: Are healthy living initiatives there yet? A policy analysis. *International Journal for Equity in Health, 11*: 41 Available from http://www.equityhealthj.com/content/11/1/41

Grosz, E. 1987. "Notes Towards a Corporeal Feminism." *Australian Feminist Studies*, Vol. 5, pp. 1-16.

Haman, F., Fontaine-Bisson, B., Batal, M., Imbeault, J.M., & Robidoux. (2010). Obesity and type 2 diabetes in Northern Canada's remote First Nations communities: the dietary dilemma. *International Journal of Obesity, 34*(S1), S24-S31.

Harding, S.G. (1987). Introduction is there a feminist method? In S.G. Harding (Ed.), *Feminism and methodology social science issues* (p. 1-14). Bloomington: Indiana University Press.

Harris, S.B., Naqshbandi, M., Bhattacharyya, O., Hanley, A.J.G., Esler, J.G., & Zinman, B. (2011). Major gaps in diabetes care among Canada's First Nations: results of the CIRCLE study. *Diabetes Research and Clinical Practice, 92*. 272-279.

Herring, D.A., & Sattenspiel, L. (2007). Social contacts, syndemics, and infectious diseases in northern Aboriginal populations. *American Journal of Human Biology, 19*(2), 190-202.

Hill Collins, P. (2000). *Black feminist thought knowledge, consciousness, and the politics of empowerment*. New York: Routledge.

hooks, b. (1986). Sisterhood: political solidarity between women. *Feminist Review, 23*, 125-138.

hooks, b. (1991). Theory as liberatory practice. *Yale Journal of Law and Feminism, 4*(1), 1-12.

hooks, b. (2000). *Feminist theory from margin to center*. London: Pluto Press.

Johner, R., & Maslany, G. (2011). Paving a path to inclusion. *Journal of Community Health, 36*(1), 150-157.

Kelly, C., & Booth, G. L. (2004). Report: diabetes in Canadian women. *BioMed Central Women's Health, 4*(Suppl 1), S16.

Kelm, M.E. (1998). *Colonizing bodies Aboriginal health and healing in British Columbia 1900-50*. Vancouver: University of British Columbia Press.

Kirmayer, L.J., Simpson, C., & Cargo, M. (2003). Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry, 11*(3), S15-S23.

Kirmayer, L.J., Tait, C., & Simpson, C. (2009). The mental health of Aboriginal peoples in Canada: transformations of identity and community. In L.J. Kirmayer & G.G. Valaskakis (Eds.), *Healing traditions the mental health of Aboriginal peoples in Canada* (p. 3-35). Vancouver: University of British Columbia Press.

Kirmayer, L.J., Dandeneau, S., Marshall, E., Kahentonni Phillips, M., & Jessen Williamson, K. (2011). Rethinking resilience from Indigenous perspectives. *The Canadian Journal of Psychiatry, 56*(2), 84-91.

Kirmayer, L.J., Dandeneau, S., Marshall, E., Kahentonni Phillips, M., & Jessen Williamson, K. (2012). Toward an ecology of stories: Indigenous perspectives on resilience. In Ungar, M (Ed.), *The social ecology of resilience: a handbook of theory and practice* (pp. 399-414). New York: Springer.

Loppie Reading, C., & Wien, F. (2009). *Health inequalities and social determinants of Aboriginal peoples' health*. Prince George, BC: National Collaborative Centre for Aboriginal Health.

Lovell, T. (2000). Feminisms of the second wave. In B.S. Turner (Ed.), *The Blackwell companion to social theory* (p. 299-324). Malden: Blackwell Publishing.

Lupton, D. (1995). *The imperative of health: public health and the regulated body.* London: Sage.

Lupton, D. (1999). *Risk*. London: Routledge.

Lupton, D. (2003). *Medicine as culture. Illness, disease and the body in Western society.* London: Sage.

Macaulay, A. (2009). Improving Aboriginal health. *Canadian Family Physician, 55*, 334-336.

MacDonald, J.M., Gagnon, A.J., Mitchell, C., Di Meglio, G., Rennick, J.E., & Cox, J. (2011). Include them and they will tell you: learnings from a participatory process with youth. *Qualitative Health Research, 21*(8), 1127-1135.

Marchessault, G. (2004). Body shape perceptions of Aboriginal and non-Aboriginal girls and women in Southern Manitoba, Canada. *Canadian Journal of Diabetes, 28*(4), 369-379.

McGibbon, E., Etowa, J., & McPherson, C. (2008). Health care access as a social determinant of health. *The Canadian Nurse, 104*(7), 23-27.

McHugh, T.L., & Kowalski, K.C. (2009). Lessons learned: participatory action research with young Aboriginal women. *Pimatisiwin, 7*(1), 117-131.

Mikkonen, J., & Raphael, D. (2010). *Social determinants of health: the Canadian facts*. Toronto: York University School of Health Policy and Management.

Miller, C.L., Pearce, M.E., Moniruzzaman, A., Thomas, V., Christian, W., Schechter, M.T., Spittal, P.M. (2011). The cedar project: risk factors for transition to injection drug use among young, urban Aboriginal people. *Canadian Medical Association Journal, 183*(10), 1147-1154.

Milloy, J.S. (1999). *A national crime the Canadian government and the residential school system 1879 to 1986*. Winnipeg: University of Manitoba Press.

Muirhead, A., & de Leeuw, S. (2012). *Art and wellness: the importance of art for Aboriginal peoples' health and healing*. Prince George, BC: National Collaborative Centre for Aboriginal Health.

Nelson, A.L., Macdonald, D., & Abbott, R.A. (2012). A risky business? Health and physical activity from the perspective of urban Australian Indigenous young people. *Health, Risk & Society, 14*(4), 325-340.

Nelson, A. (2012). 'You don't have to be black skinned to be black': Indigenous young people's bodily practices. *Sport, Education and Society, 17*(1), 57-75.

Neumark-Sztainer, D., Story, M., Perry, C., & Casey, M. A. (1999). Factors influencing food choices of adolescents: findings from focus-group discussions with adolescents. *Journal of the American Dietetic Association, 99*(8), 929-937.

O'Dea, J.A. (2008). Gender, ethnicity, culture and social class influences on childhood obesity among Australian schoolchildren: implications for treatment, prevention and community education. *Health and Social Care in the Community, 16*(3), 282-290.

Orbach, S. 1988. *Fat is a Feminist Issue. 2nd Edition*. London: Arrow Books.

Pearce, D. (1978). The feminization of poverty: women, work and welfare. *Urban and social change review, 11*(1-2), 28-36.

Pigford, A.E., & Willows, N.D. (2010). Promoting optimal weights in Aboriginal children in Canada through ecological research. In J.A. O'Dea., & M. Eriken (Eds.), *Childhood obesity prevention international research, controversies and interventions* (p. 309-320). Oxford: Oxford University Press.

Poudrier, J. (2003). Racial' categories and health risks: epidemiological surveillance among Canadian First Nations. In D.Lyon (Ed.), *Surveillance as Social Sorting: Privacy, Risk, and Automated Discrimination* (p.111-134). London and New York: Routledge.

Poudrier, J., & Brooks, C. (2008). *Iskwewak Miwayawak: Women Feeling Healthy – Multiple Exposures: An Environmental Scan of Miwayawin Health Services regarding healthy body weight and body image*. Saskatoon: University of Saskatchewan.

Poudrier, J., & Kennedy, J. (2008). Embodiment and the meaning of the "healthy body": an exploration of First Nations women's perspectives of healthy body weight and body image. *Journal of Aboriginal Health, 4*(1), 15-24.

Pouliou, T., & Elliott, S. (2009). An exploratory spatial analysis of overweight and obesity in Canada. *Preventive Medicine, 48*, 362-367.

Racine, L. (2003). Implementing a postcolonial feminist perspective in nursing research related to non-Western populations. *Nursing Inquiry, 10*(2), 91-102.

Raphael, D. (2004). *Social determinants of health Canadian perspectives*. Toronto: Canadian Scholars' Press, Inc.

Reischer, E., & Koo, K. S. (2004). The body beautiful: symbolism and agency in the social world. *Annual Review of Anthropology, 33*, 297-317.

Reutter, L.I., Stewart, M.J., Veenstra, G., Love, R., Raphael, D., & Makwarimba, E. (2009). "Who do they think we are anyway?": perceptions of and responses to poverty stigma. *Qualitative Health Research, 19*(3), 297-311.

Ricciardelli, L.A, McCabe, M.P., Ball, K., & Mellor, D. (2004). Sociocultural Influences on Body Image Concerns and Body Change Strategies Among Indigenous and Non-Indigenous Australian Adolescent Girls and Boys. *Sex Roles, 51*(11/12), 731-741.

Riediger, N.D., Bruce, S.G., & Young, T.K. (2011). Cardiovascular risk according to plasma apolipoprotein and lipid profiles in a Canadian First Nation. *Preventing Chronic Disease, 8*(1), 1-8.

Rinderknect, K., & Smith, C. (2002). Body-image perceptions among urban Native American youth. *Obesity Research, 10*(5), 315-327.

Schutte, O. (2000). Cultural alterity: cross cultural communication and feminist theory in North-South contexts. In U. Narayan, U., & S. Harding (Eds.), *Decentering the center philosophy for a multicultural, postcolonial, and feminist world* (p. 47-66). Bloomington: Indiana University Press.

Shah, C.P. (2004). The health of Aboriginal peoples'. In D. Raphael (Ed.), *Social determinants of health Canadian perspectives* (pp. 267-280). Toronto: Canadian Scholars' Press Inc.

Sharland, E. (2006). Young people, risk taking and risk meaning some thoughts for social work. *The British Journal of Social Work, 42*(5), 247-265.

Shilling, C. (1991). Educating the body: physical capital and the production of social inequalities. *Sociology, 25*(4), 653-672.

Shilling, C. (1993). *The Body and Social Theory*. London: Sage.

Shilling, C. (1997). The body and difference. In K, Woodward (Ed.), *Identity and difference* (pp.63-107). London: Sage.

Shilling, C. (1999). Towards an embodied understanding of the structure/agency relationship. *British Journal of Sociology, 50*(4), 543-562.

Shilling, C. (2008). *Changing bodies: habit, crisis and creativity*. London: Sage.

Smith, D.E. (1987). *The everyday world as problematic a feminist sociology*. Boston: Northeastern University Press.

Smith, D.E. (1990). *The conceptual practices of power a feminist sociology of knowledge*. Boston: Northeastern University Press.

Smith, D.E. (2005). *Institutional ethnography a sociology for people*. Oxford: AltaMira Press.

Smylie, J., & Anderson, M. (2006).Understanding the health of Indigenous peoples in Canada: key methodological and conceptual challenges. *Canadian Medical Association Journal, 175*(6), pp. 602-605.

Speakman, J.R. (2008). Thrifty genes for obesity, an attractive but flawed idea, and an alternative perspective the 'drifty gene' hypothesis. *International Journal of Obesity, 32*(11), 1611-1617.

Statistics Canada. (2008). Aboriginal peoples in Canada in 2006: Inuit, Métis and First Nations, 2006 Census. Ottawa: Statistics Canada.

Statistics Canada. (2009). First Nations people: selected findings of the 2006 Census. *Canadian Social Trends, 87*, 52-58.

Stinson, K. (2001). *Women and Dieting Culture.* New Brunswick: Rutgers University Press.

Swanson, K. (2010). 'For every border, there is also a bridge': overturning borders in young Aboriginal people's lives. *Children's Geographies, 8*(4), 429-236.

Tremblay, M. S., Perez, C. E., Ardern, C. I., Bryan, S. N., & Katzmarzyk, P. T. (2005). Obesity, overweight and ethnicity. *Health Reports, 16*(4), 23-34.

Tousignant, M., & Sioui, N. (2009). Resilience and Aboriginal communities in crisis: theory and interventions. *Journal of Aboriginal Health, 5*(1), 43-61.

Tuhiwai Smith, L. (1999). *Decolonizing methodologies*. London: Zed Books.

Turner, B. S. (1996). *The body and society.* London: Sage.

Turner, B. S., & Rojek, C. (2001). *Society and culture: principles of scarcity and solidarity*. London: Sage.

Ungar, M., Brown, M., Liebenberg., Cheung, M., & Levine, K. (2008). Distinguishing differences in pathways to resilience among Canadian youth. *Canadian Journal of Mental Health, 27*(1), 1-13.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work, 38*, 218-235.

Vanasse, A., Demers, M., Hemiari, A., & Courteau, J. (2006). Obesity in Canada: where and how many? *International Journal of Obesity, 30*, 677-683.

Veenstra, G. (2011). Race, gender, class, and sexual orientation: intersecting axes of inequality and self-rated health in Canada. *International Journal for Equity in Health, 10*(3), 1-11.

Vozoris, N. & Tarasuk, V. (2003). Household food insufficiency is associated with poorer health. *Journal of Nutrition, 130*, 120-126.

Waldram, J.B., Herring, D.A., & Young, T.K. (2006). *Aboriginal health in Canada*. Toronto: University of Toronto Press.

Welch, R., & Wright, J. (2011). Tracing discourses of health and the body: exploring pre-service primary teachers' constructions of 'healthy' bodies. *Asia-Pacific Journal of Teacher Education, 39*(3), 199-210.

Wesley-Esquimaux, C.C. (2009). Trauma to resilience: notes on decolonization. In G.G. Valaskakis., M.D. Stout., & E. Guimond (Eds.), *Restoring the balance First Nations women, community, and culture* (p. 13-34). Winnipeg: University of Manitoba Press.

Williams, S. J. (2006). Medical sociology and the biological body: where are we now and where do we go from here? *health, 10*(1), 5-30.

Willows, N. (2003). The Sociocultural and Biological Reasons for the Weight of Cree Children. Research Update-Alberta Centre for Active Living, *10*(1). Available from: http://www.centre4activeliving.ca/publications/research_update/2003/March.htm

Willows, N., Veugelers, P., Raine, K., & Kuhle, S. (2011). Associations between household food insecurity and health outcomes in the Aboriginal population (excluding reserves). *Health Reports*, *22*(2), 1-6.

Wilson, K., Rosenberg, M.W., & Abonyi, S. (2011). Aboriginal peoples, health and healing approaches: the effects of age and place on health. *Social Science & Medicine, 72*(3), 355-364.

Wilson, K., & Cardwell, N. (2012). Urban Aboriginal health: examining inequalities between Aboriginal and non-Aboriginal populations in Canada. *The Canadian Geographer, 56*(1), 98-116.

Wright, J. (2004). Post-structural methodologies: the body, schooling and health. In J. Evans., B. Davies., & J. Wright (Eds.), *Body knowledge and control. Studies in the sociology of physical education and health* (pp. 19-31). London: Routledge.

Wyn, J., & White, R. (1997). *Rethinking youth*. London: Sage Publications.

Chapter 3 - Methodology and Methods

3.1 Introduction

The previous chapter provided an overview of historical and current experiences of health and body image for Aboriginal peoples. Given the focus of this research project, I commented particularly on the experiences of youth and women and included an overview of colonization and its negative impacts on health. In the second part, I reviewed theoretical understandings, both sociological theories of the body and feminism (focus on the body; standpoint; black feminist thought and postcolonial theories). The juxtaposition between colonization, black feminist thought, and postcolonial theories in particular correspond with decolonizing methodologies. Decolonizing methodologies address negative impacts of research created through colonization and have been a guiding force in the development of the project I describe herein. I begin with a discussion of my personal standpoint and then outline the influence of decolonizing methodologies, participatory research, and photovoice as connected to the design and undertaking of this project with First Nations girls.

3.2 My Standpoint

As argued and demonstrated by Absolon and Willett (2004), "locating self in research brings forward one's reality" (p. 12). The research project I describe in this thesis was very much about reflection; thus, it is important to be reflexive and record both my interest and motivation to participate in this project. As a non-Aboriginal researcher, I have approached this project as a learner. In saying this, I have also been tuned in to cultural differences as well as the privilege I experience due to my background; these are two very important considerations. As noted in the previous chapter through my discussion of Dorothy Smith (1987; 1990), acknowledging each woman's personal standpoint is important. As I am also integrated and participating in this research, I feel I too should summarize my position and interest in Aboriginal health.

Throughout my life I have held both immense interest and respect for Aboriginal culture, and have always yearned to learn more. When I began university, I took the Native studies courses available and it was through engagement in these that I began to learn more about colonialism and Aboriginal health. Two books have had a profound impact on my orientation toward Aboriginal health: Milloy's (1999) *A National Crime* and Campbell's (1973) *Half-breed*.

As an undergraduate student, I discovered Milloy's (1999) book while preparing to write a term paper. I had limited knowledge regarding colonization, and as I read through excerpts of witness testimony of residential schooling I can only describe my reaction as a mixture of shock and sorrow. Overcome with emotion as I read of these horrendous acts, I also became very angry. Later, when I read Campbell's (1973) book, two components struck me: first, the profound racism she endured as a Métis woman and, second, her resilience in overcoming these adversities. Although I had taken a Canadian history course in high school, this piece of history was missing from our lessons and I wondered why this aspect of our history was silenced. In time, the answer became apparent: it was silenced because colonization is still happening. While the residential schools are indeed gone, the prejudice that led to their creation has not been totally eradicated. In fact it is less blatant and harder to illuminate.

As I grew into my role as an academic and researcher, I wanted to join others who reveal these inequalities but at the same time celebrate the resilience of Aboriginal peoples, who despite attempts at assimilation have showcased amazing strength. As a student, the importance of both ethics and respectful research has been made apparent through countless examples of individuals being exploited through previous studies. As I wrote this thesis, one particularly disturbing example came to light in my home province of Newfoundland and Labrador, Canada. In 1927, the remains of twenty-two Inuit people were excavated from the abandoned community of Zoar and brought to the United States by a researcher without consent (CBC, 2011). Finally, in June 2011, these remains were returned home to receive a proper burial. Instances such as these highlight the importance of being attentive to the experience of First Nations peoples', which in turn create research that benefits and honours communities (Tuhiwai Smith, 1999). These are all considerations that guided both the design and undertaking of this project, which I describe in the remaining sections of this chapter.

3.3 Decolonizing Methodologies

Historically, Aboriginal communities have been the subject of much research by "outsiders". This colonial approach to research in Aboriginal communities should give way to an understanding that Aboriginal people have an inherent right to be agents of research in contrast to mere passive subjects when the research topic involves their community or culture. One important means of respecting this right to participate is to actively enable community involvement in a research project. (Canadian Institutes of Health Research, 2008, p. 19).

In the previous chapter, I provided an overview of the history of colonization in Canada and its impact on Aboriginal peoples' health. Intrinsically linked to this practice is traditional research undertaken in Aboriginal communities, which can be viewed as a "tool of colonization" (Tuhiwai Smith, 2006, p. 87). The transfer of the colonial 'gaze' to research created a history of research 'on' and not 'with' Aboriginal communities (Browne & Varcoe, 2006; Getty, 2010), which was used to inform government and thus control Aboriginal peoples (Ermine, Sinclair, & Jeffery, 2004; Sherwood & Edwards, 2006). As argued by Wilson (2008), much negativity surrounds this research as it was most often uninvited and sought to benefit the researchers and not the communities and individuals that were subjected to inquiry. This approach had a profound impact on how Indigenous peoples were viewed: "in these acts both the formal scholarly pursuits of knowledge and the informal, imaginative, anecdotal constructions of the *Other* are intertwined with each other and with the activity of research" (Tuhiwai Smith, 1999, p.2). This is problematic in that Indigenous peoples were misunderstood and negative and ignorant perceptions flourished, thus driving and providing unfounded justification for assimilation practices in Canada (Weir & Wuttunee, 2004). Absolon and Willett (2004) contend that negative research practices coupled with misguided understandings of Aboriginal peoples made colonization possible. For example, previous studies on illness rather than health fuelled negative perceptions of Aboriginal peoples as diseased and thus communities and individuals were in need of control (Kelm, 1998; Wilson, 2008). However, despite this long and negative history, research is being revolutionized through the use of decolonizing methodologies (Wilson, 2008).

Decolonization means challenging traditional research practices, acknowledging the impact of colonial history in Canada, and ensuring that research is desired and benefits Aboriginal communities (Ermine, Sinclair, & Jeffery, 2004). Research that adheres to Indigenous and decolonizing philosophies challenges and revises traditional research practices. Wilson (2008) in his description of an Indigenous research paradigm observed that "if you teach or do research within the traditions of the circle, which is inclusive, participatory, proactive…then you're teaching the individuals within that circle to become participatory, inclusive and so forth" (p. 103-104). Wilson (2008) continuously outlines the importance of relationships with regard to the Indigenous research paradigm; this focus on relationships was an important consideration as my project was being designed. Further, as argued by Absolon and Willett (2005), "the process

of telling a story is as much the point as the story itself" (p. 98); therefore, honouring Indigenous voices needs to be paramount in decolonizing projects. Adhering to the principles of Ownership, Control, Access and Possession (OCAP) which seeks to correct negative effects of colonization on research with Aboriginal peoples (Scharch, 2004) first we sought approval from the community prior to formal ethical review at the university. Additionally the entire project was developed and undertaken with community involvement, and with ethics approval data returned to the community under the care of Janice Kennedy (Health Director, BTCIHS). Schnarch (2004) argues that research can become problematic when power is unbalanced, following these principles help to ensure that power is not differential and that all parties can benefit.

This section began with a quote from CIHR's (2008) *Guidelines for health research involving Aboriginal peoples*, which acknowledges history and stresses the necessity of community involvement through community-based participatory research (CBPR). My research has been designed to resemble such a project. I discuss CBPR in the following section and note its strengths and empowering potential.

3.4 Community-Based Participatory Research

The term participatory research evolved in Tanzania in the early 1970s to describe research that attempted to give voice to those traditionally left out of the research process and move their "lived experiences from the margin of epistemology to the center" (Hall, 1992, p. 15-16). Various terms now refer to participatory research, including participatory action research, action research, participatory research, CBPR, feminist participatory research, and feminist action research. While these terms vary in orientation, they share in common the goal of participation, co-learning, empowerment, power balances, partnerships, collaboration, and challenging traditional research approaches (Minkler & Wallerstein, 2003; Minkler, 2005). The project in this thesis is community-based participatory research and, as such, I focus my review here on this orientation.

CBPR as a research paradigm challenges traditional approaches and the role of both the researcher and participants through the enhancement of collaboration and involvement of both parties (Wallerstein & Duran, 2003). Cargo and Mercer (2008) contend that a paramount strength of this approach motivated by social justice is the "integration of researchers' theoretical and methodological expertise with non-academic participants' real-world knowledge and

experiences into a mutually reinforcing partnership" (p. 327). Israel el al., (1998) observed "partners contribute their expertise and share responsibilities and ownership to increase understanding of a given phenomenon, and incorporate the knowledge gained with action to enhance the health and well-being of community members (as cited in Israel et al., 2001, p. 184). Thus, both an acknowledgement of and respect for an individual's understandings, knowledge, and experiences are critical. Relationship building is an additional important component to CBPR and can be used to guide the process. As Tuhiwai Smith (1999) explains, "In many projects the process is far more important than the outcome. Processes are expected to be respectful, to enable people, to heal and to educate" (p. 128). CBPR goes hand in hand with a decolonizing approach, through a focus on partnerships and the co-creation of knowledge and solutions. When Aboriginal communities are regarded as partners in research, involvement is negotiated and power is balanced (Edwards, Lund, Mitchell, & Andersson, 2008). Perhaps most importantly, knowledge is valued through CBPR, particularly the knowledge and voices of participants; this is critical as we decolonize research. Furthermore, this orientation has been observed to be particularly empowering to women, as their voices in research have traditionally been silent (Reid, 2004). The photovoice method used in this thesis and described in detail below also corresponds with the orientation of CBPR (Hergenrather et al., 2009).

3.5 Photovoice

Photovoice (previously referred to as photo novella) is regarded as a participatory research method that enables people to "identify, represent and enhance their community" though photography (Wang & Burris, 1997, p. 369). The theoretical underpinnings of this method include empowerment education (an adaptation of Freire's "problem solving" approach) and feminist theory (Wang & Burris, 1994; Wang, Burris, & Ping, 1996). Merging of both approaches creates a method that is both empowering and respectful to the voices and experiences of participants. Photovoice has three overarching goals: 1) to empower and provide individuals the opportunity/outlet to record and reflect their community's strengths and concerns in their own words; 2) to promote critical dialogue and collective knowledge about important community issues through large and small group discussion of photographs; and 3) to reach policy makers, community, and society at large about personal and community experiences of health (Wang, Burris, & Ping, 1996; Wang & Burris, 1997). This method is particularly

important with respect to women's experiences, as traditionally their voices were silenced. Wang (1999) contends that "photovoice poses an alternative to positivist ways of knowing by listening to and learning from women's own portrayal of their lives" (p. 186).

Photovoice is an adaptable methodology that does not require a high level of technology. Moreover, it has been used in a number of diverse projects exploring experiences of health with individuals (Wang & Burris, 1997). In acknowledgement of this diversity, Wang (1999) notes that common across all photovoice applications are an emphasis on individual and community experiences and a participatory orientation. While photovoice is adaptable to other topic areas, its creation was founded to aid health research; as this is also the focus of my project, I will focus on health projects in my review of the literature in this area, which follows below. Using photography, participants are able to raise their own questions, direct discussions, and share their experiences and opinions of health concerns as experienced both personally and in their own community (Wang & Pies, 2004). In unison with CBPR principles, participants are the true experts and, as such, researchers enter into the project to assist and learn from the experiences and understanding of participants (Wang & Burris, 1997). Further, I would argue that participation in photovoice projects is powerful and empowering for both participants and researchers, as both are presented an opportunity to explore issues more deeply than would have been possible using other research methods. As observed by Carlson, Engerbretson, and Chamberlain (2006), photovoice experiences that "are able to arouse strong emotional reactions and challenge the assumptions embedded in cultural norms lead to more significant cognitive changes than would occur without the emotional element" (p. 849). Given my project's focus on First Nations girls and their experiences of the healthy body and body image, the following section provides an overview of the strengths of this method as observed in projects with youth and those exploring Aboriginal health.

3.5.1 Photovoice and Youth

Both youth and their experiences are routinely left out of research, and this is problematic as their voices often go unheard (Bader, Wanono, Hamden, & Skinner, 2007). Thus, there is a need to increase qualitative projects in which youth can be regarded as collaborators in an effort to explore and learn more about their understandings and concerns (Morrow, 2001; Langhout & Thomas, 2010). Previous projects with youth demonstrate that youth participants enjoy and

appreciate the opportunity to voice their opinions and concerns (MacDougall, Schiller, & Darbyshire, 2004). The application of photovoice in projects with youth has had both a positive effect on the research process as well as health promotion following completion (Brazg, Bekemeier, Spigner, & Huebner, 2011). Furthermore, the photovoice component to a research project can provide incentive to participate; youth express interest in extending the picture-taking aspect, sometimes to such an extent that impacted the researchers' ability to engage in critical discussions to the desired extent (Wilson, Minkler, Dasho, Wallerstein, & Martin, 2008). Bader et al. (2007) observed that photographs created by the youth are effective in aiding the youths' descriptions of their ideas and concerns. Further, other researchers found photovoice to be empowering, enjoyable, and positively impacted the creativity of the youth (Royce, Parra-Medina and Messias, 2006; Strack, Magill, & McDonagh, 2004). In a research project with an Innu community in Quebec, resident youth were found to focus on the positive vs. negative aspects of their lives when completing their respective photovoice projects; this highlighted their strengths and challenged common stereotypes (Truchon, 2007). While literature regarding photovoice projects with Aboriginal youth is limited, the benefits of the method are undoubtedly of value to the research as has been observed in projects exploring issues of Aboriginal health.

3.5.2 Photovoice Exploring Aboriginal Health

Photovoice is rooted in a participatory approach to research but also effectively aligns with a decolonizing approach. While existing works on photovoice projects with Aboriginal communities are currently limited, there has been growth in recent years and I summarize three particular works of importance. First, Moffitt and Vollman (2004) in their research with pregnant Aboriginal women in the Northwest Territories observed that photovoice "is a culturally appropriate method for conducting rural and remote health research" (p. 189). In an effort to learn more about health beliefs among pregnant women in this area, the researchers note that the participants are the only experts. Further, they observe that the inclusion of photovoice was both an incentive to participate and a source of pride for the women upon completion (Moffitt and Vollman, 2004). Second, Castleden, Garvin, & Huu-ay-aht First Nations (2008) CBPR using photovoice on environmental and health risks evolved following a symposium discussing community needs. A component of this CBPR was an evaluation of photovoice, in which the participants noted the cultural appropriateness of the method, balance of power in the research

process, the building of trust throughout the process, capacity building through training of community research assistants, and a sense of ownership throughout the research process (Castleden, Garvin, & Huu-ay-aht First Nations, 2008). Third, Poudrier and Thomas-MacLean (2009) sought to "make visible" Aboriginal women's experiences of breast cancer through photovoice (p. 306). The participants appreciated their role in the project, particularly the opportunity to reflect socially/personally on their experiences of breast cancer, learn from one another, and help other women facing the same struggles (Brooks, Poudrier, Thomas-MacLean, 2009). These three unique photovoice projects with Canadian Aboriginal communities provided immense motivation and guidance in the design of my research project.

3.5.2 Application of Photovoice

As mentioned in the introduction to photovoice, a variety of projects have applied this method to date; while project designs differ, a common element is the participant-focused orientation. Acknowledging the flexibility of photovoice, Wang and Burris (1997) identified a model in which such projects can progress. Their model contains three overarching key components (Wang & Burris, 1997; Wang, Yi, Tao, & Carovano, 1998; Wang, 1999):

1) Introduction: recruitment, identification of the issue, and a training program for participants to introduce them to photovoice.

2) Photovoice projects: consists of the completion of a Photovoice project by participants. Equipped with cameras, the participants capture images that speak to them and highlight their experiences on a given issue. Important here is that the participants choose and identify images that are of significance to their lives.

3) Group work: once the projects are completed, layers of group discussion are conducted. The "best" photographs are chosen as a group, followed by storytelling by the participants to describe these images. Following the description, discussion, and recording of images, participants further identify issues as well as the key themes revealed in the photovoice projects. In some instances, an evaluation of the project can be integrated.

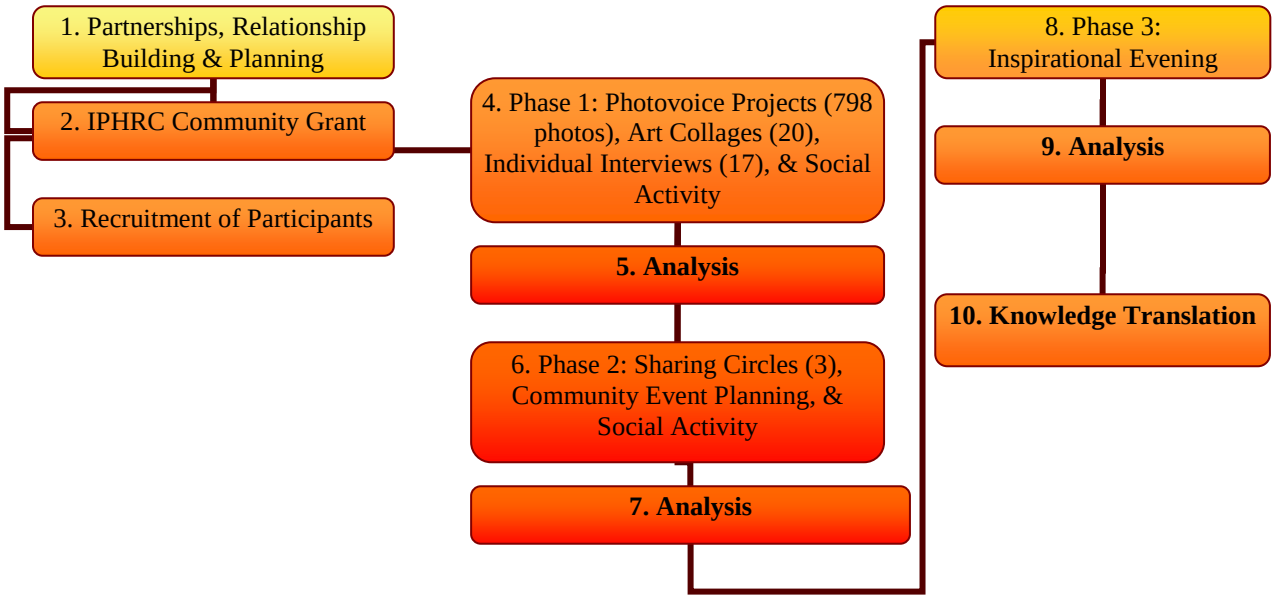
Following the formal photovoice projects, the participants can be integrated into planning how to best translate knowledge (Wang, 1999). Both the extent and the intended audience of the knowledge translation are dependent on the project design, for example lobbying government or provoking community discussion and solutions (Wang & Burris, 1997; Wang, Yi, Tao, &

Carovano, 1998; Wang, 1999). Similar to other works, photovoice was modified to best suit the design of my research project (Baker, & Wang, 2006; Castleden, Garvin, & Huu-ay-aht First Nation, 2008; Moffitt & Vollman, 2004). The following section discusses the elements of the project in detail.

3.6 Research Design

The photovoice project I discuss here differs from the Wang and Burris (1997) model in a number of aspects. First, this project was a CBPR and, as such, input from community contacts was critical to the design and the modifications we made were necessary for its success. Second, school schedules did not allow our youth participants a great deal of flexibility to engage in a project such as this. Third, project participants resided in the Battlefords Tribal Council (BTC) region, which consists of seven reserve communities; as such, the girls were spread out geographically. The completion of a CBPR photovoice project and its strengths and limitations are discussed in further detail in Chapter 6. Figure 2 is a visual depiction of this CBPR project, and I provide an overview of each component in the following sections.

Figure 2: CBPR Process



3.6.1 Partnerships, Relationship Building & Planning

As a CBPR project, relationships were a critical component of this project and were both layered and ongoing throughout data collection process. Relationship building started with the larger project in 2004 led by Jennifer Poudrier and Janice Kennedy (detail about project beginnings § 1.3). Through my involvement in the over-arching research project (of which my thesis was a part), I met Janice Kennedy, Director of Battlefords Tribal Council Indian Health Services (BTCIHS), and we discussed my desire to expand the lens of the larger project to include youth. Given her own interest in seeing BTCIHS work more fully with the youth, Janice was very supportive of the idea. I was immediately put in touch with the Community Youth Outreach Workers (CYOW) Jessica, Lenore, Kimberly and Kellie in the community. Table 3 provides a summary of the formal community meetings that occurred leading up to my research project. The table provides a brief summary of the meeting date, nature of meeting, a description of the meeting as well as the outcome. The community meetings for the larger research project *Iskwewak Miwayawak – Women Feeling Healthy* began in the spring of 2007 and continued onwards until the project with the girls' began 17 months later. For the 14 months before the start of data collection, relationship building and research planning were not as intensive due to the preparation and writing of my PhD comprehensive exams. In addition to the formal community meetings, phone conversations and emails continuously took place among community contacts, the research team for the larger project, and myself as we worked together toward the development of the project with girls'.

As it relates to the development of my sub-project, working with youth, two meetings in particular were beneficial, not only for relationship building but also for determining team member tasks and designing the photovoice research data collection.

The first meeting included two Community Youth Outreach Workers, Jessica and Kimberly and additional BTCIHS staff on May 28, 2008 at the BTCIHS office in North Battleford. This meeting provided me the opportunity to meet with staff and introduce the proposed project with girls. It also offered the opportunity to get to know each other and develop relationships. At this time another CRA Tanya was hired and assisted me with the meeting planning to connect with Jessica, Lenore, Kimberly and Kellie employed by BTCIHS, and identification of invitees. This meeting with the BTCIHS was a first introduction to the project with youth, and was a starting point to begin participant recruitment and later data collection. In

order to help describe the photovoice methodology, Tanya, who had completed a pilot of the photvoice method for the broader women's project, was able to share her experience and photography with the group. Similarly, Carolyn, the research coordinator for the larger women's project, also shared photos from her work with a different photovoice project in Saskatchewan that explored Aboriginal women's experiences of breast cancer survivorship (references). Everyone in attendance was interested in the methodology of Photovoice and felt that a project with youth was beneficial. Having the opportunity to work with and learn from Tanya was extremely important to the design of the project with girls'. For example Tanya suggested I invite Elder Melvina who was affiliated with *Iskwewak Miwayawak* to also participate in the project with the girls'. Tanya and I worked together discussing project planning before the integration of CYOW Jessica, Lenore, Kimberly and Kellie and she was key to the development of the Phase 2 and 3 of the project as we progressed with planning. The relationship building with Tanya was an additional benefit of my engagement in *Iskwewak Miwayawak*.

In this meeting, we also discussed the design of the project and what the roles of the community contacts would be. Due to the volume of work that these individuals complete there was a discussion about which team member would take on which tasks, based on their skills and expertise. Because of their expertise with the community, familiarity and their work with the youth, at this time Jessica (CYOW) agreed to be the community contact for the project with the girls' and to be my main communication link with the staff at BTCIHS. Because of my own background in research, I would be responsible for the data collection, analysis and write-up and that I would need assistance in project design and recruitment of the girls. Additionally we spoke of honorarium for the participants, while we did not have funding secured at this time I noted that we planned to apply for funding from IPHRC.

Following the first meeting with the BTCIHS staff focusing on the project with the girls we began project planning. I worked closely with the CRA Tanya in the planning stages and she was invaluable to organizing meetings and conference calls with staff to discuss the project. The second meeting took place via conference call to discuss the logistics of the project with the girls and included Tanya (CRA), Carolyn (*Iskwewak Miwayawak* project coordinator), Jennifer (*Iskwewak Miwayawak* PI) and myself and took place when On August 27th, 2008. During this call Tanya identified two additional CYOW Lenore and Kellie that were not present at the May 29th, 2008 meeting that would be beneficial to include in the project. She also provided more

information on the type of programming that the CYOW Jessica, Lenore, Kimberly and Kellie provide to youth in the communities. We discussed youth recruitment and Tanya noted it would that there should be girls from each of the seven communities. It was also determined that, given the distance (within 90 km from North Battleford) between each of the seven First Nations, a central location, at the BTCIHS community meetings rooms in North Battleford would be the most appropriate venue. Using this central location ensured we wouldn't interfere with any unforeseen community events such as funerals which could impact the organization of the day. Additionally we spoke about the logistics of the research process. Tanya suggested that we complete the first part of the data collection process (namely the photography and interviews) in a one-day event on a Saturday. This was determined to be the best approach for three reasons: first, we did not want to interfere with the girls' school schedules during weekdays or evenings; and second, since the youth would have to be transported from each of the seven communities, it would be more efficient; third, it was suggested that bringing the girls from different communities to meet each other and get to know each other would be a positive experience for them. As the project was with the girls was affiliated with *Iskewwak Miwayawak* we were fortunate to have the ability to utilize the CRA Tanya, and project coordinator Carolyn to complete the interviews in a one-day layout. Tanya also suggested that we incorporate artwork into the one-day event, to ensure that the girls would have an enjoyable and engaging experience. Additionally, we determined other logistics of the photovoice data collection work including catering and social activity to thank the girls at the end of the day, which we decided would be bowling.

Table 3: Summary of community meetings

Date	Meeting	Description	Outcome
June 7, 2007	Attendance of BTCIHS staff meeting as part of larger research group.	Jennifer Poudrier presented the larger project to staff in attendance. Following the meeting, we received a tour of the BTC region from community member Elsie.	This was my first trip to the area. Enabled me to meet staff employed at BTCIHS as well as learn about the communities in the BTC region.
September 9, 2007	Stakeholder meeting in North Battleford	Stakeholder meeting brought together community leaders as well as research team to discuss the proposed larger project with women in this area.	This was an important meeting that provided the opportunity for further discussion. The importance of working with youth in the area was indicated. Community leaders were supportive of project.
Comprehensive Exams for PhD – Research Planning on hold			
May 29, 2008	Meeting at BTCIHS with 8 staff	Individuals who attended included CYOW Jessica and Kimberly. Purpose of the meeting was to introduce the project involving girls in the BTC region and receive feedback.	Individuals in attendance were supportive of proposed topic. CYOW Jessica offered to act as community contact as we moved forward with planning.
August 27, 2008	Conference call with CRA Tanya, Jennifer and Carolyn	Call provided more information on the work of CYOW Jessica, Lenore, Kimberly and Kellie. Started logistics planning for project.	Identified additional CYOW Lenore and Kellie to work with. Tanya identified a one-day event approach as beneficial, as well as incorporation of art. Noted it would be beneficial to have 2-3 youth from each community.
IPHRC Grant and project planning through distance			
November 3, 2008	Meeting with CYOW Jessica at BTCIHS	Meeting with Jessica was to discuss recruitment and go over the participant recruitment materials in preparation for Phase 1 of the project.	Distributed and reviewed the materials, to Jessica (which she later transferred to the other CYOW Lenore, Kimberly and Kellie), and discussed the Phase 1 in further detail. This meeting also enabled me to view the office space used by CYOW as well as learn more about the services they provide to youth in the BTC.
December 6, 2008 and onwards: Data collection			

3.6.2 IPHRC Grant

Following discussions and relationship building with community contacts, a Community Network Partnership Research Grant was submitted to the Indigenous Peoples' Health Research Centre (IPHRC) 3 months before data collection began. The Community Network Partnership Research Grant is intended to bring together University researchers with Aboriginal communities to develop partnerships to design and complete a research project that meets the priority of the community. On September 4, 2008 there was a conference call with three CYOW (Jessica, Kellie, and Lenore), the CRA Tanya and myself to discuss the development of a Community Network Partnership Research Grant was submitted to the Indigenous Peoples' Health Research Centre (IPHRC). This grant would be used to fund the project with girls, and we approached this project as a pilot with the opportunity for expansion to additional youth, particularly boys in the future. During our conference call we discussed the development of the grant and engaged in additional planning for the project with girls which would be used to describe the process for the grant. First and foremost we discussed the participants and it was determined that 20 girls would be a good number to recruit, as it was a realistic number for recruitment on behalf of the CYOW Jessica, Lenore, Kimberly and Kellie, as this was extra work added to their already busy schedules, and this number would allow representation from the seven communities. This number was also viewed as manageable for the set-up of the event as well (e.g., transportation to and from event). Jessica immediately had girls' in mind from their experience working with youth in the communities that they felt would be interested in engaging in this project. The group involved in this application included individuals from BTCIHS (Janice Kennedy, Jessica Atcheynum, Lenore Kiskotagan, and Kellie Wuttunee) and the University of Saskatchewan (Jennifer Poudrier and Jennifer Shea). Our application was successful and this funding was invaluable to the design and undertaking of this project, with funds used for travel, research assistants, and costs incurred during data collection. The grant writing process was also an additional step in our relationship building as a group.

3.6.3 Recruitment of Participants

The following criteria for participation were developed for the project: i) First Nations girls, ii) aged 12-16, and iii) residing in the BTC region. On October 29, 2008 there was a conference call with three CYOW (Jessica, Kellie, and Lenore), the CRA Tanya and myself to

further discuss both the recruitment of the participants and engage in additional planning for the first one-day event. Participants were identified by CYOW Jessica, Lenore, Kimberly and Kellie through their engagement with youth in the BTC region. CYOW worked with a variety of youth by age and sex. Focusing on girls' aged 12-16 reduced the number of potential participants for this project. Initially we had hoped to begin the data collection in November 2009, but due to the schedules and other work-related responsibilities of Jessica, Lenore, Kimberly and Kellie we decided to move the event ahead to early December prior to Christmas vacation. We proposed two possible dates December 6th and 13th. We proceeded with December 6th as the date for the event, keeping December 13th open in the event of scheduling problems. Tanya (CRA) booked all the space at BTCIHS that we would need for the day. We decided that we could begin the recruitment process as soon as possible and once again Jessica volunteered to be the community contact for the project. Jessica, Lenore, Kimberly, and Kellie offered to take care of the transportation of the girls for the event, and noted they would prepare separate permission slips for transportation to supplement the ethics materials. Following this conference call, Jessica and I had a phone conversation to further discuss the recruitment, during this time I noted that I would like to deliver the recruitment materials to the office in person. We set November 3, 2008 as my visit date. The materials contained in the recruitment packages included letters of information for parents and participants, consent and release forms, as well as posters and pamphlets (§ 3.7 for a discussion of research recruitment materials). The posters prepared were also going to be hung in the communities, at BTCIHS and be included in the BTCIHS newsletter to account for additional youth that may not be familiar with the CYOW Jessica, Lenore, Kimberly and Kellie and were interested in participating. Contact information for the community contact Jessica and myself the university contact were included on the poster and pamphlets.

On November 3, 2008 I travelled to North Battleford to drop off recruitment packages to Jessica. The CYOW's offices are housed in a building external to the main BTCIHS office. I arrived at the building a little before 11am. I had put together participant information/recruitment packages before leaving. In the beginning of the meeting we went over the materials as well as talked about the possible participants. Jessica felt that it would not be difficult to get 20 participants to take part in the research and agreed that she, Kellie and Lenore would ensure that recruitment packages were delivered to prospective participants in person. In the second half of the meeting Jessica showed me around the new offices and told me more about what type of

services they provided to the youth. It was very obvious to me that she is very passionate about her work, she also shared with me that she had recently been awarded for her work with youth at an awards ceremony that took place in Saskatoon. She discussed the work she does with suicide prevention as well as body image work with the youth. She also talked about a retreat that they do each year for youth for suicide prevention and gave a pamphlet about this so that I was able to read more. I very much enjoyed hearing more about these programs especially given that she was so enthusiastic about her work. We ended the meeting after close an hour of chatting. Jessica had to get ready to go out to the communities to engage in her work duties. We ended the meeting and I thanked Jessica for all her help. She said that if anything came up between then and now we would be able to chat by phone and email. We also talked about Facebook as we both are engaged in this and thought it would also be a good way for us to remain in touch. A total of twenty girls' were recruited through a convenience sample aided by the CYOW Jessica, Lenore, Kimberly, and Kellie. Once recruitment was completed we proceeded forward with planning leading up to the first phase of the project on December 6th 2008.

3.6.4 Phase 1: Photovoice Projects and Individual Interviews

For the first Phase of the project, we designed a one-day event that would incorporate the completion of photovoice projects, art collages, individual interviews, and a social activity. This event took place 17 months following the start of Phase 1 and began with an overview of the project, photovoice, and the schedule for the day. Elder Melvina Thomas joined us and was presented a traditional offering of tobacco and a blanket. Elder Melvina helped us begin the day properly through the offering of a prayer; she was a comforting addition for the girls and the team through her guidance and presence throughout the day's events. We had access to ten digital cameras, and following the introduction to the day the twenty participants were divided into two groups of ten. One half completed their photovoice projects while the others made art collages; the groups then switched. Figure 3 is a collection of photographs of the collages that were created by the girls.

Figure 3: Collection of collages completed by girls

The girls were provided with a reflection guide to prompt reflection as they took photographs (Appendix A). As Mason (2002) observes: "the production of visual materials…can be a very creative way of accessing aspects of your interviewees' lives or experiences which are non-verbalized or difficult for them to verbalize" (p. 77). Following the completion of the photovoice component, individual interviews took place. Reinharz (1992) acknowledges that an appeal for feminist researchers to integrate interviews into a project is its "access to people's ideas, thoughts, and memories in their own words rather than the words of the researcher" (p.19). This was also an important modification of Wang and Burris' (1997) model, which was group focused. An interview guide was prepared to prompt reflection of images and focused on the girls' experiences of the healthy body and body image (Appendix A). Due to the volume of interviews to be completed, we used four interviewers (community research assistant, PI, project coordinator for the project with women, and myself) to guide these discussions. In total, 17 interviews were completed. In two instances, participants wished to be interviewed with a friend for comfort reasons; one girl declined participation in the interview component. Following the end of the day, a social event (bowling) was organized for the girls.

3.6.5 Analysis

Understanding the experiences of women from their own point of view corrects a major bias of nonfeminist participant observation that trivializes females' activities and thoughts, or interprets them from the standpoint of the men in society or of the male researcher (Reinharz, 1992, p. 52).

In Figure 2 (p. 65), 'analysis' appears three times to highlight that it was a layered and ongoing process throughout the research project. Morse and Field (1995) observed that qualitative research and analysis contains four key "cognitive process: *comprehending, decontexutalizing, theorising, and recontextualizing*" (p. 126). Interviews, sharing circle discussions, and the photographs were thematically analyzed guided by the words of the girls. Through thematic analysis, data are organized based on themes and sub-themes with the researcher being in tune to patterns observed in the data (Aronson, 1994). This approach was appropriate for the goals of this project due to its flexibility (Braun & Clarke, 2006).

Although the data analysis method was thematic, it was also motivated by additional influences. I wrote at the beginning of this chapter about my personal standpoint, with particular acknowledgement of my position as a learner and the girls' position as experts. This being said, we all have unique understandings and experiences that influence the interpretation of data; visual images in particular can be regarded as literal when in fact they can be more complicated and layered (Mason, 2002). Reflexivity was extremely important through this project, and I continuously wrote reflection notes to process and record my understandings as a learner. This project can also be linked to phenomenological epistemology, as the goal was to learn about the individual girls' lived experiences (McLeod, 2001; cited in Braun & Clarke, 2006).

Data (transcripts and photos) were organized using the qualitative software NVivo; this program allowed revisions, additions, and linkages between the various data sources during the analysis process. Audio-recordings of interviews were listened to and later transcribed. Following the completion of Phase 2, the initial analysis was completed by myself. Themes of the interviews and photographs were determined based on patterns observed through the words of the girls. Emerging theme that arose from the preliminary analysis was brought back and shared/discussed with the girls' in Phase 3 of the project. Following these conversations revising/reorganizing of the analysis, later the analysis was supplemented with the transcripts from the sharing circles. The photographs that were taken by the girls were organized in NVivo as well and grouped by themes and the girls descriptions of particular images. Due to the

volume of photographs (n=798) key images (those discussed by the girls in their interviews) were organized with the description of these by the appropriate participant. Additionally analysis also incorporated the survey of duplicate images (further discussion contained in 6.5.1.1). In addition to the interviews, sharing circles, and Photovoice projects the girls' also completed art collages. All of the participants wanted to take the collages home with them at the end of Phase 2. The majority of these collages were photographed for the end of the day; these images in turn were later analyzed for content. For example, the theme of relationships from the project observed in the collages as well (further discussion contained in 6.5.1.2). The collective analysis of the project was continuously revised especially following the completion of Phase 2, 3 and 4 and the organization of data for the manuscripts. Supplemented with this data was personal reflection and process notes, which I also draw on in this thesis to describe the project.

Historically there has been a long standing debate regarding issues of bias, validity, and reliability and if these applicable in the description of qualitative research (Hannes, Lockwood & Pearson, 2010). Mason (2002) contends that the application of validity in description of research has merits "if your research is valid, it means that you are observing, identifying or 'measuring' what you say you are" (p. 39). Further Whittemore, Chase and Mandle (2001) contend that "what becomes most important is to determine the validity ideals of a particular study (criteria), employ the optimal methodological techniques, and to critically present the research process in detail" (p. 534-537). In the undertaking of the project described in this project there was applicable evaluation criteria established by the research team unique to our CBPR incorporating decolonizing principles. Our evaluation criteria as a result included for example: project of benefit to the community, incorporation of a collaboration and innovative approach, partnership, shared decision making, and contribution to both scholarly and community knowledge on understandings of the healthy body and body image for First Nations girls'. Cargo and Mercer (2008) have outlined core elements of participatory research which are relevant to the evaluation criteria of our project. These elements include "mutual respect and trust; capacity building, empowerment and ownership; and accountability and sustainability" (p. 336-337). Mutual respect and trust were critical to our project and took a great deal of time to develop and were connected to relationship building. Capacity building was achieved in a two specific ways, first in the connection of the larger project with women there was 4 CRA (Marcella, Tanya, Lillian and Sonya) that were trained and involved in the design and undertaking of a Photovoice

project, and second through the community involvement in grant application and research design. Empowerment was achieved through partnership of participatory approaches and participant led inquiry. Ownership relates to OCAP and the shared ownership of both the project and data. Accountability and sustainability were achieved through respect, on-going collaboration (e.g., knowledge translation) and with the larger project especially the relationships/partnerships formed will led to additional projects going forward.

3.6.6 Phase 2: Sharing Circles and Community Event Planning

The second Phase of the project was designed similarly to Phase 1, and was organized as a one-day event that incorporated sharing circles, community event planning, surveys, and a social activity. This event took place 3 months following the completion of Phase 2 and built upon the work and conversations that took place in Phase 1. The first layer of analysis had been completed and themes were brought back and discussed with the girls. A discussion guide was prepared for the sharing circles used to direct our conversations (Appendix A). As observed by Lavallee (2009), sharing circles are similar to focus groups in their design but differ "in the sacred meaning they have in many Indigenous cultures and in the growth and transformation bases for the participants" (p. 29). For the second phase, only twelve of the original twenty participants were able to attend, and were organized into three separate sharing circles coordinated by three facilitators (community research assistant, project coordinator for the larger project, and myself). Initial analysis completed from Phase 1 of the project guided discussions with the girls in Phase 2. This provided the opportunity to further discuss themes which emerged from the individual interviews and ensure accuracy. Additionally during the sharing circles, we spoke with the girls and started planning for the community event to take place following the completion both this and the larger project. This gave the girls an opportunity to contribute their ideas and thoughts about the future event. The day concluded with a social event (mini-golf) for the girls.

As for the individual interviews in Phase 1, audio-recordings of the sharing circles were listened to and later transcribed. Data (transcripts) were entered into NVivo, which allowed for revisions, additions, and linkages with data from Phase 1.

3.6.7 Inspirational Evening - Gala Celebration

The inspirational evening took place 15 months following the completion of Phase 3, and brought women from the larger project and girls from my project together for a gala event organized by a community research assistant. The gala event included the participating women and girls, family and community members, employees of BTCIHS including CYOW Jessica, Lenore, Kimberly and Kellie (at this time Kellie was no longer an employee of BTCIHS), invited guests, and the project team. The event was held in a hall in North Battleford and included speeches, storytelling, photo sharing, music, and a hot potluck meal. The majority of the youth that participated in this project were in attendance. The evening allowed the participants of both projects to share knowledge created through their participation. Further description of this event is provided in Chapter 7.

3.6.8 Knowledge Translation

One of the most important components of any research project is knowledge translation, and this is heightened for Aboriginal communities moving toward decolonizing research models (Smylie et al., 2003). The inspirational evening was a first step toward sharing knowledge created through this project with others, particularly the community. While the official data collection phases are complete, the project and its goals are still ongoing. To date, the main knowledge translation tools developed for the youth project are the three manuscripts contained in this thesis. Each manuscript includes authorship by one of the four CYOW (Jessica, Lenore and Kimberly) integral to this project as important component of community involvement and ownership, and as a means of member checking for accuracy. Having this opportunity to collaborate with three of the four CYOW is further indication of the relationship building that took place over the course of my project. In extension to these three manuscripts, it is envisioned that additional knowledge translation activities and tools will be developed in consultation with both the participating girls and the community collaborators.

3.7 Ethical Considerations

Ethics refer to concerns and considerations that can arise in the development of social research, and acknowledgement of these begins and ends with the researcher to ensure that participants are protected from potential harms (Neuman, 2007). Preparation for this study

included a number of important ethical considerations, particularly given the focus on youth and the inclusion of photographs. In consideration of ethical issues and adhering to decolonizing methodologies, it was critical that potential risks to youth be acknowledged and the research be designed in such a way as to empower and avoid marginalization of the participants (Creswell, 2003). Ethical approval was obtained from the University of Saskatchewan Behavioural Research Ethics Board 2 months before. In this section, I highlight the specific ethical issues as related to this unique research project and how these were accounted for in its design and undertaking.

Both health and body image are personal and potentially sensitive topics for individuals to speak about. Additionally, as Mason (2002) cautions, the use of visual images to invoke conversation with participants can also be emotional and personal. During Phase 1, the youth were provided with laminated pocket-sized thank you cards that contained contact information for BTCIHS and the Kids Help Phone if they wanted to talk to someone following participation in this study. This card also contained website links for the National Aboriginal Health Organization, Gurl (website for female teens discussing health and body image issues), and Dove's Campaign for Real Beauty (Dove donated product samples and a body image workbook for the participants of this project).

Participation in this study was voluntary and, prior to participation, participants and their guardians were provided with two separate letters explaining the project by the CYOW Jessica, Lenore, Kimberly and Kellie, who acted as recruiters for this study (Appendix A). Additionally Jessica (the CYOW who acted as the community contact) distributed pamphlets and posters in the community, and included the poster in the BTCIHS newsletter to further raise awareness (Appendix B). The participants in this study (girls aged 12-16) were under the age of majority, and thus parental or third party consent was required in addition to the signature of the youth participant (Appendix C); this further reinforced free and informed consent. Participants and their parents were notified at the beginning and end of each Phase that they may withdraw from the study at anytime.

Integrating photovoice as a research method in this project also presented unique ethical challenges. Wang & Redwood-Jones (2001) outline possible ethics issues that are inherent in photovoice and stress the importance of protecting both research participants and others who may be captured in photographs. The development of multiple consent forms is necessary for

those who participate and those who are captured in photographs (Wang & Redwood-Jones, 2001). Given these special considerations, two photograph release forms were designed for this study: one for the participants and a third party photograph release form for individuals appearing in the participants' photographs (Appendix D). Photograph release contained questions on anonymity of images (e.g., if the participants or third party wanted the photograph blurred to protect their identity). At the beginning of the study pseudonym names were assigned to identify participants before they had the opportunity to review and sign the photograph release forms for the study. While all participants eventually agreed to complete release for the purposes of the projects, we have retained the use of pseudonym names in the description of findings as this represents the girls' identities in the project. Participants were also asked to complete artwork collages to complement the photovoice component of this project, and appropriate release forms were also prepared for this element (Appendix D). All participants were given the opportunity to review the transcripts of their interview/sharing circle responses prior to the publication of the findings. Participants were asked to sign a transcript release form indicating their desire to review or reject to review transcripts once interviews and sharing circles were transcribed (Appendix D). All consent forms, release forms (photographs and art collages), recruitment materials (poster and pamphlet), letters of information (for both participants and parents) were included and approved during the ethics review process. Given the volume of consent forms and documentation, the dispersion of these was broken up as much as possible so as to not bombard participants with information. While all data were in my care during the writing of my thesis, following its completion they will become the property of the community under the care of Janice Kennedy. This is an important component of OCAP (ownership, control, access and possession), (Scharch, 2004) and this too was included and approved in the ethics review process. The eventual care of data and potential uses of analysis of data (e.g., presentations at conferences and manuscripts) was verbally communicated to the participants.

There was likely no direct benefit to the participants in this study. However, this study provided the youth an opportunity to discuss their ideas and concerns regarding health and fitness with peers. Furthermore, CBPR projects such as this may be empowering experiences, as participants have some input on the outcomes of the research process. By listening to the voices of the girls, the results of this project may improve social and health policy targeted at youth. With their ideas, input, and suggestions, the project will contribute to overcoming a gap in the

literature regarding health in this population. Finally, the girls and their communities will benefit from direct involvement of their members in this group, particularly with respect to addressing needs and issues they believe are important in their own lives.

3.8 Summary

This CBPR project was designed to encompass a number of key pieces. First, it was designed to adhere to decolonizing principles, which shifts the position of participants from being researched "on" to become partners and leaders in the process of increasing our knowledge of health experiences in their lives. Second, one of the most important aspects of this project was relationship building, which also adheres to decolonizing methodologies in that it highlights the collaborative nature of the project. Bassendowski, Petrucka, Smadu, Redman, and Bourassa (2006), in their community-based project exploring culturally relevant and respectful health care for Aboriginal communities, note that relationship building was critical to the success and collaborative nature of their project. This was also our experience, as relationships formed were a major strength. Third, it was extremely important that a project be created that would allow the girls understandings, experiences, and voices to guide the project; they were our teachers and we have learned so much from them. The integration of visual methods in participatory approaches provides the opportunity for youth to create knowledge, express creativity, and become integrated more fully in the process (Deacon, 2000; McDonald et al., 2011). Due to the empowering potential and participant focus of photovoice (Wang & Burris, 1997), its application for this project was a logical choice. The photovoice model designed by Wang and Burris (1997) was modified for the purposes of this project to include both individual and group discussions. This was important given the potentially sensitive nature of our discussions with the girls, as we wanted them to feel comfortable and have the ability to share their unique perspectives in addition to group talk.

This chapter has provided an overview of the methods and the construction of the project, but has not focused on the strengths and challenges of the application of photovoice; this is addressed in Chapter 6. Although there were challenges to be faced, photovoice was an overwhelmingly positive addition that the girls tremendously enjoyed participating in. The project findings are discussed in the following three Chapters, especially the experiences of perceptions of the healthy body and body image in the words of the girls. In the following

chapter, the first manuscript is presented. This manuscript focuses on the meanings of health in the lives of the girls as guided through their words and photographs taken as part of their engagement in the project. This manuscript presents an opportunity to see the connection between the research findings and the process as a CBPR. Through engagement in a photovoice project the girls creatively created images that aided their description of the healthy body and body images as experienced in their lives and their communities. Additionally this manuscript highlights the complexity of the girls' definitions of health. Their description of health challenges the body as machine model and 'healthism' discourses which often equate the attainment of health to be solely the responsibility of the individual and is as straightforward as energy in versus energy out (Crawford, 1984; Gard & Wright, 2005). The participating girls in this research experience and view health in a broader more complex sense that incorporates others (e.g., their communities) thus were challenging an individualistic view of health. This is extremely important to recognize and be aware of in order for health promotion and programming to be successful and beneficial to youth in these communities.

Chapter 3 References

Absolon, K., & Willett, C. (2004). Aboriginal research: berry picking and hunting in the 21st century. *First Peoples Child & Family Review*, *1*(1), 5-17.

Absolon, K., & Willett, C. (2005). Putting ourselves forward: location in Aboriginal research. In L. Brown & S. Strega (Eds.), *Research as resistance critical, Indigenous and anti-oppressive approaches* (p. 97-126). Toronto: Canadian Scholars' Press.

Aronson, J. (1994). A pragmatic view of thematic analysis. *The Qualitative Report, 2*(1), 1-3.

Bader, R., Wanono, R., Hamden, S., & Skinner, H.A. (2007). Global youth voices engaging Bedouin youth in health promotion in the Middle East. *Canadian Journal of Public Health, 98*(1), 21-25

Baker, T., & Wang, C. (2006). Photovoice: Use of a participatory action research method to explore the chronic pain experience in older adults. *Qualitative Health Research, 16*(10), 1405-1413.

Bassendowski, S., Petrucka, P., Smadu, M., Redman, R., & Bourassa, C. (2006). Relationship building for research: the Southern Saskatchewan/urban Aboriginal health coalition. *Contemporary Nurse, 22*, 267-274.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

Brazg, T., Bekemeier, B., Spigner, C., & Huebner, C.E. (2011). Our community in focus: the use of photovoice for youth-driven substance abuse assessment and health promotion. *Health Promotion Practice, 12*(4), 502-511.

Brooks, C., Poudrier, J., & Thomas-MacLean, R. (2008). Creating collaborative visions with Aboriginal women: a photovoice project. In P. Liamputtong (Ed.). *Doing cross-cultural research: Ethical and methodological perspectives* (pp. 193-212). Dordretch: Springer.

Browne, A.J., & Varcoe, C. (2006). Critical cultural perspectives and health care involving Aboriginal peoples. *Contemporary Nurse, 22*(2), 155-167.

Canadian Broadcasting Corporation (CBC). (2011 June 23). Stolen Inuit remains returned to Labrador. *CBC News*. Retrieved June 26, 2011, from http://www.cbc.ca/news/canada/newfoundland-labrador/story/2011/06/23/nl-inuit-remains-623.html

Canadian Institutes of Health Research (CIHR). (2008). *CIHR guidelines for health research involving Aboriginal people*. Ottawa: CIHR.

Campbell, M. (1983). *Half-breed*. Halifax: Formac Publishing Company Limited.

Cargo, M., & Mercer, S.L. (2008). The value and challenges of participatory research: strengthening its practice. *Annual Review of Public Health, 29,* 325-350.

Carlson, E., Engebretson, J., & Chamberlain, R. (2006). Photovoice as a social process of critical consciousness. *Qualitative Health Research, 16*(6), 836-852.

Castleden, H., Garvin, T., & Huu-ay-aht First Nation. (2008). Modifying photovoice for community-based participatory Indigenous research. *Social Science & Medicine, 66,* 1393-1405.

Crawford, R. (1984). A cultural account of "health": control, release, and the social body. In J. B. McKinlay (Ed.), *Issues in the political economy of health care* (pp.60-103). New York: Tavistock Publications.

Creswell, J.W. (2003). *Research design qualitative, quantitative, and mixed methods approaches.* London: Sage.

Deacon, S. (2000). Creativity within Qualitative Research on Families: New Ideas for Old Methods. *The Qualitative Report, 4*(3 & 4). Available from: http://www.nova.edu/ssss/QR/QR4-1/deacon.html

Edwards, K., Lund, C., Mitchell, S., & Andersson, N. (2008). Trust the Process: Community-Based Researcher Partnerships. *Pimatisiwin, 6*(2), 187-199.

Ermine, W., Sinclair, R., & Jeffery, B. (2004). *The ethics of research involving Indigenous Peoples.* Saskatoon: Indigenous Peoples' Health Research Centre.

Gard, M., & Wright, J. (2005). *The obesity epidemic science, mortality and ideology.* Oxon: Routledge.

Getty, G.A. (2010). The journey between Western and Indigenous research paradigms. *Journal of Transcultural Nursing, 2*(10), 5-14.

Hall, B.L. (1992). From margins to center? The development and purpose of participatory research. *The American Sociologist, 23*(4), 15-28.

Hannes, K., Lockwood, C., & Pearson, A. (2010). A comparative analysis of three online appraisal instruments' ability to assess validity in qualitative research. *Qualitative Health Research, 20*(12), 1736-1743.

Hergenrather, K., Rhodes, S., Cowen, C., Bardhoshi, G., & Pula, S. (2009). Photovoice as Community-Based Participatory Research: A Qualitative Review. *American Journal of Health Behavior, 33*(6), 686-698.

Israel, B.A., Shulz, A.J., Parker, E.A., & Becker, A.B. (1998). Review of community-based research: assessing partnership approaches to improve public health. *Annual Review of Public Health, 19*, 173-202.

Israel, B.A., Shulz, A.J., Parker, E.A., & Becker, A.B. (2001). Community-based participatory research: policy recommendations for promoting a partnership approach in health research. *Education for Health, 14*(2), 182-197.

Kelm, M.E. (1998). *Colonizing bodies Aboriginal health and healing in British Columbia 1900-50*. Vancouver: University of British Columbia Press.

Langhout, R.D., & Thomas, E. (2010). Imagining participatory action research in collaboration with children: an introduction. *American Journal of Community Psychology, 46*, 60-66.

Lavallee, L.F. (2009). Practical Application of an Indigenous Research Framework and Two Qualitative Indigenous Research Methods: Sharing Circles and Anishnaabe Symbol-Based Reflection. *International Journal of Qualitative Methods, 8*(1), 21-40.

MacDonald, J.M., Gagnon, A.J., Mitchell, C., Di Meglio, G., Rennick, J.E., & Cox, J. (2011). Include them and they will tell you: learnings from a participatory process with youth. *Qualitative Health Research, 21*(8), 1127-1135.

MacDougall, C., Schiller, W., & Darbyshire, P. (2004). We have to live in the future. *Early Child Development and Care, 174*(4), 369-387.

Mason, J. (2002). *Qualitative researching*. London: Sage.

McLeod, J. (2001). *Qualitative research in counselling and psychotherapy*. New York: Sage.

Milloy, J.S. (1999). *A national crime the Canadian government and the residential school system 1879 to 1986*. Winnipeg: University of Manitoba Press.

Minkler, M., & Wallerstein, N. (2003). Introduction to community based participatory research. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health,* (pp. 3-26). San Francisco: Jossey-Bass.

Minkler, M. (2005). Community-based research partnerships: challenges and opportunities. *Journal of Urban Health, 82*(Supp 2), ii3-ii12.

Moffit, P., & Vollman A.R. (2004). Photovoice: picturing the health of Aboriginal women in a remote northern community. *The Canadian Journal of Nursing Research, 36*(4), 189-201.

Morrow, V. (2001). Using Qualitative Methods to elicit young people's perspectives on their environments: some ideas for community health initiatives. *Health Education Research, 16*(3), 255-268

Morse, J.M., & Field, P.A. (1995). *Qualitative research methods for health professionals*. Thousand Oaks: Sage.

Neuman, W.L. (2007). *Basics of social research qualitative and quantitative approaches*. Boston: Pearson, Allyn & Bacon.

Poudrier, J., & Thomas-MacLean, R. (2009). 'We've fallen into the cracks': Aboriginal women's experiences with breast cancer through Photovoice. *Nursing Inquiry, 16*(4), 306-317.

Reid, C.J. (2004). Advancing women's social justice agendas: a feminist action research framework. *International Journal of Qualitative Methods, 3*(3), 1-14.

Reinharz, S. (1992). *Feminist methods in social research*. New York: Oxford University Press.

Royce, S.W., Parra-Medina, D., & Messias, D.H. (2006). Using Photovoice to examine and initiate youth empowerment in community-based programs: A picture of process and lessons learned. *Californian Journal of Health Promotion, 4*(3), 80-91.

Schnarch, B. (2004). Ownership, control, access and possession (OCAP) or self determination applied to research. A critical analysis of contemporary First Nations research and some options for First Nations communities. *Journal of Aboriginal Health, 1*(1), 80-95.

Sherwood, J., & Edwards, T. (2006). Decolonisation: A critical step for improving Aboriginal health. *Contemporary Nurse, 22,* 178-190.

Smith, D.E. (1987). *The everyday world as problematic a feminist sociology*. Boston: Northeastern University Press.

Smith, D.E. (1990). *The conceptual practices of power a feminist sociology of knowledge*. Boston: Northeastern University Press.

Smylie, J., Martin, C.M., Kaplan-Myrth, N., Steele, L., Tait, C., & Hogg, W. (2003). Knowledge translation and indigenous knowledge. *International Journal of Circumpolar Health, 63*(Supp 2), 139-143.

Strack, R., Magill, C., & McDonagh, K. (2004). Engaging youth through photovoice. *Health Promotion Practice, 5*(1), 49-58.

Truchon, K. (2007). Challenging Stereotypes about First Nations Children and Youth: Collaborative Photography with the Innu from Uashat mak Mani-Utenam. *Children, Youth and Environments, 17*(2), 254-279.

Tuhiwai Smith, L. (1999). *Decolonizing methodologies*. London: Zed Books.

Tuhiwai Smith, L. (2006). On tricky ground researching the Native in the age of uncertainty. In N.K. Denzin & Y. Lincoln (Eds.), *The SAGE handbook of qualitative research,* (pp. 85-104). Beverly Hills: Sage Publications.

Wallerstein, N., & Duran, B. (2003). The conceptual, historical, and practice roots of community based participatory research and related participatory traditions. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health*, (pp. 27-52). San Francisco: Jossey-Bass.

Wang, C., & Burris, M.A. (1994). Empowerment through photo novella: portraits of participation. *Health Education Quarterly, 21*(2), 171-186.

Wang, C., Burris, M.A., & Ping, X.Y. (1996). Chinese village women as visual anthropologists: a participatory approach to reaching policymakers. *Social Science & Medicine, 42*(10), 1391-1400.

Wang, C., & Burris, M.A. (1997). Photovoice: Concept, Methodology, and use for Participatory Needs Assessment. *Health Education & Behavior, 24*(3), 369-387.

Wang, C., Yi W., Tao, Z., & Carovano, K. (1998). Photovoice as a participatory health promotion strategy. *Health Promotion International, 13*(1), 75-86.

Wang, C. (1999). Photovoice: A participatory action research strategy applied to women's health. *Journal of Women's Health, 8*(2), 185-192.

Wang, C., & Redwood-Jones, Y. (2001). Photovoice ethics: Perspectives from the Flint photovoice. *Health Education & Behavior, 28*(5), 560-572.

Wang, C., & Pies, C. (2004). Family, maternal, and child health through photovoice. *Maternal and Child Health Journal, 8*(2), 95-101.

Weir, W., & Wuttunee, W. (2004). Respectful research in aboriginal communities and institutions in Canada. In B. Fairbairn & N. Russell (Eds.), *Co-operative membership and globalization: New directions in research and practice* (p. 207-236). Saskatoon: Centre for the Study of Co-operatives, University of Saskatchewan.

Whittemore, R., Chase, S.K., & Mandle, C.L. (2001). Validity in qualitative research. *Qualitative Health Research, 11*(4), 522-537.

Wilson, N., Minkler, M., Dasho, S., Wallerstein, N., & Martin, A.C. (2008). Getting into social action: the youth empowerment strategies (YES!) project. *Health Promotion Practice, 9*(4), 395-403.

Wilson, S. (2008). *Research is ceremony Indigenous research methods*. Halifax: Fernwood Publishing.

Chapter 4 – Manuscript 1

Understanding the Healthy Body from the Perspective of First Nations Girls' in the Battlefords Tribal Council Region: A Photovoice Project[4]

4.1 Abstract

A community-based project was completed with 20 First Nations girls from the First Nations communities comprising the Battlefords Tribal Council Region, Saskatchewan, Canada. Photovoice methodology was used to explore how the participating girls', aged 13 to 16 years understand the healthy body and body image. Results indicate their perspectives are not limited to the physical body. Rather, their understanding of a healthy body is more holistic and social than traditional biomedical understandings, and indicates the importance of happiness, relationships, and connections with the community. This manuscript contributes to growing knowledge regarding youth perspectives of health, particularly First Nations girls.

4.2 Background

Numerous studies outline the inequalities Aboriginal peoples face in regards to health (Richmond, Elliot, Matthews, & Elliot, 2005; Adams et al. 2012; Fridkin, 2012; Muirhead & de Leeuw, 2012; Wilson & Cardwell, 2012). Noted inequalities are widespread and believed to be linked to the impacts of colonization (Jacklin, 2009). Recent literature classifies Aboriginal peoples in Canada as an increasingly 'at risk' population; this is problematic in that health promotion and understandings of health are often overlooked (Furgal, Garvin, & Jardine, 2010). Further, in the past there has been a gap identified in the literature regarding Aboriginal peoples' definitions of health and how they achieve health in their own lives (Graham & Leeseberg Stamler, 2010). While previous understandings of health in research have focused on 'biomedical' definitions, in recent years studies have evolved to incorporate more holistic definitions of health (Dell et al., 2012).

---

[4] A version of this manuscript has been accepted for publication: Shea, J.M., Poudrier, J., Chad, K., & Atcheynum, J.R. (2011).Understanding the healthy body from the perspective of First Nations girls in the Battlefords Tribal Council Region: A Photovoice Project. *Native Studies Review*, *20*(1), 27-57.

Native Studies Review has graciously approved the inclusion of this version in my thesis (Appendix D).

Meanings of the 'body' are very much dependent upon the cultural climate, as social constructions of the body vary through historical periods and between cultures (Shilling, 1991). These meanings are further defined through the production of cultural scripts for the achievement of acceptable bodily appearances, such as weight, exercise, and the designation of good and bad foods (Lupton, 1996). However, the cultural body and its maintenance, including participation in health and body weight practices, are seen as entirely the responsibility of the individual. Crawford (1984) coined the term "healthism" to refer to individual responsibility and reinforces this notion through his discussions of the cultural body: "The body is a cultural object …The body is a culturally constructed body. The imposition of cultural categories makes it difficult to know where nature ends and culture begins" (p. 83-84). Predominately cultural constructions of the body focus on the Western gaze and overlook the complexities of various cultures and their relation to the body (Gremillion, 2005). Kelm (1998) argues that while colonization undoubtedly impacted the Aboriginal body, resistance and culture are also intertwined and create complex experiences and understandings of the body that extend beyond Western body ideals.

Current health and weight discourses construct "good and bad" bodies and link health with attractiveness. These constructions in turn lead to self surveillance and body modification in efforts to conform to dominant standards (Burrows & Wright, 2004). In specific reference to health and body weight, these standards are projected through a number of institutions. These include standards of beauty shown in the media, physical education courses in schools, and through the fields of medicine and nutrition, which further dictate health and weight behaviours (Wright, 2004). Ideal notions of the body and femininity are strongly related, as gender is also classified as a social construction. Shilling (2010) argues that as the body became entrenched in consumer culture, it began to be viewed and is now seen as an object that can be molded through work, with the onus of doing so on the individual. Through self-control and work, individuals are believed to have the ability to both perfect their bodies and maintain health. In reality, however, health is associated with a mosaic of issues, including genetics, environmental factors, socio-economic status, and other social inequalities, that have particular significance in diverse social contexts.

Experiences of health are diverse and so too are definitions. Some First Nation peoples define health in terms of a medicine wheel (Shah, 2004), where its four quadrants or components

of health (physical, mental, emotional, and spiritual) must be in harmony for the individual to be healthy (Graham & Leeseberg Stamler, 2010). For example, Poudrier and Kennedy's (2008) project with First Nations women demonstrated that the "healthy body" is highly connected to culture. In the first phase of their research in the Battlefords Tribal Council (BTC) region, three important themes emerged: the importance of Elder knowledge; the importance of family history and women's roles; and better understanding of food purchasing and preparing.

Given the complexity of the body and notions of health, experiences and influences can greatly affect the personal meanings of these concepts to youth. Exploring youth perspectives of health is particularly important as their voices often go unheard (Burrows, Wright & McCormack, 2009). Moreover, despite their rights as citizens youth have little say or influence on the institutions that impact them (Wyn & White, 1997).Youth are considered a vulnerable and often weak group, and are viewed as "being an at risk population" (Lupton, 1999). This lack of influence and voice can easily be applied to notions and meanings of the healthy bodies in their own lives. Research with Aboriginal female girls on body image and the "healthy body" is limited and has generated conflicting findings. Some have observed dissatisfied body image among this group (Neumark-Stztainer, Story, Perry & Casey, 1999), while others have found that young Aboriginal women have a positive body image (Fleming et al., 2006). Marchessault (2004) notes that Aboriginal females in Manitoba are more likely to select "larger" body types as their ideal body in contrast to non-Aboriginal females. In a study with Australian Indigenous young male and female adults, Nelson (2012) observed that while descriptions of their bodies were complicated, a number of the participants showcased "pride in their Aboriginal bodies, expressing a cultural embodiment beyond skin color" (p. 70). These conflicting findings could be a result of geographical differences (e.g., rural vs. urban) and varying ages of participants.

This project was motivated by a need to increase understanding regarding the "healthy body" through the words of the First Nations girls. This community-based project explored understanding of the healthy body and body image in First Nations girls in the BTC region, where the community had expressed interest in this topic and wished for it to be explored to gain knowledge of how community members describe health (Poudrier & Kennedy, 2008). Photovoice methodology was used to allow the girls to raise their own questions and share their opinions of healthy body and body image as experienced in their own community (Wang & Pies, 2004). Three questions were explored: A) How do First Nation's girls interpret the healthy body

and body image?; B) What are the social, historical, visual, and cultural meanings of the healthy body for girls in this community?; and C) What are the strengths and barriers faced by girls in regards to health and body images? The girls described the meanings they give to the 'healthy body' and provided insight into both enablers and obstacles to maintaining health in their communities. This work is based on a partnership between the Battlefords Tribal Council Indian Health Services (BTCIHS) Inc. and University of Saskatchewan researchers and will assist in the development and expansion of existing programs and services for First Nations girls offered by BTCIHS.

4.3 Methods

4.3.1 Project Design

This exploration is an extension of the larger project *Iskwewak Miwayawak: Women Feeling Healthy*, which examines cultural and visual contexts of healthy body weight and body image from the perspective of First Nation women in the BTC region (Poudrier, PI). Our project contributes and complements this inquiry through a focus on First Nations girls. Through our community-based participatory project, our goal was to co-create knowledge with the girls regarding experiences of the healthy body and body image, as this knowledge will begin to shed light on the complexities of these issues (Wahab, 2003). This type of project has many positive aspects, including increasing the role of agency and participation within the community (Wallerstein & Duran, 2006). In a report by Ermine, Sinclair and Browne (2005) for the Indigenous Peoples' Health Research Centre, the Aboriginal Elders interviewed stressed the importance of both community-based approaches and the future for community youth. Youth are an integral part of the both the community and learning and maintaining traditional knowledge taught by Elders (Ermine, Sinclair & Browne, 2005).

Support from the community leaders and members was key to this participatory project, as these individuals are very interested in hearing their members concerns, opinions, and recommendations (Wang, Cash & Powers, 2000). A stakeholder meeting was held in the fall of 2007 to discuss the proposed project with the women *Iskwewak Miwayawak*. Those in attendance spoke of the need to extend this project to girls in the community and we received ethics approval to do so from the Behavioural Research Ethics Board at the University of Saskatchewan in the fall of 2008. Consent to participate was obtained from the guardians of the girls and the

girls themselves. All of the girls choose a pseudonym name, which we use throughout this manuscript. The girls and their guardians also signed consent forms allowing their photographs to be used for the purpose of the project.

4.3.2 Decolonizing Methodologies and Photovoice

Historically, Indigenous peoples were subjected to intrusive and often unethical research that was of no benefit to them (Tuhiwai Smith, 1999); in Canada, this practice was tied to a history of colonization. This history led to a stripping of culture and identity of Aboriginal peoples and today impacts health status through a variety of social determinants of health (Loppie Reading & Wien, 2009). As argued by Adelson (2005), while great strides have been made to remedy the effects of colonial practices, Aboriginal peoples still face very real inequities and those in health are very much an effect of political actions undertaken in the past. It is critical that the effects of colonization be acknowledged, learned from, and that culture be given precedence in order for change to occur (Mundel & Chapman, 2010). To move away from the effects of colonization on health, Aboriginal people's voices and suggestions must be heard as they are the true experts and their voices can in turn impact and change current health promotion messages (Sherwood & Edwards, 2006). Thus, research must be of benefit to Aboriginal communities, especially in regards health.

Given the potential strengths and empowerment of participatory methods, we choose this orientation as it allowed our collective work to be viewed as a project instead of research, and it gave us the opportunity to work together to create both knowledge and solutions. As noted by Poudrier and Thomas-MacLean (2009), the application of participatory research methods such as photovoice shifts participants from 'passive victims' to an empowered role (p. 309).

Photovoice is a successful decolonizing community-based method that builds trust, balances power, creates ownership, and builds capacity (Castleden, Garvin, & Huu-ay-aht First Nation, 2008). Moreover, this innovative and versatile participatory research method enables people to identify and represent their community through photos (Wang & Burris, 1997). Using cameras, participants take photographs that document their experiences and understanding and later discuss these individually or in a group setting (Wang, Yi, Tao, & Carovano, 1998). Photovoice has three main goals: 1) to enable people to record and reflect upon their community's strengths and concerns; 2) to promote critical dialogue and knowledge about

important community issues through large and small group discussion of photographs; and 3) to reach policy makers (Wang & Burris, 1997). Through pictures, participants raise their own questions and share their opinions of specific issues as experienced both personally and in their own community (Wang & Pies, 2004). These pictures can prompt individual reflection and act as an important empowering tool. This method can also increase the involvement of participants and enable them to be more entrenched in research (Carlson, Engebretson & Chamberlain, 2006; Wang & Pies, 2004). Images can be powerful in that they can prompt people to relate to themselves and to others more positively, and to challenge cultural stereotypes (Wang & Redwood-Jones, 2001). The application of a photovoice project is adaptable, and can for example include an introductory training session, taking of photographs, group discussion, selection of images, analysis of themes, and working toward community change (Wang & Burris, 1997).

Another powerful aspect of photovoice is that researchers are not seen as neutral observers; rather, they are part of the project along with the participants, are there for the community, and are accountable to it (Wang & Burris, 1997). In this respect, researchers do not enter the community as experts; rather they should do so from the orientation of humble learners (Wang & Burris, 1997). This allows participants and researchers to work together in partnership, which values community knowledge and increases our collective understanding of a given issue (Poudrier & Thomas Mac-Lean, 2009). Photovoice has the ability to provide traditionally marginalized groups and communities a voice as they identify strengths/issues and work toward change. Our collective work was considered the girls' project and was guided by their concerns and knowledge. Instead of performing "research", simply we helped to guide the flow and organization of the process.

4.3.3 Participants

Recruitment criteria included female First Nations girls aged 12-16 years, living on-reserve in the BTC region. Twenty First Nations girls aged 13-16 were recruited by four youth outreach workers (CYOW) Jessica, Lenore, Kimberly and Kellie, and represented six of the seven reserves in the BTC region. Because the girls were spread out geographically, the research was broken into three components (Phase 1: photovoice component and individual interviews;

Phase 2: sharing circles; Phase 3: inspirational evening), all of which took place in the city of North Battleford.

For Phase 1, we held a community event that included an introductory session, distribution of cameras for the photovoice project, collage making, meals, individual interviews and a bowling outing. The project had access to ten digital cameras, so the twenty girls were divided into two groups of ten participants: group one took photographs while the other group completed art collages, and after two hours the groups switched. Prior to the photovoice component, the girls were provided with an introduction to photovoice, the goals of the project, and a sheet of reflection questions on the healthy body and body image to guide them as they took photographs (Appendix A). Individual interviews provided a good balance between the group discussion and the ability to contribute a private/personal piece to the research. This time was used to discuss the photographs, their meanings, and motivations for capturing their images in greater detail. The interviews also provided the girls an opportunity to discuss additional issues or ideas they may have regarding the healthy body and body image. All interviews and group discussions were transcribed and underwent a thematic analysis using NVivo based on the girls lived experiences of health in their communities. The photographs taken by the girls were categorized and analyzed using the thematic analysis, guided by their descriptions of the images in their individual interviews. Emerging themes from the preliminary analysis of the photographs and interview discussions were brought back and discussed with the girls during Phase 2.

Three months later, we completed sharing circles. As a result of scheduling conflicts and availability, only 12 of the twenty participants were able to participate. These sharing circles discussed themes arising from the Phase 1 interviews and continued our discussions of the healthy body and body image (Phase 2). The 12 participating girls were divided into three sharing circles groups. The analysis of the sharing circles was then merged with the analysis of the interviews and photographs.

The project concluded with a community event held the following spring after data analysis was complete (Phase 3). The girls and women from the larger project were brought together for an inspirational evening in which pictures, stories, and music were shared with others. This event provided the opportunity for the researchers and the community partners at BTCIHS to share data and findings with the community members.

4.4 Findings

Data were collected from 17 individual interviews (two interviews included two participants, and one participant chose not to be interviewed), three sharing circles, and 798 photographs taken by the girls. Five themes emerged regarding the girls' understandings of the 'healthy body': healthy/unhealthy foods, community, relationships, physical activity, and additional healthy behaviours. These are discussed below, sharing both the words and photographs of the girls.

4.4.1 Healthy/Unhealthy Foods

Many girls spoke about the importance of healthy foods and the impact of unhealthy foods on one's health. Foods were a common image in the photographs that the girls took, and many included pictures from supermarkets and of fast food chains. They spoke of the importance of the inclusion of healthy foods in their diets and the connection of these to health. These types of statements correspond with dominant health discourses and health promotion messages. While the girls often reiterated these messages, some expanded the discussions to encompass broader meanings, for example information shared by family members. In Figure 4, Elmo included a picture of herself and two additional participating girls, Bugeye and Tom-Tom, in a supermarket holding meat with smiles upon their faces.

Figure 4: Three participating girls holding meat

Tom-Tom spoke of this image in her interview and said that it was both fun to take and represented the importance of meat in the diet—knowledge that had been passed down to her by her grandmother. Tom-Tom elaborated on this picture by saying,

> We took lots of healthy ones…and the only one that popped into my head was when we were holding this long meat thing, it was salami I think. We were holding it, it was real long and we were laughing. The reason why I took this picture is that you know how those girls always go anorexic and stuff, they should start eating the meat and you'll start feeling much better. You need that blood and stuff that's in there. It's good for you, it cleanses you and helps you out. My grandma said to me "when you eat meat it, it goes through your stomach and then it digests and it's good for you", it helps your blood and stuff it mixes in.

When referring to the importance of meat in one's diet, Tom-Tom spoke of girls with eating disorders. Anorexia was at times referenced and viewed as an unhealthy behaviour. For Tom-Tom, meat is important as part of the diet but also represents functions beyond nourishment, such as cleansing as her grandmother shared with her. Bobby Joel listed healthy foods as "basically fruits and vegetables and meat" but stated she personally would rather not eat meat out of concern for the animals. She noted,

> It has a stale taste to it ever since I found out about the mad cow disease. I saw a cow get killed and another couple of animals and I feel sorry for them. I saw a dog and I thought of the dog as my meat and I got kind of creeped out and now it just tastes gross. I force myself to eat meat.

These contrasting views on the consumption of meat were intriguing because they show how individuals' life experiences and beliefs can also affect one's diet.

Other participating girls spoke about incorporating traditional foods into their diets. For example, Bugeye discussed what students ate at school, noting "bannock and fruit", but expanded upon this when asked if this was healthy to say "except for the bannock because of the grease". Thus, she did not consider bannock to be a healthy choice despite it being a traditional food.

Simpson felt that eating healthy was part of being healthy. Her description of what a healthy person does was, "Eat well, drink water and exercise", while also noting that eating well included "fruits and vegetables and all that". Fruits and vegetables were a common topic in both our dialogues and photographs. When Ravyn was asked to speak to the picture that she most identified with, she choose a picture of herself standing in front of bananas at a grocery store

(Figure 5) and explained, “I think it’s good to be healthy and eat everything healthy”. For Ravyn, eating good foods were both positive and helped an individual to achieve health.

Figure 5: Ravyn standing in front of bananas

Considerable discussion took place regarding what foods were considered healthy and unhealthy. This discussion often focused around fast and junk foods, and pictures of fast food chains were plentiful among the girls’ photographs. Bechkam took a photograph of McDonald’s and, when asked what the picture symbolized, simply responded, “unhealthy”. Ronaldino included a picture of a fast food hamburger, and when asked to comment on the photo stated,

> That one means, what is not a healthy body. That’s grease from the burger, the cheese, and the bacon. All these things that you’re eating right here is not healthy, it’s all grease, and it’s attacking your heart and that’s how old people get heart attacks. It plugs up your arteries.

Note that while Ronaldino equated the consumption of burgers to the potential for heart disease, she referenced older adults and not youth. Another participant talked about the importance of sharing one’s knowledge of healthy foods and spoke about her desire and motivation to try to help her step-sister eat healthier and prevent diabetes. Tibby Jonez shared this story:

> I always try to help my step sister because she smokes lots and she has bad sugar. When she talks to someone she talks to me or her best friend, *our* best friend. She talks to my mom, and my mom’s mom, and my mom’s sister about her problems. And they always try to help her eat healthy. She lives with her grandma, and I go there and I try and I cook healthy foods for her. I don’t know, I just try, and she doesn’t really eat them. She doesn’t eat vegetables at all. So I just cook her Cream of Wheat. I tell her “you’re going

> to be a diabetic by the time you're eighteen", because she pours, a lot of brown sugar and she eats those real big slurpee things.

In this story, Tibby Jonez identifies poor dietary choices and smoking as potential negative impacts on her step-sister's health. Although she tries to influence her to be healthier, her step-sister does not seem very receptive to these efforts.

While the girls identified what was needed in order to eat healthy, they also spoke about issues regarding the availability of healthy foods, such as fruits and vegetables. During a sharing circle, the girls spoke of the lack of healthy foods available at the local store on their reserves. Bobby Joel explained that the local store has "mostly starches". Purchasing fruits and vegetables often requires a trip to the city, which for many families is not done daily. When asked how often her family goes to the city to buy groceries, Bugeye replied:

> Every two weeks. There are mostly boys (in family) and I'm the only girl and the boys eat a lot. I always hide juice as they always drink it, everything will be eaten up in two days. Someone will make juice and there will only be a little bit left, I will take it, make sure that no one is around and then I will go and put it under my bed.

Thus, Bugeye has come up with a crafty way to prolong her access to juice, which she considers a healthy food and for which she competes with teenage boys.

4.4.2 Community

Community was an important theme in the girls' understanding of health, and one aspect discussed in relation to the community was cultural practice. Bugeye spoke about the round dances held in the community: "round dances every week, not only in our reserves but in other reserves too". When asked if she thought this was healthy, she replied, "yeah because you move your legs and everything and you move around the whole time". Tony also spoke about round dances in the community in reference to support received to be healthy: "I think its enough support because around the rez's (reserves) they come for round dances and everything…they come to support our reserves…that's why I like having round dances." Round dances had different meanings to the girls; while Bugeye considered them exercise, Tony discussed the spirit of community they can create through everyone coming together.

In one of the sharing circles, the girls were asked to relay their wishes to enable their community to be healthier. Some girls noted that they "wish that kids didn't fight"; others spoke of their desire to see more activities/facilities available, such as a "bowling arena" and "access to

soccer". As Ravyn noted, "I would say get more activities in the community instead of people drinking and smoking and all that stuff". Larissa noted she would like to see "more things for the weekends, clubs for the weekend so that kids could go there and do stuff, activities, sports like you do in schools. Having things like open a stadium rink for weekends so people could go skate". These comments reflect the girls' feeling that the addition of more activities has the potential to help their community to be healthier, as this would give youth outlets where, for example, they could spend their free time instead of drinking.

The girls discussed alcohol and drug use in adults and youth in reference to their home reserves, and some of the girls provided these as examples of unhealthy behavior. Sodapop noted that "people do a lot of drugs and alcohol on a reserve, a lot of people are drinking… sometimes they have to go to the hospital. Sometimes kids get left to stay home to babysit their siblings so that their parents can go get drink and go drinking". When the girls were asked what youth in their community do when they are not in school, some talked about "partying" and drinking. Bobby Joel spoke about individuals in her community/family that are involved in drugs/alcohol and the help that her mother offers their children:

> Because of the drugs and alcohol they would have been taken away, so my mom will adopt a kid and then they would come to stay at the house. So the family isn't apart, my mom doesn't like that. My mom left for a couple of years and left us with our dad, and she is trying to make it up to us, she left because she was really alcoholic she quit because she was going to die soon.

Thus, Bobby Joel's mother has now become a support system to those facing the same struggles she faced earlier in her life.

Drugs in the community were also referenced in discussions about alcohol. For example, Tibby Jonez felt that her community was not really healthy:

> It used to be a nice safe reserve until people started bringing alcohol and drugs. Like the X's, they bring Crystal Meth into the reserve and a lot of people were doing that. My friends were trying to get me to do it and I told them I'm not that dumb. I was watching them all do it and my friend overdosed and she got really sick and then my friend he got alcohol poisoning.

The girls in this project were very educated about the dangers of alcohol and drugs and in their discussions of these predominantly spoke about others and not themselves. Some had personal exposure to alcohol and/or drug abuse, saw this as unhealthy, and choose not in engage in these

behaviors. Others, such as Bobby Joel, provided inspiring stories of those who had overcome their struggles.

The photovoice project took place outside the girls' communities of origin and was thus unable to clearly capture information regarding these communities. Nevertheless, the girls still took pictures that they felt were important to life in their community. For example, two girls chose to photograph a police car (Figure 6), but for different reasons.

Figure 6: Police Car

Sodapop viewed the police car as a positive symbol and stated, "I took a photo of the police car because they're helping the community and people be safer". In contrast, Beckham commented that her picture reflected that "they think they're the pudding on the plate". When asked to expand, she stated that they were "racist". The fact that both girls captured the same image, but for one it represented something positive and for the other it was negative, is interesting because this picture highlights the varying meanings images represent dependent upon the individual.

The girls were asked to speak about activities that took place in their communities, and in particular how community members spend their time. In a sharing circle, the girls spoke of the various activities that took place on their home reserves. For example, Barry Manalow responded "feasts" while Shae Walker noted "bingo". Karryn felt that her home reserve was not healthy "because people keep their reserves dirty and there's garbage all around". Karryn considered cleanliness in the community as an important indication of health, and the garbage she spoke of was visual evidence of its unhealthiness. Finally, Tom-Tom spoke about the sense of

"community" on her reserve and how this was symbolic of healthy behavior: "we always greet each other, shake each other's hands, or give each other high fives. Or if they need help we give each other help". Community reflections varied; the girls spoke of cultural practices, activities engaged in, healthy/unhealthy behaviours, and relations between members.

4.4.3 Relationships

The girls often referenced relationships and spoke of their connection and importance to health. Family was evidently important to all the girls, who spoke about their parents, grandparents, siblings, aunts, uncles, and cousins. Parents in particular were viewed by some of the girls as their role models. Blues Lopez referred to her mom as her role model and said, "I just fell in love with my mom and I don't want anything bad to happen to her". Tay-Tay, Larissa, and Tony also described their mothers as role models. Larissa said this was because "she always does healthy stuff"; Tony said her mom is "a real good mother and she loves me and my little brothers". These references to their mothers as role models often arise out of the love that they have for them; however, Larissa's comment indicates also looks up to her mom in terms of health. Similar to Bobby Joel, Tiffy spoke of both parents as her role models given the strides they had made in changing their lives after facing addiction:

> They used to drink and now they don't because we got taken away seven years ago then they stopped drinking about five or six years now. They're good role models for me and my younger brothers and my cousins, because right now my cousin's mom is drinking and now they're living with us for three years now. That's not a good role model my mom said, so my mom took them.

Thus, Tiffy's parents now act as a support system not only for their children but also nieces and nephews. Additional family members were also discussed. For example, Tibby Jonez talked about running into her grandmother and uncle at the supermarket while she was taking pictures for this project, noting that "they are really, really healthy…when I went to her house they have all kinds of fruits and vegetables and low fat juices. I never see chips or pop in her cupboards, except on holidays and things, or on birthdays". This indicates Tibby Jonez views her grandmother and uncle as healthy individuals, and her comment that junk foods were reserved for special occasions and not consumed on a regular basis at her grandmother's hour relates back to the theme discussing food.

Unfortunately, some of the girls have faced the pain of losing a parent and discussed their losses in their interviews. Tom-Tom spoke of how much she misses her mom and how she thought about her while taking pictures for the project. She reflected on her thoughts during this time:

> How she'd want me to be like how she feels. When I clean up I feel like she'd be there to help me. I'd be doing this for her, so every time I clean up I do it for her. Just to be healthy and always make healthy choices instead of bad, don't drink and drive and stuff. Always pray to God for health and wisdom, and say a prayer.

Thus, although Tom-Tom's mother is no longer with her, this girl still acts and engages in behaviours that her mother would consider healthy. Finally, Beckham spoke of the closeness she and her sister share because they have "everything in common, soccer and boys. We like the same colors, like the same people". For her, sharing similar interests with her sister enabled them to form a strong bond.

When the girls discussed relationships, they spoke at length of their friends and how they were important to their health and well-being. For some, friends were seen as a major support system. Simpson spoke of the support she receives from a trusted friend after she suffered the loss of her father: "that's the only person I talk to, because I least I know that she'll keep it to herself and not tell anybody". Similarly, Sodapop spoke of her friends as a source of support: "I just like someone to be there, someone to listen to me through the stuff I'm going through and be there to comfort me". While she was unable to take pictures of them during the photovoice project, friends were so important to Sodapop that she took out her phone during the interview and not only showed pictures of her friends but also spoke a little about each one. She said that she would have liked to have included pictures of friends in this project because "they show people together…to have fun and try to be with each other". Tony spoke about the importance of feeling connected, and used suicide as an example of when connection could be lacking: "most times when there is a suicide it's because people are lonely. What they really should do I think is they should go out and just be friends with everybody. That would be better". For Tony, feeling connected, getting along with others, and having friends is an important piece for her health, especially in reference to mental and emotional health.

The girls also discussed relationships with boys, either directly or indirectly, and the importance of respecting oneself. Blues Lopez spoke a great deal about her boyfriend. She thought so much of him that she referred to his family as her in-laws. While she discussed being

in a relationship, she also spoke of self-respect and how it was important for girls her age to "to learn how to respect themselves, their body…at parties and stuff, they give themselves away". Blues Lopez learned the importance of girls taking care of themselves with boys through her aunt whom she says "tells me that everyday". Although in a relationship, she spoke of refraining from sex and said that she is "not that kind of girl". She highlighted her motivations for self-respect when she spoke of her younger sister's pregnancy and later abortion and involvement with older boys. Tiffy also spoke of self-respect and felt that youth in the community were not supported in terms of being healthy. She elaborated, "because young girls like her (referring to a picture on the computer screen) and others they already got hickeys and their having babies and their doing drugs at 10 and 11 and that's why my mom doesn't let us go walk around". For both Blues Lopez and Tiffy, women in their lives taught them the importance of self-respect and avoiding risky behavior.

Finally, Sodapop spoke about the importance of Elders in her life and she and many of the girls chose to take a picture of Elder Melvina (Figure 7) that joined us on the day the photovoice projects were completed, because "she prayed for us".

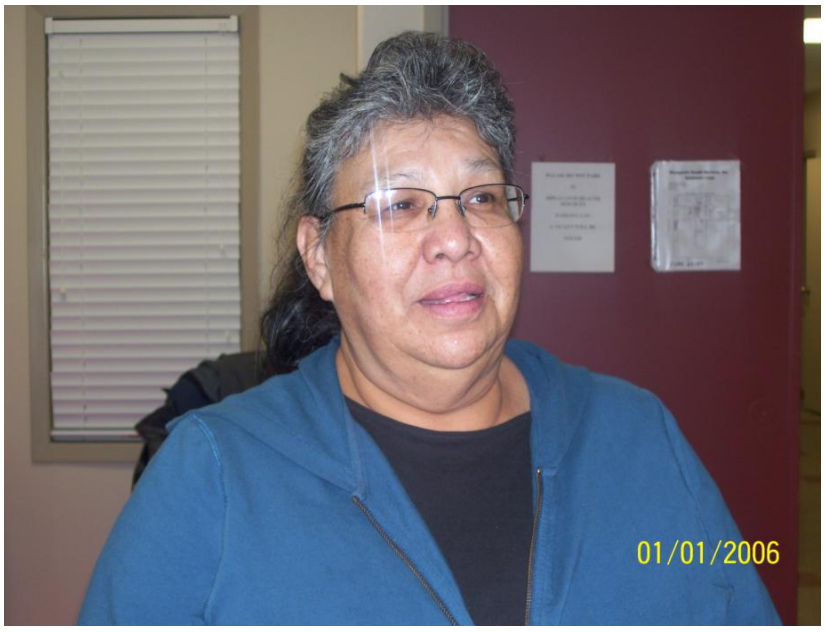


Figure 7: Elder Melvina

Sodapop also went on to speak about the importance of Elders and their connection to health:

> We ask the elders to pray for us, keep us healthy and cared for. We ask our Elders to pray for us and offer them tobacco or tea or something like that, as thanks for them, and we have to do it. Or for healing the body of pain and all that. We have feasts, once a year on our graveyard for our passed on relatives and family.

Sodapop perceived Elders as extremely important in the community through their guidance and prayer, and she spoke of the practice of feasts to highlight this.

The girls viewed their personal relationships as having a connection to health. The girls also often spoke about the CYOW Jessica, Lenore, Kimberly and Kellie who had made this project possible. They were familiar with these women through their role working with youth in their communities. It was evident in the number of photos taken of the CYOW Jessica, Lenore, Kimberly and Kellie that the girls looked up to these four women a great deal. On many of the health collages made on the same day as the photographs were taken and interviews conducted, the CYOW Jessica, Lenore, Kimberly and Kellie wrote inspirational or complementary comments; this showcases the support and positive role they play in the lives of the girls. Figure 8 is a picture taken by Bobby Joel of CYOW Jessica with three of the girls in the project.

Figure 8: CYOW Jessica and three participating girls

Other girls shared how much they enjoyed the way the project was set up, as it was fun for them and gave them the opportunity to make new friends. For example, Blues Lopez commented that what she liked most about the day was “meeting all you guys and having fun”.

4.4.4 Physical Activity

The girls reflected on their own physical activity practices and the importance of an active lifestyle. In doing so, they provided a number of responses ranging from simple one-liners to more detailed descriptions. In one sharing circle, the girls were asked to reflect on what youth in their communities like to do for fun. One participant responded “sports”, and noted they aimed to be in the soccer all stars that summer. The girls talked quite a lot about soccer as well other sports such as baseball, badminton, volleyball, and football. Bobby Joel felt that youth in the community went skating to pass the time, noting that “they just want to learn how to play hockey…well mostly everybody I know loves skating and they all go to the rink”. When the girls spoke about engaging in sports such as soccer, they talked about playing with a group of youth from their community. Thus, engaging in sport served a dual purpose in that it provides both exercise and a chance to socialize.

The girls also spoke about exercising, and some participating girls captured images of this with their cameras. For example, Tiffy included a picture taken in a gym (Figure 9), working out on an exercise machine while looking happy.

Figure 9: Tiffy exercising

She stated in her description that health is "taking care of your life". Similarly, when Tibby Jonez was asked how she stays healthy she responded, "eating healthy and getting exercise". For Tiffy and Tibby Jonez, being healthy means being responsible and taking care of yourself, and this fits with health promotion messages implying individual responsibility. Ronaldino took a picture of a statue (Figure 10) that she felt represented a family exercising together.

Figure 10: Ronaldino's picture of a statue

While discussing activities for youth, the girls noted that gym nights are sometimes held at the school and they are thus able to go exercise and use the equipment available there. As one girl described, they "hang out and stuff; my sister and I stay after school to play in the gym". Thus, these gym nights again offered the opportunity for exercise as well as socializing. While the gym nights were viewed as positive, the girls noted that this did not occur all the time, so access was limited.

Finally, Bobby Joel spoke about hunting with her father: "I like to hunt; its fun. We went for moose last week and my dad wants to take me for deer soon". For Bobby Joel, this activity is a source of exercise and enjoyment; moreover, her father is passing on his knowledge to her as they engage in this activity together. Interestingly, in the sharing circles three months later, Bobby Joel spoke of no longer wanting to eat meat out of concern for animals; thus, she may no longer be engaging in hunting.

The girls were also asked what youth in their age groups could do to be healthier. One girl said youth in her community "just sit around and watch TV all day", highlighting the need for increased activity. Others noted that they need to be provided with "more entertainment" and "more activities". Overall, the girls' comments indicate that they can achieve an active lifestyle in a number of ways but seek more variety in activities available to them.

4.4.5 Additional Healthy Behaviours

The girls also discussed additional behaviours that contributed to being healthy, including having a healthy body image, good personal hygiene, and refraining from the consumption of tobacco, alcohol and drugs. During a sharing circle discussion of body image, Otis stated that you must "accept that you can't be perfect"; Beckham and Barry Manalow agreed. Shae Walker said a healthy person "looks real, in terms of nobody's perfect". For this group, this acceptance piece was linked to a discussion of a healthy body image and they talked about the importance of "being yourself". These girls felt it was important to accept their bodies and not be caught up in the ideal body projected in the media and elsewhere. Further, when discussing the healthy body the girls were asked to reflect on gender, or if being healthy differs for males and females. Shae Walker's statement that "guys try to gain weight and muscle mass and then girls try to lose it all" corresponds to Western societal body ideals, in which males are seen as buff and girls as skinny. Weight was discussed in the interviews and groups in a positive and healthy manner. Tay-Tay felt a healthy body is one that is "not too big or not too skinny". Bobby Joel said a healthy body

> …can look like anything but as long as you know you're trying to at least work out and stuff. I'm skinny and everything but if I was chubby I know I would still be healthy as long as I'm just eating right, like vegetables and apples. You can look like anything…

For Tay-Tay and Bobby Joel, a healthy body was not defined by weight but rather whether or not an individual makes healthy choices, for example with respect to their diet and activity level.

Good personal hygiene was also regarded as a healthy behavior. Blues Lopez looked at good personal hygiene as a type of protection from disease and illness, with the goal to "keep myself clean so I don't get anything". Tiffy spoke of the importance of "looking after myself, cleaning myself, eating right and not taking medication if I'm not sick". Bobby Joel equated cleanliness with health: "I guess just clean…if you're clean you're healthy". Sodapop described visual indicators of an unhealthy person, including "real dark bags under their eyes and they have spots all over their skin and just messy hair and ugly looking teeth". Tom-Tom spoke a great deal about cleanliness and its connection to healthy living, providing the following as her definition of health:

> To me it's just eating properly, getting exercise and healthy living. A healthy body immune system and always brushing your teeth, hair, always having a shower. I don't know, the guys they always get dirty nails or whatever, always cleaning your nails. Cleaning up your house and getting along with everybody and making sure everything is in order.

Her quote speaks both of external appearances and cleanliness in a broader sense.

Tom-Tom also took a picture of herself and two other participating girls outside a church (Figure 11).

Figure 11: Three participating girls outside a church

In the photo, the three girls are smiling and posing as if they were praying. Tom-Tom's explanation of the significance as follows:

> At the church, we were praying, and that reminded me of when my grandma said "if you pray to the Creator for good things to happen today and then tomorrow, it'll come, if you pray today". It will cleanse me and make all the bad spirits and stuff go away. Stuff that you see and saw and talked about, just tell him to cleanse you and it'll feel much better. Even when you keep it in, but when you cry it lets it all out, like from the feet all the way to the top it is coming out your eyes…

Tom-Tom is again referring to knowledge passed down to her by her grandmother. Her quote shows the importance of prayer and self care when one is overwhelmed, and the comfort it can bring. For Tom-Tom, speaking to the creator for guidance is a form of release that she compares to the release one receives from crying.

The girls also spoke about the importance of refraining from drinking, drugs, and smoking. Tay-Tay took a picture of a local health promotion message about smoking aimed at youth (Figure 12) "because that's what I am, I'm tobacco free".

Figure 12: Local anti-smoking poster

Sodapop similarly perceived smoking as unhealthy, because "smoking can ruin your lungs and because you feel like you can't participate in stuff. Or you can get addicted to it and then you would be wasting your money on it". Tom-Tom described someone with a healthy body image as a "non-smoker, non-drinker, an outgoing person", in which the latter notion relates back to the importance of being connected to others. When Tony spoke of her home reserve she felt that "there shouldn't be drugs and alcohol there because I just don't like that…not having drugs and alcohol to interfere". Ravyn also spoke of her reserve and suggested the following to make it healthier: "I would say get more activities…in the community so instead of people drinking and smoking". Karryn also described a healthy person as doing "good things, they don't do drugs and stuff". Finally, Blues Lopez added that in her community "there's a lot of drugs and alcohol some people do drugs and things, they drink like everyday". All of these comments speak to the girls' concern about drinking and smoking and its impact on both personal and community health. Their choices to refrain from these behaviours, practice good personal hygiene, and have a positive self image also contributed to their health.

4.5 Discussion

A complex understanding of health emerged from the participants' words and photographs. Graham & Lesseberg Stamler (2010), in their project to understand contemporary

perceptions of health at Thunderchild First Nation, used the medicine wheel not only to categorize their data but viewed this as a methodology as well. Using the wheel they looked at four concepts of health—spiritual, intellectual, physical, and emotional—and included will in the middle (p. 10). The medicine wheel concept varies amongst groups but retains commonalities (Waldram, Herring & Young, 2006). Our project findings indicate that the girls' discussions of health also reflect a holistic model which corresponds with recent literature and understandings of health that challenges the traditional biomedical model.

Five themes emerged from our qualitative project with First Nations girls in the BTC Region in Saskatchewan. With respect to *healthy/unhealthy foods*, the girls were very knowledgeable about the importance of eating healthy foods and connected this concept to health. They also spoke of knowledge passed down by Elders. A previous Eastern Canadian study with Aboriginal peoples exploring health and healing found that both youth and Elders were eager to share knowledge (Hunter, Logan, Goulet, & Barton, 2006). Through the development of the Science as a Circle© research model with First Nations communities, the translation of traditional knowledge between Elders and youth has been both acknowledged and nurtured through the development of activities to strengthen these relationships (Nilson, Bharadwaj, Knockwood, & Hill, 2008). Further activities to bring Elders and youth together would undoubtedly be beneficial to the youth in these communities. Food security on reserves was also discussed and some girls spoke of challenges in accessing fruits and vegetables at the community store. Loppie Reading and Wien (2009) discussed this reality and noted that those in rural or remote areas often face this difficulty due to price and transportation of these items into the community. Thus, while the girls' linked a proper diet to health status, at times their access to healthy foods in their communities was limited. Further Adam's et al. (2012) study with Indigenous young adults in Australia while identifying community food security concerns, also revealed strengths. Strengths included community leadership raising awareness of healthy eating in a family based approach while at the same time honouring traditional eating and approaches to obtaining food such as a hunter-gather approach (Adams et al. 2012). Similar work has been occurring in the BTC region through the efforts of IHS to improve access and awareness on healthy eating.

The girls also discussed health status in relation to their home reserves under the theme of *community*. In a pilot project with women in the BTC region they too spoke of the importance of

both community and culture as linked to health, revealing that health is more complex then diet, weight, and exercise (Poudrier and Kennedy, 2008). Birch, Ruttan, Muthand and Baydala (2009) contend that "good or poor health occurs within the experiences of family, community health and relationships" (p. 28). The girls in our project spoke about round dances, wishes for their community, and problems associated with alcohol and drugs. Their discussions of addiction were particularly inspiring in that the girls shared stories that affected them personally of individuals overcoming alcoholism and in turn contributing to helping others in both their family and community. The girls in this project spoke at length of the importance of having access to activities and leisure opportunities in their spare time. They felt that this was important for youth to be occupied and thus less likely to engage in unhealthy behaviours such as drinking and smoking. In a project with youth from a Mohawk community, researchers caution that programs need to address complex understandings of health that focus on balance and thus extend beyond biomedical definitions of health (Cargo, Peterson, Levesque, & Macaulay, 2007). Further, a study with First Nations youth notes that the expansion of available programs that enable youth to build relationships can be linked to increased youth engagement (Crooks, Chiodo, Thomas, & Hughes, 2010). Through our discussions, the girls highlighted the importance of community and relationships, future programs for youth in this area could be strengthened with a combination of community, culture, and opportunities for socialization. Dell et al. (2011) in her review of treatment for Aboriginal youth observed that in the context of mental health the individual and the community cannot be cannot be separated as both are intertwined. Wexler (2009) noted the importance of a strong and positive connection to culture for Indigenous youth, as it contributes to increased mental or emotional health.

The girls in our shared project spoke of the importance of *relationships* and being connected to others; families, friends, boyfriends, CYOWs, Elders, and new friends made through participation in this project were all noted as relationships that impact their health through support. Graham and Leeseberg Stamler (2010) in their study exploring First Nations perceptions of health also noted the importance of relationships. Wisener, Brown, Liman, Jarvis-Selinger and Woollard (2012) have identified relationships as a key Aboriginal value that includes family, friends and community. In a study with Indigenous youth exploring reason to abstain for substance abuse, healthy and strong relationships were identified as a key motivation. Furthermore stemming from this study an emerging theory was developed entitled "relationship

building for a healthy future and better life control" (Haring, Freeman, Guiffrida & Dennis, 2012, p. 9-10). Durrant and Ungar (2012) reflecting on the success of a community program for at-risk Aboriginal youth observed that the key to success is relationship building, earning the trust and forming bonds with the youth is the first step. The girls in our study also spoke of important role models, a theme Fleming and Kowalski (2009) also observed in their project with two young rural (off-reserve) Aboriginal women. These authors noted that role models are both diverse (family, friends and media representations) and have a great impact on the personal body image of the women. In our project, the CYOW Jessica, Lenore, Kimberly and Kellie appear to be increasingly influential, and opportunities to expand relationships such as these would be a benefit in the lives of the girls and other First Nations youth.

The girls spoke about the importance *physical activity*. Most girls in this project were involved in soccer but spoke of other sports as well. They also spoke of exercising and leading an active lifestyle. This is similar to Halas (2011) study in which Aboriginal youth indicated their desire to participate in physical activity both in the school environment and community. Pigford, Willows, Holt, Newton and Ball's (2012) found in their study First Nation children that participants defined physical activity beyond sport and included traditional activities such as powwows and hunting. This is similar to Bobby Joel's discussion of hunting in our discussions of physical activity, and Tony and Bugeye's discussion of round dances in the community as both a form of connection and physical activity. While such involvement is beneficial physically and can shield against illness, it can also contribute to positive emotional health and an increased sense of connection (Cargo, Peterson, Levesque & Macaulay, 2007). Schinke et al. (2010) observed in their project with a First Nations community that youth participation in sport was regarded as a responsibility of the extended family and everyone helped out to ensure youth were present for games and practice. Additionally the researchers suggested that sport programming in the community could benefit from a mentoring program in which older children work with the younger children as role models (Schinke et al. 2010). Blodgett et al. (2008) in a project with a First Nation community and elite Aboriginal athletes explored how to increase sport participation amongst youth, findings included the importance of integrating culture in activities, the importance of positive role models and supportive coaches. Given our participants' interest in sport the formation of a soccer league for youth in the BTC region with mentoring opportunities for the older youth may be a benefit and enjoyable for youth in the area.

Lastly, the girls spoke of *additional health behaviours* that they participate in to maintain personal health. They acknowledged that a healthy body is in fact diverse and can represent different shapes and sizes differing from the rigid "skinny" body ideal that is often projected in the media. This mirrors findings of Fleming et al.'s (2006) study in which young Aboriginal women spoke of beauty and that beautiful bodies come in all shapes and sizes. Furthermore this is similar to Nelson's (2012) study in which Indigenous youth both participated in and resisted dominant discourses on ideal body types through broad definitions of the healthy body and beauty. The girls in this project also spoke of the importance of personal hygiene, and one participant expanded this discussion of cleanliness and spoke of the cleansing power of prayer. Maintaining respect for one's body was also seen as important for those involved in romantic relationships with the opposite sex. Finally, they spoke of the importance of refraining from consumption of tobacco, alcohol and drugs in order to remain healthy.

Overall, the five themes that emerged from this project reveal that these First Nation girls view health as broader than just diet and exercise; rather, it is holistic and encompasses social, cultural, political and environmental influences.

4.6 Conclusion

Health was discussed by the girls as a multidimensional concept and including influences beyond on the individual (e.g., the larger community). The girls spoke of personal actions they take to achieve and maintain a healthy body, but also a great deal about health on a larger scale; they also drew on their relationships, community, and culture to highlight and share their knowledge. The girls' descriptions of the healthy body and health were complex, and cited a number of factors that influenced them to be healthy in their own lives.

This project makes a valuable contribution to existing literature by increasing our knowledge regarding First Nations girls' understandings of the healthy body and body image. In particular it adds to the growing literature which reveals that health status is determined not only by the individual but larger cultural, environmental, and socio-economic influences as well. Additionally it provides a unique contribution through describing how First Nations girls' residing on-reserve understandings of the healthy body and body image. Discussions with the girls through both the interviews and sharing circles were not only insightful but inspiring as well. The girls demonstrated considerable knowledge and highlighted the complexity of health

and how it is linked to physical but also mental, emotional, spiritual, environmental, cultural, and community aspects. This holistic definition of health reveals the myriad of factors that influence health. These findings mirror the shift in the literature which in recent years have encompassed broader health definitions and stress the importance of programming that compliment culturally relevant and holistic definitions of health (Dell et al. 2011). Given the number of socio-cultural factors that influence health in First Nations communities, incorporating First Nations values, culture and perceptions of health can be empowering and enhance effectiveness of health promotion messages (Barton, Anderson & Thommasen, 2005).

These insights about the ways First Nations girls experience and form their own understandings of health can assist the development of programs (e.g., positive body image and healthy living programs) and health promotion tools (e.g., posters, pamphlets and health resources) for First Nations youth. Expansion of this project to work with boys in the area to gather their perspectives on health would be beneficial, to identify similar or contrasting issues and priorities of health in this population. In their descriptions of health, they were also successful in outlining challenges that they face in their achievement of health (e.g., food security and access to physical activity opportunities). The following manuscript presented in Chapter Five builds on this description of challenges. Despite adversities experienced, the girls are aware, positive and strong. These personal strengths need to be built upon. Guided by three themes of body image, loss and addictive substances, the manuscript described the girls' descriptions of these and their impact/relation to health in their own lives. What is extremely influential and essential from these descriptions is the girls displayed resilience highlighting their strength and coping skills. When their definitions of health, body image and their personal resilience are placed together they make available a strong direction for policy makers and healthcare/programming providers. Additionally the girls' descriptions of the healthy body, body image and personal resilience also challenges the large volume of literature on Aboriginal health that presents health in these communities as a negative story focusing in risk factors and poorer health outcomes. While there are indeed very real disparities it is essential to focus and celebrate the positive as well, the girls' stories and strength does just this. The following manuscript shares the heartfelt stories shared with us by the girls', the important element that emerges from these stories is their personal resilience which is truly inspiring.

Chapter 4 References

Adams, K., Burns, C., Liebzeit, A., Ryschka, J., Thorpe, S., & Browne, J. (2012). Use of participatory research and photo-voice to support urban Aboriginal healthy eating. *Health and Social Care in the Community, 20*(5), 497-505.

Adelson, N. (2005). The embodiment of inequity. *Canadian Journal of Public Health, 96*(S2), S45-S61.

Barton, S. S., Anderson, N., & Thommasen, H. V. (2005). The diabetes experiences of Aboriginal people living in a rural Canadian community. *Australian Journal of Rural Health, 13,* 242-246.

Birch, J., Ruttan, L., Muth, T., & Baydala, L. (2009). A case of culturally competent care for Aboriginal women giving birth in hospital setting. *Journal of Aboriginal Health, 4*(2), 24-34.

Blodgett, A.T., Schinke, R.J., Fisher, L.A., Wassengeso George, C., Peltier, D., Ritchie, S., & Pickard, D. (2008). From practice too praxis community-based strategies for Aboriginal youth sport. *Journal of Sport & Social Issues, 32*(4), 393-414.

Burrows, L., & Wright, J. (2004). The discursive production of childhood, identity and health. In J. Evans., B. Davies., & J. Wright (Eds.), *Body knowledge and control. Studies in the sociology of physical education and health* (pp. 83-95). London: Routledge.

Burrows, L., Wright, J., & McCormack, J. (2009). Dosing up on food and physical activity: New Zealand children's ideas about health. *Health Education Journal, 68*(3), 157-169.

Cargo, M., Peterson, L., Levesque, L., & Macaulay, A.C. (2007). Physical activity and perceived wholistic health in Kanien'keha:ka youth. *Pimatisiwin, 5*(1), 87-109.

Carlson, E., Engebretson, J., & Chamberlain, R. M. (2006). Photovoice as a social process of critical consciousness. *Qualitative Health Research, 16*(6), 836-852.

Castleden, H., Garvin, T., & Huu-ay-aht First Nation. (2008). Modifying photovoice for community-based participatory Indigenous research. *Social Science & Medicine, 66,* 1393-1405.

Crawford, R. (1984). A cultural account of "health": control, release, and the social body. In J. B. McKinlay (Ed.), *Issues in the political economy of health care* (pp.60-103). New York: Tavistock Publications.

Crooks, C.V., Chiodo, D., Thomas, D., & Huges, R. (2010). Strengths-based programming for First Nations Youth in schools: building engagement through healthy relationships and leadership skills. *International Journal of Mental Health and Addiction, 8*, 160-173.

Dell, C.A., Seguin, M., Hopkins, C., Tempier, R., Mehl-Madrona, L., Dell, D., Duncan, R., & Mosier, K. (2011). From benzos to berries: treatment offered at an Aboriginal youth solvent abuse treatment centre relays the importance of culture. *Canadian Journal of Psychiatry, 56*(2), 75-83.

Dell, C.A., Roberts, G., Kilty, J., Taylor, K., Daschuk, M., Hopkins, C., & Dell, D. (2012). Researching prescription drug misuse among First Nations in Canada: starting from a health promotion framework. *Substance Abuse: Research and Treatment, 6*, 23-31.

Durrant, V., & Ungar, M. (2012). An interview with Vicki Durrant: creating a community program for high-risk Aboriginal youth in Canada's North. In Ungar, M. (Ed.), *The social ecology of resilience: a handbook of theory and practice* (pp. 91-97). New York: Springer.

Ermine. W., Sinclair, R., & Browne, M. (2005). *IPHRC Kwayask itotamowin: Indigenous research ethics*. Regina: Indigenous Peoples' Health Research Centre.

Fleming, T. L., Kowalski, K. C., Humbert, M. L., Fagan, K. R., Cannon, M. J., & Girolami, T. M. (2006). Body-related emotional experience of young Aboriginal females. *Qualitative Health Research, 16*(4), 517-537.

Fleming, T.L & Kowalski, K.C. (2009). Body-related experiences of two young rural Aboriginal women. *Journal of Aboriginal Health, 4*(2), 44-51.

Fridkin, A.J. (2012). Addressing health inequalities through Indigenous involvement in health-policy discourses. *Canadian Journal of Nursing Research, 44*(2), 108-122.

Furgal, C.M., Garvin, T.D., & Jardine, C.G. (2010). Trends in the study of Aboriginal health risks in Canada. *International Journal of Circumpolar Health, 69*(4), 322-332.

Graham, H., & Leeseberg Stamler, L. (2010). Contemporary perceptions of health from an Indigenous (Plains Cree) perspective. *Journal of Aboriginal Health, 6*(1), 6-17.

Gremillion, H. (2005). The cultural politics of body size. *Annual Review of Anthropology, 34*, 13-32.

Halas, J.M. (2011). Aboriginal youth and their experiences in physical educations: "this is what you've taught me". *PHEXex Journal, 3*(2), 1-23.

Haring, R.C., Freeman, B., Guiffrida, A.L., & Dennis, M.L. (2012). Relationship building for a healthy future: Indigenous youth pathways for resiliency and recovery. *Journal of Indigenous Social Development, 1*(1), 1-17.

Hunter, L.M., Logan, J., Goulet, J.G., & Barton, S. (2006). Aboriginal healing: regaining balance and culture. *Journal of Transcultural Nursing, 17*(1), 13-22.

Jacklin, K. (2009). Diversity within: deconstructing Aboriginal community health in Wikwemikong Unceded Indian reserve. *Social Science & Medicine, 68*(5), 980-989.

Kelm, M. E. (1998). *Colonizing bodies Aboriginal health and healing in British Colombia 1900-50*. Victoria: University of British Columbia Press.

Loopie Reading, C., & Wien, F. (2009). *Health inequalities and social determinants of Aboriginal Peoples' health*. Prince George: National Collaborating Centre for Aboriginal Health.

Lupton, D. (1996). *Food the body and the self.* London: Sage.

Lupton, D. (1999). *Risk.* London: Routledge.

Marchessault, G. (2004). Body shape perceptions of Aboriginal and non-Aboriginal girls and women in Southern Manitoba, Canada. *Canadian Journal of Diabetes, 28*(4), 369-379.

Muirhead, A., & de Leeuw, S. (2012). *Art and wellness: the importance of art for Aboriginal peoples' health and healing*. Prince George, BC: National Collaborative Centre for Aboriginal Health.

Mundel, E., & Chapman, G.E. (2010). A decolonizing approach to health promotion in Canada: The case of the urban Aboriginal community kitchen garden project. *Health Promotion International, 25*(2), 166-173.

Nelson, A. (2012). 'You don't have to be black skinned to be black': Indigenous young people's bodily practices. *Sport, Education and Society, 17*(1), 57-75.

Neumark-Sztainer, D., Story, M., Perry, C., & Casey, M. A. (1999). Factors influencing food choices of adolescents: Findings from focus-group discussions with adolescents. *Journal of the American Dietetic Association, 99*(8), 929-937.

Nilson, S.M., Bharadwaj, L.A., Knockwood, D., & Hill, V. (2008). Science in a circle©: forming "community links" to conduct health research in partnership with communities. *Pimatisiwin, 6*(1), 123-135.

Pigford, A.A.E., Willows, N.D., Holt, N.L., Newton, A.S., & Ball, G.D.C. (2012). Using First Nations children's perceptions of food and activity to inform an obesity prevention strategy. *Qualitative Health Research, 22*(7), 986-996.

Poudrier, J., & Kennedy, J. (2008). Embodiment and the meaning of the "healthy body": An exploration of First Nations women's perspectives of healthy body weight and body image. *Journal of Aboriginal Health, 4*(1), 15-24.

Poudrier, J., & Thomas Mac-Lean R. (2009). "We've fallen through the cracks:" A photovoice project with Aboriginal breast cancer survivors. *Nursing Inquiry, 16*(4), 306-317.

Richmond, C., Elliot, S.J., Matthews, R., & Elliot, B. (2005). The political ecology of health: perceptions of environment, economy, health and well-being among 'Namgis First Nation. *Health & Place, 11*(4), 349-365.

Schinke, R., Yungblut, H., Blodgett, A., Eys, M., Peltier, D., Ritchie, S., & Recollet-Saikkonen, D. (2010). The role of families in youth sport programming in a Canadian Aboriginal reserve. *Journal of Physical Activity & Health, 7*(2), 156-166.

Shah, C.P. (2004). The health of Aboriginal peoples'. In D. Raphael (Ed.), *Social determinants of health Canadian perspectives* (pp. 267-280). Toronto: Canadian Scholars' Press Inc.

Sherwood, J., & Edwards, T. (2006). Decolonisation: A critical step for improving Aboriginal health. *Contemporary Nurse, 22*, 178-190.

Shilling, C. (1991). Educating the body: Physical capital and the production of social inequalities. *Sociology, 25*(4), 653-672.

Shilling, C. (2010). Exploring the society-body-school nexus: theoretical and methodology issues in the study of body pedagogics. *Sport, Education and Society, 15*(2), 151-167.

Tuhiwai Smith, L. (1999). *Decolonizing methodologies*. London: Zed Books.

Wallerstein, N.B., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice, 7*, 312-323.

Wahab, S. (2003). Creating knowledge collaboratively with female sex workers: Insights from a qualitative feminist, and participatory study. *Qualitative Inquiry, 9*(4), 625-642.

Waldram, J.B., Herring, D.A., & Young, T.K. (2006). *Aboriginal health in Canada*. Toronto: University of Toronto Press.

Wang, C., & Burris, M. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior, 24*(3), 369-387.

Wang, C., Yi W., Tao, Z., & Carovano, K. (1998). Photovoice as a participatory health promotion strategy. *Health Promotion International, 13*(1), 75-86.

Wang, C., Cash, J., & Powers, L. (2000). Who knows the streets as well as the homeless? Promoting personal and community action through photovoice. *Health Promotion Practice, 1*(1), 81-89.

Wang, C., & Redwood-Jones, Y. (2001). Photovoice ethics: perspectives from the Flint photovoice. *Health Education & Behavior, 28*(5), 560-572.

Wang, C., & Pies, C. A. (2004). Family, maternal and child health through photovoice. *Maternal and Child Health Journal, 8*(2), 95-102.

Wexler, L. (2009). The importance of identity, history, and culture in the wellbeing of Indigenous youth. *The Journal of the History of Childhood and Youth, 2*(2), 267-276.

Wilson, K., & Cardwell, N. (2012). Urban Aboriginal health: examining inequalities between Aboriginal and non-Aboriginal populations in Canada. *The Canadian Geographer, 56*(1), 98-116.

Wisener, K., Brown, L., Liman, Y., Jarvis-Selinger, S., & Woollard, B. (2012). Developing a culturally relevant e-mentoring program for Aboriginal youth. In Ho, K., Jarvis-Selinger, S., Novak Lauscher, H., Corderio, J., & Scott, R (Eds.), *Technology enabled knowledge translation for e-health principles and practice* (pp. 225-243). New York: Springer.

Wright, J. (2004). Post-structural methodologies: the body, schooling and health. In J. Evans., B. Davies., & J. Wright (Eds.), *Body knowledge and control. Studies in the sociology of physical education and health* (pp. 19-31). London: Routledge.

Wyn, J., & White, R. (1997). *Rethinking youth*. London: Sage Publications.

Chapter 5 – Manuscript 2

In Their Own Words: First Nations Girls' Resilience as Reflected Through Their Understandings of Health[5]

5.1 Abstract

Traditionally biomedical conceptions of health tended to primarily focus on the physical body while some First Nations conceptions of health and wellness often have a broader focus, drawing on the general philosophies of balance, harmony, holism, and spirituality. In recent years there has been a shift in health models to include more holistic definitions (Bendelow, 2010). This manuscript describes a qualitative community-based research project with twenty young/teenage First Nations girls from a Tribal Council region located in the Canadian prairies and adds to the expanding literature of holistic definitions of health. Our overarching goal was to collaborate with the girls to co-create knowledge concerning health, healthy bodies, and body image using photovoice methodology. Emerging themes of body image, loss, and addictive substances are discussed. The resilience of the participants was reflected in selected themes that emerged from their experiences in their communities as well as their definitions of health. Our findings point to the importance of viewing health in a broader context to better understand First Nations peoples' health-related concerns.

5.2 Introduction

Meanings of health are diverse, multifaceted, and vary amongst individuals, cultures, and locations. For instance, the spiritual significance of the medicine wheel is linked to some First Nations peoples' understanding of health and healing (Graham & Leeseberg Stamler, 2010; Isaak & Marchessault, 2008). While definitions of the medicine wheel are diverse across First Nations communities and in their application, a common definition is that this holistic wheel has four quadrants or components of health. For the Plains Cree in Saskatchewan, these components consist of the physical, mental, emotional, and spiritual; to be healthy, there must be harmony among the four (Graham & Leeseberg Stamler, 2010). For a Manitoba Cree community,

[5] A version of this manuscript has been submitted for publication: Shea, J.M., Poudrier, J., Chad, K., Jeffery, B., Thomas-MacLean, R., & Burnouf, K. (under review). In their own words: First Nations girls' resilience as reflected through experiences of health. *Pimatisiwin.*

descriptions of health also correspond with the medicine wheel and stress the multi-faceted nature of both balance and health (Isaak & Marchessault, 2008). Poudrier and Kennedy's (2008) work with women in a Canadian prairie Tribal Council region reveals that a "healthy body" is highly connected to culture and the community. However, traditionally Western notions have tended to focus on disease and illness within the individual, by viewing the "body as a machine" or isolating individual parts (Gard & Wright, 2005). Thus, these perceptions of health and the body differ greatly: one is holistic and the other individualistic. These limitations of the traditional biomedical model have been acknowledged and increasingly more complex definitions have begun to emerge, for example, the area of health promotion (West, 2009).

Aboriginal peoples[6] within Canada have increasingly been labeled and targeted as an 'at risk' group for the development of poor health outcomes (Khan & Khan, 2009). Moreover, the health inequalities felt by Aboriginal populations are linked to historical colonialism (Adelson, 2005). Historical colonization in Canada has produced both widespread and profound effects that have carried forward through generations. Connected to the tragedies and inequalities of colonization are the elevated health risks of Aboriginal peoples and Aboriginal youth in particular. Risk factors for poor health outcomes include suicide, substance abuse, fetal alcohol syndrome, incarceration, teenage pregnancy, and sexually transmitted infections (Kirmayer Simpson & Cargo, 2003; Wexler, 2009). Further, Fleming and Ledogar (2008) outline two types of risk factors that indigenous communities face—racism and cultural loss—that are also closely connected to the effects of colonialism.

While health concerns are well established, complex understandings of both the definitions and experiences of health for First Nations people are lacking, particularly for youth as traditionally research was conducted within a biomedical model (Issak & Marchessault, 2008; Poudrier & Kennedy, 2008; West, 2009). Moreover, despite profound adversities brought on by assimilation and colonization, Aboriginal communities have displayed immense strength that also needs to be explored, as this is an important starting point in moving forward from the effects of colonization (Ritchie, 2010). The effects of colonization must be acknowledged, learned from, and cultural and community knowledge given precedence in order for change to occur (Mundel & Chapman, 2010). To address the effects of colonization on health, Aboriginal

[6] The term Aboriginal peoples refer to all Indigenous peoples in Canada including First Nations, Inuit, and Métis (Waldram, Herring & Young, 2006). These are three distinct groups.

peoples' voices need to be heard and perspectives and expertise valued (Sherwood & Edwards, 2006). Historically, Indigenous peoples have been subjected to intrusive and often unethical research that was of no benefit to them (Tuhiwai Smith, 1999). Moreover, research undertaken was often used by the government to control Aboriginal peoples (Ermine et al., 2004). Bartlett and colleagues (2007) stress that knowledge gained through Aboriginal-guided, respectful, decolonized research will in turn have culturally-relevant and positive impacts on health services, programs, and policies regarding health. Moreover, Elders in Saskatchewan have articulated the importance of youth in the community, their future, and their role in the continuance of culture (Ermine, Sinclair & Browne, 2005).

Resilience is most often defined as "positive adaptation despite adversity" (Fleming & Ledogar, 2008, p. 7). Traditional definitions of resilience have focused on the individual, while current definitions have been expanded to encompass the family and community and their roles in fostering resilient members (Ungar, 2008). In the Canadian context, concepts of resilience applied to Aboriginal communities are best understood with an acknowledgement of colonial history. The negative events resulting from colonization, such as forced assimilation and residential schooling enforced by Canadian policy, present a real challenge for individuals and communities to overcome (Tousignant & Sioui, 2009). As Tousignant and Sioui (2009) argue, Aboriginal peoples in Canada had to endure this trauma while being stripped of their culture, which had traditionally provided them with the tools to be resilient. Swanson (2010) contends that this trauma is especially problematic for youth as they often experience the greatest health disparities, suicide rates, and poverty.

Swanson (2010) argues that despite present inequalities, Aboriginal youth have the capacity to create change, noting that numerous support groups by and for Aboriginal youth exist throughout the country. For instance, Facebook is an online social networking website where youth collaborate and connect with other youth, and is evidence of this change at work. Resilience studies with Aboriginal youth in Canada are limited (Filbert and Flynn, 2010); however, the research that does exist suggests both a strong link between culture and resilience in First Nations youth and communities (Chandler & Lalonde, 1998) and that youth are creative in their approach to coping and the utilization of resources facilitating resiliency (Ungar et al., 2008). Although overwhelming pain and sorrow has been felt as a result of colonization, individuals, communities and their culture have demonstrated great strength in their ability to

overcome multiple struggles and learn to cope. Focusing on resilience is crucial, especially when considering the health and future of Aboriginal youth.

Thus, the motivation behind this project was to enhance scholarly and community knowledge from the perspectives of First Nations' girls, and this manuscript describes our qualitative project exploring their understandings of the healthy body and body image. Three research questions directed both the design and undertaking of this project:

1) How do First Nations girls interpret the healthy body and body image?
2) What are the social, historical, visual, and cultural meanings of the healthy body and body image for girls in the BTC region?
3) What are the barriers and strengths faced by First Nations girls in regards to the healthy body and body image?

We applied a participatory approach as it allowed our project to a collaborative effort, and enabled us to collectively create knowledge both relevant to the participating girls and their communities.

5.3 Theoretical Understandings of the Body

Bodies are a signifier as to how individuals are perceived in the social world, and different bodies hold different meanings. Similar to definitions of health, the social body also presents complex definitions and experiences that vary across cultures, locations, genders, and individuals (Davis, 2003; Shilling, 1993). Meanings of the body are elaborated upon through the production of cultural scripts for the achievement of acceptable bodily appearances, such as those related to weight, exercise, and the designation of good and bad foods (Lupton, 1996). Dominant discourses are a reflection of underlying power relations. Discourse not only refers to the language surrounding an issue or idea, but also the resulting actions (Foucault, 1972). The power gained through discourse is also referred to as the "disciplinary gaze", meaning such discourses construct self-discipline or surveillance of the self and the body (Foucault, 1977). Thus, power is gained through discourse when it is widely accepted within a society, prompting judgment, control, and self-surveillance among individuals. Examples of disciplinary gaze can include cultural and media influences on perceptions of beauty and the ideal body, with actions accompanying those discourses including, for example, dieting, exercise, and make-up routines.

These ideals and actions also vary with gender. Historically gender was often viewed as a natural or biological assignment, rather than as a socially-constructed identity. Grosz (1987) argues that definition of gender and body norms is classified and is dependent on culture. In Western society, these norms stress hyper-masculinity for males, and overt femininity for females; any variation outside of gender norms works to reconfirm and solidify normal behavior. Social categories are constructed through discourses that ascribe meaning to particular physical characteristics or traits. Social categories such as gender and race become the lens through which we view others. Thus, the biological body is identified and given meaning in relation to these categories, which is often the basis for the enforcement of social inequalities (Shilling, 1993). At the same time, bodies are a powerful means for cultural and self expression through style and adornment, which can help to overcome inequalities associated with categorization. Individuals have a great deal of liberty regarding their body (Turner & Rojek, 2001) and, while body discourses have a profound impact on our everyday interactions, individuals are also willing actors in the production and reiteration of societal discourses (Shilling, 1991). Further, Shilling (1993) argues that these social categories and positions greatly influence one's self identity: they aid an individual's understanding of themselves as well as their position in the social world. Individuals are never entirely socialized into these meanings. The literature indicates that discourses produce socially-constructed meanings of the body, yet individuals must also choose to apply these to their own lives (Davis, 2003; Shilling, 1993). Similar to health, the body is complex and meanings arise from a myriad of influences. Challenges to body and health norms can be viewed as both a form of agency and resilience.

5.4 Methods

5.4.1 Study Design

Our qualitative, community-based participatory project focused on First Nations girls in the Battlefords Tribal Council region (BTC) in the Canadian prairies. Recruitment criteria included: a) First Nations girls, b) aged 12-16 years, and c) residing on-reserve in the BTC region. Community Youth Outreach Workers (CYOW) Jessica, Lenore, Kimberly and Kellie from the region coordinated the recruitment of twenty participants (aged 13-16 years) for the project using a convenience sample. The girls who participated in this study were involved in programs ran by the CYOW in this area (some programming offered includes suicide prevention,

healthy lifestyles and addiction counseling). During recruitment, the girls and their guardians were provided with information pamphlets, consent forms, discussion guides and letters of invitation that explained the aims and proposed activities for the project (Appendix A and B).

The research process consisted of three phases. The first Phase included an introductory session, individual photovoice projects, art collages, and individual interviews. The second Phase included sharing circles that built upon themes arising from the data from the interviews and photovoice projects, and the completion of participant surveys. Photovoice involves giving participants cameras to capture images, which in turn guide further discussion; this was chosen as a primary data collection method because it enables people to share, identify, and present their photos with others in their community (Wang & Burris, 1997). In the third phase, the participating girls were brought together for an inspirational evening, during which time photographs from the photovoice projects, stories, and music were shared with community members. All three phases took place in the nearest city, to accommodate girls coming from different communities within the BTC region; the CYOW Jessica, Lenore, Kimberly and Kellie provided all of the girls with transportation to attend the research activities.

Approval and support for the project was first sought from the BTC at a one day meeting where community leaders and stakeholders provided input and support for the work. We subsequently received ethics approval from a University Behavioural Research Ethics Board. Both consent to participate in this project, release for transcripts, photographs and collages were obtained from guardians and the girls themselves for all components of the research. The participating girls each chose a pseudonym for use alongside their data to ensure confidentiality and anonymity. All interviews and sharing circles were transcribed and analyzed thematically using the qualitative software program NVivo. Photographs generated by the participants were organized and linked to the dialogue from individual interviews. Analysis was an ongoing and layered process, incorporating all data sources in the development of themes which were guided by our discussions with the girls.

5.5 Findings

A number of concepts emerged through data analysis, highlighting how multifaceted the meaning of health was in the girls' lives. Discussions repeatedly emphasized resilience in their

personal lives, their community, and in their efforts to be healthy individuals. Three primary themes emerged from the data and are discussed in detail below.

5.5.1 Body Image

A primary goal of this project was to explore understandings of the healthy body and body image in this group of Aboriginal girls. While all girls provided insights, some struggled with the commonly understood idea of body image. Seven participants were unable to provide a definition of a healthy body image. Some did not know what body image meant; for instance, Tay-Tay responded "I don't know" and Otis stated "I'm not sure". Blues Lopez responded that "no one thinks like that in the school. They're just always thinking who's going to win at a fight or something". This suggests that, for Blues Lopez, body image was trivial in comparison to day-to-day life and interactions with her peers. Her comments also indicate that girls in her community and school are not preoccupied with body image but are more focused on winning fights. Fighting amongst teens emerged throughout data collection as both a real concern and reality for these girls. The fact that Blues Lopez considered body image to be trivial perhaps aligns with the inability of others to define what body image meant in their lives.

Analysis of the girls' perspectives on body image revealed several important and inter-connected sub-themes: appearance, friendship and weight, gender, and beauty. These are discussed individually to highlight the complexities and various layers of the concept of body image in the girls' descriptions.

5.5.1.1 Appearance

When speaking about personal appearance, the girls both reiterated and resisted dominant discourse (skinny toned body as the ideal). For example, Barry Manalow suggested that a healthy body image is "skinny and 6 packs and just a little muscle here and there". When asked if she felt she had a healthy body image, she replied "a little bit just maybe have to lose a little bit of weight and eat healthier like more fruits and vegetables". Likewise, Bobby Joel, when describing a healthy body image, noted: "well, at first I would think of people really muscular and stuff, but sometimes they can take steroids so that's not healthy. So then again, I guess it can be anything". Describing her personal body image, she shared that "people say I look pretty healthy. Sometimes I think that I'm chubby but then my friends will say 'no you're not, you're skinny' so

sometimes I just get self-conscious". Thus, both Barry Manalow and Bobby Joel referred to healthy body image when describing ideal body types (muscular, toned), but when asked to comment on their own body image made reference to losing some weight or feeling chubby. In both cases, the girls compared themselves to the "ideal" image. While Bobby Joel's response resembled dominant discourse of the ideal slim body, she noted that Queen Latifah (a rapper with a plus-sized body) was her role model, thus deviating from the ideal body outlined in dominant discourse. On the other hand, Shae Walker felt that body image was more of a mental connotation ("feeling good") rather than a definition that referred to physical appearance.

Sodapop indicated some resistance to the stereotypical conception of body image through her discussion of make-up:

> I usually think that girls who wear a lot of make-up are not happy with themselves, and their image. That's why I don't wear make-up, I don't really care how I look. I just worry about having fun. I would tell other girls they don't need make-up to look good. That's why my friends and I don't wear make-up, we're just happy with the way we look.

Sodapop's ideas here communicate a strong sense of comfort with her body image. Sodapop maintains a sense of resistance toward make-up and noted in a later focus group that "some people will wear make-up or a lot of it. Make-up can make you look all wrinkly and just transform your skin into ugliness if you wear too much". Here, she indicates that she feels a lot of make-up can actually do the opposite of what is intended and make people unattractive; this viewpoint may contribute to her own decision not to use cosmetics. Sodapop also referenced her friends when she spoke about make-up practices, and friendship emerged as an important sub-theme for both body image and health for the girls.

5.5.1.2 Friendship & Weight

When speaking about body image, the girls spoke of their personal feelings and also shared experiences of their friends. For example, Karryn spoke of her frustration with a friend who was unhappy with her appearance: "I have a friend that doesn't like the way her body looks, and her face. I don't listen to her when she says that because it makes me mad". Bobby Joel spoke of a friend who recently lost weight:

> My friend just lost a lot of weight, she started eating healthy and working out. Everybody is complementing her now that she's smaller. She was chubby, I'm not saying she was fat but she was really ashamed of her weight she just thought that it was an unhealthy weight. Because she already looked really pretty, she's prettier now.

Bobby Joel noted that her friend felt like she was unhealthy, but she also used the particularly strong term "ashamed" when describing how her friend felt. While Bobby Joel said her friend's weight loss improved her appearance, this conflicts with her later comments regarding health being more important than physical size. When reflecting on weight personally, she noted that: "I don't want to weigh too much because there are certain limits that I don't want to cross, I'm supposed to be a certain weight according to the health guide and I try to keep that average. I don't really care if I get really big as long as it's healthy weight". Bobby Joel appeared to judge her own healthy body weight using the body mass index (BMI), noting that she does not mind if she "gets really big", as long as it is healthy. However, there is little room for variation in rigid systems, such as the BMI, that assign weight differentials based on height.

In contrast, other participants spoke about the weight of friends out of concern. Bugeye shared that "my friend thinks that she is too skinny and she hardly eats on purpose probably. I will be making something [to eat] like rice and I will ask her if she wants some and she will only have like two bites and won't eat the rest". Here, Bugeye is concerned about her friend's eating habits, which is an aware observation given the global prevalence of dieting and eating disorders in teenage girls.

5.5.1.3 Gender

Dieting and body standards undeniably differ based on the gender of individuals, and the girls referenced these conflicting standards in their discussions of body image. When reflecting on gender differences, the girls spoke of pressures and experiences of girls but also referenced males, in particular their male friends, to highlight these differences. Bobby Joel spoke of a male friend, who she described as shallow based on his definition of an ideal female. She reiterated his description: "I just like skinny girls with wonder faces, smooth skin, and nothing wrong with their complexion and big eyes. He just described the perfect girl and I was just like looking at him laughing". Bobby Joel realizes how unrealistic this description is and found it amusing, but at the same time acknowledges that this is a common societal perception of the ideal female body. Furthermore, she describes what these body ideals are for both sexes: "all the boys are trying to be buff like the Terminator. You know like really big abs, it just looks really gross and real big arms, and the girls are just trying to be skinny". The body classifications of "buff" and "skinny" correspond to the body ideals in dominant discourse that youth are inundated with,

through outlets such as the media and marketing. In society, these body ideals often classify what is "beautiful"; however, the girls in our study challenged these classifications and defined beauty in broader terms.

5.3.1.4 Beauty

The girls' definitions of beauty were predominately more complex than those observed in the dominant discourses, such as body ideals projected in the media. For example, Bobby Joel felt that a person's beauty was showcased through their eyes. She shared the following thoughts:

> I look at a person['s] eyes. I don't really care how they look, their eyes tell it all. You can see if they are really happy or their real sad, their eyes never lie only a face does. So if they're a happy person, they're a beautiful person, and if they're a sad person, they're still beautiful but a little unhealthy.

This sentiment aligns with previous discussions with the youth, where the happiness of an individual is seen as affecting their health. Bugeye also noted that the women in her family represent ideal beauty: "most of my family on my mom's side all have good looks. They look good and they're an hourglass shape". Despite her comment on an ideal shape, she also responded that beauty is "what's on the inside". Overall, the girls' descriptions of beauty showcase there is more to a person's beauty than their external appearance and, in particular, their weight. Many of the girls' perspectives challenged the dominant discourses of health and beauty. While the girls at times spoke about body image in a manner that reiterates the dominant discourse, they also showed resistance to these ideals and linked body image to health.

5.5.2 Loss

In many of the discussions, the girls linked life experiences to health and well-being, at the same time highlighting their personal strength. External experiences and events evidently had profound impacts on the girls' sense of self and the achievement of health in their lives. Although experiences of loss (of friends, family and community members through death) may not initially be thought of as a component of health, they can represent significant challenges for individuals. The girls unfortunately had numerous experiences of loss and spoke of the connection of these to health, body image, culture, and well-being. When speaking of the loss of family members, the girls spoke both personally and externally, and in so doing referred to coping, support, and cultural beliefs.

Despite their young age, all their discussions of loss were reflective and shed great insight into the impact of loss on individual health. In one particularly profound example, Simpson spoke of the loss of her father through suicide and the implication of his death on her body image and mental health. Simpson relayed that she used to feel pretty and wear her hair down but, as she shared:

> Everything changed when my daddy passed away. After his death I cut my hair, I used to leave it down all the time. Every time I'd leave it down my dad would always say "you have nice hair" and he didn't want me to cut it. But that made me think of him and I just wanted to cut it. He didn't want me to dye it either because it was nice and long and black, and then he passed away, it was sort of like punishment and I dyed it. I used to wear really bright colors, and now I like to wear black and white. I used to be someone, I always used to be outside and have more, I used to laugh and smile more than I do now, ever since my dad died I don't like to smile, sometimes I will.

Simpson's quote outlines the impact of her father's death on her demeanor as well as her appearance. For her, his death was inscribed on her body: cutting her hair was both a form of punishment and a coping mechanism, because her hair reminded her of him. The healing process is ongoing; Simpson receives comfort through siblings and friends who understand what she is going through. Other participants also spoke of the loss of parents, grandparents, uncles, and cousins. In sharing her experience, Simpson also highlights the complexity of pain and coping, and how pervasive it is. While Simpson does not consider herself to be strong, we observed quite the contrary given her openness and clarity in speaking about such a painful and life-changing experience.

For these girls, an important component of loss relates to how individuals cope. Coping is very much linked to cultural beliefs, and the girls referenced culture and community beliefs when speaking of those who had passed away. For example, when Karryn was asked how she deals with the pain of loss, she said: "I just try to get over them. Some people talk about them and I start thinking about them and I start crying. I don't talk about it because my Kookum [grandmother] and sometimes my Mom says that we can't talk about people who have passed away". Karryn felt that best way to deal with loss is not to talk about it, in accordance to cultural beliefs. Such beliefs had been passed on by her grandmother and mother, and therefore it was upsetting for her to hear other people talk about those who had passed away. Although some may view this as bottling-up emotions, she found great comfort in adhering to familiar cultural practices and beliefs that have been passed down through generations.

Sodapop also discussed the impact of loss on well-being in terms of her friend's experiences. She indicated that her friend lost his mother when he was young, and this had a negative impact on the rest of his family and his experiences growing up:

> …after his mom passed away, his dad who never used to drink became a chronic drinker, almost every day his dad is drinking. He had to move out of province with his oldest brother. So he did that, and got abused by his brother, after he got abused he moved back.

In relation to her friend, Sodapop spoke of loss at the greater community level: "in our community, everyone is always watching over us. Things happen with the children where we have to watch them. In the past few years, there's been a lot of deaths and a lot of funerals". Despite the loss experienced by her community, Sodapop indicated they stick together and the children are especially protected. She emphasized that both loss and determination are not experienced individually or in isolation, but by the community as a whole.

The perseverance, awareness, and maturity portrayed by the girls in response to loss carried over to other areas of their lives. The community and individual coping enabled the girls to deal with their loss; this might have made them in tune to the impact and the link between both loss and coping with health crises. Although loss is a negative experience, these girls show how resilience can arise from situations of loss.

5.5.3 Addictive Substances

The resilience that can arise from regrettable circumstances was also evident when the girls spoke of addictive substances. Many of the girls discussed the negative role of addictive substances in the health of the community. While some of the girls shared personal experiences, they overwhelmingly referred to past experimentation with drugs or alcohol. They spoke of these in a reflective sense and recognized the issues inherent with the use of these substances. For example, Bugeye shared experiences of individuals drinking around her grandparent's house: "there are people that come to my house and drink sometimes. My uncle comes over drunk and always gets mad at us. There has been people that hang around the house too, when it's the weekend people come and drive around and they are always parked outside the house". Bugeye's negative exposure to alcohol was experienced through her uncle and others in the community. For a teenager, being around alcohol on a consistent basis would likely be difficult and confusing, and her choice to abstain and not give in to peer pressure showcases Bugeye's

strength. Bobby Joel also spoke about previous exposure to addictive substances: “I have been around drugs a lot but not alcohol for two years, a lot of people in my house do drugs but I don’t”. Similar to Bugeye, Bobby Joel’s strength is revealed in her choice not to use drugs despite previous engagement and exposure to drugs in her home.

For many of the girls, watching others use addictive substances was often motivation to refrain from these behaviors. Although some of the girls shared inspiring examples of those who had overcome struggles, others spoke about family members still engaged in these behaviours. Blues Lopez spoke about the use of drugs and alcohol in her community, and specifically the experiences of her sister. She observed:

> There’s a lot of drugs and alcohol, it’s there and everybody does it, well not everybody, just some people do drugs, they drink every day. Kids drink. My little sister goes to every party. I told my mom and she made my sister go on birth control and found out she was pregnant and she had an abortion. Nothing would stop her, I’ve tried everything to stop my little sister but it doesn’t work so we just let her.

Blues Lopez noted that her and her family’s inability to convince her sister to change and disengage in risky behavior has been a source of tension. Blues Lopez feels that her sister’s problems stem from the fact that she acts older than her age, which was also observed by other girls in our discussions; such behaviour was thought to be related to a lack of self respect and healthy body image. Above all, watching her sister and seeing what she had experienced was motivation for Blues Lopez to not participate in these behaviours. Taking on the big sister role, she has tried to protect her younger sister and now provides a positive example of a teenager who does not participate in substance-related activities.

The girls who participated in this project were very perceptive to the negativity and problems that addictive behaviours can create. When asked what her wish for her community was, Tiffy responded: “that there was no drugs and alcohol and if everybody got along”. When asked why these two things would be important her, she observed: “because alcohol and drugs gets everybody more cranky and rowdy and that’s not healthy for your body. My brothers would get rowdy, and they do weed and they drink a lot, and they don’t get along with others and they fight when their drinking”. For Tiffy, watching her brothers drink, do drugs, and fight with others has confirmed the negativity and unhealthy nature of addictive substances. Another important component of a healthy community for Tiffy was good interpersonal relationships, and this sentiment was shared by other girls as well. Good relationships with others were repeatedly

described as a strong component of a healthy lifestyle and community, and were seen as having an impact on mental health. In general, the girls felt that observing family, friends, and community members engaging in addictive substances was both educational and an incentive for the girls to avoid similar behaviours.

The girls were knowledgeable about the negative impact of addictive substance abuse, and some offered possible solutions to address these issues in their communities. Sodapop referred to both adults and youth, and felt that a possible solution would be to "get the reserves to put on alcohol bans, on certain days they could drink and if they get caught breaking rules they can get into trouble. And for the kids, if they're bad, they can send them to a military school". Her suggestion is based on using consequences as a deterrent to breaking rules. Alcohol bans were posed by other girls as well.

Tony felt that improving the appearance of the community could in turn help improve problems or issues. She stated: "I want us to just get everything fixed, make it better instead of stuff just falling apart. They're making new houses for other people so that's cool, just those few things stick out and stop drugs and alcohol". For Tony, improving the aesthetics of the community and decreasing the use of addictive substances could in turn address and improve the climate within and make the community healthier. Kirmayer, Dandeneau, Marshall, Kahentonni Phillips and Jessen Williamson (2012) observed that "a focus on narratives can also help capture some of the wide individual variation in strategies of resilience seen within a community. Forms of resilience may vary by individual age, gender and education…" (p. 401). While there were similarities in the girls topic areas; their personal stories, concerns and coping mechanisms showcased their individuality. Overall, the discussions of addictive substances and the proposal of possible solutions highlighted the girls' reflection on both the community and the health of its members.

5.6 Discussion & Conclusions

Given the themes that emerged in this project, the girls clearly understand health in complex, multifaceted ways. The links throughout these themes also highlight how these concepts and the girls' ideas of health are interwoven, and how resilience filters into all aspects of health. Indeed, in general terms their conception of the healthy body and body image is connected to broader social and community issues, as opposed to the physiological body.

McHugh and Kowalski (2011) in their research with young Aboriginal women observed that definitions of body image are diverse and have the potential to impact individual health. Similar to a previous study (Paquette & Raine, 2004), the meaning of body image to the girls varied, highlighting the complexity of this concept for certain groups. Moreover, the variation links to broader definitions of health and challenges the Western ideal of bodies and beauty. Their discussions revealed both the reiteration of dominant body discourses and their resistance to them, the latter of which demonstrates the resilience of this group. This resistance and challenges to dominant discourses on ideal bodies was also observed in Nelson's (2012) study with Indigenous youth in Australia. Similar to Fleming et al.'s (2006) work with young Aboriginal women, the girls' personal body image experiences showcased a general level of satisfaction. In findings from their later work with rural Aboriginal girls, Fleming and Kowalski (2009) found that participants felt that living on a reserve likely impacts ideals of the body and suggest that, as one participant observed, "her experiences would likely differ if she lived in the city" (p. 47). While our project was with First Nations girls living on-reserve the ability for body image to shift and change based on geographical location was an important consideration. Given the lack of research with rural Aboriginal youth and the diversity of each community, ideals of body image are not well known. The participants in our study spoke of the importance of self acceptance and difference in bodies, this importance of self acceptance was observed in McHugh and Kowalski's (2011) study with young Aboriginal women. The girls in our project were often more likely to envision beauty in different ways than the perceptions evident in dominant discourses, for instance Bobby Joel's referral to the eyes as revealing both the beauty and health of person. Previous studies show that Aboriginal girls (Cinelli & O'Dea, 2010) are more likely to select larger body types as ideal when compared to non-Aboriginal youth. While our study differed methodologically from Cinelli and O'Dea, findings from our project indicate participants choose broader definitions of beauty and body image beyond the dominant Western ideal.

The issue of loss (through death of family, friends, and community members), as indicated by the girls, showcased that health can be influenced by events external to individual personal health behaviours. It also highlighted the importance of mental and emotional aspects of overall health; the importance of mental health was repeatedly emphasized in discussions, which underscores the girls' holistic perception of health akin to the medicine wheel (Lavallee & Poole,

2010). The girls in our project also spoke of the immense pain of loss and its link to the health of individuals and their communities. As so eloquently outlined by Simpson when speaking of her father's death, her body's appearance and her actions (used as a both a form of resistance and coping) illustrated the impact of her loss. Her awareness of this change reflects one of the many instances when the girls demonstrated their ability to adapt and cope with change and adverse events (Leodogar & Fleming, 2010).

The connection to the social body was also evident when the girls spoke about addictive substances. Through their exposure to addictive substances in their homes and communities, they made conscious decisions to refrain from these behaviours and spoke of the negative consequences they had witnessed. A previous study exploring sexual risks and Aboriginal youth highlighted the importance of strong mentors in the lives of Aboriginal youth as a powerful deterrent of risky behaviours (Banister & Begoray, 2006). In another study with Indigenous youth, maintaining positive relationships and a healthy lifestyle were listed as motivation to refrain from addictive substances (Haring, Freeman, Guiffrida, & Dennis, 2012). Given that the girls in our project had strong relationships with the four CYOW Jessica, Lenore, Kimberly and Kellie involved in this project, these relationships may have had a powerful impact on the lives and health of the twenty participating girls.

Health is a complex concept with a number of layers, and although discussions with the girls outlined health concerns and barriers, they also repeatedly demonstrated strength and resilience at both the individual and community level. Given these differing definitions, health promotion messages and behaviours need to be adaptable as well. The girls identified areas in which the community can improve, such as more programs for youth, and highlighted positive opportunities, such as their engagement with youth outreach workers. An overarching theme from the data was the importance of relationships to the well-being and health of family, friends, and community members. These findings reinforce Ledogar and Fleming's (2010) contention that strong relationships with others are integral for Aboriginal youth to be resilient and adapt to adverse events and challenges.

Risk factors are often described negatively but we aim to contribute a positive discussion in relation to the three themes that emerged from the data. Definitions of risk in relation to youth are far from universal. Risk is often defined by values at the societal or community level and these definitions are not static over time (Burack et al., 2007). Loss was an important theme

arising from our data with a notable example of one participant's experience losing a parent to suicide. Although the girls in our study were stunningly resilient, this is not the case for all Aboriginal youth. As Chandler and Lalonde (1998) observed, strong cultural continuity is a positive deterrent to suicide. Increased engagement in cultural practices and beliefs could positively impact Aboriginal youth. Wexler, DiFluvio and Burke (2009) contend "a strong cultural identity distinguishes a Native young person from the dominant society and offers him or her a way to positively understand this difference" (p. 568). Furthermore connecting to and providing support to individuals with similar experiences can be a sense of empowerment and in turn facilitate resilience (Wexler, DiFluvio, & Burke, 2009). Given their profound relationship with the CYOW Jessica, Lenore, Kimberly and Kellie, and that the girls in this study stressed the importance of youth-based programs in the community, this is an area that communities should seek to strengthen and implement for the benefit of youth. Further a number of the girls in our project referenced community round dances and Elders as connected to health, engagement in round dances and similar activities could be increased and programs for youth be developed with guidance and/or involvement by community Elders. Lastly, acknowledgement of culture and First Nations conceptions of health is important for policy markers, leaders, and health care providers to consider in the provision and development of programs for both youth and First Nations peoples (Dell et al., 2011).

Through the first and second manuscript, the words of the girls highlighted two fundamental considerations with regard to health for First Nations youth. First the varying definitions and experiences of health for First Nations youth needs to be acknowledged, health is a complex reality and, it is influenced by a number of external forces that are often beyond the control of individuals. Second it is crucial to consider health beyond the individual and encompass the larger community and culture in responses to health concerns. The girls in this study time and time again noted the importance of relationships and community in their descriptions of health. When the girls spoke of unfortunate events in their life they did so in a broader context and showcased immense strength in doing so. The importance of relationships also ties in with the third and final manuscript presented in this thesis. Through an awareness of historical factors and adhering to a decolonizing approach, this project with the girls extended from the larger project with women was a CBPR project. As a CBPR this project and its success was only made possible through the dedication of a number of individuals. Based on our

conversations with the girls and their survey responses creating a project in this manner provided the girls with an enjoyable and creative outlet to share their stories and create this knowledge with us. This being said undertaking a project such as this was not without its challenges. This final manuscript describes our journey and our experiences, as this too was a significant finding of this project. This final manuscript contributes to the growing literature on decolonizing methodologies and CBPR especially with First Nations communities in Canada. Combined the three manuscripts highlight the importance of understanding health in a multifaceted manner; celebrating and building on strength and resilience; and advocating for community based approaches to develop a deeper understanding and address health concerns.

Chapter 5 References

Adelson, N. (2005). The Embodiment of Inequality Health Disparities in Aboriginal Canada. *Canadian Journal of Public Health, 96,* S45-61.

Banister, E.M., & Begoray, D.L. (2006). A community practice approach for Aboriginal girls' sexual health education. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 15*(4), 168-173.

Bartlett, J.G., Iwasaki, Y., Gittlieb, B., Hall, D., & Mannell, R. (2007). Framework for Aboriginal-guided decolonizing research involving Métis and First Nations persons with diabetes. *Social Science & Medicine, 65,* 2371-2382.

Bendelow, G. (2010). The mind/body problem in contemporary healthcare. In J. Fernandez (Ed.), *Making sense of pain critical and interdisciplinary perspectives* (pp. 21-30). Oxford: Inter-Disciplinary press.

Burack, J., Blidner, A., Flores, H & Fitch, T. (2007). Constructions and deconstructions of risk, resilience and wellbeing: a model for understanding the development of Aboriginal adolescents. *Australasian Psychiatry, 15,* S18-S23.

Chandler, M., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *transcultural psychiatry, 35*(2), 191-219.

Cinelli, R.L., & O`Dea, J. (2009). Body image and obesity among Australian adolescents from Indigenous and Anglo-European backgrounds: implications for health promotion and obesity prevention among Aboriginal youth. *Health Education Research, 24*(6), 1059-1068.

Davis, K. (2003). *Dubious Equalities & Embodied Differences*. Lanham: Rowman & Littlefield.

Dell, C.A., Seguin, M., Hopkins, C., Tempier, R., Mehl-Madrona, L., Dell, D., Duncan, R., & Mosier, K. (2011). From benzos to berries: treatment offered at an Aboriginal youth solvent abuse treatment centre relays the importance of culture. *Canadian Journal of Psychiatry, 56*(2), 75-83.

Ermine, W., Sinclair, R., & Jeffery, B. (2004). *The ethics of research involving indigenous peoples.* Saskatoon: Indigenous Peoples' Health Research Centre.

Ermine. W., Sinclair, R., & Browne, M. (2005). *IPHRC Kwayask itotamowin: Indigenous research ethics*. Regina: Indigenous Peoples' Health Research Centre.

Filbert, K.M., & Flynn, R.J. (2010). Developmental and cultural assets and resilient outcomes in First Nations young people in care: an initial test of an explanatory model. *Children and Youth Services Review, 32*(4), 560-564.

Fleming, J., & Ledogar, R.J. (2008). Resilience, an evolving concept: a review of literature relevant to Aboriginal research. *Pimatisiwin, 6*(2), 7-23.

Fleming, T.L., Kowalski, K.C., Humbert, L.M., Fagan, K.R., Cannon, M.J., & Girolami, T.M. (2006). Body-related emotional experiences of young Aboriginal women. *Qualitative Health Research, 16*(4), 517-537.

Fleming, T.L & Kowalski, K.C. (2009). Body-related experiences of two young rural Aboriginal women. *Journal of Aboriginal Health, 4*(2), 44-51.

Foucault, M. (1972). *The archaeology of knowledge.* London: Tavistock Publications.

Foucault, M. (1977). *Discipline and Punish: The Birth of the Prison.* Harmondsworth: Penguin.

Gard, M., & Wright, J. (2005). *The obesity epidemic science, mortality and ideology.* Oxon: Routledge.

Graham, H., & Leeseberg Stamler, L. (2010). Contemporary perceptions of health from an Indigenous (Plains Cree) perspective. *Journal of Aboriginal Health, 6*(1), 6-17.

Grosz, E. (1987). Notes towards a corporeal feminism. *Australian Feminist Studies, 5,* 1-16.

Haring, R.C., Freeman, B., Guiffrida, A.L., & Dennis, M.L. (2012). Relationship building for a healthy future: Indigenous youth pathways for resiliency and recovery. *Journal of Indigenous Social Development, 1*(1), 1-17.

Issak, C.A., & Marchessault, G. (2008). Meaning of health: the perspectives of Aboriginal adults and youth in a Northern Manitoba First Nations community. *Canadian Journal of Diabetes, 32*(2), 114-122

Khan, W., & Khan, I. (2009). Solutions to issues of equity in primary healthcare for Aboriginal people living in Canada. *Hypothesis, 8*(1), 1-6.

Kirmayer, L., Simpson, C., & Cargo, M. (2003). Healing traditions: culture community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry, 11*(supp 1), S15-23.

Kirmayer, L.J., Dandeneau, S., Marshall, E., Kahentonni Phillips, M., & Jessen Williamson, K. (2012). Toward an ecology of stories: Indigenous perspectives on resilience. In Ungar, M. (Ed.), *The social ecology of resilience: a handbook of theory and practice* (pp. 399-414). New York: Springer.

Lavallee, L.F., & Poole, J.M. (2010). Beyond recovery: colonization, health and healing for Indigenous people in Canada. International Journal of Mental Health & Addiction, 8, 271-281.

Ledogar, R.J., & Fleming, J. (2010). Social capital and resilience: a review of concepts and selected literature relevant to Aboriginal youth resilience research. *Pimatisiwin, 6*(2), 25-46.

Lupton, D. (1996). *Food the body and the self.* London: Sage.

McHugh, T.L.F., & Kowalski, K.C. (2011). 'A new view of body image': a school-based participatory action research project with young Aboriginal women. *Action Research, 9*(3), 220-241.

Mundel, E., & Chapman, G.E. (2010). A decolonizing approach to health promotion in Canada: the case of the urban Aboriginal community kitchen garden project. *Health Promotion International, 25*(2), 166-173.

Nelson, A. (2012). 'You don't have to be black skinned to be black': Indigenous young people's bodily practices. *Sport, Education and Society, 17*(1), 57-75.

Paquette, M-C., & Raine, K. (2004). Sociocultural context of women's body image. *Social Science & Medicine, 59*, 1047-1058.

Poudrier, J., & Kennedy, J. (2008). Embodiment and the meaning of the "healthy body": an exploration of First Nations women's perspectives of healthy body weight and body image. *Journal of Aboriginal Health, 4*(1), 15-24.

Ritchie, J. (2010). Why we need success stories in reporting the health of Australian Aboriginal and Torres Strait Islander peoples: a personal perspective. *Global Health Promotion, 17*(4), 61-64.

Sherwood, J., & Edwards, T. (2006). Decolonisation: A critical step for improving Aboriginal health. *Contemporary Nurse, 22*, 178-190.

Shilling, C. (1991). Educating the body: physical capital and the production of social inequalities. *Sociology, 25*(4), 653-672.

Shilling, C. (1993). *The Body and Social Theory*. London: Sage.

Swanson, K. (2010). 'For every border, there is also a bridge': overturning borders in young Aboriginal people's lives. *Children's Geographies, 8*(4), 429-236.

Tousignant, M., & Sioui, N. (2009). Resilience and Aboriginal communities in crisis: theory and interventions. *Journal of Aboriginal Health, 5*(1), 43-61.

Tuhiwai Smith, L. (1999). *Decolonizing methodologies*. London: Zed Books.

Turner, B. S., & Rojek, C. (2001). *Society and culture: principles of scarcity and solidarity*. London: Sage.

Ungar, M., Brown, M., Liebenberg., Cheung, M., & Levine, K. (2008). Distinguishing differences in pathways to resilience among Canadian youth. *Canadian Journal of Mental Health, 27*(1), 1-13.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work, 38*, 218-235.

Wahab, S. (2003). Creating knowledge collaboratively with female sex workers: Insights from a qualitative feminist, and participatory study. *Qualitative Inquiry, 9*(4), 625-642.

Waldram, J.B., Herring, D.A., & Young, T.K. (2006). *Aboriginal health in Canada*. Toronto: University of Toronto Press.

Wang, C., & Burris, M. (1997). Photovoice: concept, methodology, and use for participatory needs assessment. *Health Education & Behavior, 24*(3), 369-387.

West, P. (2009). Health in youth. Changing times and changing influences. In A, Furlong (Ed.), *handbook of youth and young adulthood. New perspectives and agendas* (pp. 331-343). New York: Routledge.

Wexler, L. (2009). Identifying colonial discourses in Inupiat young peoples narratives as a way to understand the no future of Inupiat youth suicide. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center, 16*(1), 1-24.

Wexler, L., DiFluvio, G., & Burke, T.K. (2009). Resilience and marginalized youth: making a case for personal and collective meaning-making as part of resilience research in public health. *Social Science & Medicine, 69*, 565-570.

Chapter 6 – Manuscript 3

Reflections from a Creative Community-Based Participatory Research Project Exploring Health and Body Image with First Nations Girls'[7].

6.1 Abstract

In Canada, Aboriginal peoples often experience a multitude of inequalities when compared with the general population, particularly in relation to health (e.g., increased incidence of diabetes). These inequalities are rooted in a negative history of colonization, which extends to a negative research history as such communities were researched "on" and not "with" (Tuhiwai Smith, 1999). Decolonizing methodologies recognize these realities and aim to shift the focus from communities being researched to being collaborative partners in the research process. This manuscript contributes to the growing literature on community-based research partnerships and describes a qualitative participatory research project with First Nations girls in a Tribal Council region in western Canada focused on health and body image. We discuss our project design and the incorporation of creative methods (e.g., photovoice) to foster integration and collaboration as related to decolonizing methodology principles. This manuscript is both descriptive and reflective as it summarizes our project and discusses lessons learned from the process, integrating evaluations from the participating girls as well as our reflections as researchers.

6.2 Introduction

Aboriginal peoples[8] face health inequalities compared to non-Aboriginal Canadians. These broad health inequalities "are linked to social, political, economic, and cultural inequities that roots itself in the colonial history of Canada" (Adelson, 2005, p. S45). Health inequalities include lower life expectancy, higher infant mortality rates, a greater prevalence of chronic and infectious diseases, and higher suicide rates compared to non-Aboriginal Canadians (Health Council of Canada, 2005; Frohlich, Ross & Richmond, 2006; Fridkin, 2012; Muirhead & de Leeuw, 2012). Inequalities, social determinants of health, health experiences, and resources to

[7] A version of this manuscript has been accepted for publication: Shea, J.M., Poudrier, J., Thomas-MacLean, R., Jeffery, B., & Kiskotagan, L. (in press). Decolonizing the research process through photovoice: strengths and challenges from a project exploring health and body image with First Nations girls. *International Journal of Qualitative Methods.*

[8] The term Aboriginal represents three distinct groups in Canada: First Nation, Inuit, and Métis.

address these can vary for communities and groups (Loppie Reading & Wien, 2009). Further Loppie Reading and Wein (2009) argue that distal determinants can be most detrimental on the health of Aboriginal Peoples'; these include "colonialism, racism and social exclusion, and self determination" (p.20). However, despite these differences in health status being well documented, there are significant gaps in culturally relevant public health information that can be utilized by Aboriginal people as they address health issues at the community level (Health Council of Canada, 2005; Smylie & Anderson, 2006; Loppie reading & Wein, 2009; Maar et al. 2011). Addressing these disparities in current and future research projects requires an understanding of these inequalities, unique definitions of health, and partnering with communities and groups to ensure research will be of benefit to them (Adelson, 2005; Health Council of Canada, 2005; Frohlich, Ross & Richmond, 2006; Koolmatrie, 2011; Koster, Baccar & Lemelin, 2012).

Colonialism has projected disadvantage that has resulted in extensive and widespread negative consequences for Aboriginal peoples, especially with regard to health. Specifically, the early introduction of disease and addictive substances as well as attempted assimilation has negatively impacted the health and well-being of Aboriginal peoples to this day (Gracey & King, 2009). Aboriginal people in Canada continue to experience greater health inequalities in comparison to other Canadians. Despite a universal health care system and overall high standards of living in Canada, the differences between Aboriginal and non-Aboriginal peoples are vast, complex, and broad, not only in terms of physical ailments and mortality but also with respect to social determinants of health (i.e., psychosocial, socioeconomic, lifestyle, and lived environment) (Shah 2004; Spurr, 2007). Absolon and Willet (2005) recommend that researchers be attuned to this history and acknowledge that western research practices are also extensions of colonialism. Decolonization simply means challenging traditional research practices, acknowledging the impact of colonial history in Canada, and ensuring that research is desired and benefits Aboriginal communities (Ermine, Sinclair & Jeffery, 2004). This manuscript chronicles our efforts to design a decolonizing community-based participatory research project with First Nations girls to explore definitions of the healthy body and body image in their terms. The discussion focuses on the process and the lessons learned from our experiences.

6.3 Background

Three key bodies of methodological literature informed the development of this project, namely those with regards to decolonizing methodologies, community-based participatory research, and photovoice. Juxtaposing these three methodological streams was a primary motivation in both the development and construction of this community-based research project.

6.3.1 Decolonizing Methodologies

As Tuhiwai Smith (1999) so eloquently argued, Western scientific 'research' is explicitly linked to colonialism and, as a result, associated with significant negativity, loss, and power that perpetuate the colonial gaze. Colonization was a deliberate attempt to isolate Aboriginal peoples from their cultures and ways of knowing. With this knowledge, change in the research process is critical (Canadian Institutes of Health Research, 2007). Decolonizing methodologies begin to address the damage created through colonization and as a research paradigm add a new way of thinking about how we collect data (Wilson, 2008). Decolonization simply means challenging traditional research practices, acknowledging the impact of colonial history in Canada, and ensuring that research is desired and benefits Aboriginal communities (Ermine, Sinclair & Jeffery, 2004). Historical health research with Aboriginal communities was a form of inquiry that negatively focused on disease and at times failed to produce concrete answers as to how best to improve health (Macaulay, 2009). Aboriginal peoples face legitimate health inequalities and issues, and shifting the focus to exploring these while applying decolonizing methodologies is necessary; a community based approach, which shifts communities from being 'researched' to being partners in the process, is an example of such a strategy (Getty, 2010). Wilson (2008) in his description of an Indigenous research paradigm observed that "if you teach or do research within the traditions of the circle, which is inclusive, participatory, proactive…then you're teaching the individuals within that circle to become participatory, inclusive and so forth" (p. 103-104). Wilson (2008) continuously stresses the important of relationships with regard to the Indigenous research paradigm; this focus on relationships was an important consideration as we designed our project. Equal partnerships with community members offer the possibility of evoking change and creating meaningful and empowering projects (Edwards, Lund, Mitchell & Anderson, 2008). Research adhering to decolonizing principles, including partnership and collaboration with communities, has the

potential to create change and positively impact the health of Aboriginal peoples through the understanding and honouring of different perspectives of health (Western and Indigenous models) (Sherwood & Edwards, 2006; Kendall, Sunderland, Barnett, Nalder & Matthews, 2011; Racine & Petrucka, 2011; Vukic, Gregory & Martin-Misener, 2012).

6.3.2 Community-Based Participatory Research

Community-based participatory research (CBPR) challenges the traditional research roles of both the researcher and participants through the enhancement of collaboration and involvement of both parties throughout the process (Wallerstein & Duran, 2003; Allen, Mohatt, Markstrom, Byers & Novins, 2012; Castleden, Sloan Morgan & Lamb, 2012; Petrucka, Bassendowski, Bickford & Elder Goodfeather, 2012). An important component of CBPR is relationship building. As Tuhiwai Smith (1999) explains, "In many projects the process is far more important than the outcome. Processes are expected to be respectful, to enable people, to heal and to educate" (p. 128). CBPR projects can be very diverse in design; they often present special considerations that researchers need to be mindful of, including unforeseen challenges and the time it takes to develop relationships and complete a project (Edwards, Lund, Mitchell, Andersson, 2008; Castleden, Sloan Morgan & Lamb, 2012; Petrucka, Bassendowski, Bickford & Elder Goodfeather, 2012). Despite strengths of this approach it is not without it challenges. Challenges noted include the time required to develop and maintain relationships, negotiation of power differentials, complexity of data analysis, being flexible, and finding time for non-academic partners to devote time to research while still delivering services and programs in their communities (Cargo & Mercer, 2008; Castleden et al., 2008; Tapp & Dulin, 2010; Wallerstein & Duran, 2010; Jacquez, Vaughn & Wagner, 2012). Despite the potential limitations presented this approach offers great potential for partnership and the potential for change both in research and practice (Hergenrather et al., 2009). CBPR complements a decolonizing approach, through a focus on partnerships and the co-creation of knowledge and solutions. When Aboriginal communities are regarded as partners in research, involvement is negotiated and power is balanced (Edwards, Lund, Mitchell, & Anderson, 2008). Perhaps most importantly, knowledge is valued through CBPR, particularly the knowledge and voices of participants; this is critical as research is decolonized.

6.3.3 Photovoice

In our effort to create a community-based research project with the Battlefords Tribal Council (BTC) Region, we sought out innovative approaches that would allow communities and participants to be full and engaged team members in this process. Moffitt and Vollman (2004) in their research with Aboriginal women contend that photovoice is an ideal method to engage participants in a "culturally appropriate" manner when exploring health (p. 189). Wang and Burris (1997) developed this technique with three overarching objectives: "1) to enable people to document and communicate their community's strengths and concerns; 2) to promote critical dialogue and understanding about relevant community issues through large and small group discussion of photographs; and 3) to reach policy makers" (p. 370). A profound strength of photovoice is that discussions and research directions are determined by the participants. Participants capture images of importance in their lives, lead discussions, identify issues, and work toward formulating solutions, thus becoming more entrenched in the research process (Moffitt and Vollman, 2004; Carlson, Engebretson & Chamberlain, 2006). This is extremely empowering when used in connection with youth, whose voices can go unheard in research. Furthermore, the opinions and unique experiences of youth are often left out of the decision-making process, for example, in the area of health promotion (Bader, Wanono, Hamden, & Skinner, 2007; Kirmayer, Simpson & Cargo, 2003; MacDonald et al., 2011). Rather, health promotion activities geared toward youth are often designed and carried out by adults.

Although photovoice is a new method, it is increasingly being used in a number of contexts. It has been used in community-based projects in Canada, for example in an exploration of health with Aboriginal women in a Northern community (Moffitt & Vollman, 2004); in a modified version for a community-based participatory project with a First Nations community (Castleden, Garvin & Huu-ay-aht First Nation, 2008); in an exploration of Aboriginal women's experiences with breast cancer in Saskatchewan (Brooks, Poudrier & Thomas-MacLean, 2008); and to document food security concerns in an Inuit community (Lardeau, Healey & Ford, 2011). These studies have made valuable contributions to further understanding the significance of this method in Aboriginal communities.

6.3.3.1 Wang & Burris's Model of Photovoice

In their introduction to this methodology, Wang and Burris (1997) outline key components to undertaking a photovoice project. First, participants are recruited, give consent, and then receive training that will introduce them to the study, photovoice, and the technology. Second, participants complete the photovoice project through capturing images of importance. Third, participants take part in a group discussion with other participants led by a facilitator, during which they engage in storytelling of photographs, group analysis, and selecting images that will be shared to represent their project (Wang & Burris, 1997; Wang, 1999). Once the pictures are analyzed, the group works together to form the next steps and or action that will be taken to address issues, whether through sharing information with the community or influencing policy makers (Wang, Yi, Tao & Carovano, 1998; Castleden, Garvin, and Huu-ay-aht First Nation, 2008). Wang and Burris (1997) indicate that the method is flexible and has the potential to be adapted to accommodate different groups, communities, and health centered topics. Similar to Castleden, Garvin, and Huu-ay-aht First Nation (2008), we also had to adjust the Wang and Burris (1997) model to accommodate our unique project; modifications we made to suit our project and our First Nation teenage girl participants are described in a subsequent section.

As a team, we were both influenced by and mindful of the bodies of literature described above, and these provided direction and guidance as we planned our project. While much has been written on decolonizing methodologies, CBPR, and photovoice, there is a gap in the literature regarding the design of projects incorporating these considerations. Two exceptions are Castleden, Garvin, and Huu-ay-aht First Nation (2008) and McHugh and Kowalski (2009), who both eloquently outlined the design and challenges of similar projects. This manuscript will also contribute to the growing literature in this area in the hopes of aiding other researchers in their design. In the following sections, we describe in detail our decolonizing CBPR project with First Nations girls in the BTC region and draw on analysis of data collected in this project including photographs, interviews, art collages and surveys completed by the participating girls as connected to project design. We discuss the project design, application of the methods, and the strengths of our approach and inherent challenges, in both our words and those of the girls participating in the project.

6.4 Study Design

The project took place in the BTC region consisting of seven distinct communities in western Canada. Three research questions directed both the design and undertaking of this project:

1) How do First Nations girls interpret the healthy body and body image?
2) What are the social, historical, visual, and cultural meanings of the healthy body and body image for girls in the BTC region?
3) What are the barriers and strengths faced by First Nations girls in regards to the healthy body and body image?

The project involved four unique phases, all connected (Figure 13); data analysis was an ongoing process.

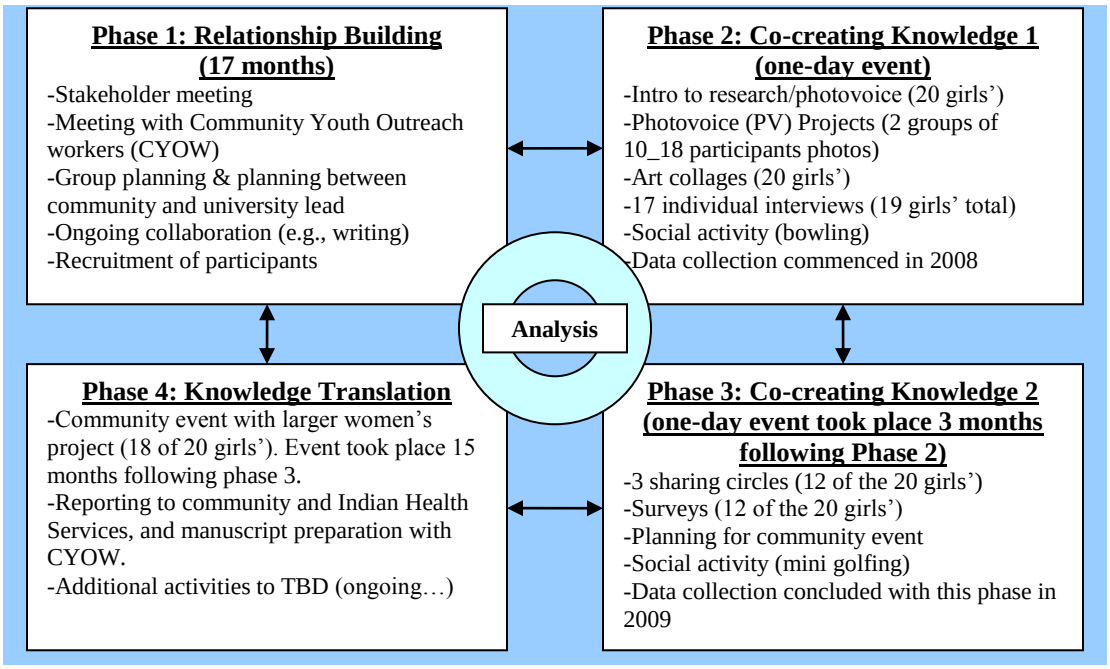


Figure 13: CBPR Project Design

6.4.1 Phase 1: Relationship Building

Relationship building was critical to the undertaking of this project and its success as a decolonizing approach. The lead-up to our project with the girls consisted of a number of meetings and conversations, group planning, and collaborative activities, which in turn contributed to relationship building. Beginning with a stakeholder meeting attended by community leaders, health service workers (HSW) employed by IHS, and research team

members, plans for a larger project with women in the BTC area was introduced to provide the opportunity for feedback. This larger project was to explore the cultural and visual context of the healthy body and body image with women. The communities in the BTC region share an interest in health concerns, such as diabetes and obesity, and during the development of this larger project it was evident that "little was known about the visual, gendered, historical and cultural meanings or experiences of healthy body weight and healthy body image for Aboriginal women" (Poudrier & Brooks, 2008, p. 15). During the stakeholder meeting, community leaders mentioned the importance of a project with youth.

Following the stakeholder meeting where the importance of including girls was established, planning for their inclusion took place through meetings with community youth outreach workers (CYOW) Jessica, Lenore, Kimberly and Kellie, community research assistant CRA Tanya, and additional HSW. The CYOW Jessica, Lenore, Kimberly and Kellie and CRA Tanya collaborating on this project were of Aboriginal descent and lived either on-reserve in the BTC region, or in the city of North Battleford. While the CYOW Jessica, Lenore, Kimberly and Kellie were employees of IHS, CRA Tanya was recruited for assistance in this and the larger corresponding project. During these meetings, we planned and discussed the most effective way to approach the project with youth. Subsequent to community support for the project, ethics approval was received from the University of Saskatchewan ethics board. We initially thought the photovoice project would be an individual undertaking, meaning the girls would complete unique projects in isolation in their home communities over a period of time. However, as our planning evolved the research team (community and university) realized that this would not be an effective approach. We decided as a group that due to the geographic layout of the communities and the busy schedules of youth as students, creating data collection activities in two one-day phases would be more practical. We recognized that two separate phases (Phases 2 and 3; Figure 13) would result in significant challenges for the team through organizing and carrying out the collection of data in 2 one-day periods, but concluded this would be the best approach for the participating girls.

We thus planned for Phase 2 to involve the photovoice projects (the girls taking photographs) and individual interviews and for Phase 3 to involve sharing circles to discuss themes that emerged from Phase 2. We also decided to hold both phases in a city outside of the six home communities of the participating girls. One reasons for doing so was so that girls would

be a neutral area (e.g., instead of choosing a community in which some participants reside). The events took place in the city North Battleford, the location of IHS which services all communities in the BTC region. Determining a suitable community in which to hold the phases was also difficult, as we could lose our facility booking in the event of a funeral, round dance, or other community event. As such, we chose to use a neutral location and take advantage of the facilities at Indian Health Services (IHS). Given that both phases took place during the school year, we also wanted to ensure they were not scheduled during exam periods. We decided to conduct Phase 2 in December before Christmas holidays and midterm exams, and Phase 3 in March before the Easter break. A number of consent forms were prepared for the different phases of the project, including those for participation in interviews and sharing circles and for release of photographs, third party photographs, and artwork. Participating girls were asked to choose a pseudonym to be used throughout the study. Although the girls later signed photograph release forms, we chose to retain the pseudonyms in the manuscripts published from the work as they give a degree of anonymity to the teenage participants.

Four CYOW Jessica, Lenore, Kimberly and Kellie volunteered their time (outside of their work schedule) and efforts to ensure the success of this project. One CYOW Jessica took the lead as the community contact for the project, and she and the first author worked together to engage in planning and brainstorming for this project. All four CYOW Jessica, Lenore, Kimberly and Kellie were provided with recruitment materials consisting of posters, letters of invitation, pamphlets, and consent forms. Posters were hung in community, in the office of IHS, and were inserted in the BTCIHS newsletter. The CYOW Jessica, Lenore, Kimberly and Kellie also approached and shared recruitment information with girls with whom they work in programming through IHS. Twenty First Nations girls' living on-reserve signed up to participate. The participating girls represented six of the seven communities on the BTC region, as follows: Little Pine First Nation (5), Moosomin First Nation (4), Red Pheasant First Nation (3), Sweetgrass First Nation (3), Mosquito Grizzly Bears Head Lean First Nation (3), Poundmaker Cree Nation (2), and Lucky Man Cree Nation (0). The ages of the participants ranged from 13 to 16. At the start of data collection in 2008, one participant was 16 years old, ten were 15, three were 14, and six were 13. The CYOW Jessica, Lenore, Kimberly and Kellie also volunteered to provide transportation for the girls for both phases. This required the addition of a permission slip for transportation of the girls' prepared by the CYOW Jessica to accompany the consent forms for

this project. Consent to participate in the project was obtained from the girls and their guardians. The tireless and dedicated efforts of these four CYOW Jessica, Lenore, Kimberly and Kellie were critical to making this project successful.

6.4.2 Phase 2: Co-Creating Knowledge 1

Phase 2 involved the first instance of data collection for this project. The various components—art collages, photovoice, and interviews—are discussed below separately, outlining how the girls felt during each component and how the components worked together to connect to the larger goal of achieving a decolonizing methodology for the overall project. Prior to Phase 2, the girls had been briefly introduced to photovoice through their recruitment package materials and conversations with CYOW Jessica, Lenore, Kimberly and Kellie. The Phase 2 day began with introductions and sharing of the agenda. The girls were then introduced to photovoice, as we described the method, the aims of the study, and what was expected of them as participants. The four CYOW Jessica, Lenore, Kimberly and Kellie, three university researchers (Jennifer, Carolyn and myself), the CRA Lillian, and Elder Melvina attended the Phase 2 data collection day.

We prepared a list of reflection questions (Appendix A) for the girls to think about as they prepared to capture images. These questions promoted reflection on personal health; body image; the role of community, history, and values in health; sharing knowledge with other youth; and reflections on current programs and services. The girls had the opportunity to ask questions before beginning their own projects. Throughout the day, the second author took candid and formal photographs of the participants and the group. We designed our discussion guides (Appendix A) to include questions that would help us to evaluate both the photovoice component and the organization of the overall project, in particular how the girls felt about the two separate one-day phases. We were also interested in hearing what the girls thought of the layout and the process in consideration of our revisions to the photovoice methodology. As per the day's agenda, the girls were divided in two groups of ten at random. The first group completed the photovoice project while the second made art collages; part way through the day the groups switched components.

6.4.2.1 Photovoice Projects

The four CYOW Jessica, Lenore, Kimberly and Kellie drove small groups of girls around the city to take photographs and, as they drove, the girls indicated stops that they would like to make. Because Phase 2 took place in December and the weather was cold, these groupings ensured that the girls would not have to spend long periods of time outside. Once the photographs were taken, the girls returned to our meeting location where we uploaded their pictures onto a laptop computer. We had a number of concerns about condensing the photovoice projects to one day. One of the major concerns we had was that the girls would be concerned about conformity and would take similar photographs, not out of interest but due to the influence of their peers. We were also concerned about the girls not being able to take photos in their home communities, and the impact this would have on capturing the healthy body and body image in the manner they wanted to. As such we integrated the addition of disposable cameras into our project planning so that the girls' could take photos in their communities following the one-day event. There was a total of 20 disposable cameras were purchased and would be distributed to the girls at the end of the day before they travelled home.

A total of 798 collective photographs were taken by the twenty participating girls during Phase 2. The girls' photographs varied greatly and included images depicting a complex definition of health, which included visual representations of food, exercise, and relationships. . The photovoice project would not have been as effective if not supplemented by other data collection methods such as sharing circles. To date this is the first photovoice project with First Nations girls living on-reserve exploring health and body image. Through the integration of a number of data collection methods we had the opportunity to learn both about individual and shared understandings of health and body image of the girls'. Photographs taken by the girls' guided our individual discussions with the girls' as we learned about their experiences and perceptions of health in their own lives (Shea, Poudrier, Chad & Atcheynum, 2011). While the reflection questions and interview guides were designed prior to Phase 2, the sharing circle discussion guides (Phase 3) were designed after the preliminary analysis of data collected during the second Phase (Appendix A).

6.4.2.2 Art Collages

The artwork component was integrated into the project based on a suggestion by a CRA Tanya. We felt that the inclusion of the artwork would help the girls to think creatively about health and body image. For the art projects, the girls were asked to create collages about health and/or body image. They were provided with poster board, pencil crayons, glue, markers, stickers, craft supplies, paper, and magazines. . Magazines provided to the girls were media directed toward teens and women (e.g., Seventeen & Oprah). Unfortunately magazines were predominately featured Caucasian females, as we were unable to locate literature directed at Aboriginal readers. We acknowledge this a potential limitation of the materials provided to the girls for the purpose of collage making. It was intriguing to see what the girls created given the broad topic. Two key observations were made based on the content of the collages: the personal strength/positive self images of the girls and the importance of relationships.

6.4.2.3 Interviews

In Phase 2, the girls participated in separate interviews that elaborated on the photographs they had taken earlier in the day. With twenty participating girls, we needed four interviewers, each interviewing five girls, to ensure everything was done by the end of the day. During the interviews, the girls were asked which photographs they identified with and were most important to them; why they took the pictures they did; details on the picture; the process; and photographs that they would have liked to take but were unable to. All interviews were one-on-one except for two cases: one where two girls wished to be interviewed together and the other when a participant declined to be interviewed. An interview guide was formulated during the project design phase to include both questions about the healthy body and body image as well as specific questions about the images the girls had taken (Appendix A). As we began our conversations, the girls were asked to choose photographs they had taken earlier in the day to guide our conversations. This was their preference and easy for the interviewers to accommodate. We were also interested in hearing their thoughts on the process, particularly their thoughts on the photovoice component. Our interview guide also included questions that asked the girls to reflect on the process and speak to the strengths or weaknesses.

Phase 2 concluded with a social activity (bowling) as a way to thank the girls for their time and dedication to the project.

6.4.3 Phase 3: Co-Creating Knowledge 2

Phase 3 was the second instance of data collection for this project, involving both sharing circles and surveys.

6.4.3.1 Sharing Circles

Three months following Phase 2, we met with the girls once again in the same neutral city location to conduct sharing circles. Analysis from this project was ongoing and, at this time, we had a list comprised of initial themes. All interviews and group discussions were transcribed and underwent a thematic analysis using NVivo based on the girls' experiences of health in their communities. The photographs taken by the girls were categorized and analyzed using the thematic analysis, guided by their descriptions of the images in their individual interviews. Emerging themes from the preliminary analysis of the photographs and interview discussions were brought back and discussed with the girls during Phase 3.We planned during this Phase to build upon our earlier discussions with the girls, talk further about the photovoice project, and engage in group planning for the community event that was proposed as a way to share results with the community. The photographs taken in Phase 2 were not as prominent in our sharing circle discussions as they had been in the earlier interviews. Instead, we used this time to elaborate on their definitions of health, the healthy body, and body image. Unfortunately, only 12 of the original 20 girls were able to attend and contribute to this round of data collection. Distribution of the sharing circle consent forms, and informing girls of the scheduling of Phase 3 was organized by the CYOW Jessica, Lenore, Kimberly and Kellie. The university researchers thought that the 19 possibly 20 girls would be back for the sharing circles. For Phase 3, three of the four CYOW Jessica, Lenore, Kimberly and Kellie were to be attending the event and assisting with transportation. At the beginning of the day Kimberly (CYOW) was late arriving. Lillian the CRA who was assisting with the day had to leave after lunch, so she started the first sharing circle before all the girls had arrived. It wasn't until later in the morning that we all knew that there would only be 12 girls present. We were aware at the outset that attrition might occur

as a result of the decision to break the study into two one-day phases due to the girls' individual schedules.

6.4.3.2 Surveys

During Phase 3, the girls completed surveys to gather feedback on the process and their thoughts on the community event that was being planned (Appendix A). The surveys included 10 open ended questions to learn more about their thoughts on the process. Examples of survey questions included: Did you enjoy taking part in this project?; What was your favorite part?; What was your least favorite part?; and Did you learn anything from taking part in this project? We include survey responses from the girls in a later section in hopes that others planning to engage with youth or others engaging in a photovoice project can benefit.

Phase 3 concluded with another social activity (mini-golf) as a way to thank the girls for their time and dedication to the project.

6.4.4 Phase 4: Knowledge Translation

Although data collection is completed, we envision the project as ongoing. There is much work to be done in spreading the knowledge shared with us by the girls, and the first stage of that process was to bring the information to the community. From the outset of this project, we planned to have a community event for the collective BTC region to share the knowledge the girls created on health and body image with their own community members and the girls contributed to the planning of this event in Phase 3. In Phase 4, the girls, as well as women from the larger project, were brought together for an inspirational evening gala to celebrate the projects and the knowledge created. This allowed participants from both projects share their findings with the community and engage others in discussions of health in their communities. While such an event may not be suitable for every project, topic, or population, we were fortunate to have a number of dedicated and supportive individuals take part. An in-depth description of the inspirational evening – gala celebration as a beginning knowledge translation activity is described in § 7.3. Additionally in partnership with the CYOW Jessica, Lenore and Kimberly we prepared three manuscripts for publication based on this project as an additional means to share findings with the broader community.

6.5 Reflecting on the Process – Lesson Learned

Our project involved two one-day data collection phases, and therefore inventive planning was required to maximize the experience for the girls and to attempt to engage them fully in the process. As we began our discussions with the girls aimed at exploring their meanings of the healthy body and body image, we also sought their feedback and evaluation on the layout and design of the project. As a community-based project, we also wished to evaluate and relate our experiences of engagement. This undertaking and what arose from this partnership was itself a noteworthy finding. In the following sections we reflect on the process of this CBPR project and share some lessons learned. The words and feedback of the girls are paramount and supplement our personal reflections as researchers on the challenges and strengths of this method as applied in our collaborative project. The lessons learned are described under three themes: capturing images and creating knowledge – the girls' engagement in a CBPR project; the girls' evaluations; and limitations and the importance of flexibility.

6.5.1 Capturing Images and Creating Knowledge – The Girls' Engagement in a CBPR Project

The focus in this section is on the knowledge created by the girls through their involvement in this project, in particular the creation of images and art collages and how they link to the girls' descriptions of the healthy body and body image.

6.5.1.1 Photographs

The project phases took place outside the girls' home communities, and one question asked during the Phase 2 interviews was about pictures they would have taken but were not able to. The examples given by the girls did not relate specifically to their home communities but did further emphasize their definitions of health. For example, Barry Manalow replied that she "would like to go back to the bridge, walk around some more, and maybe take more pictures of the view". This is in reference to Figure 2, and highlights this as an enjoyable part of the day for her. Beckham responded that she would have liked to take pictures of "the environment, the trees, and animals". Pictures of the environment could be linked to physical activity and balance in regards to health, as the girls at times referred to the environment in discussions. Bobby Joel noted that she would have liked to have found "a statue of the world", and taken a picture

showing her “carrying it or on top of it because I’m top of the world”. This is noteworthy because feeling good or positive was seen as being particularly important to the girls in terms of mental health. Ravyn noted she wished they had been able to go to a cultural museum to display “how things were back then and how they lived”. Such pictures may have provided some context with regard to historical experiences of health. Ronaldino noted that she would have liked to have taken a picture of a “happy family swimming”. Such a picture would have showcased three important themes related to health as defined by the girls in this project: family, relationships, and physical activity. Finally, Shae Walker would have liked to include a self portrait wearing “my funky shades, because it shows that you can be weird but still real-ish”. Shae Walker’s comment indicates the importance of feeling comfortable in your own skin and self acceptance. A number of the girls included pictures of themselves and we believe this highlighted their positive self image.

Among the photographs were similar images taken by several girls, but different interpretations emerged as we spoke to them about their pictures and asked questions regarding their motivations for capturing these images. For example, a bridge was a predominant feature of several pictures. Bobby Joel took a picture of three girls and Jessica (CYOW) on a bridge (Figure 14); while she did not make reference to the bridge in her interview, the three girls on the bridge also captured a picture of the bridge and spoke to it in their interviews. Tony noted that the bridge had existed a long time and commented that “we went over there and we started running to the park, because you get a lot of exercise when you’re running”. The importance of the bridge to Tiffy was captured very simply: “we were just having fun”. Finally, Tibby Jonez’s comment regarding a picture of herself under this bridge was “I like the one where we’re under the bridge, that’s a beautiful one, the way it looks when I’m under there”. Thus, although the three girls took a picture of the same structure, Tony related it to exercise, Tiffy to having fun and relationships, and Tibby Jonez in terms of nature and beauty.

Figure 14: Tony, Jessica (a CYOW), Tibby Jonez, and Tiffy on the bridge

We also observed varied interpretations in another group of girls that traveled to a different bridge during their photovoice projects. Shae Walker took the picture at this bridge (Figure 15), but similar to Bobby Joel, Shae Walker did not reference this picture in her interview whereas the other girls pictured did. When talking about this outing to the bridge, Barry Manalow noted that these were the pictures with which she identified the most: "I remember us going to the bridge and running to the middle and taking pictures of the river". Simpson also referred to the picture, and explained her favorite was "the one of the bridge where Barry Manalow and Otis were standing because they look like they're having fun, they look cool". Thus, while Barry Manalow described the expedition to the bridge, Simpson spoke about the fun they had. In both descriptions, being together and having fun was what was essential to the girls.

Figure 15: Otis, Barry Manalow, and Simpson at a bridge

6.5.1.2 Art Collages

Throughout Phase 2 and 3 of the project, the girls as teens showcased both their insightfulness and resilience as they conversed with us (e.g., in their discussions of suicide see Shea, Poudrier, Chad & Atcheynum, 2011). Karryn's collage (Figure 16) is but one example of the girls' evident and positive self image. In her collage, she wrote a number of positive messages that appear to be directed to other youth, as some of the girls thought these collages would be useful to share at the community event. All the participants wanted to take their collages home with them at the end of the first event, so we shared only photographs of the collages at the event. These messages touch on a number of subjects including feeling comfortable with yourself, health, body image, drugs, confidence, sports, and ending violence. In a passage regarding feeling comfortable with yourself, Karryn wrote, "stick up for your body and health there is nothing wrong with your body and you know that your (sp) always beautiful". This is a positive message of acceptance that emphasizes self care. In another passage regarding the engagement in harmful substances, she wrote "Don't do drugs if you do you won't look like this (pointing to a picture of a model), if you don't do drugs this can be you up there." We found this quotation particularly interesting because the model chosen was skinny, Caucasian, and representative of a dominant body ideal found in the media. This is similar to findings from

elsewhere in the project that indicated the girls were critical of dominant discourses of beauty but at times reiterated them (Shea, Poudrier, Chad & Atcheynum, 2011).

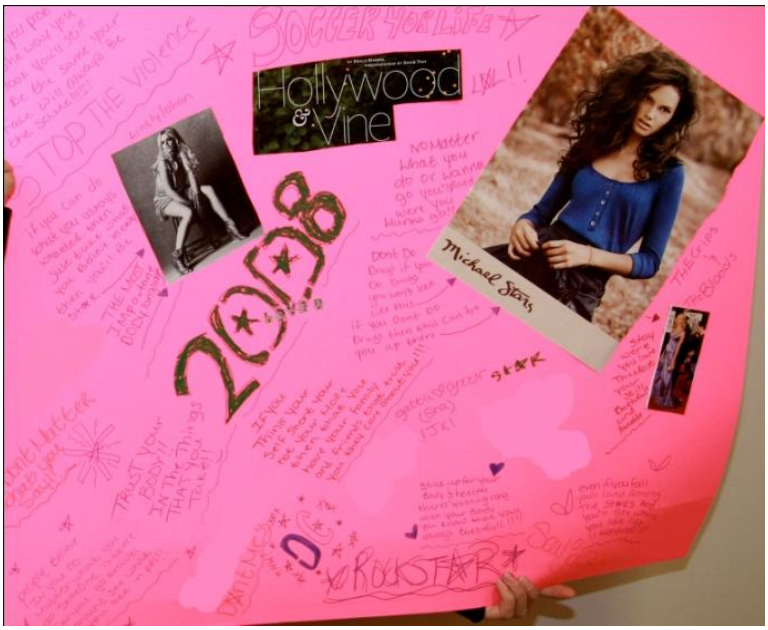


Figure 16: Karryn's collage

Additional passages focused on relationships, which was a reoccurring theme throughout our project as related to health. In a third passage, Karryn wrote "If you think yourself short your not, your more than that you have your family and friends that trust you they care about you". In this passage, she indicates that relationships with others provide strength, support, and meaning for individuals, and these relationships in turn validate an individual and can give them strength.

The theme of relationships can also be observed in Tibby Jonez's collage (Figure 17). In particular, it reflects a commonality among the majority of the collages: the girls signed each other's posters. This highlights the group effort and collaboration of the project in general and Phase 2 in particular. Furthermore, many of these posters were signed by the CYOW Jessica, Lenore, Kimberly and Kellie who provided positive aspirations to the girls. For example, on Tibby Jonez's poster Jessica (CYOW) wrote, "you are so great to be around you make me smile". It was obvious from our conversations with the girls and while observing them that the four CYOW Jessica, Lenore, Kimberly and Kellie working with youth in these communities have both a profound and positive impact on the lives of these girls. The CYOW Jessica, Lenore, Kimberly and Kellie nurtured the girls and focused on their strengths and personal beauty. The

impact of these relationships was evident in the strength, maturity, and self confidence of the participating girls. Lastly, Tibby Jonez's collage, similar to Karryn's, was also full of positive messages that encourage youth to be comfortable in their own bodies. The choice of words and sayings at the bottom of Tibby Jonez's collage (e.g., "stop hiding", "beauty", "are you comfortable being…", "follow your dreams", "beauty is in you") are both positive and inspiring.

Figure 17: Tibby Jonez's collage

Notably, we did not view the collages as significant data in the planning stages, although we did prepare artwork release forms to accompany the others in the ethics approval process. However, as we observed the girls engaged in their creations we realized that the collages complemented the photovoice component. In our subsequent discussions with the girls, some noted that the collages were their favorite part of the day. All the girls enjoyed taking part in this component and wanted to take their work home with them. Thus, with their permission, the second author took photographs of their work to incorporate these images with the findings of the project. The knowledge created by the girls in these collages was rich and informative.

6.5.2 The Girls' Evaluations

The girls overwhelmingly indicated that they enjoyed the photovoice aspect of the study. All of the girls had positive things to say about this component. When asked about engaging in

the project in general, they all had positive things to say as well, such as ease of use of the cameras. As Bobby Joel observed "it was fun, cool and not difficult at all because it's pretty easy to take pictures just the click of a button". With the girls' exposure to technology, teaching them about the cameras was not challenging and it appeared they were all comfortable using cameras.

It was clear from observing the girls that photovoice was an enjoyable component. The first photovoice group immediately started to take pictures upon receiving their cameras. When asked what pictures she identified with the most, Tony referred to photographs taken at the very beginning. She went on to explain this was "because it looks like we were just having fun…just meeting people I never really knew any of the girls but now I'm friends with them". Sodapop said the pictures "just show people together having fun and trying to be with each other". According to Barry Manalow, "I think it was fun and I had a good time…meet new people and had some exercise". Tiffy noted that "it's helpful to get together and chat and to know people from other places". This was a key observation, as many of the girls referred to meeting us and the other girls as a highlight of their day; this validated the group-focused project took a positive approach.

When asked to provide feedback on the day, Blues Lopez responded, "It was awesome! I liked making that collage and taking the pictures, I don't think there was anything I disliked". Bugeye, Ravyn, and Karryn all noted that the most enjoyable part of their day was "taking pictures". However, Ronaldino found the photovoice project a little challenging: "I kind of found it hard to take these pictures but, it was fun. They're nice pictures". When asked what could be done differently next time, she noted "have more people" (more participants). Shae Walker noted that it was a fun process and that next time she "would get more of me in the photos". Simpson noted that she liked "the art" the best. Thus, we feel validated in our decision of include both the collages and pictures and they spoke to the different creative natures of the girls. Overwhelmingly, the girls regarded the project as enjoyable and stressed the importance of relationships.

Only two of the twelve participants who completed surveys were neutral on the inclusion of photovoice. For example, when asked if she liked this method, Tay-Tay responded "kind of not really". The remaining surveys indicated the participants enjoyed this approach. For example, Bobby Joel noted "it was so fun I made a few more friends". Once again, these data convey the advantages of the group approach and the importance of relationships in the lives of

the girls. In addition, the girls provided positive feedback about their experiences with this project. Marie noted her favorite part was "when we were talking about the community" and Blues Lopez noted hers was "when we meet other people". These comments also highlight the importance of both the community and relationships in regards to health (Shea, Poudrier, Chad & Atcheynum, 2011). Throughout our discussions with the girls, issues of health were not discussed only in the personal sense but clearly encompassed their families, friends, and the larger community.

The girls were also asked to indicate whether they liked the interviews or sharing circles better. A few respondents noted sharing circles, as they were more social: "the sharing circles because there was more people" (Barry Manalow). Ronaldino wrote that she liked "both you know, now that was fun". Finally, when asked what they would like to see at the community event, a couple of girls noted that they would like to see projects like this more often. Shae Walker replied she would like to see "more things like this, for guys too". Beckham expressed a desire "to have more activities just like this! Have it more often". We believe that these survey responses, our conversations with the girls and partners, and observations all reflect that the approach taken was an effective for the project and one which provided enjoyment to the girls, that they may not have experienced if the project design was individualized. These comments also highlight the importance of both the community and relationships in regards to health. Throughout our discussions with the girls, issues of health were not discussed only in the personal sense but clearly encompassed their families, friends, and the larger community (Shea, Poudrier, Chad & Atcheynum, 2011).

6.5.3 Limitations and the Importance of Flexibility

While the project was a success based on the principles that guided its design, it was not without its challenges. The challenges we encountered all highlight the importance of being both adaptable and flexible. While there were many lessons learned from our engagement in this process, two overarching lessons we discuss here include the need for flexibility in the project design as well as with respect to the images and photovoice.

6.5.3.1 Project Design

Conducting the photovoice projects on a single day presented significant challenges to both CYOW (Jessica, Lenore, Kimberly and Kellie) and the university researchers (Jennifer, Carolyn and myself). The CYOW Jessica, Lenore, Kimberly and Kellie worked during the weekend to help out with the organization of the day and were also responsible for providing transportation to the participating girls. When we planned the day, we did not allot enough time for the girls' travel to the host city from their various communities; this oversight put the day behind schedule from the start. However, we all adapted to the delay and revised the agenda to accommodate all research project activities.

Given that the first Phase was held in December, there was a possibility of poor weather. One of the CRA Tanya was in another province the day before Phase 2 data collection and due to a snow storm was unable to get back. Luckily, another CRA Lillian was free and able to take her place. This new CRA Lillian had to be prepped on the photovoice projects and interview guides at the beginning of the Phase 2 day. While stressful to the research team at the time, things went smoothly and the CRA Lillian adapted easily and her inclusion did not affect the progression of the day. Poor weather also affected our data collection; while the weather in the Phase 2 host city was good, it was still winter and, as such, the outside picture taking was not as comfortable as it would have been in other seasons. However, none of the girls complained or noted this in their interviews. Furthermore, poor road conditions prevented the university researchers from staying to engage in the social activity of bowling at the day's end; the decision to leave the social activity was made in consultation with the CYOW Jessica, Lenore, Kimberly and Kellie. It was disappointing that we had to leave prior to the completion of the day's activities.

In the early stages of project planning, we envisioned interviews being 1 to 1 ½ hours in length; however, given the design of Phase 2, interview times had to be condensed to between 30 and 45 minutes. At times the interviewers felt rushed, but the girls did not complain although many noted this was their least favorite part of the day. This interesting finding further highlights the emphasis the girls placed on relationships. The participants clearly and thoroughly enjoyed the social design of the project. The time gap between the interviews and sharing circles also provided the girls with time for reflection.

6.5.3.2 Images and Photovoice

Funding available for the project only allowed for the purchase of ten digital cameras. This was initially not an issue as the photovoice projects were to be individualized; however, the design of the project was changed and allowed only enough cameras for half the participants. CRA Tanya suggested dividing the participants into two groups to alternate between art collages and photo taking. This solution worked well as it diminished wait times for the girls between photographs and interviews. We prepared questions for the girls to consider when taking pictures, but did not find these guides were overly helpful or utilized by the youth. In reflection, the guides may have been too complicated in the wording or approach to be of benefit (e.g., Ronaldino found it challenging to take photographs). While we believe that the guides can indeed be useful in future, we would simplify them to increase their usefulness for the participants.

When the girls returned from taking their pictures, the images were transferred from each of the cameras to one laptop computer. Due to the hectic nature of the day and the short time between the switch out of both groups, the pictures of two participants went missing. Despite our best efforts to locate them both during and after the conclusion of Phase 2, neither set has ever been found. Furthermore, we realized at the end of the day that one of the cameras was missing; it was also never found. Loss of equipment or images is a possibility when engaging in a photovoice project, especially on a hectic data collection day. In future projects, we would allot more time to transfer images as well as back up pictures on another computer. Furthermore, we did not during project planning identify or outline the presence of computers in the interviews. It would have been beneficial for all the girls to see their pictures as they were interviewed, but we only had two laptops and four interviewers. During interviews without a laptop the girls were asked to describe and speak about images taken. Fortunately there was not a big time lag between picture taking and interviews, and once again, the girls adapted well to this oversight and most were able to recall the images they captured. Castleden et al. (2008) recommend that at the onset of the photovoice project a picture of the participant be taken on their camera first as a means of identification. Due to our project only have 10 cameras, and participants' having to share this safe guard wasn't possible. We would recommend the application of Castleden et al. (2008) suggestions and ensuring all participants have an individual camera if possible. In future

projects, we would ensure enough laptops and cameras so that all the participants can view their pictures in full size, and easier management of pictures.

Given that the photovoice projects took place outside of the girls' communities, we decided to include disposable cameras in our budget and incorporate this aspect into the study design. Disposable cameras were to be provided to the girls at the end of Phase 2 so they could take photos in their own communities; when we reconvened for the sharing circles in Phase 3, the girls were to bring back their disposable cameras for developing at a one-hour photo store close by. Thus, cameras were distributed at the end of the Phase 2 day, with the girls signing a sheet indicating their desire to participate in this extra photography portion. The camera distribution occurred in a group setting during a hectic part of the day, and we quickly realized this was not the best approach. Although we had enough cameras for each of the girls, some went missing and not all the girls were able to receive one. Furthermore, the girls were excited after taking pictures all day and immediately started to take pictures of their new friends both at the meeting place and then at the social activity. We indicated to the girls that the cameras were intended for use at home and provided them with third party release forms. When we met again for the Phase 3 sharing circles, none of the cameras were returned for developing. In the future, we would distribute these cameras individually and after the photovoice project and day concluded.

Despite none of the cameras being returned, some of the girls spoke of the pictures they had taken. Some spoke about attention being drawn to them as they were out in the community taking pictures. Tony, for example, noted that a group of boys approached them and asked them what they were doing. While all references to this incident indicate the girls considered the attention amusing, in some cases this could cause discomfort for participants and should be a consideration in future projects.

The approach to the project was certainly challenging, but the benefits outweighed the problems. The day undeniably left everyone with a mixture of feelings of both invigoration and fatigue, but overall it was a positive occasion. A number of the girls spoke to us about the structure and told us that they truly enjoyed having the opportunity to meet new girls. Knowing that the day was enjoyable for the girls was a considerable strength and positive component of the project. One of the crucial lessons learned on the Phase 2 data collection day was the need to be adaptable when engaging as a partner in community-based research. No empirical research

project can be entirely predictable, but being aware of potential challenges can be an advantage in planning and devising alternate solutions.

6.6 Conclusions

In this manuscript, we have described our design of a CBPR project with First Nations girls exploring their understandings of the healthy body and body image and noted important lessons learned through the process. Our CBPR began and was maintained through relationship building between university researchers, community stakeholder, youth outreach workers and the First Nations girls that participated in this project. McHugh and Kowalski (2009) reflecting on their participatory action research with young Aboriginal women observed that developing strong relationship fostered the opportunity for collaborative research that benefits the participants. As a CBPR this project and its success was only made possible through the dedication of a number of individuals. Based on our conversations with the girls and their survey responses creating a project in this manner provided the girls with an enjoyable and creative outlet to share their stories and create this knowledge with us. Our experience demonstrates that the use of photovoice in this community-based project with First Nations girls was beneficial and that it helped to contribute to a decolonizing approach through enhanced collaboration and participation in the co-creation of knowledge with the girls. The integration of visual methods in participatory approaches provides the opportunity for youth to create knowledge, express creativity, and become integrated more fully in the process (Deacon, 2000; MacDonald et al., 2011). Further, as argued by Absolon and Willett (2005), "the process of telling a story is as much the point as the story itself" (p. 98). Therefore, honouring Indigenous voices needs to be paramount in decolonizing projects. Based on our discussions with the girls and their enjoyment and satisfaction with the project design, we feel that our particular approach and application of participatory approaches was a strength in this project. Without the application of various data collection methods (interviews, photovoice, art collages, sharing circles and surveys) we feel that the end result would not be as rich, enjoyable for the participants nor would we have the opportunity to engage in relationship building with both the participants and community stakeholders, such as the CYOW Jessica, Lenore, Kimberly and Kellie. That being said this project was not without its challenges (e.g., organization of photographs) and we have been

reflective of these in this article in an effort to share this knowledge with other communities and researchers engaging in similar projects.

While components of the Wang and Burris's (1997) model are evident in our design, modifications were necessary for our particular circumstances. The flexibility of this method could also benefit other studies. For example, we do not believe that this project would have worked as well without the inclusion of both individual and group talk. Although the photo taking took place in small groups, the interviews allowed the girls' unique opinions and understandings to be shared. In the subsequent sharing circle discussions, the girls were then also able to discuss issues related to and understandings of health and body image in their lives as teenagers in a group setting. Inclusion of the art collages to complement and flow with the photovoice projects added another element of creativity and fun for the girls. This need for adaption from original research plans was also observed in another CBPR study where the researcher believe the flexibility in research design helped to increase benefits for both the researcher, participants and ultimately the community (Koster, Baccar & Lemelin, 2012). While the photovoice component was indented to be a crucial part of the data collection, it unfolded in a way we did not envision: the pictures and the picture taking were important social aspects. Many of the girls took pictures of each other, the CYOW Jessica, Lenore, Kimberly and Kellie, and the researchers. Relationships were a key component of health throughout the project, and this was evident in the pictures and in the discussions with the girls.

A major strength of this community-based project was that IHS was interested in hearing from the girls regarding their perspectives of health. It is impossible to know how the project would have unfolded without this support, but we considered it very important. Given that the girls spoke often about how this project was enjoyable for them, the relationships formed, and the group nature of this project, our work not only incorporated a decolonizing philosophy but was also extremely rewarding and a humbling experience for the researchers.

Chapter 6 References

Absolon, K., & Willet, C. (2005). Putting ourselves forward: location in Aboriginal research. In L. Brown & S. Strega (Eds.), *Research as resistance critical, Indigenous and anti-oppressive approaches* (p. 97-126). Toronto: Canadian Scholars' Press.

Adelson, N. (2005). The Embodiment of Inequality Health Disparities in Aboriginal Canada. *Canadian Journal of Public Health, 96*, S45-61.

Allen, J., Mohatt, G.Y., Markstrom, C.A., Byers, L., & Novins, D.K. (2012). "Oh no we are just getting to know you": the relationship in research with children and youth in Indigenous communities. *Child Development Perspectives, 6*(1), 55-60.

Bader, R., Wanono, R., Hamden, S., & Skinner, H.A. (2007). Global youth voices engaging Bedouin youth in health promotion in the Middle East. *Canadian Journal of Public Health, 98*(1), 21-25

Brooks, C., Poudrier, J., & Thomas-MacLean, R. (2008). Creating collaborative visions with Aboriginal women: a photovoice project. In P. Liamputtong (Ed.). *Doing cross-cultural research: Ethical and methodological perspectives* (pp. 193-212). Dordretch: Springer.

Canadian Institutes of Health Research (CIHR). *CIHR guidelines for health research involving Aboriginal people*. Ottawa: CIHR.

Cargo, M., & Mercer, S.L. (2008). The value and challenges of participatory research: strengthening its practice. *Annual Review of Public Health, 29*, 325-350.

Carlson, E., Engebretson, J., & Chamberlain, R. (2005). The Evolution of Theory: A Case Study. *International Journal of Qualitative Methods, 4*(3), Article 2. Available from: http://www.ualberta.ca/~iiqm/backissues/4_3/pdf/carlson.pdf

Castleden, H., Garvin, T., & Huu-ay-aht First Nation. (2008). Modifying photovoice for community-based participatory Indigenous research. *Social Science & Medicine, 66*, 1393-1405.

Castleden, H., Sloan Morgan, V., & Lamb, C. (2012). "I spent the first year drinking tea": exploring Canadian university researchers perspectives on community-based participatory research involving Indigenous peoples. *The Canadian Geographer, 56*(2), 160-179.

Deacon, S. (2000). Creativity within Qualitative Research on Families: New Ideas for Old Methods. *The Qualitative Report, 4*(3 & 4). Available at: http://www.nova.edu/ssss/QR/QR4-1/deacon.html

Edwards, K., Lund, C., Mitchell, S., & Andersson, N. (2008). Trust the Process: Community-Based Researcher Partnerships. *Pimatisiwin, 6*(2), 187-199.

Ermine, W., Sinclair, R., & Jeffery, B. (2004). *The ethics of research involving Indigenous Peoples.* Saskatoon: Indigenous Peoples' Health Research Centre.

Fridkin, A.J. (2012). Addressing health inequalities through Indigenous involvement in health-policy discourses. *Canadian Journal of Nursing Research, 44*(2), 108-122.

Frohlich, K., Ross, N., & Richmond, C. (2006). Health Disparities in Canada today: Some evidence and a theoretical framework. *Health Policy, 79*, 132-143.

Getty, G.A. (2010). The journey between Western and Indigenous research paradigms. *Journal of Transcultural Nursing, 2*(10), 5-14.

Gracey, M., & King, M. (2009). Indigenous health part 1: determinants and disease patterns. *The Lancet, 374*(9683), 65-75.

Health Council of Canada. (2005, January). The Health Status of Canada's First Nations, Métis and Inuit Peoples. Toronto: Health Council of Canada.

Jacquez, F., Vaughn, L.M., & Wagner, E. (2012). Youth as partners, participants or passive recipients: a review of children and adolscents in community-based participatory research (CBPR). *American Journal of Community Psychology,* published Online First, 21 June 2012.

Kendall, E., Sunderland, N., Barnett, L., Nalder, G., & Matthews, C. (2011). Beyond the rhetoric of participatory research in Indigenous communities: advances in Australia over the last decade. *Qualitative Health Research, 21*(12), 1719-1728.

Kirmayer, L., Simpson, C., & Cargo, M. (2003). Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry, 11*(3), S15-S23.

Koolmatrie, T. (2011). Finding my ground in public health research: lessons from my grandmother's kitchen. *BMC Public Health, 11*(Suppl 5): S2.

Koster, R., Baccar, K., & Lemelin, R.H. (2012). Moving from research ON, to research WITH and FOR Indigenous community: a critical reflections on community-based participatory research. *The Canadian Geographer, 56*(2), 195-210.

Lardeau, M-P., Healey, G., & Ford, J. (2011). The use of photovoice to document and characterize the food security of users of community food programs in Iqaluit, Nunavut. *Rural and Remote Health, 11*, 1-17.

Loppie Reading, C., & Wien, F. (2009). *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*. Prince George, BC: National Collaborative Centre for Aboriginal Health.

Maar, M.A., Lightfoot, N.E., Sutherland, M.E., Strasser, R.P., Wilson, K.J., Lidstone-Jones, C.M.,…Williamson, P. (2011). Thinking outside the box: Aboriginal people's suggestions for conducting health studies with Aboriginal communities. *Public Health, 125*, 747-753.

Macaulay, A. (2009). Improving Aboriginal health. *Canadian Family Physician, 55*, 334-336.

MacDonald, J.M., Gagnon, A.J., Mitchell, C., Di Meglio, G., Rennick, J.E., & Cox, J. (2011). Include them and they will tell you: learnings from a participatory process with youth. *Qualitative Health Research, 21*(8), 1127-1135.

McHugh, T.L., & Kowalski, K. (2009). Lessons Learned: Participatory Action Research with Young Aboriginal Woman. *Pimatisiwin, 7*(1), 117-131.

Moffit, P., & Vollman A.R. (2004). Photovoice: picturing the health of Aboriginal women in a remote northern community. *The Canadian Journal of Nursing Research, 36*(4), 189-201.

Muirhead, A., & de Leeuw, S. (2012). *Art and wellness: the importance of art for Aboriginal peoples' health and healing*. Prince George, BC: National Collaborative Centre for Aboriginal Health.

Petrucka, P., Bassendowski, S., Bickford, D., Elder Goodfeather, V. (2012). Towards building consensus: revisiting key principles of CBPR within the First Nations/Aboriginal context. *Open Journal of Nursing, 2*, 143-148.

Poudrier, J., & Brooks, C. (2008). *Iskwewak Miwayawak: Women Feeling Healthy - Multiple Exposures: An Environmental Scan of Miwayawin Health Services regarding healthy body weight and body image*. Saskatoon: University of Saskatchewan.

Racine, L., & Petrucka, P. (2011). Enhancing decolonization and knowledge transfer in nursing research with non-western populations: examining the congruence between primary healthcare and postcolonial feminist approaches. *Nursing Inquiry, 18*(1), 12-20.

Shah, C.P. (2004). The health of Aboriginal peoples. In D. Raphael (Ed.), *Social determinants of health: Canadian perspectives* (pp. 267-280). Toronto: Canadian Scholars Press, Inc.

Shea, J.M., Poudrier, J., Chad, K., & Atcheynum, J.R. (2011). Understanding the healthy body from the perspective of First Nations girls in the Battlefords Tribal Council Region: a photovoice project. *Native Studies Review, 20*(1), 27-57.

Sherwood, J., & Edwards, T. (2006). Decolonisation: A critical step for improving Aboriginal health. *Contemporary Nurse, 22*, 178-190.

Smylie, J., & Anderson, M. (2006).Understanding the health of Indigenous peoples in Canada: key methodological and conceptual challenges. *Canadian Medical Association Journal, 175*(6), pp. 602-605.

Spurr, S. (2007). The politics of Policy Development to End Obesity for Aboriginal Youth in the Educational Environment. *First Peoples Child & Family Review, 3*(3), 72-83.

Tapp, H., & Dulin, M. (2010). The science of primary health care improvement: potential use of community-based participatory research by practice-based research networks for translation of research into practice. *Experimental Biology and Medicine, 235*, 290-299.

Tuhiwai Smith, L. (1999). *Decolonizing methodologies*. London: Zed Books.

Vukic, A., Gregory, D., & Martin-Misener, R. (2012). Indigenous health research: theoretical ad methodological perspectives. *Canadian Journal of Nursing Research, 44*(2), 146-161.

Wallerstein, N., & Duran, B. (2003). The conceptual, historical, and practice roots of community based participatory research and related participatory traditions. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health*, (pp. 27-52). San Francisco: Jossey-Bass.

Wallerstein, N., & Duran, B. (2010). Community-based participatory research contributions to intervention research: the intersection of science and practice to improve health equity. *American Journal of Public Health, 100*(Supp 1), S40-S46.

Wang, C., & Burris, M. (1997). Photovoice: Concept, Methodology, and use for Participatory Needs Assessment. *Health Education & Behavior, 24*(3), 369-387.

Wang, C., Yi W., Tao, Z., & Carovano, K. (1998). Photovoice as a participatory health promotion strategy. *Health Promotion International, 13*(1), 75-86.

Wang, C. (1999). Photovoice: A participatory action research strategy applied to women's health. *Journal of Women's Health, 8*(2), 185-192.

Wilson, S. (2008). *Research is ceremony Indigenous research methods*. Halifax: Fernwood Publishing.

Chapter 7 - Conclusions

My friends, love is better than anger. Hope is better than fear. Optimism is better than despair. So let us be loving, hopeful and optimistic. And we'll change the world.
Jack Layton (August 20, 2011).

In the following sections, I summarize important findings that arose from this project with the girls, reflect upon the Inspirational evening – Gala Celebration, and, aided by their words and suggestions, provide implications and contributions for consideration in future responses to support health and healthy body image for youth in the BTC region.

7.1 Summary of the Research Findings

This thesis examined First Nations girls' understandings and of the healthy body and body image in the BTC region, Saskatchewan, Canada. The thesis has been organized in a manuscript format and has contained three separate but interconnected manuscripts. The first manuscript, guided by the words and photographs of the participating girls, presented five themes as related to a definition of a healthy body: healthy/unhealthy foods, community, relationships, physical activity, and additional healthy behaviours. These five themes highlight the holistic understandings of the healthy body and body image as described by the twenty participating girls. In one sense, discussions were in line with dominant discourses of health that imply the attainment of health is the responsibility of individuals through selection of foods and participation in physical activity and additional healthy behaviours (Roy, 2008). While, at first glance, these three themes may seem to be redundant, this is not the case; the girls spoke of these themes in a critical manner. They did acknowledge that attainment of health is in part an individual's responsibility, but they also recognized social determinants of health and how these can inhibit individuals from being as healthy as they perhaps wish (Raphael, 2004). The girls spoke about food security and how, in their communities and homes, they do not always have the level of access to healthy foods that they desire (Ho et al., 2008). For example, Bugeye recounted her struggles to access food in her home, which she shared with teenage boys; Bobby Joel noted that the community store does not often sell healthy foods. In addition, when the girls spoke of physical activity they also noted that they experience limited access; this lack of access inhibits their ability to be as physically fit as they wish to be. Finally, while some may assume

that additional healthy behaviours would simply just constitute actions (e.g., taking care of yourself when sick), oftentimes to the girls in this study it spoke to their personal strength and positive self image. Many of the girls noted that it was important to be critical of dominant ideal body images projected in the media and that healthy bodies come in all shapes and sizes. This was indeed a positive finding and mirrors the work of Fleming et al. (2006), which also found that young Aboriginal women had a positive body image.

Finally, two additional important themes arose from our conversations with the girls regarding their definitions of health. Most of the girls spoke about the importance of both community and relationships with others for individuals to be healthy. This is similar to findings from the pilot project for the larger study with women in the BTC area. Poudrier and Kennedy (2008) also observed that meanings of the healthy body were much broader than diet, exercise, and physical appearance; rather, this concept is complicated and highly linked to culture and the community. The girls in this study spoke of the importance of cultural beliefs and practices, and reflected on the importance of Elders in the community. Chandler & Lalonde (1998) observed that cultural continuity, meaning a strong link to culture and the community, has a profound and positive impact on Aboriginal youth. The girls often reflected on very complex topics, such as suicide, and noted the importance of connection and the maintenance of healthy strong relationships with others. One participant, Tony, shared her belief that when individuals commit suicide, they are often missing that sense of connection and belonging achieved through relationships with others. Tony noted the importance of friends and a positive outlook on life, and relayed her joy in participating in this project as it enabled her to meet girls from surrounding communities that she would have otherwise not been able to meet. When the girls spoke of both community and relationships, they did so in a layered manner that encompassed all individuals living in the community, including their family, friends, neighbours, and Elders. It was these discussions that I found particularly profound and heart-warming.

There is an abundance of literature on Aboriginal health that paints a dismal and negative picture; often only focusing on the adversities and disparities (I have reviewed some examples of these works in Chapter Two). Such works present health in Aboriginal communities with such negative connotations that the view is often that the situation is impossible to overcome. Yet, in recent years there has been a shift in the literature with a number of projects in partnerships with Aboriginal communities which celebrates successes/strengths and acknowledges diverse

definitions, understandings and of health in these communities. While disparities indeed exist, there is also so much that is positive in these communities as well. While noting the particular barriers to health they face, the girls in this study did so in a collective way, focusing on the entire community. They discussed challenges in a complex way, outlining them and proposing solutions while focusing on the strong points. This concentration on the positive was discussed in the second manuscript, which highlighted the resilience of the girls as showcased through their words and reflections as they participated in this project.

The second manuscript built upon the definitions of health described in the first manuscript. In particular, this second manuscript focused on three themes: body image, loss (of family, friends and community members through death), and addictive substances. At first glance, one might assume a negative application of these three concepts to teenage girls, but this was not the case with these participants.

First, the girls in this project showed both a positive and sophisticated understanding of what body image means. While some had difficulty defining the term, many of the girls looked at the concept of body image in a broad context, encompassing appearance, friendship and weight, gender, and beauty. Similar to definitions of health, dominant discourses on these topics were reiterated at times in their descriptions. For example, conversations might begin with a description of muscles (e.g., six packs) and a slender figure but often expanded to highlight that there is no one ideal body type; this challenged the notation of a thin and fit body as the only option. One of the most profound displays of resistance came from Sodapop in her discussion of make-up practices for girls. Sodapop viewed make-up as having the opposite effect of what it is intended to achieve, and felt it actually made individuals less attractive. When the girls spoke about weight loss, they often did so through a discussion of their friends and often viewed attempts to lose weight as negative. Yet, in one instance, Bobby Joel spoke about weight loss in contradictory terms; she spoke of her own body as naturally skinny but expressed concern at gaining weight, then, in regards to her friend who dropped weight, noted that she now looked better than before. The girls in this study were also in tune with body ideals based on gender, noting the difference in ideals (e.g., girls are supposed to be skinny and boys are supposed to be buff). Finally, their definitions of beauty were also complex and challenged dominant discourses through their insistence that beauty was broader than just body size and attractiveness, choosing

instead to focused on attributes and smiles as a judge of an individual's true beauty, thus highlighting their agency through definitions beyond the rigid thin/fit body ideal.

In the second theme, the girls' experience with loss was described. These experiences were both complex and profound. Some individuals, such as Simpson and Tom-Tom, spoke of the loss of a parent and the impact this can have on one's health and outlook. Simpson eloquently described how her father's suicide had a profound impact on her self-image and how his death was inscribed on her body. Her father had loved her long black hair, and as a form of punishment for him leaving she both cut and dyed it. In contrast, Tom-Tom spoke of the loss of her mother at a young age and described how her attainment of health was motivated by what she thought her mother would have desired (e.g., hygiene and helping others). These were two particularly profound descriptions of how the loss of loved ones impacted individual lives. While experiences were often spoken of in a personal sense, they also reflected on their larger community and the impact on all members. Some girls noted that their collective community has experienced a great deal of loss, noting that these experiences were not isolated to the individual who lost a family member but affect everyone. This reflection on the community also related back to their definitions of health and their concern not just for themselves but for their family, friends, and neighbours. This too challenges 'healthism' dominant discourses that focus on the attainment of health as an individual phenomenon (Crawford, 1980). Health is defined broader than the physical body and acknowledges larger social, cultural and environmental influences. Also, important in their descriptions of loss was their portrayal of strength. Despite the heartache and pain they experienced, they were able to reflect on these losses and transfer this pain toward their efforts to increase the health of both themselves and their communities.

Both body image and loss tie into the third theme discussed in this manuscript, addictive substances. When the girls spoke of addictive substances, they did so reflecting on themselves, their families, and their communities. When discussing their own personal engagement in addictive substances, the girls often reflected on previous use of either drugs or alcohol. Some had engaged in these behaviours in the past but now spoke of these experiences with clarity. They did not deny that they experimented but now see addictive substances as a negative behaviour that, in turn, has a negative impact on health. Many of the girls spoke about the role that addictive substances have or have had in the lives of their family members. For example, both Tiffy and Bobby Joel spoke of their parents' addictions, recounting that this behaviour

resulted in them and their siblings being removed from their parents' care. In both cases, their parents beat their addictions and now act as role models and protectors to families facing similar struggles. Finally, discussions of addictive substances focused on the negative impact these have had in their community. These addictive substances were seen to have a negative impact on the day to day life of community members. When asked to reflect on their wishes for their community to be healthier, many of the girls wished that there were no alcohol or drugs. These discussions highlight the complexity and reference social determinants on health statues.

While both loss and addictive substances can be regarded as negative forces in the lives of teenage girls, in this project they were also associated with a sense of strength. The girls showcased their resilience though their own reflexivity when discussing all three themes. While many of the girls had experienced negative events in their lives, they were all able to, reflect on these experiences, recount how these impacted their experiences of health, and work toward making themselves and their families and communities healthier. The resilience they displayed also ties into their description of health, which was complex, layered, and interconnected and thus need to be understood in the same way. Through our collective engagement in this project, we were presented the unique opportunity to learn from and co-create knowledge that contributes to a greater understanding of the healthy body for these First Nations girls.

This experience and journey through participation in this particular CBPR project is recounted in the final manuscript in this thesis. This manuscript addresses both our strengths and challenges in participating in a CBPR project, while in particular focusing on the inclusion of photovoice. At project conception, it was envisioned that photovoice would be the main focus; however, as the project evolved it became evident that the process as a CBPR project was the most important component. As such, photovoice, field notes, individual interviews, sharing circles, and the collages all complemented each other and fostered a layered data collection process. The CBPR project in its entirety weaved together to create our response to the call to decolonizing methodologies as has been advocated by some Indigenous writers (Tuhiwai Smith, 1999). In particular, we describe Wang and Burris' (1997) model of photovoice and how this has been adapted to suit the goals of our particular project. Most importantly, photovoice and the description of photographs taken were done both individually and in a group setting. As found in other studies (Strack, Magill, & McDonagh, 2004; Royce, Parra-Medina & Messias, 2006; Bader, Wanono, Hamden & Skinner, 2007; Wilson, Minkler, Dasho, Wallerstein, & Martin,

2008; Brazg, Bekemeier, Spigner, & Huebner, 2011), our experience was that photovoice was a powerful inclusion to our research project. Through its application, the girls became more integrated in the process; it helped to juxtaposition our project as a group effort. Specifically, the photographs gave the girls an outlet to both capture and raise their concerns and ideas regarding health as experienced in their personal lives. The photographs were a tangible visual imagery that they could then use to build upon and discuss; most importantly, photovoice added an element of fun and interaction to the research process that would otherwise likely not have occurred. In my previous research with youth, I incorporated drawings as visual methodologies and realized then the power the visual has to capture youth's understandings of health (Shea, 2006).

Our process was not perfect and there were indeed logistic challenges faced. Given that the participants for this project were from six separate and unique communities, scheduling was at times difficult. The design of the project was also not without challenges and it took a great deal of time and the dedication of a number of individuals to make it a reality. This in itself is an important observation. As Minkler (2005) indicates, "CBPR is not a method per se but an orientation to research that may employ any number of qualitative and quantitative methodologies" (p. ii5). Our approach was indeed an orientation; to be partners in the research process, honour the voices and understandings of the girls, and create with and for them an enjoyable and empowering experience. Indeed, it was an empowering experience for me as well. It has truly been a gift to be accepted and have the honour of hearing the girls' stories. In this final manuscript, our process and journey is recounted in detail and, in doing so, we hope to both motivate and guide others that are also engaging in similar work.

Combined, the three manuscripts highlight the complexity of health, the strength and resilience of girls despite adversities faced, and the importance of the CBPR process in co-creating this knowledge with the girls. In turn, they also highlight three important actions that must be taken going forward. First, it is critical to understand and view health beyond the individual, their actions, and their body. This thesis adds to the growing literature that has shifted away from biomedical to encompass holistic definitions that account for social determinants of health, which are important considerations in response to health concerns such as obesity and diabetes (Raphael, 2004; Bendelow, 2010; Mikkonen & Raphael, 2010; Dell et al., 2011; Melendez, 2011; Dell et al., 2012; Skinner, Hanning, Metatawabin, Martin & Tsuji, 2012;

Willows, Hanley & Delormier, 2012). In Chapter Two, I discussed sociological theories of the body and feminism. Applying these theories helps to understand how the body is viewed in society, the ability of individuals to accept or reject ideal notions, and how experiences can differ greatly based on gender, location, and culture. This project contributes to the limited knowledge on how body image is defined amongst Aboriginal female youth (Fleming et al., 2006; Fleming & Kowalski, 2009; McHugh & Kowalski, 2009; McHugh & Kowalski, 2011), the unique contribution made to literature from the project described in this thesis is a qualitative inquiry with First Nations girls' residing on-reserve exploring their understandings of the healthy body and body image.

Second, despite disparities faced by both Aboriginal and non-Aboriginal communities, there also incredible resilience inherent in both individuals and communities; this resilience needs to be both celebrated and built upon. The findings from this project adds to the growing knowledge on the resilience of First Nations girls', and confirms findings from previous studies on the importance of celebrating resilience, holistic definitions resilience and the acknowledgement culture and connection as a strength in development of resilience (Chandler & Lalonde, 1998; Dell, Dell & Hopkins, 2005; Ungar, 2008; Ungar at al., 2008; Swanson, 2010; Kirmayer, Dandeneau, Marshall, Kahentonni Phillips, & Jessen Williamson, 2011; Kirmayer, Dandeneau, Marshall, Kahentonni Phillips and Jessen Williamson, 2012).

Third, any future research undertaken needs to adhere to decolonizing principles, and not only benefit the researcher but most importantly the community as well. CIHR's (2008) *Guidelines for health research involving Aboriginal peoples*, advocates the application community-based participatory research (CBPR) to enhance involvement and collaboration with Aboriginal communities. The photovoice method used in our project with the girls' and described in this thesis corresponds with the orientation of CBPR (Hergenrather, Rhodes, Cowen, Bardhoshi, & Pula, 2009), through the balance of power and a participant driven orientation to data collection (Wang & Burris, 1997). While much has been written on decolonizing methodologies, CBPR, and photovoice, there is a gap in the literature regarding the design of projects incorporating these considerations. The description of CBPR project with First Nations girls' compliments the work Castleden, Garvin, and Huu-ay-aht First Nation (2008) and McHugh and Kowalski (2009), who have also outlined the design and challenges of their respective participatory projects. The experiences that resulted from this project are both

motivation and justification for how much more powerful and relevant inquiries can be when both the researcher(s) and participants are partners and have the ability to learn from one another. Following the co-creation of knowledge, it is also important to share this information with others. In the following section, I summarize the first knowledge translation activity undertaken with the participants: the Inspirational evening – Gala Celebration.

7.2 Inspirational Evening – Gala Celebration[9]

Knowledge translation has been defined by CIHR (2011) as "a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system" (webpage). Estey, Kmetic and Reading (2010) argue that while "research is needed to continue to document and describe the health of Aboriginal peoples…efforts must be made to translate the knowledge gained from research into improved health and well being" (p. 83). Knowledge refers to anything we know about something, for example, facts, statistics, traditional knowledge and other information gathered through research projects; translation refers to the act of changing, rewording or adapting knowledge (Hanson & Smylie, 2006). A successful knowledge translation plan should be developed in collaboration with First Nations communities who participate in our collaborative group to ensure that tools developed are culturally and community relevant (Jack, Brooks, Furgal & Dobbins, 2010).

Since the onset of *Iskwewak Miwayawak* (larger project with women) it was envisioned that a community exhibit or gala would take place as a means to share findings and images captured by participants. Since the beginning of both projects, planning in consultation with the participants took place regarding a community event that would enable them to share the knowledge they created with their respective communities. As both projects progressed and data collection concluded we started to discuss the possibility of combining both events into one. The entire research team felt it would be beneficial for the women and the girls' to attend together, to

[9] The summary of the gala celebration is compiled from personal reflection notes following the event and also consults the webpage of the *Iskwewak Miwayawak* project for specific and background information (e.g., presenters and performers names, and for information on the song "Strong Woman". For additional information on the gala celebration, the larger project and more pictures visit the website: http://btcihsphotovoiceresearch.usask.ca

meet, discuss and learn from one another. On June 2, 2010, an Inspirational Evening – Gala Celebration was organized to celebrate both the participating girls from this project and the women from the larger project. The celebration took place at the Western Development Museum in North Battleford, SK. CRA Sonya, was the main organizer of this event. Sonya spent numerous hours planning this detail orientated event. Guests were sent beautifully colored invitations to the gala that read "you and a guest are invited to attend this evening of honour, celebration & gratitude". The invitation contained a number of words used to describe women, some of these included powerful, beautiful, resilient, proud, great-grandmother, sister, daughter and mother. Local women from the area were invited to set-up a table in the art and crafts displays, these in turn added a great deal to the atmosphere in the room. In particular there was one piece of art work that should out to me. It was a picture of a landscape with a brass colored eagle flying in the sky. There was a thin silver line running from the eagle's wing all the way to the ground where a brass colored feather had fallen on the ground. At the bottom of the picture was a quote that read: "gifts come from unexpected sources and are everywhere". My personal interpretation of the artwork is the important to appreciate the often taken for granted things in life (e.g., nature), to recognize blessings, to be attuned to yourself and your surroundings. Sonya was also successful securing sponsors from the surrounding area, which gave the attendees the opportunity to win door prizes. When we entered the hall on the morning of the event, we were in awe. The room was decorated beautifully, as Sonya wished to create a special evening the women and girls would treasure. Figure 18 is a picture of the location of the Inspirational Evening – Gala Celebration which showcases the beautiful decorations.

Figure 18: Location of Inspirational Evening – Gala Celebration

In total there were 218 attendees to the Inspirational Evening – Gala Celebration, which included the participants from the projects with women and girls', entire research team, invited guests, community members, community leaders, and health portfolio staff. As the participants entered the building, they were guided to the hall by a trail of footprints (large cut-out feet) that contained quotes from the project with women. As I read the quotes the similarities in the messages between the projects with the women and girls were apparent. There were a number of quotes making reference to holistic health, the importance of community and connection, as well the need for self acceptance. For example, in the women's discussion of health one participant had said "you're beautiful in your own way", another "building bonds with friends" and an additional participant relayed "going to sweats, feasts, smudging are my traditions I respect" (Figure 19).

Figure 19: Trail of Footprints at the Inspirational Evening – Gala Celebration

These cut out feet were a wonderful way to start dialogue on the findings of these projects. They were colorful and each was decorated differently, and many had painted nails making it fun as well. Throughout the evening, there was a slideshow of pictures taken by the youth and the women as well as quotes from the project.

The Inspirational Evening – Gala Celebration officially began with an opening prayer by Elder Grace Okemow, followed by an opening address by David Swindler-Horse in Cree. Janice Kennedy Director of Health at BTCIHS (Figure 20) who had the vision for the project offered a welcome to the attendees.

Figure 20: Janice Kennedy delivering opening address – Gala Celebration

Janice Kennedy and Jennifer Poudrier introduced to both projects in, the process, and themes that emerged from our conversations with the participants, as well as introducing the entire research team (community & university). Sonya offered an overview to the festivities for the evening. The first performance of the night was the singing of "Strong Woman" (Vocals: Genita Thunderchild, Shallaine Thunderchild, Paige Armstong; and drummers: Colton Thunderchild, Evander Thunderchild and Desai Walkingbear). This song was performed as an honour to the participating women and girls. According to legend this is a healing song that had been transformed by women in a sweat lodge ceremony, and represents strength.

Mid-way through the evening all attendees were invited to share a hot pot luck meal prepared by a local catering company. The meal provided the opportunity for further mingling and discussion amongst those in attendance. In addition, the Inspirational Evening – Gala Celebration featured five inspirational speakers who had participated in the photovoice component of the larger project. The women all spoke of health in their own lives and their communities, struggles they have faced, and stories of overcoming adversary. They also spoke of their engagement in the photovoice projects and what the experience meant to them. All of the speakers noted the importance of speaking from the heart and being honest. One speaker in particular noted that while although she had given many speeches in her life this one was so hard because it's from the heart. The speakers spoke about very personal experiences which took

great courage to share and to expose themselves in front of so many individuals. Another speaker spoke of the importance of feeling comfortable "in your own skin", and that self acceptance is a big piece of health; this was a positive message for the girls in attendance. These themes were similar to what we observed when the girls spoke of health; that is, health is a holistic concept with many layers, with the need of harmony and balance among them for its true achievement. A keynote speaker Kimberly Tootoosis spoke about her experiences working in the field of counseling, therapy and training for over twenty years. A common theme in all the speeches was the importance of passing on knowledge. For the girls in this study, they learned about the life experiences of the women and were provided with advice through storytelling. Furthermore, the evening included musical performances by youth and the Aboriginal artist Eekwol. Eekwol is a young woman with particularly powerful messages to share with the girls regarding health, strength, following dreams, and living the best life you can. Eekwol is a graduate of First Nations University of Canada in Indigenous studies and regards her music as a support of both Indigenous culture and rights (Sealy, 2007). In an earlier interview she noted "I'm inspired by people who stand up and take action for what they believe in for the good of their people…and so many young people who are starting to speak about correcting and creating an awareness of history" (Sealy, 2007, p.29).

Throughout the Inspirational Evening – Gala Celebration, attendees were able to mingle and discuss the project and messages brought forth by the speakers and musicians. We also opted to place feedback forms on the tables, so that the attendees could complete these as the night progressed. In total, 70 individuals completed these forms. Table 4 contains some of the feedback as it related to the girls' participation in this project.

Table 4: Selected feedback from the Inspirational Evening – Gala Celebration

#	**Response**
Your thoughts about the project:	
1	Very great project for the youth to participate in.
2	When I first heard about this project I thought "wow" and it was awesome. My teenage daughters were involved in the youth projects...
3	Have teenagers, mothers, Elders talk. See the different parallels of barriers experienced.
4	Awesome, good to have the youth involved.
5	I felt the project boosted my daughter's self image in a positive way.
Your thoughts about the Gala:	
6	It was very pretty. It could have been more youth involved. Ex. Get youth to speak.
7	It's beautiful that you get the youth involved.
8	It was a wonderful evening for women of young and old to share and enjoy. A great evening to celebrate and reflect on.
9	This was very nice event. The slide show was nice. It was nice to see young girls dressed up and older people in the crowd.
10	The gala was very elegant, very good entertainment. The pictures are inspiring for our young girls...
Do you think this project and pictures will contribute to your community? If so how and if not, why not?	
11	Yes, this experience was great and I would want my friends to experience this too.
12	Yes, definitely out communities need to see positive aspects of learning that the youth have experienced. Youth need to look at themselves positively and that they have a purpose here on earth.
13	Of course it will, especially for the youth, younger generation and women of all ages.
14	This is a very positive outlook for our Elders, youth.
15	I sure hope so. So we know we are concerned about the young people and also the little people.
Where should we go from here?	
16	Perform another study geared toward youth, maybe family members of this study's participants. Part 2.
17	Not sure where to take this project but it seems that the teens in school could really look up to this project (role models) maybe a mentorship program, offer dif. Exercising programs that are not on reserve - yoga, exercise ball, spin class, sports camps for young girls, hip hop dance.
18	Going to young women in every community and put hope in their mind, body and soul. We all should be strong.
19	You should go bigger, show off the youth and show a lot of interesting things that can help our Native people.
20	Take this to the rest of Canada across Indian country. Our youth and our native women can all benefit from this experience.

The feedback received was overwhelmingly positive. The girls' participation in the project was seen as a strength, and individuals spoke of the importance of hearing the

experiences of women from different age categories (e.g., youth, middle aged, and Elders). A number of people noted the importance and benefit of continuing this work with different youth, and also including males in future projects. Figure 21 is a photograph of some of the participating girls, the CYOW Jessica and Lenore, and myself, taken at the Inspirational Evening – Gala Celebration.

Figure 21: Group photograph from Inspirational Evening – Gala Celebration

The women that spoke about their participation referred to the project as life changing. One speaker spoke about a number of challenges she faced in her life while participating in this project and, for her, taking photos was a way to reflect on her life and health as she worked through them. Women also referred to a shift in research and participation in this project, for example, was seen as positive. This is an important connotation given the negative history of research in Aboriginal communities. The participants' views of the project were both surprising and humbling to us. Although we were aware the photovoice projects were enjoyable for the participants, we were unaware of how much of impact it had on both their lives and their association with research. The university research team was constantly thanked throughout the evening and we were pleasantly surprised and overwhelmed when we were asked to stand at the end of the night. We were told that the participants wanted to thank us for our work on this project. They had come together and generated the idea of making a quilt that contained some of

their favorite pictures and quotes from both projects. The quilt was to be made by women in the communities. It is difficult to express in words what this amazing gift meant to us, as I listened to the stories of the participants I was overwhelmed with gratitude for the opportunity to engage in this project. Figure 22 is a picture of the quilt capturing the project with the girls', and contains picture taken during Phase 2 of our project.

Figure 22: Youth project quilt

Gift giving has important significance in Aboriginal communities. Culhane (2009) observed that "hospitality, sharing food, and distributing gifts are char activities of many diverse Indigenous celebrations, including Potlatches, feasts and Pow-Wows" (p. 172). Gift giving was also of

significance in Phase Two of the project when we were joined by Elder Melvina. Before she offered a prayer at the beginning of the day I offered her tobacco and a blanket as a means of acknowledgement and appreciation of her wisdom and guidance. The proper protocol for the offering was shared with me by the CRA Tanya. Gift giving was an important part of this project and we gave small tokens of appreciation to all the participating girls after the completion of Phase 2, 3, and 4 (such as gift packs containing items donated by Dove, mini digital camera, engraved photo frame). In addition to the gift of quilts, gifts of appreciation were given to all speakers, performers and CYOW (Jessica, Lenore, Kimberly and Kellie) and workers that were in attendance.

The Inspirational Evening – Gala Celebration was also an important first step towards knowledge translation. The Inspirational Evening – Gala Celebration itself generated significant media attention. Janice Kennedy completed an interview with CBC the morning of the gala, and additionally stories were picked up in SK newspapers (Eagle Feather News, The Battlefords News Optimist, The Leader-Post, and The Star Phoenix). Appendix F contains one of these articles published in Eagle Feather News that included a group photo with the participating girls'. The article is based on an interview with Janice Kennedy, in which she speaks about the project, the gala and the potential of expanding this project to include the perspectives of men in the BTC region. Media coverage was an additional way to translate the messages of this project and the work that was done, at the provincial level in an accessible non-academic manner. Moving forward from the Inspirational Evening – Gala Celebration we have continued knowledge translation work through the preparation of the three manuscripts that appear in this thesis. These manuscripts are important not only for continued collaboration and joint authorship, but also to contribute to academic knowledge, such as literature on body image and resilience.

Additional ongoing knowledge translation work has been built upon with the three manuscripts that are contained in this thesis, and will be supplemented through additional activities and tools developed in consultation with the girls. An additional workshop and knowledge translation planning event is being planned with the girls and women in early 2013. While this knowledge translation work is fluid and layered, the girls have already indicated actions that can be taken to improve health for themselves and other youth in their communities.

7.3 Implications & Contributions

The girls that participated in this CBPR project identified a number of areas of concern, areas that can be improved on. Further, the issues raised by the girls provide ideas for future research areas to be explored. While this project was a collaborative effort and involved a number of individuals, the participating girls (and their peers) are the only true experts regarding health experiences and concerns for youth in their communities. As such, I begin with their feedback on implications and contributions and I treat my own as secondary.

The girls in this study were extremely vocal regarding their wishes for their community, and many proposed feedback and solutions to address perceived issues. A number of the girls spoke of their enjoyment engaging in physical activity, particularly soccer. At the same time, they indicated that their access to such involvement was at times limited and many proposed the creation of additional opportunities to address this shortfall. For example, Beckham suggested the expansion of playgrounds, gym access, and a walking/running track. Larissa also noted the desire to increase activities and sports for youth in her community and suggested a stadium be built so community members could skate on the weekends. Similarly, Bobby Joel suggested that a bowling arena would make a good addition to her community. Many of the girls felt that it was important to increase access to activities on the weekend so that youth in the communities would be occupied and have something to do while they were not in school. Some even referred to their engagement in this project as an example of a possible activity that could be created. A number of the girls noted that they enjoyed the opportunity to meet girls from other communities and, if feasible, a sports group could be created for the BTC region in which youth could play different sports throughout the year on mixed teams. This would provide the opportunity for both exercise and socialization for the youth.

Others spoke directly about their community and actions that could be undertaken to improve the health of all members. In the first focus group, the girls indicated that they felt that their community leaders did not listen to their ideas or concerns. In this instance, it would be beneficial to have an outlet, such as a youth advisory committee, that could raise issues and bring them forth to the leaders for consideration. In addition, the girls showed concern over the youth in their community partaking in addictive substances. For example, Larissa proposed that youth would be less bored and would be preoccupied if more programs and activities were in place, and thus less likely to engage in addictive substances on the weekend. Sodapop also proposed an

increase in cultural activities for youth in her community; she particularly expressed concerns that they are "losing our language too". A number of the girls referenced their participation in round dances during our discussions; thus, perhaps a round dance group could be created to bring together youth from the various BTC region communities. Additional activities could be incorporated in such a group. Some girls also proposed the eradication of addictive substances in their home communities. This is likely difficult to accomplish, but perhaps if additional activities for the youth in these communities were created then this may not be perceived to be as big of an issue as it was when the data for this project were collected. Finally, a number of the girls talked about the importance of relationships and treating individuals with respect, as strong positive relationships contribute to good health.

While there are indeed actions that could be taken in the BTC region to improve health of the youth and larger community, this is not to diminish the good work that is already taking place. One example is the CYOW that are employed through BTCIHS and provide incredible strength through youth programming. This project involved the participation of four CYOW Jessica, Lenore, Kimberly and Kellie. Working with these four women in unison with the girls, I was provided the unique opportunity to observe their work and the impact they have. When I met the CYOW (the four for this project and additional CYOW employed by BTCIHS), I was instantly struck by their enthusiasm, patience, passion, and dedication. It is evident that they truly do care for the youth in the BTC region and go above and beyond to provide service to them. For example, they are regularly on the road visiting youth in these communities, and have designed programs such as those regarding suicide prevention. But most importantly, the youth know how dedicated and devoted they are; the girls spoke highly of the CYOW and often referred to them when describing photographs or in interviews and sharing circles discussions. The CYOW are in constant contact with the youth and strive to provide them with opportunities. Jessica, Lenore and Kimberly even have a page on Facebook that provides an outlet for youth in the BTC region to remain in contact with them, interact, and gain information on programming. Another area of strength in these communities is their interest in learning from the youth. At the outset of this project, it was evident that the community stakeholders supported and advocated that the larger project with women be extended to youth in their communities. As part of the process of CBPR collaboration and partnerships with community members, particularly CYOW were critical to

this project. It is because of this dedication and interest that I believe youth voices will be heard and the findings of this project built upon.

The project provided a unique opportunity to learn about the experiences and ideals of First Nations girls in the BTC region. This being said, acknowledging diversity as cautioned by Tuhiwai Smith (2006), the findings of this study likely do not capture understandings of the healthy body and body image of all First Nations and Aboriginal youth in Canada, especially boys. However, they do reflect those of our group. While this research undeniably makes a contribution to the literature exploring health for First Nations girls, it is in reality a starting point and future exploration is needed to provide a more inclusive picture. Apart from Fleming et al. (2006), Fleming and Kowalski (2009), and McHugh and Kowalski (2009; 2011) studies I am unaware of any other Canadian qualitative participatory research projects untaken with Aboriginal girls exploring body image. As has already been suggested by attendees at the Inspirational evening – Gala Celebration, this project can be expanded and extended in the BTC region. In future expansions, it would also be beneficial to have participation from males in these communities as their experiences and ideas likely differ from those of girls. It would also be beneficial to extend this work to additional Aboriginal communities throughout the country. There is likely great diversity in the experiences, for example, of First Nations youth in Ontario, Inuit youth in the Northwest Territories, and Métis youth in Labrador. Future works with youth would greatly benefit from the inclusion of participatory and visual methodologies to both make the youth partners in the research and utilize their creativity. As outlined numerous times in this thesis, CBPR was a benefit and empowering experience for the participants and researchers, and as such I would highly advocate future application particularly when working with Aboriginal communities.

7.4 My Standpoint (Post-Research)

In the beginning of Chapter Three, I outlined my personal standpoint pre-research. This discussion referenced my interest in issues of Aboriginal health as well as my position and motivations before I began my engagement in this project. While my interest, position, and motivation have not changed following my engagement in this project, there has been a radical shift in my thinking as a researcher and an academic. Ellis (2007) a prominent autoethnographer, describes this method as “a back-and-forth movement between experiencing and examining a

vulnerable self and observing and revealing the broader context of that experience" (p. 14). Although the project described in this thesis is not an ethnographic or autoethnographic approach, the reflexive nature of this method provides valuable considerations for all qualitative projects. Ellis (2000), in providing evaluation criteria for these approaches, poses several questions to the researcher beyond the projects research questions "Did the author learn anything new about himself? About other characters in the story? About processes and relationships described?" (p. 275). Similarly Wilson (2008) wrote that "if research doesn't change you as a person, then you haven't done it right" (p. 135). If this is the case, then this project was successful because as a researcher my engagement has produced profound changes in my thinking and called into question my definition of what research means. In this section, I outline some of the changes and shifts experienced.

While writing this thesis, I struggled a great deal with the use of the first person (terms such as 'my' and 'I') when referring to this project. I feel it is misleading to refer to the project in this way for several reasons. First, the project was and has always been a group effort. Second, I do not own this project; rather, it belongs to the communities in the BTC region, and I have just been fortunate enough to write about this project for my thesis. In addition, I also struggled a great deal with sharing the personal stories of the girls. As an act of misguided benevolence, I often felt the need to protect them; one particular example is Simpson's sharing with us the loss of her father through suicide. As I wrote about her experiences, I too suffered the loss of a family member to suicide and knew firsthand the raw pain a loss of this nature presents. Simpson's strength and clarity in discussing her experiences truly helped me deal with my own loss. I held onto her story for many months before I began to integrate it into the writing of my second manuscript. It took me some time to be able to let go of the need to protect and realize that she shared her experience to help others understand how her personal experience of loss affected her, and how it contributed to her experiences of health and body image. It was critical that I come to the realization that her words can help others as they had helped me.

As a researcher, I have never had such a profound experience as I did working on this project. Engaging in a CBPR project radically shifts the standard or traditional position of a researcher engaging in empirical research (Minkler, 2004). As a young student, I was taught that research was objective and that you must retain distance between the participants and yourself (Bishop, 2008). However, in this project I too was a participant as we co-created knowledge and

carried out the project together, so any hierarchy and distance was abolished. While writings on research methodologies can position the researcher as the expert, this was not the case in my experience; rather I was the student and the girls that participated were the experts on their lived experience and, in turn, my teachers. It was because of this necessary shift that I was drawn to the application of feminist theory and methods in this project (DeVault, 2003). This approaches honour the wealth of experience that women have to offer and ensures that their voices are heard in a respectful way (Niskode-Dossett, Pasque, Errington Nicholson, 2011). The girls not only educated me on their understandings and experiences of health and body image, they also taught me so much about life. While these lessons are vast, some which are most prominent for me are the importance of a positive outlook, strength, and the power that is experienced through belonging in a community and having strong relationships with others.

Through my engagement in this project, the importance of grassroots approaches has been made even more apparent (Strand, Marullo, Cutforth, Stoecker, & Donohue, 2003). At the grassroots level, individuals really do have the opportunity to change their world through partnerships and collective hard work and dedication. I began my introduction with a quote from the late Jack Layton (2011); I believe that this quote can be effectively applied to my experiences of CBPR and the resilient words of girls. When research is approached in a manner that honours and appreciates the voices of participants, and seeks to appreciate their experiences in a non-judgmental, positive, and understanding way, amazing things can be accomplished. Additionally, and as so eloquently described by the girls, love, hope, and optimism bring with them strength and belonging that can help individuals to cope with any situation, while at the same time providing clarity and understanding.

7.5 Final Thoughts

This project with First Nations girls had a number of important theoretical underpinnings that were important guiding forces both pre- and post-data collection. Post colonial theory enables us to understand how history has impacted the health of Aboriginal peoples. Yet, as a sociologist, it is important to acknowledge not only structure but agency as well. Through an examination of both, we can appreciate how the body, health, and illness are socially constructed, but this is not to overlook an individual's agency and how they can choose to appropriate or challenge social constructions and norms. Particularly in my project, the resilience

and strength of the girls shone through in their discussions with us. Just as influences on health are complex, so too must be our understandings. I feel that one of the most valuable lessons I take from these girls is that their understanding of health is multifaceted and so must be any response that attempts to improve it. The girls in this project are but one group that have effectively outlined critical components of being healthy based on the physical, mental, spiritual, and emotional health.

I have titled this thesis *Harmonious Journeys,* which is symbolic for a couple of reasons. First, it references the girl's complex and holistic definitions of the healthy body and body image as experienced in their own lives. It also draws reference to the medicine wheel used by some First Nations communities to define health (Shah, 2004). Defining health in this way acknowledges the various components and influences, and how it is beyond comprehension at the individual level. The focus on community also factors into the second piece of symbolism in the title. This project was very much a group effort and cannot be referenced individually. Without the dedication and participation of many individuals, including the participants, this project would not have been possible. This was a journey that was undertaken and experienced by the girls, the community contacts, and the research team. This project was indeed a journey that was also a very important learning process for exploring and understanding. Led by the girls, we were presented the unique opportunity to learn from them regarding what health and body image means in their life. In addition, together we created a CBPR project that speaks to the necessity of decolonizing methodologies and ensuring that any research undertaken in First Nations communities is both collaborative and presents benefit to the communities involved. Health is a complex, and any approach to understand it more fully needs to be complex as well.

Chapter 7 References

Bader, R., Wanono, R., Hamden, S., & Skinner, H.A. (2007). Global youth voices engaging Bedouin youth in health promotion in the Middle East. *Canadian Journal of Public Health, 98*(1), 21-25

Bendelow, G. (2010). The mind/body problem in contemporary healthcare. In J. Fernandez (Ed.), *Making sense of pain critical and interdisciplinary perspectives* (pp. 21-30). Oxford: Inter-Disciplinary press.

Bishop, R. (2008). Freeing ourselves from neocolonial domination in research: a Kaupapa Maori approach to creating knowledge. In N.K. Denzin & Y.S Lincoln (Eds.), *The landscape of qualitative research* (p. 145-184). London: Sage Publications.

Brazg, T., Bekemeier, B., Spigner, C., & Huebner, C.E. (2011). Our community in focus: the use of photovoice for youth-driven substance abuse assessment and health promotion. *Health Promotion Practice, 12*(4), 502-511.

Castleden, H., Garvin, T., & Huu-ay-aht First Nation. (2008). Modifying photovoice for community-based participatory Indigenous research. *Social Science & Medicine, 66*, 1393-1405.

Chandler, M., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *transcultural psychiatry*, *35*(2), 191-219.

Canadian Institutes of Health Research (CIHR). (2008). *CIHR guidelines for health research involving Aboriginal people*. Ottawa: CIHR.

Canadian Institutes of Health Research (CIHR). (2011). *About knowledge translation*. Retrieved April 14, 2011, from http://www.cihr-irsc.gc.ca/e/29418.html.

Crawford, R. 1980. "Healthism and the Medicalization of Everyday Life." *International Journal of Health Services*, Vol. 10, No. 3, pp. 365-388.

Culhane, D. (2009). Narratives of hope and despair in downtown eastside Vancouver.. In L.J. Kirmayer & G.G. Valaskakis (Eds.), *Healing traditions the mental health of Aboriginal peoples in Canada* (p. 160-177). Vancouver: University of British Columbia Press.

Dell, C., Dell, D., & Hopkins, C. (2005). Resiliency and holistic inhalant abuse treatment. *Journal of Aboriginal Health, 2*(1), 4-13.

Dell, C.A., Seguin, M., Hopkins, C., Tempier, R., Mehl-Madrona, L., Dell, D., Duncan, R., & Mosier, K. (2011). From benzos to berries: treatment offered at an Aboriginal youth solvent abuse treatment centre relays the importance of culture. *Canadian Journal of Psychiatry, 56*(2), 75-83.

Dell, C.A., Roberts, G., Kilty, J., Taylor, K., Daschuk, M., Hopkins, C., & Dell, D. (2012). Researching prescription drug misuse among First Nations in Canada: starting from a health promotion framework. *Substance Abuse: Research and Treatment, 6*, 23-31.

DeVault, M.L. (2003). Talking and listening from women's standpoint feminist strategies for interviewing and analysis. In S.N. Hesse-Biber & M.L. Yaiser (Eds.), *Feminist perspectives in social research* (p. 227-250). New York: Oxford University Press.

Ellis, C. (2000). Creating criteria: an ethnographic short story. *Qualitative Inquiry, 6*(2), 273-277.

Ellis, C. (2007). Telling secrets, revealing lives: relational ethics in research with intimate others. *Qualitative Inquiry, 13*(1), 3-29.

Estey, E.A., Kmetic, A.M., & Reading, J.L. (2010). Thinking about Aboriginal KT: learning from the network environments for Aboriginal health research British Columbia (NEARBC). *Canadian Public Health Association, 101*(1), 83-86.

Fleming, T.L.F., Kowalski, K.C., Humbert, L.M., Fagan, K.R., Cannon, M.J., & Girolami, T.M. (2006). Body-related emotional experiences of young Aboriginal women. *Qualitative Health Research, 16*(4), 517-537.

Fleming, T.L.F., & Kowalski, K.C. (2009). Body-related experiences of two young rural Aboriginal women. *Journal of Aboriginal Health, 4*(2), 44-51.

Hanson, P.G., & Smylie, J. (2006). *Knowledge Translation for Indigenous Communities*: *A policy making tool kit*. Retrieved April 14, 2011, from http://www.nccah-ccnsa.ca/docs/setting%20the%20context/KT_Policy_Toolkit_Sept26%5B1%5D.

Hergenrather, K., Rhodes, S., Cowen, C., Bardhoshi, G., & Pula, S. (2009). Photovoice as Community-Based Participatory Research: A Qualitative Review. *American Journal of Health Behavior, 33*(6), 686-698.

Ho, L.S., Gittelsohn, J., Rimal, R., Treuth, M.S., Sharma, S., Rosecrans, A., & Harris, S.B. (2008). An integrated mutli-institutional diabetes prevention program improves knowledge and healthy food acquisition in Northwestern Ontario First Nations. *Health Education & Behavior, 35*(4), 561-573.

Jack, S.M., Brooks, S., Furgal, C.M., & Dobbins, M. (2010). Knowledge transfer and exchange process for environmental health issues in Canadian Aboriginal communities. *International Journal of Environmental Research and Public Health, 7*, 651-674.

Kirmayer, L.J., Dandeneau, S., Marshall, E., Kahentonni Phillips, M., & Jessen Williamson, K. (2011). Rethinking resilience from Indigenous perspectives. *The Canadian Journal of Psychiatry, 56*(2), 84-91.

Kirmayer, L.J., Dandeneau, S., Marshall, E., Kahentonni Phillips, M., & Jessen Williamson, K. (2012). Toward an ecology of stories: Indigenous perspectives on resilience. In Ungar, M. (Ed.), *The social ecology of resilience: a handbook of theory and practice* (pp. 399-414). New York: Springer.

Layton, J. (2011, August 20). Last letter to Canadians. Toronto, Ontario. Retrieved August 22, 2011, from http://beta.images.theglobeandmail.com/archive/01310/Jack_Layton_s_lett_1310744a.pdf.

McHugh, T.L.F., & Kowalski, K.C. (2009). Lessons learned: participatory action research with young Aboriginal women. *Pimatisiwin, 7*(1), 117-131.

McHugh, T.L.F., & Kowalski, K.C. (2011). 'A new view of body image': a school-based participatory action research project with young Aboriginal women. *Action Research, 9*(3), 220-241.

Mikkonen, J., & Raphael, D. (2010). *Social determinants of health: the Canadian facts*. Toronto: York University School of Health Policy and Management.

Minkler, M. (2004). Ethical challenges for the "outside" researcher in community-based participatory research. *Health Education & Behavior, 31*(6), 684-697.

Minkler, M. (2005). Community-based research partnerships: challenges and opportunities. *Journal of Urban Health, 82*(Supp 2), ii3-ii12.

Niskode-Dossett, A.S., Pasque, P.A., & Errington Nicholson, S. (2011). Envisioning a new future with feminist voices research and practice from feminist perspectives. In P.A. Pasque & S. Errington Nicholson (Eds.), *Empowering women in higher education and student affairs: theory, research, narratives, and practice from feminist perspectives* (p. 325-333). Sterling: Stylus Publishing.

Poudrier, J., & Kennedy, J. (2008). Embodiment and the meaning of the "healthy body": an exploration of First Nations women's perspectives of healthy body weight and body image. *Journal of Aboriginal Health, 4*(1), 15-24.

Raphael, D. (2004). *Social determinants of health Canadian perspectives*. Toronto: Canadian Scholars' Press, Inc.

Roy, S.C. (2008). 'Taking charge of your health': discourses of responsibility in English-Canadian women's magazines. *Sociology of Health & Illness, 30*(3), 463-477.

Royce, S.W., Parra-Medina, D., & Messias, D.H. (2006). Using Photovoice to examine and initiate youth empowerment in community-based programs: A picture of process and lessons learned. *Californian Journal of Health Promotion, 4*(3), 80-91.

Sealy, D. (2007). Eekwol opportunity. *Degrees,* Fall, 26-31.

Shah, C.P. (2004). The health of Aboriginal peoples'. In D. Raphael (Ed.), *Social determinants of health Canadian perspectives* (pp. 267-280). Toronto: Canadian Scholars' Press Inc.

Shea, J. (2006). *"An apple a day keeps the doctor away": Immigrant youth in St. John's Newfoundland and Labrador, and their constructions of health and fitness*. Unpublished Master's Thesis, Department of Sociology, Memorial University of Newfoundland.

Skinner, K., Hanning, R.M., Metatawabin, J., Martin, I.D., & Tsuji, L.J.S. (2012). Impact of school snack program on the dietary intake of grade six to ten First Nation students living in a remote community in northern Ontario, Canada. *Rural and Remote Health, 12*, 1-17.

Strack, R., Magill, C., & McDonagh, K. (2004). Engaging youth through photovoice. *Health Promotion Practice, 5*(1), 49-58.

Strand, K., Marullo, S., Cutforth, N., Stoecker, R., & Donohue, P. (2003). *Community-based research and higher education: principles and practices*. San Francisco: Jossey-Bass.

Swanson, K. (2010). ‘For every border, there is also a bridge’: overturning borders in young Aboriginal people’s lives. *Children’s Geographies, 8*(4), 429-236.

Tuhiwai Smith, L. (1999). *Decolonizing methodologies*. London: Zed Books.

Tuhiwai Smith, L. (2006). On tricky ground researching the Native in the age of uncertainty. In N.K. Denzin & Y. Lincoln (Eds.), *The SAGE handbook of qualitative research,* (pp. 85-104). Beverly Hills: Sage Publications.

Ungar, M., Brown, M., Liebenberg., Cheung, M., & Levine, K. (2008). Distinguishing differences in pathways to resilience among Canadian youth. *Canadian Journal of Mental Health, 27*(1), 1-13.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work, 38*, 218-235.

Wang, C., & Burris, M.A. (1997). Photovoice: concept, methodology, and use for participatory needs assessment. *Health Education & Behavior, 24*(3), 369-387.

Willows, N.D., Hanley, A.J.G., & Delormier, T. (2012). A socioecological framework to understand weight-related issues in Aboriginal children in Canada. *Applied Physiology Nutrition and Metabolism, 37*(1), 1-13

Wilson, N., Minkler, M., Dasho, S., Wallerstein, N., & Martin, A.C. (2008). Getting into social action: the youth empowerment strategies (YES!) project. *Health Promotion Practice, 9*(4), 395-403.

Wilson, S. (2008). *Research is ceremony Indigenous research methods*. Halifax: Fernwood Publishing.

APPENDIX A - Information for Research Participants & Data Collection Documents

Perceptions of Healthy Body and Body Image in Female First Nations Youth in the Battlefords Tribal Council region: A Photovoice Project

LETTER OF INVITATION TO YOUTH

I am a student in the department of Sociology at the University of Saskatchewan in Saskatoon, and I'm doing a project with youth about their ideas about the healthy body and body image. This project will include female First Nations youth aged 12-16 living in the Battlefords Tribal Council area.

This project has 3 parts:

1) A one-day event where girls will take photos and have an interview about them. It will take place from 10am-4pm (date will be determined later). Your breakfast and lunch will be provided on this day.

2) 2 weeks after the event we will come together for a sharing circle, and will talk about your pictures again. This will be 2 hrs long, and the date will be determined later by the group.

3) In the spring we will have a community event to showcase your pictures and work. We will develop a date for this event together.

All things will talk about will be kept secret, except from myself and my supervisor at the University. Everyone who takes part will be given a pretend name. If you choose to take part you can leave at anytime if you do not wish to continue.

Included with this letter is also a letter to give your parents if you would like to take part in this project. You will need your parent's permission to take place in this project. If you are interested in taking part please contact me and we can talk about this more. You can contact me at phone or email. I can be reached at (306)343-0068, (306)717-2712 or by email: jms191@mail.usask.ca. You may also contact my thesis supervisor Dr. Jennifer Poudrier (306)966-1793.

Thank you for your time in reading this letter.

Jennifer Shea
Ph.D. Candidate
Department of Sociology
University of Saskatchewan

Perceptions of Healthy Body and Body Image in Female First Nations Youth in the Battlefords Tribal Council region: A Photovoice Project

LETTER TO PARENTS

I am a doctoral student in the department of Sociology at the University of Saskatchewan in Saskatoon, and I am interested in exploring female First Nation's youth's understandings of the 'healthy body' and body image. While there are many studies regarding the 'healthy body' and body image, there is a lack of those that are from the point of view of youth. It is my goal that through this research, I and others can learn from youth regarding their opinions of these issues.

I am looking for female First Nations youth aged 12-16 residing in the Battlefords Tribal Council area to participate in this study. This study will help understand youth's perceptions of the 'healthy body' and body image. A summary of the results will be sent to those that participate.

<u>This study will consist of three parts:</u>

- First there will be a one-day event. In this event we will have breakfast, I will introduce the research and during this time the youth can ask questions about the process, there will also be an introduction on photovoice. Following this meeting the youth will complete a photovoice project. Photovoice is a process of using cameras to capture your experiences, for example what the 'healthy body' and body image means to you. The pictures will be taken digitally and youth will be provided with a copy of these which you may keep. This one-day event will take approximately 5 hours.

- In the weeks after the one-day event I will return to do sharing circles with the youth. The sharing circle session which will take between 1 ½ to 2 hours. Also during this time we will discuss ideas for the community event in which we will share our findings with the community.

- Finally, there will be the community event. This event will be planned with your help and feedback and will offer the opportunity to share with your community findings and main concerns that came from our discussions.

While I am unable to provide a monetary honorarium for participation, gifts will be provided to participants in appreciation of their time and involvement.

Confidentiality will be respected in regards to your child, meaning that any information that may lead to the identification of your child will erased from results. Also pseudonyms (a name which differs from their own as a means to keep true identity confidential) will be chosen at the start of the research, and will be used from that moment on.

Participants may withdraw from the study or information they provided at any time. Tapes and transcripts of our interviews and sharing circles will only be made available to my thesis supervisor and me. Participants will be given the choice to review their interview transcript before any results are written, and they also choose what pictures the research project can use.

The decision to participate, or decline to take part in the study, is completely up to you and your child. You should be aware that your child will be speaking in front of his/her peers which may cause feelings of discomfort in some youth. However, often such interviewing environments are helpful for the participant as well as the researcher. This will provide the youth an opportunity to talk among their peers in their own words about issues and experiences which are important to them.

Please find attached two copies of the consent forms for this project. These forms provide further information about the research. If your child chooses to participate you can contact me and we can discuss this more fully. Once the one-day event is scheduled your child will need to return the signed form to me, the other copy is for you to keep.

If you have any questions, and/or wish to participate please contact me. I would be happy to discuss this matter further. I can be reached at (306)343-0068, (306)717-2712 or by email: jms191@mail.usask.ca.

You may also contact my thesis supervisor Dr. Jennifer Poudrier (306)966-1793.

Thank you for your interest in this project,

Jennifer Shea
Ph.D. Candidate
Department of Sociology
University of Saskatchewan

Guide 1: Questions to Consider When Taking Pictures

The historical and traditional food and nutritional impact on wellness

1. What role do local histories of nutrition, lifestyle and conceptions of 'the healthy body' play in the current context?

The role of the community, history, tradition and values on the body and the healthy body

2. How have expectations around youth and their bodies changed over time in the community?

3. From your experience and knowledge, what does the healthy body and body image mean?

4. How is the healthy body associated with the community, its history, its youth, its culture, its economy, etc?

5. Is there something that you notice about your community when it comes to a healthy body?

Body image perceptions

6. How have feelings around the body and body image changed?

7. What does "being healthy" mean to you?

8. What do you think a healthy body looks like? Has it changed over time?

Reflections for translating knowledge to youth and the community

9. Given your experiences what do you think youth should know about healthy body and body image?

10. How can we help youth to better understand their bodies and healthy body perceptions?

Reflections on existing and future programs, policies, procedures

11. From your experience and knowledge, what do you think good strategies might be to encourage wellness regarding healthy body and body image?

12. What are some barriers and enablers that youth in BTC communities face in achieving and maintaining healthy body and body image?

13. What community based programs exist, or are effective (healthy food box and walking trails)? How might they be enhanced, transformed or perhaps replaced?

Guide 2: Interviews

I'd like to know about all of the pictures you have taken, but I'd also like to know about the ones which are the most important or meaningful to you.

Could you please start by telling me about all of the pictures (or the collection as a whole) in relation to how do they contribute to your meanings of the healthy body and body image?

-Which pictures are the most important to you?

PROMPTS:

- What are the pictures that you most identify with?
- What are the pictures that tell the most about what this experience has meant to you?
- Why did you take this picture?
- Ask for more details about what is in pictures.
- Was there anything you would have liked to photograph that you were unable to?
- Which photos would you most like to share with other female First Nations youth?
- Why these ones?
- Are there any you would prefer not to share with other people?
- What did you think of this process?
- Is there anything we could do differently?
- Are there any other thoughts that you've had that you would like to share?

-Has being able to visually express your reality and meanings around the body been an empowering experience?

-Would sharing your experiences be empowering for other youth?

-How can we create an environment which encourages youth to actively participate in positively changing body wellness and body image?

-What are your thoughts about the effectiveness of a project like this? Do you think that it will empower youth?

-Could you reflect on this interview? Are there other questions or ideas that haven't come up that you think are important?

Guide 3 : Sharing Circles

Thank participants for returning for our sharing circles. Inform them that today we will have a sharing circle discussion to build upon all their great ideas from their interview discussions. Today we will talk further about their ideas of health, body image and the community.

1. Youth's definitions of health

- How would you define health? (key words?)
- What does being healthy mean to you?
- What does a healthy person look like?
- Do you care about health? Why or why not? How much?
- Do you feel healthy
- Do you think that health is different for women and men? In what ways?
- Do you think that the body appearance impacts health? If so how?
- What does it mean if someone is unhealthy?
    - Can you tell if someone is unhealthy?
    - What are some indicators of unhealthy?

2. Body image and youth

-Before questions provide a definition of body image: body image is the mental image that you have of your body + your thoughts and feelings about this picture
-Ask girls to reflect on the meaning of this concept in their answering of the following questions, they can have opinions based on personal experiences or those that they observed.

- How do you think body image impacts youth? Do you think its important?
- Are you or your friends concerned with body image?
- Do you think positive or negative body image is important to youth?
- How would you define beauty?
- Do you think that ideas of beauty have changed overtime?
- Do looks = health? Why or why not?
- Do you think that media impacts youths ideas of body image?
- What is the ideal image of a woman's bodies in our culture? In your mind?
- Do you think that body image is related to health?

3. Role of the community, history, tradition and values on the healthy body

- Do you think local histories of nutrition and lifestyle influence current health? If so in what ways?
- How have expectations around youth and their bodies changed over time in the community?

- How is a healthy body associated with the community, its history, its youth, its culture etc?
- Is there something that you notice about your community when it comes to healthy body?
- What supports are in place in your community for health?
- Do you think that youth's health is important to your community
- Do you think being healthy in your community is different for men and women?
- Do you think your community is healthy?
- In your interviews drinking and alcohol was identified as an area of concern to your communities, how do these practices influence health? Are these a problem? What solutions would you propose?

4. Reflections for translating knowledge to youth and the community and health improvements

- Given your experiences what do you think youth should know about healthy body and body image?
- How can we help youth to better understand their bodies and healthy body perceptions?
- From your experience and knowledge, what do you think good strategies might be to encourage wellness regarding the healthy body and body image?
- What are some barriers and enablers that youth in BTC communities face in achieving and maintaining healthy body and body image?
- What community based programs exist, or are effective (healthy food box and walking trails)? How might they be enhanced, transformed or perhaps replaced?
- What are your wishes for community health for its members and youth?
- If you could take back messages for youth health to community leaders what would it be? What would you like to see done for youth to become healthier?

Reflection: Are there any other ideas or comments that you have about these issues?

Thank participants for their time. Let them know about the community event that will take place in October 2009 (formal date to be announced later). Event will be shared with the women in the larger project. This event will let them share with others all their wonderful ideas about health.

Ask the participants before closing the focus group their ideas for the community event
-What they would like to see
-What they would like to share (photos, art work etc…?)
-What are their ideas for a successful event and the best way to translate their ideas

Participant Survey

Name: _____

1) Did you enjoy taking part in this research? _____

2) What was your favorite part? _____

_____

3) What was your least favorite part? _____

_____

4) How did you find the Photovoice project?_____

_____

5) Which did you prefer the interview or focus group? Why? _____

_____

6) Do you think that the community event is a good idea? _____

_____

7) What would you like to see at the community event? Do you have any ideas about how to make it better? _____

_____

_____

8) Do you think it would be good to show some of your pictures at the community event?
_____

_____

9) Do you think that this research will be useful to other youth in your community? What do you think will be the most powerful part? _____

_____

10) Did you learn anything from taking part in this project? _____

_____

APPENDIX B - Research Recruitment Materials: Pamphlet and Poster

When? Where?

-One-day event:

December 6th 2008 at 11 am

-Focus group and community event dates will be scheduled with your help at a later date.

- If you would be interested in taking part in this project you will need signed permission from your parents.
- All personal information will be kept private.

If you're interested in participating please contact:

Jennifer Shea

jms191@mail.usask.ca

(306)717-2712

Or

Jessica Atcheynum

(306)937-6809

jatcheynum@btchealth.org

"Perceptions of Healthy Body & Body Image in Female First Nations Youth, in the Battlefords Tribal Council Region: A Photovoice Project"

An Invitation to Participate

What is Photovoice?

-Using a camera to capture your experiences

-You will be asked to take photos that highlight what a healthy body and body image means to you

-Your pictures will guide what we discuss in your interview

-You will also be asked to select a picture or 2 to share with others during our focus group discussion

-You will be provided with guidance on photovoice before you're asked to take pictures.

Opinions and ideas of youth are often missing in our understandings of healthy body and image.

It is our hope that through this project and your involvement we will learn more about what these issues mean to you and other youth.

We are looking for participants.

Criteria to participate include:

-Female

-Youth aged 12-16

-Residing in the Battlefords Tribal Council area

This project will consist of 3 parts:

-One-day event including photovoice and an individual interview

-Focus group discussion

-A community event to showcase themes that arose during our discussions, and selected photos.

Perceptions of Healthy Body and Body Image in Female First Nations Youth in the Battlefords Tribal Council region: A Photovoice Project

Female youth aged 12-16, residing in the Battlefords Tribal Council region are invited to participate in a

PHOTOVOICE STUDY

about healthy body & body image.

- You take pictures and are interviewed
- Participate in a focus group
- And a community event

To participate, contact:
Jennifer Shea: jms191@mail.usask.ca ph (306)717-2712
Jessica Atcheynum: jatcheynum@btchealth.org ph(306)937-6809

APPENDIX C - Consent Forms: Interview and Sharing Circle

CONSENT FORM – INTERVIEWS

You are invited to participate in a study:
Perceptions of Healthy Body and Body Image in Female First Nations Youth in the Battlefords Tribal Council region: A Photovoice Project

Please read this form carefully, and feel free to ask questions you might have.

Researcher: Jennifer Shea (Ph.D. Candidate) Department of Sociology, University of Saskatchewan (306)343-0068, (306)717-2712, jms191@mail.usask.ca

Purpose and Procedure: The purpose of this study to explore female First Nations youth's perceptions of the 'healthy body' and body image. Research questions include:

1) How do First Nations girls interpret the healthy body and body-image?
2) What are the social, historical, visual, and cultural meanings of the healthy body and body image for girls in the BTC region?
3) What are the barriers and strengths faced by First Nations girls in regards to the healthy body and body image?

This study will consist of three parts:
1) *A one-day event will consist of a breakfast, research introduction/sharing circle, the completion of a photovoice project followed by individual interviews.* Photovoice consists of using cameras to capture your experiences, for example what the 'healthy body' and body image means to you. The pictures will be taken digitally and you will be provided with a copy of these which you may keep. *This one-day event will take approximately 5 hours.*

2) A sharing circle/planning session which will take between 1 ½ to 2 hours.

3) Finally, there will be a community event. This event will be planned with your help and feedback and will offer the opportunity to share with your community themes that arose from our discussions.

This component of the research is the first in a three series process. We will discuss the pictures that you take in our interview discussion. The interview and your photographs will help me learn more about your experiences. The interview itself will last approximately 1 hour. Following the interview I will follow up with participants in case you have any questions about the project.

Potential Risks & Benefits: Due to the nature of the topic (health, body image), some children may feel discomfort such as shyness, or embarrassment. There is also the possibility your child may feel uncomfortable about what is being revealed and discussed during the interview. The mentioned risks/inconveniences will be minimized during our study through confidentially. The real names of participants will not be used in transcriptions or analysis, and participation in this project is voluntary.You may choose the nature of the release of photographs in an additional form to be signed after pictures are taken. If you photograph another person then that person must also sign a release form. Audiotapes, transcripts and photographs will be stored in a locked filing cabinet in Dr. Jennifer Poudrier's (Supervisor) office. You will receive a copy of your

photographs that you may keep. In addition the name and contact information for a counsellor will be provided to your child, if they wish to talk to a professional regarding any issue which arose during the interview.

It is not known whether this study will benefit your child personally, but by sharing their ideas and suggestions regarding the 'healthy body', it will fill a gap in literature about the 'healthy body' and body image.

Confidentiality: The findings of this study will be used for the basis for a doctoral thesis, as well in reports to Miwayawin Health Services Inc. (MHS), conference presentations or academic journal articles; however your identity will be kept confidential. Although direct quotations from the interview will be reported, you will be given a pseudonym (a different name as a means to keep true identity confidential), and all identifying information will be removed. After your participation in the interview you are given choice to either review your transcript or decline this opportunity. If you choose to review your transcript of the interview you can add, alter or delete information from the transcripts as you see fit. The interview will be audio taped; you may ask to have the recorder turned off at any point; and you do not have to answer any questions you do not wish to answer. The tapes will be transcribed. Only the researcher will listen to the tapes and read the transcripts. The researcher will maintain your anonymity through keeping all indentify information confidential.

It is important to be aware that if participants disclose information regarding instances of child abuse, physical harm to self and/or others, and/or involvement in criminal activity then the researcher maybe obliged to report to relevant authorities.

Right to Withdraw: You may withdraw from the study for any reason, at any time, without penalty of any sort. If you withdraw from the study at any time, any data that you have contributed will be destroyed.

Before you participate in each stage of the research process, we will ask you if you are still interested in participating.

Questions: If you have any questions concerning the study, please feel free to ask at any point. You can contact either: **Jennifer Shea**, Department of Sociology (306)343-0068, (306)717-2712 or **Dr. Jennifer Poudrier** (306)966-1793. This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Sciences Research Ethics Board on October 23, 2008. Any questions regarding your rights as a participant may be addressed to that committee through the **Ethics Office** (966-2084). Out of town participants may call collect. You will receive a report of the results of the study.

Consent to Participate: Please fill out the checklist below and sign the signature page in order to give your child consent to participate in this research.

To be filled out and signed by the parent:

Please check as appropriate:

I have read the consent form	Yes { }	No { }
I was able to ask questions or discuss this study	Yes { }	No { }
I have received satisfactory adequate information about the study	Yes { }	No { }
I understand that my child will take pictures as part of this project	Yes { }	No { }
I understand that this project will involve my child taking place in an interview discussing their pictures	Yes { }	No { }
I wish to be involved in the transcript/photo release process. If I choose not to I understand that the release of pictures and transcripts will be my child's decision	Yes { }	No { }
I grant permission for my child to be audio taped during the interview	Yes { }	No { }
I understand that my child is free to withdraw from the study: -at any time -without having to give a reason	Yes { }	No { }
I understand that it is my child's choice to be in this study	Yes { }	No { }
I and my child understand that all topics discussed will be kept in strict confidence to the best of the researchers ability	Yes { }	No { }
I understand that this research will be used for academic purposes such as the writing of thesis, conference presentations and articles, but that my child's identity will be protected	Yes { }	No { }
I grant permission for my child to take part in this study	Yes { }	No { }
A copy of this consent form has been given to me for my records	Yes { }	No { }

Signature Page:

Assent of Parent and Minor Participant:

_____	_____
(Name of minor Participant)	(Age)
_____	_____
(Signature of parent/guardian)	(Date)
_____	_____
(Signature of minor participant)	(Date)
_____	_____
(Signature of researcher)	(Date)

CONSENT FORM – SHARING CIRCLE DISCUSSIONS

You are invited to participate in a study:
Perceptions of Healthy Body and Body Image in Female First Nations Youth in the Battlefords Tribal Council region: A Photovoice Project

Please read this form carefully, and feel free to ask questions you might have.

Researcher: Jennifer Shea (Ph.D. Candidate) Department of Sociology, University of Saskatchewan (306)343-0068, (306)717-2712, jms191@mail.usask.ca

Purpose and Procedure: The purpose of this study to explore female First Nations youth's perceptions of the 'healthy body' and body image. Research questions include:

1) How do First Nations girls interpret the healthy body and body-image?
2) What are the social, historical, visual, and cultural meanings of the healthy body and body image for girls in the BTC region?
3) What are the barriers and strengths faced by First Nations girls in regards to the healthy body and body image?

This study will consist of three parts:
1) A one-day event which consists of a breakfast, research introduction/sharing circle, the completion of a photovoice project followed by individual interviews. Photovoice consists of using cameras to capture your experiences, for example what the 'healthy body' and body image means to you. The pictures will be taken digitally and you will be provided with a copy of these which you may keep. This one-day event will take approximately 5 hours.

2) *Consists of a sharing circle/planning session which will take between 1 ½ to 2 hours.*

3) Finally, there will be a community event. This event will be planned with your help and feedback and will offer the opportunity to share with your community themes that arose from our discussions.

This component of the research is the first in a three series process. We will discuss the pictures that you chosen in our sharing circle discussion. The sharing circle and your photographs will help me learn more about your experiences. This sharing circle discussion will take approximately 1 ½ to 2 hours to complete. Following the sharing circle discussion I will follow up with participants in case you have any questions about the project.

Potential Risks & Benefits: Due to the nature of the topic (health, body image), some children may feel discomfort such as shyness, or embarrassment. There is also the possibility your child may feel uncomfortable about what is being revealed and discussed during the sharing circle. The mentioned risks/inconveniences will be minimized during our study through confidentially. The real names of participants will not be used in transcriptions or analysis, and participation in this project is voluntary.You will choose the photographs that will be discussed during the group. Audiotapes, transcripts and photographs will be stored in a locked filing cabinet in Dr.

Jennifer Poudrier's (Supervisor) office. You will receive a copy of your photographs that you may keep. In addition the name and contact information for a counsellor will be provided to your child, if they wish to talk to a professional regarding any issue which arose during the sharing circle.

It is not known whether this study will benefit your child personally, but by listening to the voices of adolescents and with their ideas and suggestions, it will fill a gap in literature about the 'healthy body' and body image.

Confidentiality: The findings of this study will be used for the basis for a doctoral thesis, as well in reports to Miwayawin Health Services Inc. (MHS), conference presentations or academic journal articles; however your identity will be kept confidential. Although direct quotations from the sharing circle will be reported, you will be given a pseudonym (a different name as a means to keep true identity confidential), and all identifying information will be removed from the report. All participants in the groups are expected to keep all information confidential. The researcher will undertake measures to safeguard the confidentiality of the discussion, but please be aware that others may not respect your confidentiality.

The sharing circle discussions will be audiotaped. The tapes will be transcribed. Only the researcher will listen to the tapes and read the transcripts. You do not have to answer any questions you do not wish to answer.

It is important to be aware that if participants disclose information regarding instances of child abuse, physical harm to self and/or others, and/or involvement in criminal activity then the researcher maybe obliged to report to relevant authorities.

Right to Withdraw: You may withdraw from the study for any reason, at any time, without penalty of any sort. If you withdraw from the study at any time, any data that you have contributed will be destroyed.

Before you participate in each stage of the research process, we will ask you if you are still interested in participating. You do not have to answer any questions you do not wish to answer.

Questions: If you have any questions concerning the study, please feel free to ask at any point. You can contact either: **Jennifer Shea**, Department of Sociology (306)343-0068, (306)717-2712 or **Dr. Jennifer Poudrier** (306)966-1793. This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Sciences Research Ethics Board on October 23, 2008. Any questions regarding your rights as a participant may be addressed to that committee through the **Ethics Office** (966-2084). Out of town participants may call collect. You will receive a report of the results of the study.

Consent to Participate: Please fill out the checklist below and sign the signature page in order to give your child consent to participate in this research.

To be filled out and signed by the parent:

Please check as appropriate:

I have read the consent form	Yes { }	No { }
I was able to ask questions or discuss this study	Yes { }	No { }
I have received satisfactory adequate information about the study	Yes { }	No { }
I understand that my child will take pictures as part of this project	Yes { }	No { }
I understand that this project will involve my child taking place in a sharing circle with other youth discussing pictures taken by themselves and other youth	Yes { }	No { }
I wish to be involved in the transcript/photo release process. If I choose not to I understand that the release of pictures and transcripts will be my child's decision	Yes { }	No { }
I grant permission for my child to be audio taped during the sharing circle	Yes { }	No { }
I understand that my child is free to withdraw from the study: -at any time -without having to give a reason	Yes { }	No { }
I understand that it is my child's choice to be in this study	Yes { }	No { }
I and my child understand that all topics discussed will be kept in strict confidence to the best of the researcher's ability.	Yes { }	No { }
I understand that this research will be used for academic purposes such as the writing of thesis, conference presentations and articles, but that my child's identity will be protected	Yes { }	No { }
I grant permission for my child to take part in this study.	Yes { }	No { }
A copy of this consent form has been given to me for my records	Yes { }	No { }

Signature Page:

Assent of Parent and Minor Participant:

_____	_____
(Name of minor Participant)	(Age)
_____	_____
(Signature of parent/guardian)	(Date)
_____	_____
(Signature of minor participant)	(Date)
_____	_____
(Signature of researcher)	(Date)

APPENDIX D - Photograph and Artwork Release Forms: Participants, Third Party Artwork, Interviews and Sharing Circles

PHOTOGRAPHS RELEASE- PARTICIPANTS

I,_____, have reviewed the photographs I have taken as part of the study entitled ***Perceptions of Healthy Body and Body Image in Female First Nations Youth in the Battlefords Tribal Council region: A Photovoice Project***

I agree to the following release of my photographs:

_____ Complete release - For analysis, educational and/or academic purposes.

_____ Partial release to the researcher Jennifer Shea, and for analysis and sharing at the second group discussion.

I hereby authorize the release of the photographs to Jennifer Shea to be used in the manner indicated above. I have received a copy of this Data Release Form for my own records.

_____ _____
Parent of minor participant Date

_____ _____
Participant Date

_____ _____
Researcher Date

PHOTOGRAPHS RELEASE-THIRD PARTY

***INFORMATION ABOUT THE STUDY*:** I'm doing a study with female First Nations youth to learn about their perceptions of the 'healthy body' and body image and to identify the barriers and enablers to maintaining a healthy body from the perspective of female First Nations youth. My research questions are:

1) How do First Nations girls interpret the healthy body and body-image?
2) What are the social, historical, visual, and cultural meanings of the healthy body and body image for girls in the BTC region?
3) What are the barriers and strengths faced by First Nations girls in regards to the healthy body and body images?

Participants are taking pictures to identify their response to these questions. In this form, we are asking your permission to use the picture that you are in as part of this study.

***INFORMATION ABOUT DISSEMINATION**:* The results of this study will be shared with Miwayawin Health Services Inc. (MHS) with the hopes that the information shared will benefit other youth. The hope is that community members may record and reflect upon community strengths and concerns and provide information essential to policy makers to transform existing practices, programs and policies related to healthy body and body image.

The knowledge that is gained from this study will be used in a community event in which youth that participate in this study will help design. The research will also be used for the basis of a doctoral thesis, conference presentations and academic journal articles. Information will also be made available to the community through reports.

I,_____, have reviewed the photographs I am in as part of the study entitled ***Perceptions of Healthy Body and Body Image in Female First Nations Youth in the Battlefords Tribal Council region: A Photovoice Project***

I agree to the following release of my photographs I am in:

_____ Complete release - For analysis, educational and/or academic purposes.

_____ Partial release to the research assistant, Jennifer Shea and for analysis and sharing at the second group discussion.

I hereby authorize the release of the photographs I am in to Jennifer Shea to be used in the manner indicated above. I have received a copy of this Data Release Form for my own records.

_____	_____
Participant	Date
_____	_____
Parent of minor participant (if applicable)	Date
_____	_____
Researcher	Date

ARTWORK RELEASE

As part of the one day event (December 6, 2008) participants will complete artwork. As a participant we would like to ask you to release or decline to release the artwork you complete to the project. Please sign the form below and indicate your preference.

I,_____, as a participant in the study entitled ***Perceptions of Healthy Body and Body Image in Female First Nations Youth in the Battlefords Tribal Council region: A Photovoice Project***

_____ Agree to release any artwork I complete to the project

_____ I would not like release artwork I complete to the project

_____ _____

Participant Date

_____ _____

Researcher Date

TRANSCRIPT RELEASE - INTERVIEWS

I,_____, have been offered the opportunity to review the complete transcript of my personal interview in the study: ***Perceptions of Healthy Body and Body Image in Female First Nations Youth in the Battlefords Tribal Council region: A Photovoice Project***

I acknowledge that the transcript accurately reflects what I said in my personal interview with Jennifer Shea. I hereby authorize the release of this transcript to Jennifer Shea to be used in the manner described in the consent form. I have received a copy of this Data/Transcript Release Form for my own records.

_____	_____
Parent of Minor Participant	Date
_____	_____
Participant	Date
_____	_____
Researcher	Date

TRANSCRIPT RELEASE – SHARING CIRCLES

I,_____, have been offered the opportunity to review the complete transcript of my sharing circle discussion in the study: ***Perceptions of Healthy Body and Body Image in Female First Nations Youth in the Battlefords Tribal Council region: A Photovoice Project***

I acknowledge that the transcript accurately reflects what I said during the sharing circles in which I participated with Jennifer Shea. I hereby authorize the release of this transcript to Jennifer Shea to be used in the manner described in the consent form. I have received a copy of this Data/Transcript Release Form for my own records.

_____	_____
Parent of Minor Participant	Date
_____	_____
Participant	Date
_____	_____
Researcher	Date

APPENDIX E - Permission to Print

UNIVERSITY OF SASKATCHEWAN

Native Studies Department
125 Kirk Hall, 117 Science Place
Saskatoon SK S7N 5C8 Canada
Telephone: (306) 966-6209
Facsimile: (306) 966-6242

Dr. Denise Fuchs
Co-Editor, *Native Studies Review*
133 Kirk Hall
117 Science Place
University of Saskatchewan
S7N 5C8

To whom it may concern;

Please be advised that **Jennifer Shea** has permission to include as part of her thesis submission, the article published in Volume 20 Issue 1 of *Native Studies Review*, entitled "*Understanding the healthy body from the perspective of First Nations girls in the Battlefords Tribal Council Region: A Photovoice project*" (Shea, Poudrier, Chad & Atcheynum, 2011).

Sincerely,

Dr. Denise Fuchs
Co-Editor, Native Studies Review

APPENDIX F – Eagle Feather News Article

Body shape, expectations linked to health

By Doug Collie
For Eagle Feather News

Do Aboriginal men have concerns about their bodies and how they look?

That's a question Battlefords Tribal Council Indian Health might look into, according to executive director Janice Kennedy.

BTC Indian Health and researchers from the University of Saskatchewan just completed a ground-breaking research project asking Aboriginal women how they feel about their bodies.

There's a concern that it may be unhealthy to worry too much about what your body is like.

First Nations women were given video cameras about two years ago. They were asked to record feelings and observations about their own bodies and society's idealized body shape.

Kennedy says some women can go to unhealthy extremes, trying to fit the body image they have in mind.

"We also had some young women involved in the research project and some of them do idolize those really, you know, paper-thin models, and some have basically starved themselves, trying to look like that," she said.

Youth and mentors have spent lots of time with cameras lately and here they posed for a group shot. (photo supplied)

Kennedy says she, too, has struggled with body image, so she used the camera as well.

"I use the fact that I quit smoking in 2002," Kennedy says. "The flip side of that was I gained a lot of weight, so people looking at me would say, 'you know, Janice it's not healthy,' because, look, she's overweight. But, me, personally, I know I've quit smoking and I feel I'm healthy that way, and to work on my weight issue, that's what I have to work on now."

A gala was held at the Western Development Museum in North Battleford the evening of June 2 to celebrate completion of the project. About 100 people attended the gala, including researchers, BTC Indian Health officials and participants.

Kennedy says now that the video portion of this project has been completed, BTC Indian Health officials and U of S researchers will examine the data. They'll look for themes to explore further.

Kennedy says one possibility may be time to see how Aboriginal men feel about their bodies and society's expectations for them.

"Instead of women's health, do we want to look at men's health," she asked. "You know, maybe that's another future research project."