

THE NUTRITIONAL HABITS OF MÉTIS INFANTS AND YOUNG CHILDREN IN CANADA: A PRELIMINARY EXAMINATION



Prepared by the Métis Centre of the National Aboriginal Health Organization

Introduction

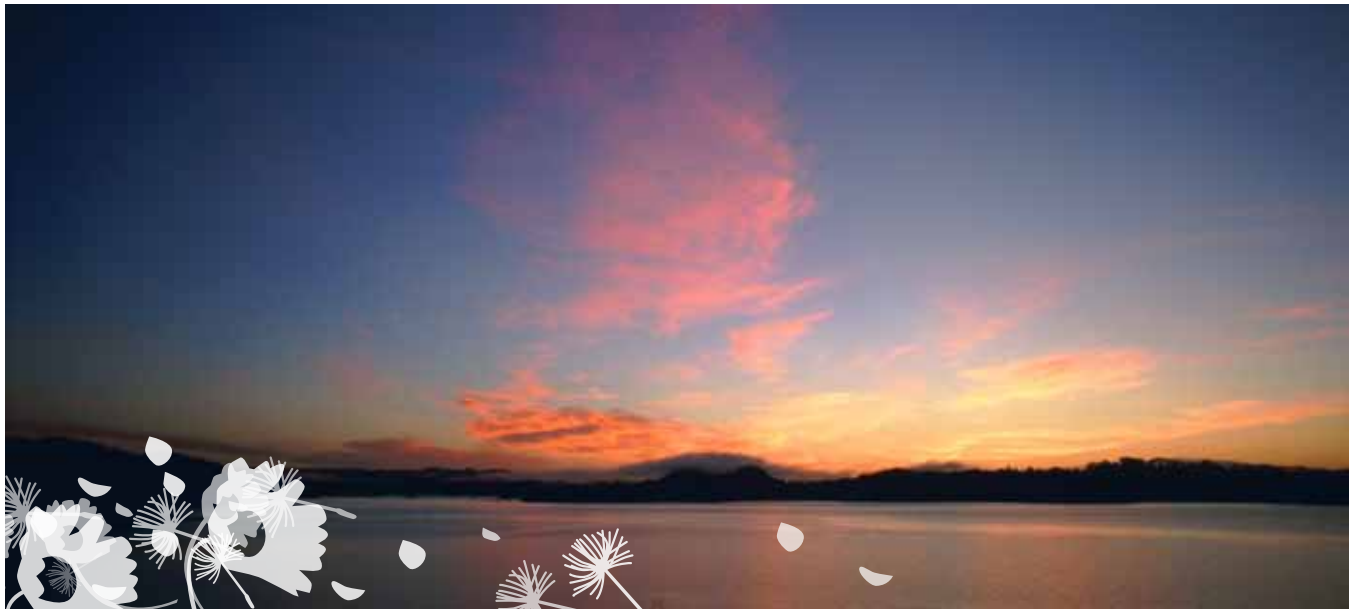
Early childhood development is dependent on a variety of factors, including nutrition and maternal and infant health. It is important for infants to have an optimal nutritional start in order to facilitate healthy development through to adulthood.¹ Breastfeeding is the best option for optimal infant nutrition and exclusive breastfeeding for first six

months of life is recommended.² Little is known about the infant feeding practices among Métis in Canada. This fact sheet utilizes findings from the 2006 Aboriginal Children's Survey (ACS) to examine the nutritional habits of Métis children (five years and younger). The ACS is a national post-censal survey that targets Aboriginal children living off-reserve, including those who identify as Métis. The survey interviewed parents/caregivers of children (0-5 years) on health, food and nutrition, sleep, developmental milestones, and languages among other topics.

Who are the Métis?

The Métis are one of the three constitutionally recognized Aboriginal groups in Canada.³ In French, the word "Métis" translates as "mixed," yet the Métis people do not simply have a "mix" of European and First Nations heritage; they have distinct languages, cultures, values and beliefs that vary between communities and geographic regions.⁴ The Métis National Council defines Métis as individuals who self-identify as Métis, are of historic Métis Nation ancestry, are





distinct from other Aboriginal peoples, and are accepted by the Métis Nation.¹ According to Canada's 2006 Census, there are nearly 400,000 Métis in Canada, accounting for 33% of the total Aboriginal population. Significantly, of this Métis population, almost half (43%) are under the age of 25, while one quarter (25%) are aged 14 and under.⁵

Infant and Young Children Nutrition Guidelines and Benefits of Breastfeeding

Health Canada recommends that infants breastfeed exclusively until at least the age of six months. Continued breastfeeding for up to two years and beyond along with introduction of nutrient-rich—specifically iron-rich—solid foods is also suggested. Other guidelines include:

- frequent feeding during the early postnatal period;
- providing 400 IU of vitamin D supplement daily to all breastfed infants starting at birth and until other dietary

sources are contributing at least the same amount per day, or until the breastfed infant reaches one year of age;

- children over one year of age should be given 200 IU of vitamin D daily; and
- limiting fruit juice so as to not interfere with breast milk or infant formula intake.⁶

Breast milk changes to meet the baby's needs as she/he grows and it is the easiest milk for a baby to digest. According to Health Canada, "breast milk has just the right amount of protein, carbohydrates, fat, vitamins and minerals, and contains antibodies and other immune factors that help protect against infections and disease—benefits that last a lifetime."⁷ Breastfeeding is also found to help prevent Sudden Infant Death Syndrome (SIDS) and food allergies, and enhances cognitive development.⁸ Infants who breastfeed experience lower levels of gastrointestinal, respiratory and urinary infections, sepsis and meningitis, food allergies, and later in childhood, reduced risk of obesity and type 1 and 2 diabetes, among others.⁹ In addition, there are

advantages to breastfeeding for mothers, including delayed menses which can assist with natural child spacing, decreased risk of breast and ovarian cancers and osteoporosis and hip fractures in the postmenopausal period,¹⁰ as well as the emotional and mental benefits of bonding.¹¹

Current Nutrition Picture for Métis Children

There are several factors that influence initiation and duration of breastfeeding: women who are older, married and more educated tend to initiate breastfeeding at a higher rate and continue breastfeeding longer than those who are younger, unmarried and less educated.¹² Women in lower social classes and lower income brackets tend to bottle feed or cease breastfeeding earlier than those in higher social classes and income brackets.¹³ There may be other circumstances where mothers cannot or choose not to breastfeed; for example, if they have to return to school or work. Some mothers may choose to supplement breastfeeding

¹ It is important to note that there is much debate regarding the definition of who is Métis in Canada and there are those who have adopted a broader definition than the one provided here.



with bottle feeding (either with expressed breast milk and/or formula). While Health Canada indicates that an occasional bottle of formula should not deter the continuation of breastfeeding, it recommends that mothers try to breastfeed exclusively.¹⁴ The use of breast pumps to express milk for bottle feeding, and the ability to work on a flexible schedule, can assist with breastfeeding until the baby is six months old.

The rate of breastfeeding initiation in Canada has increased over the past five years. In 2005, 87% of mothers who gave birth during the previous five years initiated breastfeeding, compared to roughly 81% in 2000-2001.¹⁵ According to the *Canadian Perinatal Health Report*, approximately 72% of mothers who had not completed high school initiated breastfeeding compared to approximately 90% of those who had completed college or university. The number of women who breastfed exclusively for six months was also lower for mothers with a lower education level.¹⁶

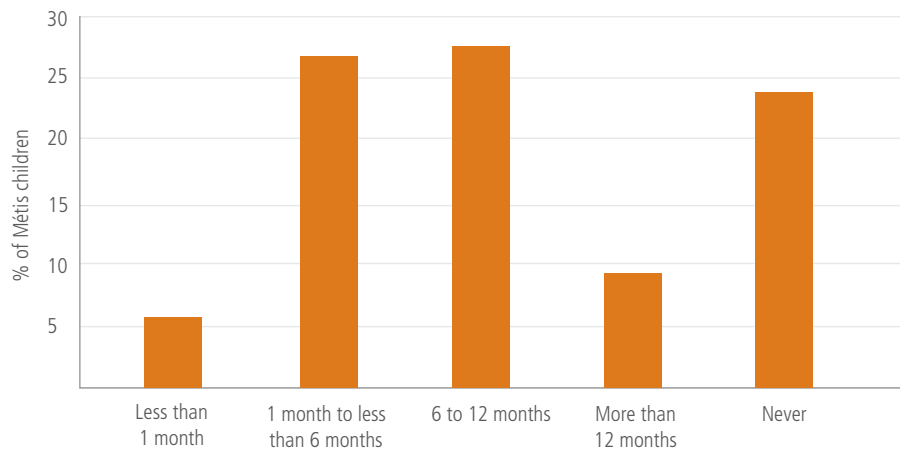
According to the *Indigenous Children's Health Report: Health Assessment in*

Action,¹⁷ rates for breastfeeding initiation among Métis (74%) were comparable to the general Canadian population (80%), but the rates of sustained breastfeeding at six months were higher: 51% for Métis compared to 34% for the general Canadian population.

The 2006 Aboriginal Children's Survey (ACS) gathered information about the

post-natal nutritional habits of Métis infants and young children. Métis parents or caregivers were asked about the eating patterns of infants and children (five years and younger), including breastfeeding and alternatives. Seventy-four percent of Métis children were reported to have been breastfed.¹⁸ Among breastfed Métis children, 27% were breastfed for less than six months, 28% were breastfed from six

Figure 1: Duration of breastfeeding among Métis children (0-5 years), ACS 2006



(Source: Statistics Canada, Aboriginal Children's Survey, 2006)

months to a full year, and 10% were breastfed for over a year (Figure 1).¹⁹ Most Métis children (85%) were reported to have been bottle-fed at least occasionally.²⁰ Forty-six percent of Métis children were reported to have been bottle-fed breast milk.²¹

The ACS also gathered information about breast milk substitutes. For example, 70% of Métis children had been bottle-fed iron-fortified formula (IFF),²² 57% had been bottle-fed regular formula (RF),²³ and 77% had been bottle-fed milk.²⁴

In addition to breast milk, formula and cow milk, other liquids such as water and fruit juice are often fed to the child through the bottle. Seventy-eight percent of Métis children were reported to have been bottle-fed water,²⁵ 13% were bottle-fed Kool-Aid or other powdered drinks (PD),²⁶ 60% were bottle-fed 100% fruit juice (FJ),²⁷ and 7% were bottle-fed soft drinks (SD).²⁸

Following the period of exclusive breastfeeding, nutritionally adequate and safe complementary foods, with particular attention to providing iron-rich foods, should be provided to six month old infants to meet their changing

nutritional needs.²⁹ Infants at this age are physiologically and developmentally ready for new foods, textures and modes of feeding.³⁰ Most Métis children (90%) were reported to have eaten solid or pre-chewed food within one year of birth.³¹ Five percent of these children had started eating solid or pre-chewed food at less than four months old, while 47% were introduced to solid or pre-chewed food between four to six months of age, 20% between seven and nine months, 12% between 10 and 12 months, and 2% at 13 months of age or more. Four percent of Métis children in this age group never ate solid food.³²

The frequency of meals was also recorded. The majority of Métis children (66%) ate five to six meals per day (not including breastmilk or bottle feeding). Thirty percent of Métis parents' caregivers stated that their child ate five meals per day, while 36% ate six meals per day.³³ The responses by meals per day, including breakdown by age, can be found in Figure 2.

Conclusion and Next Steps

This fact sheet used data from the 2006 Aboriginal Peoples Survey (APS) and the

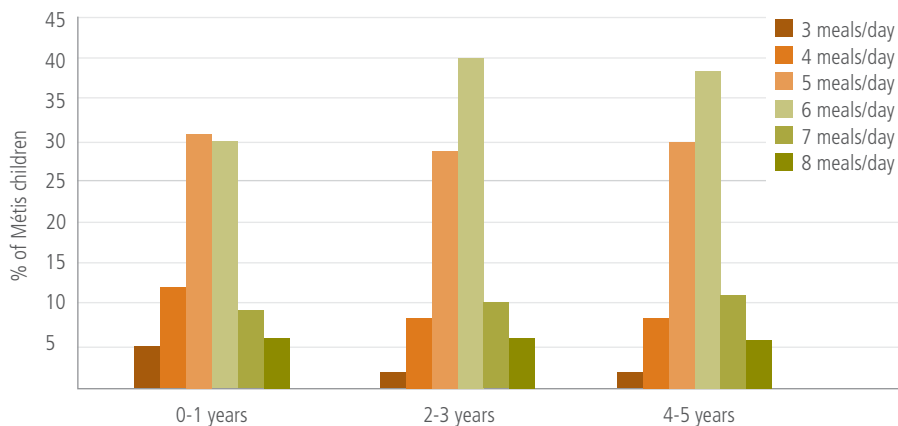
2006 Aboriginal Children's Survey (ACS) to provide a snapshot of the nutritional habits of Métis infants and young children as reported by their parent or caregivers. While the information does provide food for thought, it is limited in some significant ways.

While we have a good understanding of prenatal nutritional practices among the general Canadian population, we have little understanding among the Métis population. More research is needed to understand the gaps pertaining to Métis prenatal nutrition practices. For example, what are the vitamin D supplementation rates among Métis infants? What types of foods are introduced first? Are first foods rich in iron? Are infants/babies being incorporated into family meals? Are baby foods homemade or purchased? Without this kind of information we have an incomplete picture of Métis infant and young child health.

There is also a need for culturally relevant and culturally safe maternal and child health services. As a result of colonization, traditional, preventative and healthy practices have been misplaced in many communities. Aboriginal women also have difficulty accessing mainstream health services that are culturally relevant and safe.³⁵

Culturally relevant messaging regarding maternal and child health would also be beneficial. The National Aboriginal Health Organization's report *Healthy messages & Métis: Does one size fit all? A look at specificity, identity and cultural safety for Métis women in British Columbia* is the only report that examines some aspects of Métis maternal and child health.³⁶ According to the report, there is a lack of Métis-specific maternal and child health programs and services, as well as a lack of awareness about Métis knowledge and traditions. Information about Métis maternal and child health needs to be culturally relevant and accessible to Métis women.

Figure 2: Frequency of food consumption (meals per day) by age group among Métis children (0-5 years)



Note: Métis children who ate less than three times or more than eight times a day are not shown here. As a result, percentages in each age group will not add up to 100%.

(Source: Statistics Canada, Aboriginal Children's Survey, 2006³⁴)



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