

Aboriginal Healthy Pregnancy Advertising and Social Marketing Campaign Focus Testing

Final Report

Prepared for:

Health Canada
HCPOR-06-69

por-rop@hc-sc.gc.ca

March 2007

Cette publication est également disponible en français

C O R P O R A T E R E S E A R C H
A S S O C I A T E S I N C



www.cra.ca

1.888.414.1336

Table of Contents

	Page
Introduction and Background	1
Research Methodology	4
Context of Qualitative Research	4
Executive Summary	6
Conclusions	8
Recommendations	11
Key Findings	14
Posters	14
Direct Mail Piece	26
Radio	32
Fact Sheets	36
Visual Identifier	38
Appendices:	
Appendix A: Recruitment Screener	
Appendix B: Moderator's Guide	
Appendix C: Creative Material Tested	

Introduction and Background

Health Canada believes that a healthy pregnancy has a lasting influence on the well-being of a woman, her infant and future children, and her family and community. It is felt that with the support of their partners, families and communities, women can achieve a healthy lifestyle before, during and after pregnancy. This lifestyle includes positive relationships, good strategies for dealing with stress, a healthy diet, regular physical activity, and avoidance of tobacco and recreational drugs.

Furthermore, having a healthy pregnancy is considered a major factor in reducing the risk of birth defects, low birth-weight, developmental disabilities, genetic diseases and infant death. At the same time, a focus on healthy pregnancies will also have a significant positive impact on the health care system.

Health Canada, through its First Nations and Inuit Health Branch (FNIHB) has therefore developed a social marketing strategy to foster healthy pregnancy among Aboriginal people. More specifically, the First Nations and Inuit component of the Healthy Pregnancy social marketing strategy includes the following areas:

- Canada Prenatal Nutrition Program (CPNP)
- Folic Acid and all appropriate pre-natal vitamin/mineral supplements
- Fetal Alcohol Spectrum Disorder (FASD)
- Substance abuse, violence and other factors affecting Maternal Child Health
- Mental Health
- Oral Health
- Physical Activity
- Tobacco

The thematic umbrella of the Healthy Pregnancy strategy enables the target audience to access a wide array of information on healthy pregnancy through a single window provided by Health Canada.

The Purpose of the Aboriginal Healthy Pregnancy advertising and social marketing campaign is to inform First Nations and Inuit women of childbearing age and their support systems about the required steps toward ensuring a healthier pregnancy. These steps are included in these broader themes:

1. Healthy Activities

- a. No smoking, drinking alcohol or drug use before and during pregnancy. Prevention of the long-term effects of FASD and harmful effects of second hand smoke.
- b. Importance of physical activity during pregnancy.



2. Healthy Eating

- a. Importance of nutrition before and during pregnancy.
- b. Importance of taking folic acid before and during pregnancy.

3. Healthy families and supportive communities

- a. Importance of early and regular visits to a health care provider.
- b. Support from community members including partners, extended family members, Elders and Community Health Care providers.
- c. To increase awareness among the community including partners, extended families, friends, Elders and health care providers of their role as a support system so that they can assist the pregnant women in achieving a healthy pregnancy.
- d. To inform First Nations and Inuit women of childbearing age living in their communities about existing programs (Health Canada and community based programs) designed to support healthy pregnancies.

The objectives of the campaign include:

1. To raise awareness among residents of First Nations and Inuit communities that there are seven major health considerations for a healthy pregnancy (folic acid intake, alcohol avoidance, tobacco avoidance, nutrition, physical activity, mental health and oral health);
2. To encourage women to take action by seeking out more information about the seven considerations for a healthy pregnancy when pregnant or when planning a pregnancy; and
3. To encourage women to improve the health of their current or imminent pregnancy.

It is hoped that, armed with the proper information, Aboriginal women at risk will change their behaviour by placing more importance on and increasing their attention to the many controllable factors that lead to a healthy pregnancy.

As part of the Aboriginal Healthy Pregnancy advertising and social marketing campaign a series of advertising products have been developed, including radio and print advertisements, pamphlets, posters and fact sheets. Health Canada commissioned Corporate Research Associates Inc. (CRA) to conduct qualitative research to test the Aboriginal Healthy Pregnancy products with the primary target audience.

Specific objectives include:

- Determining the effectiveness of the content and language used; and
- Assessing their fit and appeal with the target audience.

In other words, how the message, including the call to action, resonates with the target audience. Feedback from the research will help to refine the products prior to release and to determine which versions of the products should be used.



This report includes the detailed findings from the focus group discussions, a series of conclusions and recommendations derived from the analysis of findings, an executive summary and a description of the research methodology. Working documents are appended to this report and include one recruitment screener (Appendix A), one moderator's guide (Appendix B), and all creative material discussed during the groups (Appendix C).



Research Methodology

To meet the study objectives, a total of 12 focus groups were conducted with Aboriginal women (First Nations and Inuit women) 16 to 25 years of age who do not have children, but who wish to become pregnant sometime in the future. More specifically, in each location, one group consisted of women 16 to 20 years old, while the second group included women 21 to 25 years old. A breakdown of group locations is provided below based on target population and language of discussion.

Location	Date	Audience	Language	Number of focus groups
Fort Qu'Appelle (SK) (Carry the Kettle and Standing Buffalo)	January 24, 2007	First Nations	English	2 groups
Thunder Bay (ON) (Fort Williams)	January 29, 2007	First Nations	English	2 groups
Rankin Inlet (NU)	January 30, 2007	Inuit	English	2 groups
Roberval (QC) (Mashteuiatsh)	January 31, 2007	First Nations	French	2 groups
Iqaluit (NU)	February 1, 2007	Inuit	English	2 groups
Vancouver (BC) (Capilano & Musqueam)	February 2, 2007	First Nations	English	2 groups
Total				12 groups

Although the goal was to recruit a total of 12 participants per group, the finite target population impeded recruitment in some locations. Despite recruitment difficulties, across locations, a total of 125 individuals were recruited, with 100 participants attending the discussions (between 5 and 13 individuals per group). Participants did not have any children but may or may not be pregnant at the time of the discussion. All also expressed a desire to become pregnant sometime in the future. Participants' yearly household incomes were at or below \$60k, and all had an education levels lower than college. Discussions lasted approximately 2 hours and participants were provided with a \$60 incentive in appreciation of their time.

Context of Qualitative Research

Focus group discussions are intended as moderator-directed, informal, non-threatening discussions with participants whose characteristics, habits and attitudes are considered relevant to the topic of discussion. The primary benefits of focus group discussions are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions and attitudes related to the subject matter. The group discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Focus groups allow for a more complete understanding of the segment in that the thoughts or feelings are expressed in the participants' "own language" and at their "own levels of passion."



The focus group technique is used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures. Due to the inherent biases in the technique, the data should not be projected to any universe of individuals.



Executive Summary

Corporate Research Associates Inc.
Contract Number: H1011-060056/001/CY
Contract Award Date: 2007-01-08

Findings from the **Aboriginal Healthy Pregnancy Advertising and Social Marketing Campaign Focus Testing** suggest that overall the initiative is well received by First Nations and Inuit young women. In addition, there are clear preferences for selected versions of the products tested, with some minor modifications.

Of the three *poster* ideas discussed, the one referred to as “long” is strongly preferred by Inuit women for its overall visual appeal, unique size and shape. The design was considered to be eye catching and the use of colour and shape in the layout implied minimal copy. Participants appreciated the inclusion of an Elder and child in the image and considered it especially relevant to the Inuit culture. Suggested improvements included better aligning headlines and copy with imagery, and ensuring visuals include images of pregnant women.

In comparison, First Nations participants equally preferred the poster ideas referred to as “single” and “curvy”. The original size and layout of the “single” version, the warm and inviting colours, and the impression of intimacy and love it provides were all appreciated. The manner in which this version suggests that a healthy pregnancy results in a healthy baby, supported by the quote increased the idea’s appeal. Suggested improvements include attributing the quote to an individual, ensuring both women shown are the same, drawing more attention to the headline by using white letters, listing the consequences of doing drugs or drinking alcohol during pregnancy, and removing the copy of the quote in the background to reduce visual clutter.

First Nations women also liked the poster idea referred to as “curvy” for its soft feminine look and overall visual harmony. Key strengths of this concept included simplicity of design, light background clearly showing the copy, the curved lines reminiscent of a pregnant woman’s belly, and the call to action and contact information that stands out. Of both posters shown, the one with the image of the pregnant woman was deemed more visually pleasing for its pastel colours and the beauty of the image selected, although it was suggested to modernize the woman’s clothing. In contrast, the poster entitled “Eat well, be active!” did not clearly identify the target audience through the headline or the image and featured colours that lacked harmony.

Of both *direct mail* pieces shown, the tiered format widely appealed to both First Nations and Inuit participants for its original design, its pleasing colours, and its limited number of pages. The ability to quickly locate a topic, as well as the listing of all subjects covered helped participants easily identify the brochure’s relevance as well as draw their attention to



sections based on specific interests. While the photographs were liked overall, suggestions were made to ensure these better align with the section topic. Consideration should also be given to move the contact information on the cover to increase its visibility.

Radio was well received across locations as a means to promote healthy behaviours during pregnancy. While Inuit participants endorsed the proposed four spots, First Nations women were less enthusiastic about each idea's length and realism. The music proved problematic for both Inuit and First Nations groups, in part as it is not associated with Inuk culture, and as it is considered a little scary at the beginning of the ad. The use of multiple voices provided interest while suggesting the importance of community involvement, although most participants in all locations questioned the relevance of the male Elder voice. It was generally felt that the Aboriginal tag that closes the ad would contribute to highlighting the importance of Aboriginal cultures even though none of the participants understood their native language very well.

There is no clear preference for one of the two **fact sheets** presented, and findings suggest it should be visually consistent with the other products developed. Including contact information and ensuring information is succinct and presented in bullet point form would improve the fact sheet's appeal. A wider font with more spacing between letters is also preferred.

The **visual identifier** that shows a pregnant woman looking up to a star should be considered on products developed for First Nations, for its visual appeal and the cultural relevance of the font and the image. In comparison, the visual showing a community/family with the qilaut in the background resonated better with Inuit women.

To obtain more information on this study, please e-mail por-rop@hc-sc.gc.ca



Conclusions

The following conclusions are drawn from the detailed findings of the study.

- ***The “single” and “curvy” poster ideas were preferred among First Nations people, while Inuit participants clearly preferred the “long” poster idea.***

Of the three poster ideas shown to Aboriginal women, the one referred to as “single” was preferred by First Nations participants, albeit only slightly more than the one referred to as “curvy”. In comparison, Inuit participants clearly preferred the idea referred to as “long”.

Across locations and group types, the “single” concept was considered visually appealing, primarily for its colour and the layout of information. The topic was deemed relevant and most felt compelled by the manner in which it presents pregnancy as a positive event that involves both a woman and a man. The quote draws the attention of the reader, while making this visual personable, although most felt it should be signed by an individual. The quote in the background is considered unclear and illegible. There is support for the copy as presented, although suggestions were made to list the consequences of unhealthy behaviours while pregnant. Most felt that featuring the same woman in the forefront and the background would clarify the message of a healthy pregnancy resulting in a healthy mother/baby. A few differences of opinions were noted between First Nations and Inuit participants. The poster size and layout was considered a strength specifically among First Nations women, as it would stand out. The forefront image proved problematic with Inuit participants, as it shows a woman considered too young to have children, as well as an individual that looks unhealthy.

Overall impressions with respect to the “curvy” poster idea were positive among First Nations participants, while this was the least preferred concept among Inuit women. Across locations, the copy and the headlines were well received and the use of a curved line resembling the belly of a pregnant woman was deemed visually pleasing and relevant. That being said, First Nations women felt there was too much copy, although they appreciated the simplicity of the design, the equal prominence given to both the visual and the copy, and the light coloured background. The call to action and contact information were also deemed more visible on this version. Of both posters in this idea, the one entitled “Pregnant and smoke free” was clearly preferred for its visual appeal, although suggestions were made to modernize the woman’s clothing. The other poster proved problematic, as it did not readily identify the target audience. Inuit participants clearly expressed concerns with the visuals shown on both posters, as one looks familiar to one used in previous health-related campaigns and it was not clear that the other couple included a man – they thought it was two women.



The “long” poster idea was preferred among Inuit participants for its unique size and shape and visual appeal. First Nations generally disliked the “boxed” or “chopped up” and dated look and suggested the posters are too narrow to stand out. Regardless, the reference to Elders was positively received across locations and groups. Visuals were also criticized as they did not clearly identify the target audience, and in some instances, did not specifically reflect the topic at hand.

- ***Across locations and groups, the tiered direct mail format was clearly preferred.***

The tiered direct mail piece was clearly preferred across locations for its originality and ease of finding information throughout the guide. The bright colours, and limited number of pages were also considered assets. While the photographs were liked, suggestions were made to ensure that some better align with the topics discussed, as well as showing younger babies and pregnant women to increase its relevance to first time mothers. This version also appeared less copy intensive. Suggested improvements also included moving the contact information to a more visible place in the brochure.

The square direct mail piece lacked appeal for its common format, number of pages that makes it look copy intensive, and dark or dull colours. The diversity and abundance of visuals was clearly its main asset. Regardless of the preferred version, participants made a number of suggestions to improve the content and comprehension, which included avoiding acronyms.

- ***The use of radio to promote healthy pregnancy is deemed relevant and the proposed Inuit advertisements are well received, while First Nations advertisements elicited lukewarm reactions.***

There is general support for the use of radio advertisements as part of a campaign to promote healthy pregnancies. While Inuit participants endorsed the proposed four radio creative ideas, First Nations women were less enthusiastic about them. The use of multiple voices helps keep the listeners’ interest, although most questioned the presence of a male Elder voice in the topic of pregnancy. Naming individuals was deemed inappropriate, taking the focus from the topics discussed to trying to identify the person named. First Nations participants felt the ads were too long, lacked an upbeat tone and did not differentiate enough between voices. Although they liked the music, the opening was deemed scary and inappropriate for this type of ad. Inuit participants, for their part, clearly disliked the music.

The Aboriginal tag was viewed as a positive addition to both the English and French radio ads, establishing the target and raising the profile of specific First Nations. That being said, no one participant was familiar enough with her native language to understand what it says.



- ***There is no clear preference for one version of the fact sheet over the other, suggesting that the layout should align with the other products being developed.***

Neither of the two proposed fact sheets was preferred, suggesting that the one further developed should be visually consistent with the other products in this campaign. Among both First Nations and Inuit participants, the fact sheet featuring coloured blocks was preferred for its use of colour and multiple visuals, as well as the “lightness” of the font used. The “boxy” look and uncoordinated colours were however criticized by some.

In comparison, the simplicity and uncluttered background of the fact sheet featuring one visual was liked. This fact sheet appeared more feminine due to the use of soft pastels and the curves that are reminiscent of a pregnant woman’s belly. This version was however criticized for its lack of visual interest and the “tightness” of the font. Regardless of preferences, Inuit participants felt the fact sheets were too copy intensive, while First Nations were comfortable with the amount of text. Presenting the information in point form should however be considered.

- ***First Nations people clearly preferred the identifier showing a single pregnant woman reaching out to a star or the sun, while Inuit participants unanimously preferred the identifier featuring the visual of the community/family and the qilaut in the background.***

All participants across groups and locations preferred a visual identifier that includes a visual. Of the three visual identifiers shown to participants, the one featuring one pregnant woman pointing to a star was widely preferred among First Nations participants for its visual harmony, the positive tone of the message suggesting the role of the community in healthy pregnancies and showing the woman reaching out, as well as the font that closely aligned with First Nations culture. In comparison, Inuit participants preferred the visual that showed the family/community with the qilaut in the background. This identifier is considered more Inuit in appearance, attractive, attention getting and representing the importance of community.



Recommendations

The following recommendations derived from the study findings are presented for Health Canada's consideration.

1. Either the “single” or “curvy” poster ideas should be further developed for First Nations people, while the “long” poster offers the greatest possibilities for Inuit.

Findings clearly suggest the appeal of the “long” poster idea among Inuit, although considerations should be given to the following improvements:

- Ensure that all visuals appropriately link to the text (e.g. copy referring to Elders should be with images of an Elder);
- Do not use the image with the walking couple;
- Use photographs that communicate the message (e.g. eat well/be active should show an active couple or a couple eating);
- Consider replacing the brown with an alternate colour; and
- Add a text box for local contact follow-up.

Although opinions are mixed among First Nations people with respect to the preferred poster idea, findings suggest that either the “curvy” or the “single” ideas would be well received. Some modifications are however suggested for the final version:

Single:

- Feature the same woman in the foreground and the background images;
- Feature family or community members along with the couple in the background;
- Remove the faded copy in the background that mirrors the quote;
- Add a signature to the quote;
- Consider adding a quote from the father;
- Print the headline “Drug and Alcohol Free Pregnancy!” in white so it stands out;
- Review the French copy to ensure it is grammatically correct;
- Move the empty box after the toll-free number and URL; and
- Move the quote slightly from the woman's face.

Curvy:

- Ensure that the visuals have a clear link to pregnancy (e.g. belly or baby);
- Ensure that the clothing shown on people is not too tight and is modern / youthful;
- Use photographs that communicate the message (e.g. eat well/be active should show an active couple or a couple eating);
- Keep copy to a minimum and avoid redundancies; and
- Use more visually appealing colours than the bright yellow and orange together.



2. Across audiences, the tiered direct mail piece should be further developed, with some minor modifications.

Findings show the widespread appeal of the tiered direct mail version for its original and attractive format and its concise and well laid out information.

- Ensure that all visuals are relevant to the topics discussed in each section;
- Use a variety of visuals, some showing babies and/or pregnant women;
- Ensure that in each section, the copy addresses the statements next to the section headline (e.g. provide an in-depth explanation);
- Consider changing the brown/grey colour for a more vivid one;
- Consider adding sections pertaining to “what to do when you find out you are pregnant” and “community resources available to you”;
- Show most information in bullet point format;
- State the consequences of smoking / drinking / doing drugs during pregnancy;
- Avoid the use of acronyms; and
- Consider some copy changes as earlier noted in the Key Findings section of this report.

Consideration should also be given to distributing the direct mail piece only upon request from consumers, or through health professionals rather than adopting a mass distribution strategy. It was also suggested by a few First Nations participants to use this tool as part of the high schools’ curriculum, teaching youth about the benefits of a healthy pregnancy.

3. Radio advertisement is viewed positively across locations.

The proposed radio advertisements proposed should be further developed, with the following considerations:

- Remove the voice of the Elder male;
- Script the ads like a conversation, rather than the text being read;
- Replace the music with something more relevant to Inuit or pregnancy;
- Ensure the music for the ads targeting First Nations people is less scary or mysterious;
- Use a musical background that is consistent with other products that are part of the same campaign (e.g. nature sounds, soft flute);
- Avoid the use of individuals’ names to keep attention on the content;
- Ensure there are clear differences between the voices; and
- Shorten the ads to include what is most important.



4. Either one of the fact sheet layouts could be considered, based on the design of other products.

There is no clear preference for either of the two fact sheet ideas shown to participants, suggesting that the one that is further developed should align with the other products that are part of the campaign for visual consistency. The concept that is further developed should take the following under consideration:

- Ensure that it includes contact information for additional support/information;
- Present information in a bullet point form, using short paragraphs;
- Use soothing colours that complement each other;
- Use a font with spacing between the letters; and
- Ensure that the title is capitalized and clearly visible;

Consideration should also be given to distributing the fact sheets through health professionals, rather than adopting a mass distribution strategy.

5. The identifier showing the single pregnant woman should be utilized with First Nations people, while the identifier featuring the visual of community/family and the qilaut in the background would be best for Inuit.

Findings suggest that a visual identifier that includes a visual and a reference to the importance of community in a healthy pregnancy should be further developed. While First Nations focused on the significance of the written portion of the identifier, Inuit participants clearly preferred the one that showed the community.



Key Findings

Posters

The “single” and “curvy” poster ideas were preferred among First Nations people, while Inuit participants clearly preferred the “long” poster idea.

Participants were presented with three different ideas for posters. Two of the ideas each included two examples, while the third idea included only one version. Each idea was discussed independently prior to participants being asked to express their preference. Participants were informed that the ideas were presented in a draft format and that the selected idea may include a number of different posters each focusing on one specific topic. The presentation of concepts was rotated between groups to avoid presentation biases. The following presents a summary of participants’ opinions with respect to each poster idea.

“Single” Poster Idea

This idea includes one poster featuring an image of a couple in the background and of a woman in the foreground. Different images were used for the version presented to First Nations people and Inuit participants, as shown below.

Reactions Among First Nations Participants

The poster idea that presents Aboriginal people in the forefront was well liked by First Nations participants as it utilizes warm and inviting colours and suggests pregnancy is a shared responsibility between women and men. This idea was the most preferred, albeit just slightly more than the “curvy” poster idea. Of all three ideas tested, this one is viewed as clearly ***appealing to young Aboriginal people*** because of the age and cultural background of the individuals featured on the poster.



For the most part, it was felt that the ***overall impression*** of this poster instils a feeling of love, closeness, and warmth, and positions pregnancy as a positive event actively involving both the mother and the father. This is something that appealed to most participants across locations.

“It was very warm and comforting to see the man caring for her pregnancy and the real story of the woman.” FN younger

That being said, a few older participants suggested that the harmonious relationship between the father, the mother and the child to be born, as shown in the visual, does not reflect a



common Aboriginal reality. Some of them fear that this image may entice younger women to get pregnant in the hope of achieving this lifestyle. As such, it was suggested to show in the background picture members of the community, an entire family (e.g. parents, brothers, sisters, grandparents, etc.) or a single pregnant woman, rather than focusing exclusively on a couple.

It was felt that the poster's unusual **layout** (e.g. horizontal; 1/3 text and 2/3 visual) differentiated it from existing ones. Giving prominence to the visual and having someone directly looking at the viewer was considered effective at drawing attention and at inviting the viewer to read along. That being said, while some appreciated the prominence of the visual elements, others suggested that it overshadowed the copy, which they would likely not read. At the same time, the background letters repeating the quote were deemed unnecessary, confusing and visually cluttering the image.

“Il faudrait enlever l’écriture en arrière plan car trop dérangement visuellement.” (They should remove the writing in the background as it is too visually cluttered.) FN older

Visually, it was also felt that the two women (background and forefront) should be the same, which is not perceived as currently the case. Indeed, both images suggest that a happy pregnancy (e.g. the faded image representing a past event) can result in a healthy mother and child (e.g. forefront image/quote more clear therefore suggesting the present).

Most participants appreciated the quote, as it reiterated the positive outcome of a drug free pregnancy, in addition to being compelling and personable. A few participants also appreciated that it suggested the mother's pride in having a healthy baby. It was however felt that the quote should be signed by the person speaking for increased credibility and to render the poster more personable. In addition, one participant suggested that the quote should be moved away from the woman's face for visual appeal. A couple of participants also suggested adding a quote from the father to reinforce his commitment to a healthy pregnancy.

The chosen **topic** (e.g. drugs and alcohol) was deemed relevant to an increasingly common Aboriginal reality, and most considered that as such, it would draw the readers' attention. That being said, across locations, participants felt that the copy could be improved by stating examples of possible consequences of doing drugs or drinking alcohol during pregnancy to stress the seriousness and long-term effects of these behaviours. It was felt that this approach would entice young women to take this issue more seriously.

“I prefer this poster just because of what it is trying to say. Women that are trying to get pregnant they should be drug and alcohol free during, before and after becoming pregnant.” FN younger

“Il y a beaucoup de gens qui fument lors de leur grossesse et qui ne pensent pas aux conséquences que ça pourrait avoir sur leur bébé.” (Many people smoke during



pregnancy and do not think of the possible consequences on the baby.) FN younger

In some participants' views, the **visual identifier** communicates a strong positive and well-respected message pertinent to Aboriginal people. Most considered that it adds credibility and reinforces their general belief in the role of the community in any pregnancy (e.g. that it takes a community to raise a child).

English-speaking participants considered the **copy** coherent and easy to understand, although a few suggested the poster was too copy intensive, while yet others felt that there was just the right amount of text. A few participants also suggested to shorten the copy, by combining similar ideas, however they were unable to clearly articulate which paragraphs could be combined. A couple of French-speaking participants also suggested that using action verbs (e.g. soyez, arrêtez, adoptez, etc.) would be more effective in implying the importance of taking action to ensure a healthy pregnancy.

The use of multiple fonts adds visual interest and the text appears to participants as adequately spaced out. At the same time, most participants indicated that the title letters should be printed in white to clearly stand out from the darker background and make it a focal point.

A couple of French-speaking participants, for their part, suggested that the first sentence (e.g. "Aucune quantité d'alcool est sans risques pendant la grossesse – pas même un seul verre!") is confusing and requires more than one read to fully understand the statement. This may be due to the use of too many "contradictive statements", such as "aucune", "sans risque" and "pas même".

"Le premier paragraphe je ne comprends pas. Il a fallu que je le lise trois fois, ce n'est pas clair." (The first paragraph I did not understand. I had to read it three times; it was not clear.) FN older

Two grammatical errors were also noted by French-speaking participants:

- In the quote - "J'ai choisi une mode de vie..." should read "J'ai choisi un mode de vie..."
- In the text - "Le plus vite que vous arrêter..." should read "Le plus vite vous arrêtez..."

Finally, a few participants questioned the use of a blank box underneath the sentence "For more information", and suggested they have seen such boxes on posters before, although it is often left blank. A suggestion was made to print this box after the contact information (e.g. toll free number and URL) in case it is not being used.



The following table presents a summary of participants' likes and dislikes. The bolded items have been mentioned most frequently.

First Nations Participants' Reactions ~ "Single" Poster Idea	
Summary of Likes	Summary of Dislikes
- Shows a couple where the father cares about the pregnancy (hand on woman's belly); - Image implies love, caring, closeness; - Limited copy; - Quote makes it personable; - Couple shown include young people/compelling; - Warm and inviting colours; - Unusual poster layout – stands out from others; - The identifier ("Our community...") communicates a strong, positive, and well respected message; - The topic is a big issue in the community – relevant; - Colours are warm and appealing; - Clearly suggest the mother's pride at her healthy baby; - Someone directly looking at the reader draws them in; - Refers to before and after pregnancy, not just during. - Shows Aboriginal people; - Different font size add visual interest; - Text appear more spaced out / not so clumped together;	- Title does not stand out (letters should be white); - Women in background and foreground should be the same (e.g. before and after pregnancy); - Should clearly state examples of consequences of drugs and alcohol on the baby, as well as stress the seriousness of the issues. - Copy in the background (repeating the quote) is confusing and visually clutters the poster; - Quote should be signed by the person speaking; - There should be a quote from the father; - Quote should be moved away from the woman's face; - Woman in the background should be dressed with a tighter dress to clearly show her belly; - Copy repeats itself/could be shortened; - Be more forceful in the copy by using action verbs (e.g. adoptez, soyez, arrêtez,...); - French copy in the first paragraph not clear; - Purpose of the box after "for more information" unclear;

Reactions Among Inuit Participants

Overall, this concept was the second preferred poster concept among Inuit participants.

Visually, this version was generally well received, primarily for its colour, texture and different shape / size that makes it stand out. Other key strengths of this concept included having a box for a local telephone contact, having a quote provided and showing a pregnant couple. In addition, participants were generally supportive of the **copy**, as presented.



"I like what this is saying. It is a good message and I would probably read it." Older Inuit

That said, participants disliked some key aspects of this concept. Most notably, they felt the **quote** in the background was unclear and illegible, and simply created a busy problematic background. While participants appreciated having a quote for the girl in the foreground, they felt that any quote should be attributed to an individual, particularly since it was not apparent in the visual whether the girl had had a baby.



The *images* clearly presented the greatest problem with this concept. To begin, younger participants criticized the appearance of the young woman in the forefront. They questioned what relevance she had to the topic on hand (given that she did not appear to be pregnant or have a child), but more so, felt that she was unattractive (greasy hair, crooked teeth) and could potentially be on drugs given her squinty eyes. Some also doubted the believability of the woman's quote and questioned if it was real. As with First Nations participants, some Inuk felt that the quote should be attributed to someone, thus giving further credibility and believability to the visual.

“Why would they use someone that looks like that? It's a bad picture. It looks like she's been doing drugs.” Young Inuit

“Is she supposed to have a baby? I don't really believe it. They should have shown her with her baby or pregnant.” Older Inuit

Most questioned the relevance of having a different couple in the background image, and felt there would be merit in featuring the same people in both visuals. In addition, while including an image of a couple elicited positive reactions, the couple featured in the background was considered older and not necessarily reflective of their age group. Also, participants consistently mentioned that any women in the front image should either look pregnant, be holding a baby or be wearing an amauti (with a baby in it).

Finally, a number of participants questioned why Inuit posters designed by the federal government were always brown in colour.

“This is just another brown poster. The colours aren't eye catching. It seems all the posters are brown.” Older Inuit

The following table presents a summary of participants' likes and dislikes. The bolded items have been mentioned most frequently.

Inuit Participants' Reactions ~ “Single” Poster Idea	
Summary of Likes	Summary of Dislikes
• Colours are warm, design is different and inviting; • Includes father in visual; • Quote makes it personable/ grabs attention; • Image showing couple is compelling; • Box for more information / local contact; • Looks Inuk; • Copy well received.	• Young woman in foreground is unattractive (greasy hair, looks 'stoned', crooked teeth, doesn't look pregnant; • Women in background and foreground are different • Quote in the background is confusing; • Young woman is not relevant to pregnancy (not clearly pregnant or a mother); • Brown colour.



“Curvy” Poster Idea

This idea included two posters each showing one image separated with a curved line from simple copy on a light background. Different images were used for the First Nations and Inuit populations, as shown below.

Reactions Among First Nations Participants

This idea was the second preferred choice among First Nations people. **Overall impressions** were positive and this idea was liked for its simplicity and softness, mostly rendered by the light background, the nature setting, the simple image and the curvy lines. Both the visual of the pregnant woman, and the softness of the layout contributed to positioning the posters as targeting a **feminine audience**. The curvy line that separates the image from the copy is most often associated with the belly of a pregnant woman.



“The curvy look, the soft colours. Also, I like the picture of the native woman standing; it grabs my attention.” FN younger

“Everything in this poster catches my eye and that is the important thing. If it doesn’t catch your eye, then why are you going to read it?” FN younger

Most participants also liked that this idea gives equal prominence to the copy and the visual, features a simple and light coloured background that makes the copy stand out, and includes a clear call to action. The capitalized title is deemed large enough to draw attention, although some considers the font plain.

“It really stands out where you can get more information.” FN younger

It was also felt that there is too much copy and the letters are too small. That being said, many liked the idea of bolding important words or expressions to draw attention. In fact, it was suggested to bold “quitting”, “arrêter de fumer”, “cutting down”, and “diminuer le nombre de cigarettes”.

“The text comes out clear so almost everyone can understand and some of the really important lettering is in bold, which is good.” FN younger



Of both posters included as part of this idea, the “Pregnant and smoke free” poster was clearly preferred, as it specifically relates to the target audience, is visually pleasing, suggests a healthy environment, and features bright soothing colours.

“I really like this one because it looks very healthy, with soothing colours and the Indian woman standing there. It is kind of representing our culture.” FN younger

Most participants, however, questioned the reasons for suggesting adults cut down on their smoking rather than quit, as it suggests this is an acceptable alternative to quitting. Many also suggested that modernizing the clothing would increase the posters’ relevance to younger women. Indeed, they felt the woman’s clothing looked more like pyjamas than a casual daytime outfit.

“I would change some of the pictures. Not all native are unfashionable; this is 2007 after all.” FN older

“Il y a beaucoup de gens lors de leur grossesse qui fument et qui ne pensent pas aux conséquences qu’il pourrait y avoir sur le bébé.” (A lot of people smoke during pregnancy and do not think of the possible consequences on the baby.) FN younger

In comparison, the “Eat well be active” poster was criticized for not readily identifying the target audience in the headline or in the visual. Many felt this poster could be used, as shown, to promote a healthy lifestyle in general, not specifically to benefit the baby’s health. In fact, a couple of participants suggested this poster resembled, at a glance, a poster that pertained to hunting or the outdoors in general. Adding the word “pregnancy” and/or showing a visibly pregnant woman were therefore suggested.

In this same poster, it was felt that the woman’s pants are too tight, showing too much of her body outline, particularly in the genital area. Many also felt the visuals looked dated. The topics of the posters in this version were also deemed compelling, particularly as it relates to exercising more. Many were however surprised to see that skiing was a suggested sport for pregnant women, with most questioning the credibility of such a statement based on what they have heard before. One participant suggested adding other more common physical activities to the list, such as dancing.

“Ce qui est vraiment bon c’est qu’on mentionne que la plupart des femmes enceintes peuvent faire de l’exercice. On entend souvent la mentalité que les femmes enceintes ne peuvent rien faire, ne peuvent pas bouger, alors c’est bon de le mentionner.” (What is really good is that it mentions that most pregnant woman can exercise. We often hear the mentality that pregnant women can not do anything, that they can’t move so it is good to mention it.) FN older



In addition, giving additional information on the types of birth defects that may result from smoking during pregnancy is considered essential to reinforcing the importance of changing unhealthy behaviours.

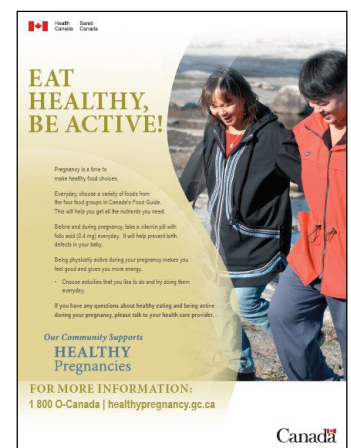
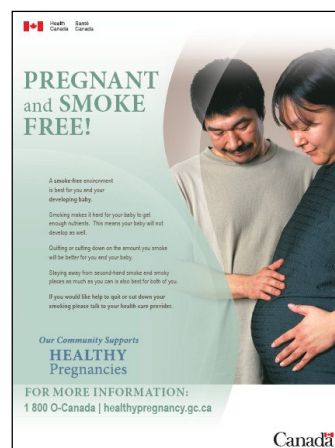
Although the visual identifier was not visually compelling, a few participants noted the appeal of the expression “our community supports healthy pregnancies”.

The following table presents a summary of participants’ likes and dislikes. The bolded items have been mentioned most frequently.

First Nations Participants’ Reactions ~ “Curvy” Poster Idea	
Summary of Likes	Summary of Dislikes
• Images are positive and suggest health; • Bright, soothing colours; • Curves and colours provide a feminine touch and make the poster visually pleasing; • Call to action clearly stands out; • Curve resembles a pregnant woman’s belly; • Copy stands out against the light background; • Large title stands out; • Larger visuals/equal prominence to visual and copy; • Some of the more important ideas are bolded; • Show Aboriginal people; • Bolding important words/ideas;	• Too much copy and font too small; • Pregnancy should be more obvious in visuals; • Pregnant woman’s dress is atypical – should be modernized to appeal to young people; • Woman’s pants are too tight; • Colours clash (‘eat well be active’); • Plain font; • Should name the potential birth defects resulting from smoke inhalation. • Dated look (looks like a poster made 20 years ago); • Colours doesn’t suggest healthy environment (dull/cold);

Reactions Among Inuit Participants

This concept was the least preferred among Inuit participants. The poster’s pastel colours were well liked and considered both relevant and reflective of pregnancy / babies. Participants also appreciated the curved angles in the posters and, once again, considered the lines to be suggestive of a pregnant belly. The copy and headlines were also well received for both versions although a few participants felt that there was ‘a lot’ of copy. Across locations and age groups participants felt the message was clear and the visual was strongly associated with the headlines.



That said, participants offered a number of criticisms of this concept, most notably, the visuals. In both locations, the pregnant couple was considered familiar and something they had seen used in other health related posters. As a result, they felt the poster could easily be overlooked, as it might be considered something they had already seen. Also, within the *Pregnant and Smoke Free!* poster, a few participants considered the white shading (cutting



through the male) to be reminiscent of smoke, which was seen as inappropriate for the topic at hand.

The other visual also proved problematic. To begin, most felt the couple looked like two females arm-in-arm, rather than the pregnant couple they were intended to reflect. The male was criticized for his appearance, in particular for his jacket style and feminine hairstyle.

“Guys just don’t dress like that. A bomber jacket would be better. And he should have sideburns.” Younger Inuit

In addition, the female did not appear to be pregnant. Most felt that it would be much more impactful if the woman was clearly pregnant. Many further criticized this visual and poster for being easily misinterpreted for promoting healthy living, rather than healthy pregnancy.

“You just can’t tell that she’s pregnant. This could be a poster for healthy living. She should have a belly.” Older Inuit

The following table presents a summary of participants’ likes and dislikes. The bolded items have been mentioned most frequently.

Inuit Participants’ Reactions ~ “Curvy” Poster Idea	
Summary of Likes	Summary of Dislikes
• Soothing pastel colours; • Curved lines / belly outline; • Pictures match the headlines; • Call to action clearly stands out; • Good copy / headlines; • Clear message.	• Picture is familiar (Pregnant and Smoke Free); • Woman should be pregnant (Healthy and Active); • Man’s clothing / hair; appears to be a woman; • Looks like most government posters; • No box for local contact information; • Looks like a healthy living poster.



“Long” Poster Idea

This idea included two narrow posters sized vertically. Different images were used for the First Nations and Inuit populations, as shown below.

Reactions Among First Nations Participants

This idea was generally least preferred among First Nations people. It is considered bland, dated, and not visually identifying pregnancy as its topic (e.g. does not use ‘pregnancy’ in headline or a baby/pregnant women in the visual).

“It would be better if there was the Elder holding a newborn or showing more babies rather than children.”
FN older

The visual layout was often criticized for its “boxy” and “chopped up” look, as well as dated and dark colours (e.g. orange, brown, “muddy” green).

“There is way too much going on for a poster.” FN younger



A couple of participants across locations suggested that it looked like a “government” poster and would not stand out from existing ones. It was also suggested that the size of the posters is too narrow to clearly stand out.

The photographs looked dated to most participants and did not directly relate to the copy. Many questioned why the visual with the kokum did not appear on the poster that discusses the role of Elders. Similarly, the couple shown was not physically active nor were they shown eating healthy foods. It was also felt that showing a pregnant woman and/or a baby, either on its own or as part of a group, would help clarify the idea’s target audience. As noted earlier, it was felt that the young woman’s pants should not be so tight, as it is too revealing. Although questions were raised with respect to the intent of the posters, the reference to Elders’ and the community’s role in someone’s pregnancy was praised across locations. Most felt that this reference helped increase credibility, as Elders’ opinions are vastly trusted.

“I like the message of Elders educating our future and that is one of the most important knowledge that we will actually remember and go by.” FN older



While they criticized the layout, most participants were pleased with the idea's approach of presenting pregnancy as a positive event, providing advice for a healthy pregnancy rather than lecturing them on bad behaviours. Furthermore, most felt addressing the topic of planned pregnancy spoke to them.

“Je le vois comme pour dire peut être au jeune d’y penser. Souvent les jeunes sont très jeunes [lorsqu’elle deviennent enceintes]. Peut-être finir l’école, trouver quelqu’un de stable, au moins pas faire tout ça tout de suite.” (I see it as to tell young people to think about it. Often, young people are really young [when they get pregnant]. Maybe to finish school, find someone stable, and at least not do everything right away.) FN older

At the same time, it was felt that this specific poster would appeal to older women, as they were likely more apt to plan a pregnancy. Most suggested that young Aboriginal women generally do not plan to get pregnant and for them, such a poster would not be credible.

Many were also surprised to see that this idea promoted not only smoking cessation, but also cutting down on smoking, something that did not appear to be accepted by participants. Some felt that it provided pregnant women with “a way out”. It was strongly suggested to provide reasons where cutting down would be acceptable in lieu of quitting (e.g. dangers of quitting “cold turkey”).

These posters were deemed copy intensive, although a few participants suggested that splitting the copy in different coloured boxes, as well as using different fonts helped to visually lighten the information. The font size is however considered too small, other than for the headline.

“You have to squint to see that.” FN younger

The following table presents a summary of participants' likes and dislikes. The bolded items have been mentioned most frequently.

First Nations Participants' Reactions ~ “Long” Poster Idea	
Summary of Likes	Summary of Dislikes
• Shows and suggests the importance of Elders; • Does not lecture or criticize but encourages reflection; • Planning a pregnancy is a positive message not usually seen; • Identifier (“Our community...”) is a positive message; • Bright colours at the top; • Couple together; • Vertical layout is original, different; • Brown colours reminiscent of earth tones; • Happy environment.	• Images do not reflect the copy /theme of each poster; • The layout is visually “chopped up” by the coloured boxes; • The ‘Eating Well’ poster does not appear related to pregnancy (title and visual). Some felt it looks like an outdoor or hunting poster; • Posters should feature images of babies and/or pregnant women; • Posters are too small/narrow; • Brown colours dark and sombre; • Too many different colours – lacks consistency; • Should not promote smoking reduction, but only cessation. • Copy underneath the visual should be bigger as it suggests an important message.



Reactions Among Inuit Participants

This concept was the most preferred among Inuit participants, particularly for its unique size, shape and bold colours. The posters were considered attractive and eye catching and many participants felt the distinct shape would allow it to be conveniently posted. The tagline and visual identifier were also well received and consistently recognized with this concept.

“This is different from the normal posters you see. It has a unique shape and size.” Young Inuit

Participants especially liked the use of the Elder and child in the photo and considered it both appropriate and reflective of the their community. That being said, many felt it would be stronger if the image included three generations, prominently featuring a pregnant woman in addition to the Elder and child.



“The pregnant woman is missing here. I think that would make this much better. Then you would see that it is about pregnancy and the whole family.” Older Inuit

Participants also felt that the concept would be more impactful if the copy was more appropriately aligned with the visual. In particular, it was felt that the copy discussing the role of Elders should include the visual with the Elder. Once again, as previously discussed, the walking couple was criticized for the woman’s lack of belly, and the man’s feminine appearance was mentioned.

Participants were supportive of the copy, as presented, and felt that the use of separate coloured boxes created the appearance that the poster copy was short. That said, a few participants commented that the square lines could be softened or rounded to create a more soothing or soft appearance. Finally, as previously mentioned, the colour brown was considered to be overdone for posters within the Inuit community, and it was recommended that another colour be used.

“This could be even better if they used brighter colours. Why all the brown shades?” Older Inuit



The following table presents a summary of participants' likes and dislikes. The bolded items have been mentioned most frequently.

Inuit Participants' Reactions ~ "Long" Poster Idea	
Summary of Likes	Summary of Dislikes
• Reinforces the role of Elders / family; • Unique shape; • Informative; • Eye catching; • Supports concept of community; • Bright colours / including three colours; • Couple together; • Has appearance of less copy.	• Elder copy is not with poster showing an Elder; • Brown colours should be replaced with brighter colours; • Photo (walking couple); • Missing visual of pregnant woman; • Text is off center; • Missing box for local contact.

Direct Mail Piece

Across locations and groups, the tiered direct mail format was clearly preferred.

Participants were shown two concepts for a direct mail piece, with each being discussed one at a time. The presentation of concepts was rotated between groups to avoid presentation biases.

Tiered Format Idea

Across locations, there is clear preference for the tiered direct mail piece for its original and practical layout. Many also liked the curved lines, which suggested a pregnant woman's belly.

"I prefer this one because the other brochure is one you would see often, it is like any other brochure. This one is more unique." FN younger

"The overall design caught my eye. I felt all the information I needed to know was given up front. It presents well and is easy to follow." Inuit

Most Aboriginal people (including First Nations and Inuit) felt that the format would stand out from usual brochures, and that tabs showing the topics covered provided a quick overview of its content and helped to quickly locate the desired information.

"I like this one because the information is right at your fingertip. No need to search through a book when you don't need to know about that information." FN older



“La séparation des informations est visuelle; on a qu’à choisir le sujet que l’on veut et le lire. Tandis que l’autre dépliant nous devons tourner toutes les pages pour voir de quoi ça parle.” (Information is visually divided; we just have to pick the topic that we want to read about. In the other brochure, we need to go through all of the pages to see what it is about.) FN older

“This is more eye catching because of its different colours and different tables. It is less boring to try and read through than the old booklets.” Older Inuit

Although the overall originality of the format is praised, many felt that the call to action and contact information shown on the back cover is not effectively positioned in the DM piece to attract their attention. Most suggested that the contact information (e.g. toll free telephone number and URL) should be repeated on the front cover.

“The ‘more info’ [section] on the back, I wouldn’t have noticed so it should have been somewhere else [in the direct mail piece].” FN older

Colours used in this version were deemed bright and cheerful, with the exception of the brown/grey of the cover.

“The colours match unlike the first [DM piece]. In the first one, the colours were just all over the place.” FN younger

Photographs were deemed relevant, although efforts should be made to ensure that they all closely reflect the topics discussed. This is particularly the case for the sections on oral health, alcohol and drug free pregnancy, and pregnant and smoke free. Within Inuit groups, participants identified one visual as very ‘First Nations’ (the woman with the long black hair and pink shirt) and not particularly relevant to Inuit.

The fewer number of pages, as well as the manner in which information is presented suggested to participants that this version has less copy. A few also appreciated the smaller paragraphs and the instances where bullet points were used to list information.

“It is not too much to read and the paragraphs are shorter.” FN younger

To further improve the layout, one participant suggested highlighting important facts by showing them under a defined subsection.

“I think it should have a ‘quick facts’ or ‘did you know’ box that outlines serious and importance things. Things you absolutely need to know.” FN younger



The following table provides a summary of participants' comments on the tiered format direct mail piece, with the bold ones most commonly mentioned.

Tiered Format DM	
Summary of Likes	Summary of Dislikes
• Original layout; • Curved lines suggesting the contour of a belly; • Section titles /tiers appearing on the cover makes the information easy to locate; • Brighter / more inviting colours (except grey); • Looks like less copy to read; • Visuals of family and Elders suggest their importance during pregnancy; • Discusses healthy behaviours before, during, and after pregnancy.	• Some of the visuals do not relate to the topic (e.g. oral health and physical activity); • Does not provide enough information on the effects and consequences of unhealthy behaviours; • Instead of 'nutrients' use the word 'nourishments'; • The fact next to each section title needs to be explained / addressed properly in the section; • Information on the back cover gets missed; • A section should be added to let women know what to do / expect when getting pregnant.

Square Format

This direct mail piece was least preferred among First Nations and Inuit, as it uses a common booklet format and appears copy intensive. One First Nations participant even compared its size and cover to that of a 'church book', to further emphasize its lack of appeal.



Only a few individuals across locations preferred this booklet format, indicating the smaller size would make it suitable to carry around.

"It is more compact which makes for easier traveling. I would include tabs if possible as in the other version or at least a table of contents." FN older

"Ce n'est pas trop compliqué, c'est simple. Il y a de belles images qui représentent de quoi ça parle." (It is not too complicated, it is simple. There are nice images that represent what it is talking about). FN older

The number of pages and relative thickness of the booklet contributed to making it look more copy intensive than the tiered version. Although participants generally appreciated having less copy on each page, most considered that splitting relevant information between pages is confusing, as it makes it appear as if information is incomplete if one does not read an entire section.



“Je préfère ce livret-ci parce qu’il a l’air à contenir plus d’information, et la page de présentation est plus attrayante.” (I prefer this booklet because it looks like it contains more information and the cover page is more attractive.) FN younger

Although a greater variety of colours were shown in this version, most are considered dark and dull, not only contributing to making the publication less visually appealing, but also reducing the contrast with the copy and thus making it more difficult to read. Such colours did not help make the identifier, printed in black, clearly stand out.

On the other hand, the diversity and abundance of visuals was deemed appealing, even though they did not always communicate the relevant subject matter.

“Les images vont plus avec les textes et ils donnent plus d’information que l’autre [brochure].” (Images go better with the copy and they give more information than the other DM piece.) FN younger

“The selling point of this brochure is that it has more pictures in it.” Inuit

Even those who liked this version suggested that it should include section tabs easily visible on the cover or at least a table of contents to facilitate finding the desired information without having to read through the booklet.

“They should put little tabs on the side to know where to go for what information in this booklet.” FN older

The following table provides a summary of participants’ comments on the square format direct mail piece, with the bold ones most commonly mentioned.

Square Format DM	
Summary of Likes	Summary of Dislikes
• Smaller size more practical for carrying around; • Images are more closely aligned with copy; • Includes more information; • Simple layout; • Diversity of colours; • Cover picture is positive / appealing; • Diversity of images; • Shows children and Elders; • Includes short and concise paragraphs; • Large images; • Message below the image summarize the section topic.	• Boring / common format; • “Boxy” layout; • Too much copy; • Information more difficult to locate / should have tabs or table of contents; • Colours are too dark/dull; • Information is more broken down between pages; • Should show Aboriginal activities such as cooking and doing crafts; • Font / text too small / does not clearly stand out against dark background; • Some visuals do not relate to the text; • Some information is incomplete.



Content

Overall, the copy was well received and very few areas proved problematic. Regardless of the preferred layout, participants made a number of suggestions to improve the content and the comprehension. For the most part, many participants expressed an interest for additional information on consequences of unhealthy behaviours to be included in the brochure. This is particularly the case where it relates to the incidence of a low birth weight baby resulting from poor oral health, further explaining the reasons why good oral hygiene is best for the baby, indicating whether all prescription drugs are to be avoided during pregnancy, and what alternatives may be available.

“[They should] give more information on why oral health can reduce the risks of having a pre-term or low weight baby.” FN older

“The alcohol and drug free part should clarify that all, or which prescription drugs should not be used.” FN younger

“I think more info should be given on what kind of health problems smoking has on babies.” FN older

“I would like to know the types of drugs to avoid; how long it takes you to withdraw from it; how long before you stop taking them so that it doesn’t affect the baby.” FN younger

In both Inuit locations, participants questioned what impact other key actions might have on pregnancy. In particular, they wanted to know what consequences they or their baby might suffer if they had drank during the first trimester (before knowing they were pregnant). In addition, a number of participants questioned if they were able to wear the patch if pregnant.

“It says you can’t or shouldn’t smoke, but what about the patch? Can you wear that? What impact would that have on the baby? Younger Inuit

It was also suggested that an explanation of folic acid be included. While most participants had vague recollection of having heard about this pill, virtually no one was able to explain its purpose. In fact, a couple of the younger participants were under the impression this pill referred to the “morning after pill” and were surprised to see it mentioned in this section. A few Inuit participants questioned how else they could get folic acid in their regular diet.

One participant also suggested using the term “vomit” instead of “throwing up” as it is more subtle.

Many First Nations people were surprised to see a focus on planned pregnancy as it is



deemed highly unusual among younger Aboriginal people. Suggestions were made by a couple of First Nations participants to include additional topics deemed more relevant to Aboriginal youth, including options available to pregnant women (e.g. keeping the baby, seeking family or community support, abortion), healthy pregnancy needs support (e.g. resources available, role of family and community), and what to do when you find out you are pregnant (e.g. consult health professional). A number of First Nations participants and Inuit participants also suggested including information and tips on emotional and mental health during and after pregnancy.

“Maybe include a tab on emotional health such as limiting stress, taking time for self, getting massages, asking friends or relatives to help around the house, talk to a counsellor. Don’t just focus on physical health.” Inuit

French speaking First Nations participants noted numerous inconsistencies or errors in the French copy:

- All of them questioned the use of the term “fournisseur de soins de santé” and suggested that “professionnels de soins de santé” is more commonly used.
- The sentence “Gardez votre corps à une bonne température et bien hydraté en portant un chapeau...” suggested to some participants that wearing a hat will help keep the body well hydrated, and therefore should be reworded.
- Participants were also confused with the following sentence structure: “Il n’y a pas de quantité d’alcool sécuritaire ni de moment où en boire est sans danger”, although they were unable to provide a suggestion for improvement.
- Under the section entitled “Une grossesse sans alcool!”, a sentence structure change was suggested: “...de soins de santé et demandez pour de l’aide”, removing the word “pour”.
- In the same section, the sentence : “Le plus tôt que vous arrêter de boire...” should be rephrased to say “Plus tôt vous arrêter de boire...”.
- Under “Une grossesse sans fumée!”, suggestions were made to remove “en” from the sentence “...les lieux enfumés en autant que possible”.
- Under the section “Conseils pour une grossesse sans fumée”, a suggestion was made to list the fourth bullet point first, since it provides advice on how to limit the number of cigarettes which might be a first step to stop smoking.
- Most felt that the page entitled “La santé buccale durant la grossesse” did not provide sufficient insights on the potential problems that can occur as a result of poor oral health. On the last page of the direct mail piece, a word (“est”) is missing to read: “...- il est bon aussi de vous brosser...”.

Inuit participants offered clear direction on changes needed to make the brochures more effective. Most notably:

- Avoid the use of big / uncommon words



- Acronyms should be avoided as they were not understood and proved problematic (CHW, CHR, etc.);
- Avoid the use of ‘gestational’ as it was not understood (when referencing gestational diabetes);
- Remove reference to snowshoeing (not considered relevant), and replace with hiking;
- Use the term premature rather than pre-term;
- Spell out FASD;
- What is folic acid? Can you get it in other ways?
- Can you wear the patch if quitting smoking?
- Consider replacing ‘oral’ health with dental health.

When considering the Inuktitut translation, in both locations participants quickly pointed out numerous errors, suggesting that care must be taken in proofing the final translation.

Target Audience

Many First Nations people felt that the direct mail pieces were targeting an older audience, and perhaps women who already have children, as images show families with older kids, rather than babies. In addition, many First Nations people were surprised to see a focus on planned pregnancy as it is deemed highly unusual among younger Aboriginal people. That being said, they suggested that the topics covered would be more appropriate to first-time parents. In comparison, Inuit participants felt the two pieces targeted different audiences. The tiered format was seen as targeting childbearing women of all ages, while the square booklet was believed to target a somewhat older woman with a planned pregnancy.

Radio

The use of radio to promote healthy pregnancy is deemed relevant. The proposed Inuit advertisements were well received, while First Nations advertisements elicited lukewarm reactions.

Participants were asked their opinion on one radio campaign that included four advertisements. A draft recording of one of the advertisements was played to participants as an example, with the other three radio scripts were reviewed and discussed.

Likes / Dislikes Among First Nations

First Nations participants across locations were pleased that radio advertisements were being developed as part of this healthy pregnancy initiative. The voices used in the recorded ad suggested to them that the target audience is First Nations people.

“I get the impression that it’s only for Natives to hear.” FN younger



Although reactions to a radio campaign were widely positive, participants were not overly enthusiastic with respect to the four specific scripts being considered. After listening to the one recorded version, most participants suggested the ad is too long to keep their attention until the end.

The voices used, although distinctively Aboriginal, were not considered different enough to clearly stand out from one another. Suggestions were made to have a longer pause between voices to clearly differentiate who is speaking. In addition, most participants considered the tone boring, 'flat' and unnatural, and the voices appeared to read the text rather than speaking naturally. On the other hand, the use of multiple voices contributes to keeping the listener's interest.

"I like how it's different voices and not the same. You would just drift off." FN younger

Most also questioned the relevance of a male Elder voice, as this is not a person typically involved in the pregnancy process. At the same time, there was clear appreciation for having a young male voice, suggesting the involvement of the male partner in the pregnancy. Naming the individuals speaking (e.g. Grace / Gina) is not recommended as it shifts the listener's focus from the message to trying to identify the person named.

The music was deemed consistent with First Nations culture, although it created an uneasy and scary feeling at the beginning suggestive of a more dramatic and serious topic.

"Je ne pouvais pas me concentrer sur ce qu'ils disaient à cause de la musique." (I could not concentrate on what they were saying because of the music.) FN older

Suggestions were made to set up the ad as a conversation, add vibrant and dynamic voices, and use a more soothing music consistent with the other products that are part of this campaign (e.g. sounds of nature or soft flute).

Spot 1: Eat Healthy, Be Active. Mixed opinions were expressed with respect to this script, with some suggesting it was simple, easy to understand and straight forward, while others felt it was oversimplified and somewhat unrealistic. In fact, a few participants criticized the manner in which it suggests that a family is going for walks everyday rather than once in a while.

"The second one [Food cravings ad] I didn't really like, it seemed far fetched. Really long." FN younger

French-speaking participants did not all understand the meaning of the expression "anomalies congénitales", some suggesting replacing it with "malformations". A few also suggested that the terms "fringales" and "fournisseur de soins de santé" are not commonly used among youth.



Spot 3: Go smoke-free. This script was generally seen as realistic and straightforward. A number of participants liked the fact that it addresses second-hand smoke and the need to quit rather than cut down on smoking. A few French-speaking participants felt this ad should be shortened, as it included what they perceived to be redundant information. One French-speaking participant suggested reordering the young pregnant woman's comments, as it would be more realistic for someone to first suggest the difficulty in trying to quit smoking, prior to stating the importance of doing so (e.g. saying "C'est difficile d'arrêter quand tout le monde fume autour de moi..." before "Quand j'ai appris ce que la cigarette pouvait faire à mon bébé, j'ai décidé qu'il était temps d'arrêter.").

Spot 4: Planning a pregnancy. This script was generally deemed most unrealistic, as participants suggested that planned pregnancies are uncommon among Aboriginal people.

Aboriginal Tag

First Nations participants were told that a line saying "If you are pregnant, it is important to visit your health care provider early" would be included in an Aboriginal language at the end of every radio advertisement. The intent is to tailor the language based on the geographic location where the ads are being aired. All First Nations participants indicated they did not understand their native Aboriginal language and that only Elders or older adults commonly used it. Nonetheless, most suggested an introduction and conclusion comment in an Aboriginal language would establish the target as well as raise the profile of selected First Nations. Participants felt this approach would increase their pride in their culture as well as establish the importance of their people.

Likes / Dislikes Among Inuit

Inuit participants also liked the idea of having multiple voices featured through general conversation and appreciated the story lines, as presented. The concept was considered attention getting and very effective in reflecting how a community can be involved in a pregnancy.

That said, participants offered a number of criticisms. Most notably, the *music* was strongly disliked across Inuk locations and considered 'creepy', 'scary' and completely unfamiliar. Others felt it had an 'east Indian' sound, and was not at all relevant to Inuit people or culture. To some it became a negative point of focus.

"The music is something out of a horror movie." Older Inuit

Within the script, participants commented that the use of a male Elder voice was inappropriate, primarily because a male would not be giving advice on pregnancy. It was felt that it would be more relevant to have the woman Elder have that role. In addition, participants felt the spot should not include reference to any person by name. Doing so was



seen as taking away from the primary focus and making it less relevant to more people.

“When you hear a person’s name you are trying to figure out if you know that person. You stop listening to the rest.” Inuit younger

When considering copy points and story lines across the four proposed spots, participants offered a few suggestions for improvement, as outlined below:

Spot 1: Eat Healthy, Be Active. Replace ‘to prevent birth defects’ with ‘to prevent problems’; reverse male / female Elders’ roles.

Spot 2: Avoid Harmful Substances. Do not use personal references (‘Elisapie’); reverse male / female Elders’ roles.

Spot 3: Go Smoke-free. Remove reference to ‘his’ mom as it implies knowing the baby’s gender, which most don’t (Second-hand smoke is bad for my baby and his mom); reverse male / female Elders’ roles.

Spot 4: Planning a pregnancy. Replace reference to ‘before conception’ with ‘before you get pregnant’; reverse male / female Elders’ roles.

Overall, the Inuktitut version was considered smoother in flow than the English version. In both northern locations participants readily recognized that the Inuktitut was a Baffin dialect, although this was not considered problematic.



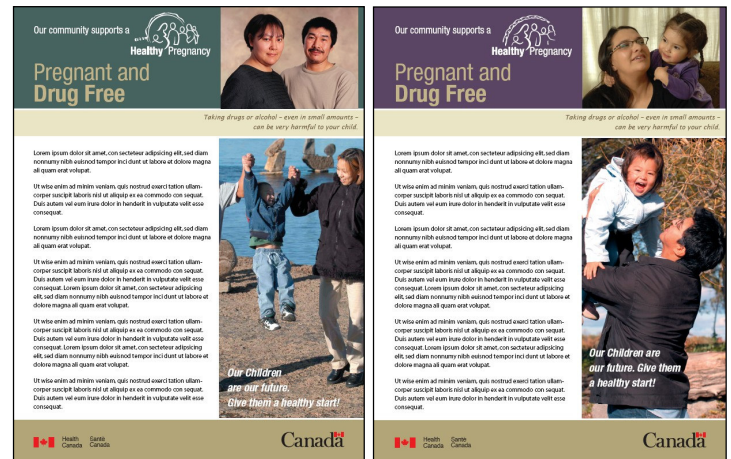
Fact Sheets

There is no clear preference for one version over the other, suggesting that the layout should align with the other products being developed.

Participants were presented with two fact sheets for their comments and preference on the overall layout and format. The draft versions presented did not include any copy, and therefore comments pertained only to each idea's visual appeal.

Coloured Blocks Version

The fact sheet showing coloured blocks was liked for its use of colour, the use of multiple images and various fonts, elements that all provide visual interest. Most Aboriginal participants, both First Nations and Inuit, appreciated the shorter paragraphs and the “lightness” of the font used.



“Elle est plus joyeuse, attirante et moins longue à lire. J’aime le fait qu’elle soit plus imagée que l’autre.” (It is more cheerful, attractive and not as lengthy to read. I like the fact that it has more illustrations than the other.) FN younger

“Les couleurs et les photos sont attirantes. Les paragraphes ne sont pas trop long et bien séparé ce qui décourage moins la lecture.” (Colours and photographs are eye-catching. The paragraphs are not too long and well separated, which is more likely to encourage reading it.) FN older

“I like how it has more pictures with captions. The paragraphs are also shorter and it looks easier to read. The font doesn’t seem so condensed. But when I think of a fact sheet, I think of point form and short sentences.” FN older

Those who preferred the other version suggested that this one was too boxy and that the colours did not match. This version was also considered boring, common, and bearing a general resemblance to other official information sheets currently available or a website design.

“This looks like every old piece of information that is out there.” Inuit



Single image Version

This version was considered simple, soothing, and visually uncluttered for those who preferred it. The feminine look, the curvy lines, and the bright pastel colours were also appreciated.

“The waves in the page just make it look more feminine, the font stands out and the colours are smooth.” FN younger

“I like this one because it appears more uniform. My attention is drawn to the title, then the pictures, then to the information.” FN older

“Elle est plus originale. Ce n'est pas carré et il y a beaucoup de formes. Les couleurs sont belles.” (It is more original. It is not square and there are a lot of shapes. Colours are beautiful.) FN younger

“I would prefer to look at this fact sheet because it does not look cluttered. There is more space and your eyes focus on the paragraph [and] not everything around it like on the other fact sheet.” FN younger

“It is easy on the eyes. One thing will lead to the other and it is more compatible because it is not too cluttered and all the information is there for me to read. On the other fact sheet, there just seems like too much is going on.” FN younger

Prominently showing the call to action and the contact information was deemed a plus compared to the other fact sheet version.

Other participants, however, felt this version lacked visual interest, was bland, uninteresting and resembled a letter more so than an information sheet.

“La disposition du texte est lourde, c'est juste des paragraphes.” (The way text is shown makes it heavy because it is just paragraphs.) FN older

Regardless of overall preference, participants felt that the longer paragraphs and tighter font made the copy look overwhelming. Capitalizing the title was deemed important to draw attention to the core message.

“J'aime mieux le titre en majuscule; ça fait moins de texte et le titre est plus voyant.” (I prefer the capitalized title; it is less copy and the title is more visible.) FN older



Text

While Inuit participants generally felt that the fact sheet was copy intensive, First Nations people did not mind the amount of information. Both groups, however, suggested that presenting the information in a bullet point form would be more suitable to a fact sheet and more visually attractive.

“You should definitely have bullets and an easier to read format.” Inuit

“Good pictures but it uses much less text. Keep it in simple form (use bullets) and have larger text, but still keep the good messages.” Inuit

Visual Identifier

First Nations people clearly preferred the identifier showing a single pregnant woman reaching out to a star or the sun, while Inuit participants unanimously preferred the identifier featuring the visual of the community/family and the qilaut in the background.

Three identifiers were shown to participants for their top-of-mind assessment. Once all concepts had been reviewed, participants were asked their preference.

First Nations people clearly preferred the identifier showing a single pregnant woman reaching out to a star or the sun. The font used is preferred for its Aboriginal feel and the woman’s features (e.g. hair) are closely associated with that of First Nations people. The visual suggests the pregnant woman is reaching out in a positive manner to her community or a greater being for their support.



Many positive comments were expressed with respect to the logo featuring an image of family/community surrounded by sweet grass. While the image evoked strong positive feelings, it was not deemed as harmonious as the image on the preferred visual identifier. In addition, it was felt that the tag “Our community supports healthy pregnancies” would be most appropriate for this identifier, as the image clearly suggest the importance of the community. The font on this version was not deemed representative of Aboriginal culture.



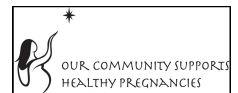
The identifier without a visual was unanimously least preferred, as it is visually unappealing and does not communicate emotions the way the other two identifiers do.



Inuit participants unanimously preferred the identifier featuring the visual of the family (including the woman wearing an amauti) and the qilaut in the background. This was considered very Inuit in appearance, attractive, attention getting and best at representing the importance of community support as promoted in the healthy pregnancy concept. Participants strongly supported the inclusion of the words “our community support” with this visual identifier, as outlined in the posters.



In contrast, the woman reaching to the star, was considered more First Nations in appearance (both imagery and font) and more reflective of solitude during pregnancy and wishing or reaching for a healthy pregnancy.



All concurred that having visuals in the identifier was far more impactful than including only text.



Appendix A: Recruitment Screener

FINAL Screener January 9, 2007 – Aboriginal Healthy Pregnancy Focus Groups (POR-06-69)

Name: _____

Tel. (H): _____ Tel. (W): _____

Group	1	2	3	4	5	6	7	8	9	10	11	12

Location 1: Iqaluit, NU (INUIT – ENGLISH/INUKTITUK)**Date:** Thursday, February 1, 2007**Location:** The Navigator**Time:** Group 1: 4:30pm (16-20 years old)

(P) 867-979-6201

Group 2: 7:00pm (21-25 years old)

Location 3: Rankin Inlet, NU (To be confirmed) (INUIT – ENGLISH/INUKTITUK)**Date:** Tuesday, January 30, 2007**Location:** Tamaarvik Inns North**Time:** Group 3: 4:30pm (16-20 years old)

(P) 867-645-4955

Group 4: 7:00pm (21-25 years old)

Location 2: Roberval, QC (FIRST NATIONS – FRENCH)**Date:** Wednesday, January 31, 2007**Location:** Le Château Roberval**Time:** Group 5: 4:30pm (16-20 years old)

1225, boulevard Marcotte

Group 6: 7:00pm (21-25 years old)

(P) 418-275-7511

Location 4: Thunder Bay, ON (FIRST NATIONS – ENGLISH)**Date:** Monday, January 29, 2007**Location:** Valhalla Inn**Time:** Group 7: 4:30pm (16-20 years old)

1 Valhalla Inn Road

Group 8: 7:00pm (21-25 years old)

(P) 807-577-1121

Location 5: Fort Qu'Appelle, SK (FIRST NATIONS – ENGLISH)**Date:** Wednesday, January 24, 2007**Location:** Treaty 4 Centre**Time:** Group 9: 4:30pm (16-20 years old)

740 Sioux Ave. S.

Group 10: 7:00pm (21-25 years old)

Location 6: Vancouver, BC (FIRST NATIONS – ENGLISH)**Date:** Thursday, January 25, 2007**Location:** Consumer Research Centre**Time:** Group 11: 4:30pm (16-20 years old)

1398 West 7th Avenue

Group 12: 7:00pm (21-25 years old)

SPECIFICATIONS SUMMARY

- | | |
|--|--|
| <ul style="list-style-type: none"> • 12 groups, 6 locations • 1 group in each location with women ages 16 to 20, 1 with women ages 21 to 25 • All First Nations participants must live on reserve • Household income \$60K or less • Education – Some college or less | <ul style="list-style-type: none"> • Do not currently have children, but can be pregnant • Not been to focus group in last 6 months • Never been to 3 or more focus groups • Never been on one regarding pregnancy • Able to take part in written/visual exercises • Comfortable sharing opinion |
|--|--|

Hello, my name is ____ and I am with Corporate Research Associates, a public opinion and market research firm. Today I am calling on behalf of the Government of Canada. We are conducting a brief study on women's health and would like to speak with a woman in your household who is 16 to 25 years of age. May I ask you a few quick questions please to see if you are the type of participant we are looking for? This information will remain completely confidential and you are free to opt out at any time. Thank you.

1 Gender (By Observation):

Female 1

Male..... 2

THANK & TERMINATE

2 Into which of the following age groups do you fall? Are you...?

- | | | |
|-------------------|---|------------------------------|
| Less than 16..... | 1 | THANK & TERMINATE |
| 16-18 | 2 | } CHECK QUOTAS – Recruit Mix |
| 19-20 | 3 | |
| 21-23 | 4 | |
| 24-25 | 5 | } CHECK QUOTAS – Recruit Mix |
| over 25 | 6 | |
| | | THANK & TERMINATE |

QUOTAS:

– Recruit mix of ages among 16 to 20 year olds for Groups 1, 3, 5, 7, 9, and 11
 Recruit mix of ages among 21 to 25 year olds for Groups 2, 4, 6, 8, 10, and 12

For FIRST NATIONS LOCATIONS – All others skip to Q5:

3 **(FOR FIRST NATIONS LOCATIONS ONLY)** Would you identify yourself as First Nations?

- | | | |
|-----------|---|------------------------------|
| Yes | 1 | CONTINUE |
| No..... | 2 | THANK & TERMINATE |

4 **(FOR FIRST NATIONS LOCATIONS ONLY)** Over the last 12 months, have you been living primarily on or off reserve?

- | | | |
|----------------------|---|----------------------------|
| On reserve | 1 | CONTINUE |
| Off reserve..... | 2 | THANK AND TERMINATE |
| Don't know / NA..... | 3 | THANK AND TERMINATE |

First Nations, on reserve – Consider for Groups 5, 6, 7, 8, 9, 10, 11, and 12

For INUIT LOCATIONS ONLY – All others skip to Q7:

5 **(INUIT LOCATION ONLY)** Would you identify yourself as Inuit?

- | | | |
|-----------|---|------------------------------------|
| Yes | 1 | CONSIDER FOR GROUPS 1, 2, 3, AND 4 |
| No..... | 2 | THANK & TERMINATE |

6 **(INUIT LOCATION ONLY)** Would you be able to read material and listen to advertisements in Inuktitut during the discussion?

- | | | |
|-----------|---|---|
| Yes | 1 | RECRUIT MINIMUM OF 6 PER GROUP 1, 2, 3, 4 |
| No..... | 2 | THANK & TERMINATE |

7 Are you or anyone in your household currently employed or has ever been employed in any of the following types of industries...?

- | | |
|--|---|
| Marketing/Market Research..... | 1 |
| Public relations..... | 2 |
| Advertising | 3 |
| Media (TV, Radio, Newspaper) | 4 |
| Healthcare | 5 |
| (i.e., physician, nurse, work for health department, etc...) | |
| Health Canada / Public Health Agency of Canada | 6 |

IF YES TO ANY OF THE ABOVE, THANK AND TERMINATE

8 Do you currently have children?

- | | | |
|-----------|---|------------------------------|
| Yes | 1 | THANK & TERMINATE |
| No | 2 | CONTINUE |

9 Are you currently pregnant or have you ever been pregnant in the past?

- Yes, currently pregnant 1 CONTINUE
 Yes, has been pregnant in the past..... 2 **THANK & TERMINATE**
 No, I am not pregnant and have never been pregnant before 3 SKIP TO Q10

10 (IF 1 IN Q9) How far along are you in your pregnancy?

- First trimester (month 1 through 3 / week 1 through 13) 1 CONTINUE
 Second trimester (months 4 through 6 / week 14 through 26) 2 CONTINUE
 Third trimester (month 7 or higher / week 27 or higher)..... 3 **THANK & TEMRINATE**

SKIP TO Q12

11 (IF 3 IN Q9) Are you likely to become pregnant sometime in the future?

- Yes, I am likely 1 CONTINUE
 Maybe 2 CONTINUE
 No I am not likely / Don't know / No answer..... 3 **THANK & TERMINATE**

12 Which of the following best describes your current work status? Are you...?

- | | | |
|--------------------------|---|----------------------|
| Employed full-time | 1 | } Require Mix |
| Employed part-time | 2 | |
| Homemaker | 3 | |
| Unemployed | 5 | |
| Student | 6 | |

If employed, ask...

13 What is your current occupation/job? _____

**TERMINATE IF SENSITIVE OCCUPATIONS IN Q7
 -- REQUIRE MIX OF OCCUPATIONS --**

14 Which of the following best describes your total household income before taxes were taken off in 2006?
 Would you say...?

- Less than \$25,000 1 CONTINUE
 At least \$25,000 but less than \$60,000..... 2 CONTINUE
 More than \$60,000 3 **THANK & TERMINATE**
VOLUNTEERED
 Refused..... 4 **THANK & TERMINATE**

15 Which of the following best describes your current marital status? Are you...?

- Married / Common-Law..... 1
 Single / Never married 2
 Widowed / Separated / Divorced 3

16 What is the highest level of education you have finished?

- Elementary (Grade 1-6 in Quebec / Grades 1-8 in ROC) . 1
 Some High School/Vocational 2
 Completed High School 3
 Some College / Technical Training 4
 Completed College / Technical Training..... 5 **THANK & TERMINATE**
 Some University..... 6 **THANK & TERMINATE**
 Completed university..... 7 **THANK & TERMINATE**

17 Have you ever attended a focus group discussion for which you received a sum of money?

Yes..... 1
No 2

**CONTINUE (Recruit NO MORE than 5 per group)
Go To Invitation**

18 What was the subject of the group? _____

19 When was the last time you attended a focus group? _____

20 How many focus groups have you attended? _____

**IF THEY HAVE BEEN TO A GROUP IN THE PAST 6 MONTHS, THANK & TERMINATE,
IF THEY HAVE BEEN TO 3 OR MORE GROUPS, THANK & TERMINATE
IF THEY HAVE BEEN TO 1 GROUP ON PREGNANCY OR ADVERTISING, THANK & TERMINATE**

INVITATION

I would like to invite you to participate in the discussion group we are holding at _____ on _____. As you may know, a focus group uses an informal discussion to gather information on a particular subject matter. In this case the discussion will be on advertising.

21 The discussion will consist of 8 to 12 people and will be very informal. This discussion will last approximately 2 to 2 ½ hours. Refreshments will be served and you will receive \$60 as a thank you for your time. Would you be interested in attending?

Yes..... 1
No 2

**CONTINUE
THANK & TERMINATE**

22 The discussion in which you will be participating will be audio recorded for our reference use only. Please be assured your comments and responses are strictly confidential. Are you comfortable with the discussion being audio recorded?

Yes..... 1
No 2

**CONTINUE
THANK & TERMINATE**

23 Participants will be asked to read materials and write out responses. Would it be possible for you to take part in these activities in **English** (or French) as part of the discussion?

Yes..... 1
No 2

**CONTINUE
THANK & TERMINATE**

FOR VANCOUVER ONLY:

24 The discussion will take place in a room equipped with a one-way mirror for client observation. Would that be a problem for you?

Yes..... 1
No 2

**THANK & TERMINATE
CONTINUE**

25 Since participants in focus groups are asked to express their thoughts and opinions freely in an informal setting with others, we'd like to know how comfortable you are with such an exercise? Would you say you are...?

Very comfortable..... 1 **CONTINUE**
Comfortable..... 3 **CONTINUE**
Not very comfortable..... 4 **THANK & TERAMINATE**
Not at all comfortable..... 5 **THANK & TERMINATE**

We ask everyone who is participating in the focus group to bring along a piece of I.D., picture if possible. You may be asked to show your I.D. Please also bring with you any reading glasses you may need.

As these are small groups and with even one person missing, the overall success of the group may be affected, I would ask that once you have decided to attend that you make every effort. In the event you are

unable to attend, please call _____ (collect) at _____ as soon as possible in order that a replacement may be found.

ATTENTION RECRUITERS

1. Recruit **12** participants for each group
2. CHECK QUOTAS
3. Ensure participant has a good speaking (overall responses) & written ability - If in doubt, DO NOT INVITE
4. Do not put names on profile sheet unless you have a firm commitment.
5. Repeat the date, time and location before hanging up.
6. Verify key information when confirming.
7. Ask them to arrive 15 minutes prior to the start time

Confirming

1. Confirm at the **beginning of the day** prior to the day of the groups
2. Confirm all key qualifying questions
3. Verify time and location (ask if they are familiar)

Appendix B: Moderator's Guide

FINAL Moderator's Guide

January 19, 2006

Introduction & Warm-up:

10 minutes

- **Welcome** - Intro self, role as moderator;
- **Name sponsor** – Government of Canada;
- **Explain purpose** – opinions on a number of products on pregnancy currently being developed;
- **Explain process** – focus group; observation (Vancouver only); audio taping; all opinions are important; no right/wrong answers; need to understand agreement/disagreement; talk one at a time; individual comments are confidential/anonymous;
- **Participant introductions** - first name, who lives in their household, and what they like to do in their spare time. **Probe:** When do you think you will have kids?

Rotate presentation / discussion order for the 'Posters' and 'Direct Mail' sections

Posters

25 minutes

I would like your opinion on **three (3)** ideas for posters you might see in public places. I will show you each poster one at a time and we will discuss it together before moving on to the next one. Some of these ideas include 2 posters that are similar in style (Poster A, B include 2 creative / Poster C includes one creative).

*Moderator shows/reads through one idea and distributes copies to participants
Repeat for other ideas once discussion is over - Rotate order for each group*

(Exercise 1A & 1B & 1C - Poster) Before we talk about this idea together, I am interested in your individual opinion. On your exercise sheet, please rate the idea using the “thumbs down/thumbs up” scale (**moderator explains scale**), on 5 areas:

- 1) I like this idea
- 2) I believe what it says
- 3) This grabs my attention
- 4) This speaks to me personally
- 5) This encourages me to take action

Any questions? I'll give you a few minutes. ***Give a few minutes to complete the exercise.***

For each idea, probe, as a group:

- **Overall opinion** – Overall, what do you think of this idea?
- **Attention** – What, if anything, grabs your attention? What part do you remember most? Why?
- **Message** – What is it saying to you? What is the main message?



- **Call to action** - What does this idea ask you to do? (*If get information: how?*)
- **Believability** - Do you believe what it is saying? Why / why not? (*Rating?*)
- **Appeal** – What do you like about it? What needs to be improved? *Probe for:* format; font; layout of information.
- **Clarity** - Is there anything not clear about the idea? Any words or sentences that are not clear? If so, what would make it less confusing?
- **Copy** – What do you think of the amount of text shown on the poster? Too little/too much?
- **Target** - What kind of person is this idea talking to, someone like you or someone different?
- **Visuals** – What do you think of the images shown? Do you see yourself in those images?
- **Relevance** - How does it make you feel about getting pregnant?

Once all ideas have been discussed:

(Exercise #2 - Poster) Now that we have looked at the three ideas, I would like to know which one would work best at making you want to get more information if you were pregnant. On your exercise sheet, jot down which one idea should be further developed and why? I will give you a moment to do so.

Probe, as a group:

- **Preference** – Which one idea do you prefer? *Ask for a show of hand.* Why?
- **Improvements** - What, if anything, would make these posters better?
- **Distribution** – Where would you expect to see this type of poster?

Direct Mail	40 minutes
--------------------	-------------------

I would like your opinion on **two (2)** ideas for a brochure. I will show you each brochure one at a time and we will discuss it together before moving on to the next one. I will give you a few minutes to review this document. We will look at each page individually together.

Moderator distributes copies to participants

Repeat for other idea once discussion is over - Rotate order for each group

For each idea, probe, as a group:

- **Overall opinion** – Overall, what do you think of this idea?
- **Attention** – What, if anything, grabs your attention? What part do you remember most? Why?
- **Appeal** – What do you like about it? What needs to be improved? *Probe for:* format; font; layout of information.



- **Target** - What kind of person is this idea talking to, someone like you or someone different?
- **Relevance** - How does it make you feel about getting pregnant?
- **Call to action** - What does this idea ask you to do? (*If get information: how?*)

Let's look at each page individually (*discuss pages with copy only*)...

- **Message** – What is it saying to you? What's the main message?
- **Clarity** - Is there anything not clear about what it is saying? Any words or sentences that are not clear? If so, what would make it less confusing?
- **Believability** - Do you believe what it is saying? Why / why not?

Once both ideas have been discussed:

(Exercise #3 Brochure) Now that we have looked at the two ideas, I would like to know which one would work best at making you want to get more information about being pregnant. On your exercise sheet, jot down which one idea should be further developed and why? I will give you a moment to do so.

Probe, as a group:

- **Preference** – Which one idea do you prefer? *Ask for a show of hand.* Why?
- **Improvements** - What, if anything, would make these brochures better?
- **Distribution** – Where would you expect to receive or pick up this type of brochure?

Radio	15 minutes
--------------	-------------------

Let's move on to radio advertisements. I would like your thoughts on four different ads that would play on radio during the same period as when the print ads would be shown (posters and brochure). One of those ads has been recorded to show you what it might sound like, while the three other ads are scripted only. We will look at all of them and discuss them together.

Moderator plays one radio ads and reads other scripts
Moderator distributes all script copies to participants

Probe, as a group:

- **Overall opinion** – Overall, what do you think of these ad?
- **Attention** – What, if anything, grabs your attention? What parts do you remember most? Why?
- **Message** – What is it saying to you?



- **Call to action** - What do these ads ask you to do? (*If get information: how?*)
- **Appeal** – What do you like about those? What needs to be improved?
- **Clarity** - Is there anything not clear about these ads? If so, what would make them less confusing?
- **Believability** - Do you believe what it is saying? Why / why not?
- **Target** - What kind of person are they talking to, someone like you or someone different? Do you recognize yourself in the person talking? Why/why not? *For those scripted:* What kind of voice would work best for those ads?
- **Relevance** - How do they make you feel about pregnancy?

Fact Sheets	15 minutes
--------------------	-------------------

As part of the government's initiative to speak about pregnancy, there will be fact sheets that will be distributed. To finish up our discussion, I have **two (2)** ideas to show you and we will discuss each idea one at a time. These fact sheets would provide more in-depth information regarding pregnancy. These are still in a draft format and the text has not yet been finalized. So what you see is random letters (e.g. lorem ipsum) to give you an idea of what real text might look like visually.

***Moderator shows first idea and distributes copies to participants
Rotate presentation order for each group***

For the first idea only, probe, as a group:

- **Overall opinion** – Overall, what do you think of this idea?
- **Attention** – What, if anything, grabs your attention? Why?
- **Appeal** – What do you like about it? What needs to be improved?
- **Design** – What do you think of the way the information is presented on this version (e.g. layout and font style and size)? Anything you like? Don't like? Anything you would remove? Add? Move?
- **Copy** – What do you think of the amount of text shown on the fact sheet? Too little/too much? Is the size of the letters appropriate?

Once both ideas have been discussed:

(Exercise #4 – Fact Sheet) Now that we have looked at the two ideas, I would like to know which one you prefer. On your exercise sheet, jot down which one idea should be further developed and why? I will give you a moment to do so.



Probe, as a group:

- **Preference** – Which one idea do you prefer? *Ask for a show of hand.* Why?
- **Improvements** - What, if anything, would make these fact sheets better?
- **Distribution** – How would you expect to receive or pick up this type of fact sheets?

To finish up... On all of the products we have reviewed today, there is a website address and a telephone number.

- **Expected assistance** - If you went online or called the number, what would you expect to find out?

Thanks & Closure:

On behalf of the Government of Canada, thank you for your participation!



Individual Exercise Sheet

Exercise #1A – POSTER A

I like this idea					
I believe what it says					
This grabs my attention					
This speaks to me personally					
It makes me want to get more information on pregnancy					

Exercise #1A – POSTER B

I like this idea					
I believe what it says					
This grabs my attention					
This speaks to me personally					
It makes me want to get more information on pregnancy					

Exercise #1A – POSTER C

I like this idea					
I believe what it says					
This grabs my attention					
This speaks to me personally					
It makes me want to get more information on pregnancy					

Exercise #2 POSTER:



Individual Exercise Sheet

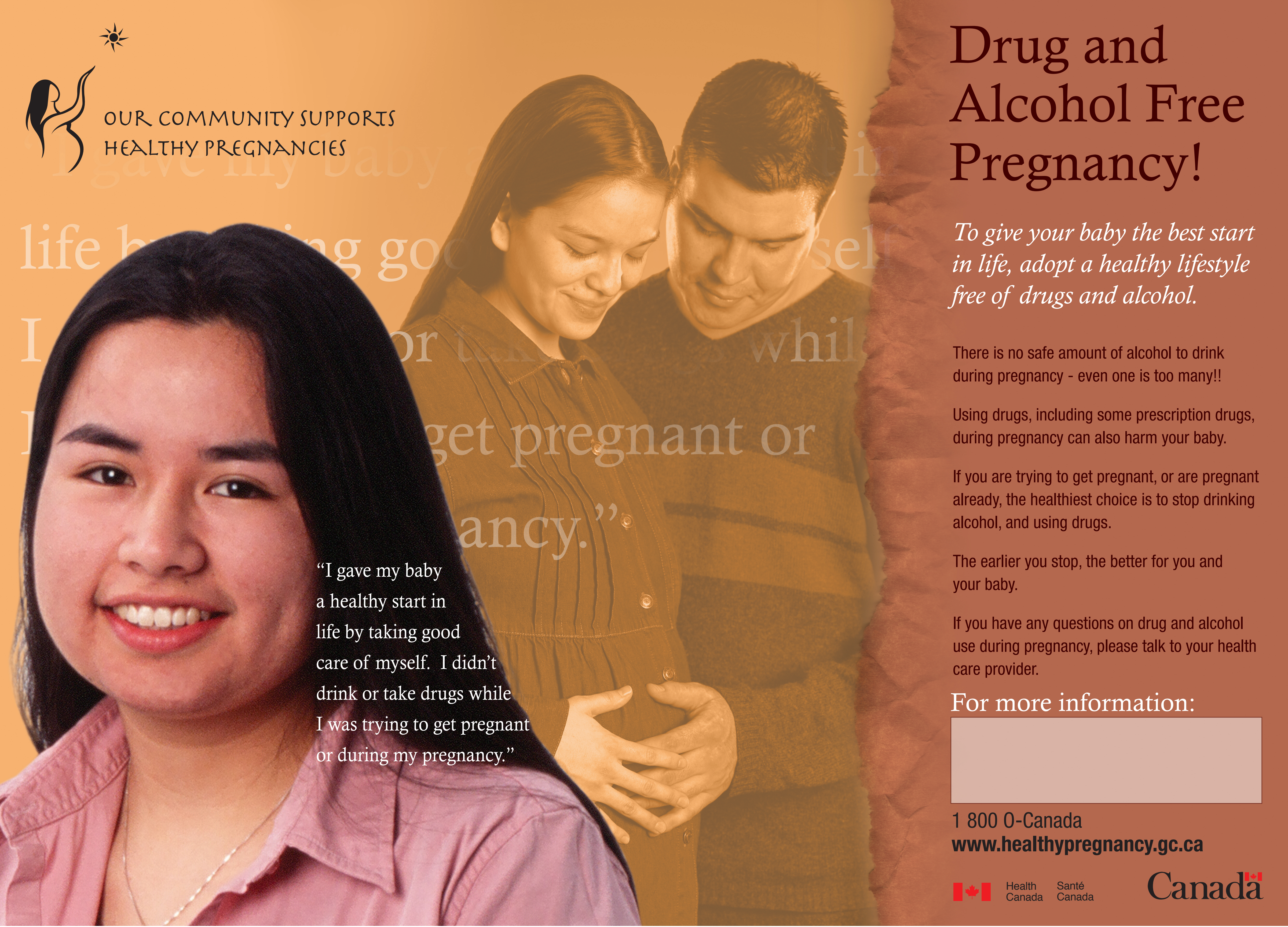
Exercise #3 - BROCHURE:

Exercise #4 – FACT SHEET:



Appendix C:

Creative Material Tested



Drug and Alcohol Free Pregnancy!

To give your baby the best start in life, adopt a healthy lifestyle free of drugs and alcohol.

There is no safe amount of alcohol to drink during pregnancy - even one is too many!!

Using drugs, including some prescription drugs, during pregnancy can also harm your baby.

If you are trying to get pregnant, or are pregnant already, the healthiest choice is to stop drinking alcohol, and using drugs.

The earlier you stop, the better for you and your baby.

If you have any questions on drug and alcohol use during pregnancy, please talk to your health care provider.

For more information:



1 800 O-Canada
www.healthypregnancy.gc.ca



Health
Canada

Santé
Canada

Canada

“I gave my baby a healthy start in life by taking good care of myself. I didn’t drink or take drugs while I was trying to get pregnant or during my pregnancy.”



Drug and Alcohol Free Pregnancy!

To give your baby the best start in life, adopt a healthy lifestyle free of drugs and alcohol.

There is no safe amount of alcohol to drink to during pregnancy - even one is too many!!

Taking drugs, including some prescription drugs, during pregnancy can also harm your baby.

If you are trying to get pregnant, or are pregnant already, the healthiest choice is to stop drinking alcohol, and using drugs.

The earlier you stop, the better for you and your baby.

If you have any questions on drug and alcohol use during pregnancy, please talk to your health care provider.

For more information:



1 800 O-Canada
www.healthypregnancy.gc.ca



Health
Canada

Santé
Canada

Canada

"I gave my baby a healthy start in life by taking good care of myself. I didn't drink or take drugs while I was trying to get pregnant or during my pregnancy."



Health
Canada

Santé
Canada

EAT WELL, BE ACTIVE!

Pregnancy is a time to focus on making healthy food choices.

Choosing a variety of foods from the four food groups in Canada's Food Guide will help you get all the nutrients you need.

Taking a prenatal vitamin pill with folic acid (0.4 mg) daily before and during pregnancy helps prevent birth defects.

Being physically active during your pregnancy makes you feel good and gives you more energy.

- Most women can walk, swim, snowshoe, ski and go to exercise class while they are pregnant.

If you have any questions about eating well and being active during your pregnancy, please talk to your health care provider.

Our Community Supports

HEALTHY Pregnancies

FOR MORE INFORMATION:

1 800 O-Canada | healthypregnancy.gc.ca



Canada 



Health
Canada

Santé
Canada

PREGNANT and SMOKE FREE!

A **smoke-free** environment is
best for **you** and your **baby**!

Smoking makes it hard for your baby to get
enough nutrients. This means your baby will
not develop as well.

Quitting or cutting down on the amount you smoke
will be better for you and your baby.

Staying away from second-hand smoke and smoky
places as much as you can is also best for both of you.

If you would like help to quit or cut down your smoking
please talk to your health care provider.

Our Community Supports

HEALTHY Pregnancies

FOR MORE INFORMATION:

1 800 O-Canada | healthypregnancy.gc.ca



Canada 



Health
Canada

Santé
Canada

PREGNANT and SMOKE FREE!

A **smoke-free** environment
is best for you and your
developing baby.

Smoking makes it hard for your baby to get
enough nutrients. This means your baby will not
develop as well.

Quitting or cutting down on the amount you smoke
will be better for you and your baby.

Staying away from second-hand smoke and smoky
places as much as you can is also best for both of you.

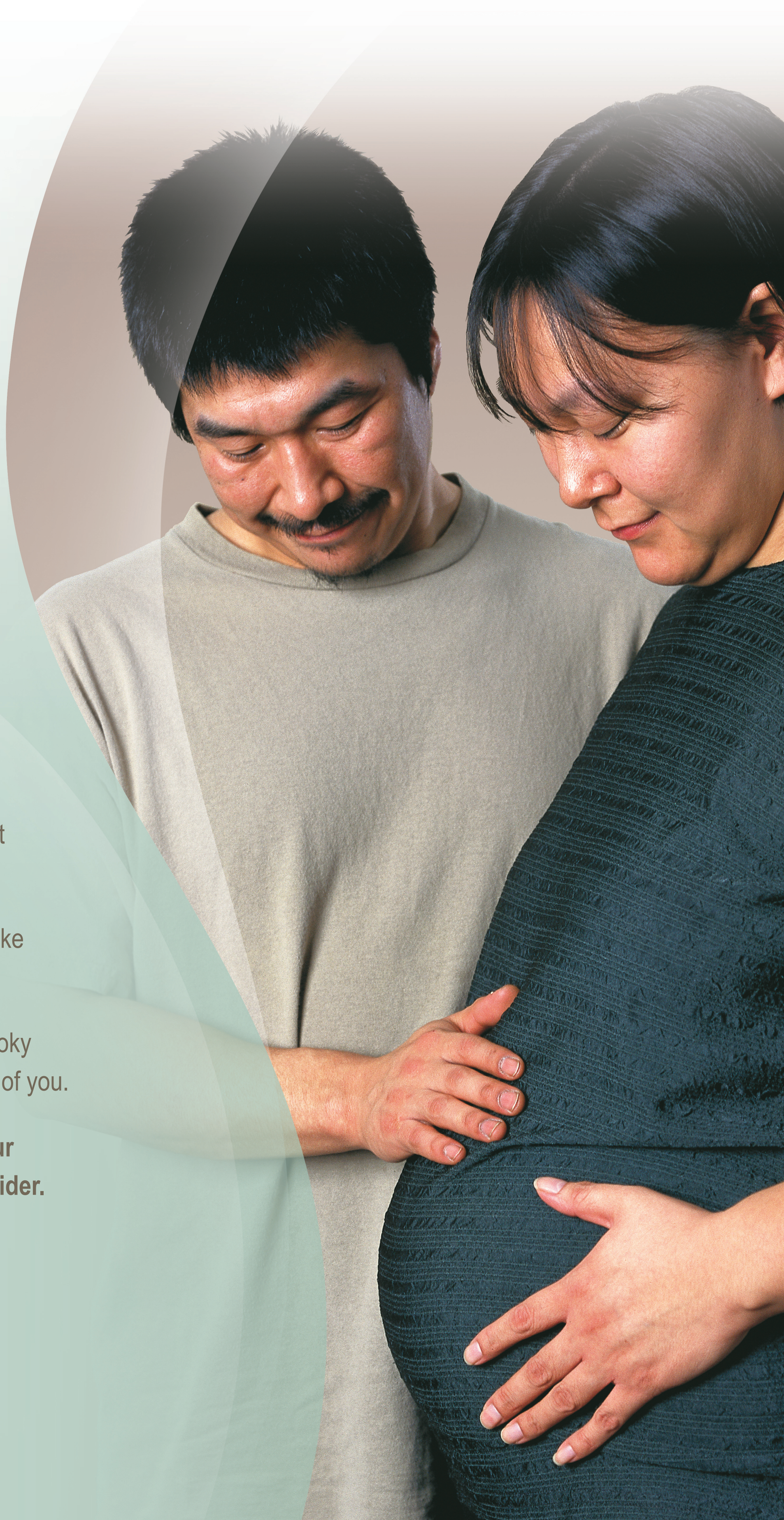
If you would like help to quit or cut down your
smoking please talk to your health care provider.

Our Community Supports

HEALTHY Pregnancies

FOR MORE INFORMATION:

1 800 O-Canada | healthypregnancy.gc.ca



Canada 



Health
Canada

Santé
Canada

EAT HEALTHY, BE ACTIVE!

Pregnancy is a time to make healthy food choices.

Everyday, choose a variety of foods from the four food groups in Canada's Food Guide. This will help you get all the nutrients you need.

Before and during pregnancy, take a vitamin pill with folic acid (0.4 mg) everyday. It will help prevent birth defects in your baby.

Being physically active during your pregnancy makes you feel good and gives you more energy.

- Choose activities that you like to do and try doing them everyday.

If you have any questions about healthy eating and being active during your pregnancy, please talk to your health care provider.

Our Community Supports

HEALTHY Pregnancies

FOR MORE INFORMATION:

1 800 O-Canada | healthypregnancy.gc.ca



Canada 

Our community supports a



Smoking Can Affect Your Baby For Life!

Elders say the way a woman lives, the food she eats, the sights she sees, the moods she feels and her attitudes directly affects her baby.



Quitting or cutting down on the amount you smoke will be better for you and your baby. Not smoking is best of all!

If you smoke while you are pregnant, it will affect your baby for life. Your baby may have learning problems, more ear infections and colds as well as breathing problems.

Not smoking at all is the best thing for your baby.

If you can quit smoking while pregnant - quit.

If you try but cannot quit - cut down on the amount you smoke.

Try to avoid smoky places during your pregnancy - unborn babies can't get enough air when you smoke or are in smoky places.

If you have any questions about smoking during pregnancy, talk to your health care provider. Support is available.

For more information:

1 800 0-Canada
www.hc-sc.gc.ca



Health
Canada

Santé
Canada

Canada

Our community supports a



Planning For Pregnancy - Making Healthy Choices

Become a parent when the time is right for you. Planning your pregnancy allows you to prepare your body and your life for a healthy pregnancy and a strong, healthy baby.



"I waited until I was ready before becoming pregnant. Planning meant that I could make healthy choices and prepare myself for having a baby."

Pregnancy is a special time in your life. Elders say that how a woman lives, the food she eats, the way she feels, and her thoughts directly affect her baby. Planning your pregnancy will allow you to choose the time and circumstance that are right for you and for your partner. Make healthy choices: plan when you want to become pregnant then prepare yourself for pregnancy by reducing stress and adopting a healthy lifestyle. If you need information on family planning, please talk to your health care provider.

For more **information:**

1 800 0-Canada
www.hc-sc.gc.ca



Health
Canada

Santé
Canada

Canada 

Our community supports a



Planning For Pregnancy - Making Healthy Choices

Planning your pregnancy gives
you time to make healthy choices
before you become pregnant.



Pregnancy is a special time for you and your family.

Elders say that how a woman lives, the food
she eats, the way she feels and her thoughts
all affect her baby.

If you need information on getting pregnant
at a good time in your life please talk with
your health care provider.

For more **information:**

1 800 0-Canada
www.healthypregnancy.gc.ca



Health
Canada

Santé
Canada

Canada

Our community supports a



Pregnant and Smoke Free!!

A smoke-free environment is best
for you and your developing baby.



*Being smoke-free is best for you and your baby both
during pregnancy and after your baby is born.*

Smoking makes it hard for your baby to get enough
nutrients. This means your baby will not develop
as well.

Quitting or cutting down on the amount you smoke
will be better for you and your baby.

Staying away from second-hand smoke and smoky
places as much as you can is also best for both of you.

If you would like help to quit or cut down your
smoking please talk to your health care provider.

For more **information:**

1 800 0-Canada
www.healthypregnancy.gc.ca



Health
Canada

Santé
Canada

Canada



Health
Canada

Santé
Canada

Our Community Supports

HEALTHY Pregnancies



Canada

Our community supports a



Health
Canada

Santé
Canada

Canada



Children are sacred. We all have a responsibility to keep our children safe and healthy.

Our community supports a



Healthy Pregnancies Need Everyone's Support

All community members have an important role to play in a woman's life during her pregnancy, and when she brings her new baby home.

Advice from Elders, practical help from family/ friends, and support from her partner all allow a pregnant woman to make healthy choices in her life.



Planning your pregnancy gives you time to make healthy choices before you become pregnant.

Our community supports a



Planning a Pregnancy

Pregnancy is a special time for you and your family.

Planning your pregnancy gives you time to make healthy choices before you become pregnant.

Some important healthy choices include:

- Taking a prenatal vitamin pill with folic acid (0.4mg) daily before and during your pregnancy.
- Choosing a variety of foods from the four food groups in Canada's Food Guide to Healthy Eating each day.
- Being physically active.
- Cutting down or quitting smoking.
- Stopping the use of alcohol and drugs, including some prescription drugs.

Planning your pregnancy means that you are able to choose a good time in your own life to have a baby. You can also make sure you have the help and information you need to care for your newborn.

If you need information on planning your pregnancy, please talk to your health care provider.



Babies share the foods you eat, so make sure you eat a variety of healthy and nutritious foods.

Our community supports a



Eating Healthy

Pregnancy is a time to make healthy food choices. Healthy eating will help your baby grow and develop well.

Healthy eating means:

- Choosing foods from the four food groups in Canada's Food Guide everyday
 - Bannock, Breads, Cereals and Pasta
 - Berries, Fruit and Vegetables
 - Milk and Other Dairy Products
 - Meats and Alternatives
- Enjoying traditional food as part of your healthy eating.
- Eating foods like chips, pop, candy and chocolate only sometimes, not everyday.
- Drinking at least 8 cups of water each day.
- Taking a prenatal vitamin with folic acid (0.4 mg) each day before and during your pregnancy.

If you need information on healthy eating, please talk to your health care provider.



During pregnancy, it is important to eat healthy foods and stay active.

Our community supports a



Being Active

Being physically active makes you feel good and gives you more energy.

Most women can walk, dance, swim, snowshoe, ski, go to exercise class and engage in other physical activities while they are pregnant. Talk to your health care provider before becoming physically active if you have not been active in the past.

Regular physical activity during pregnancy can:

- Prevent tiredness, constipation and back pain
- Improve how you feel about yourself
- Help you to relax and sleep better
- Prevent and control gestational diabetes
- Help you to have a good weight gain during pregnancy
- Build up your energy for labour and delivery
- Speed up your recovery after child birth.



Being active with someone else can be fun!

Tips for Being Active

Tips on being physically active during pregnancy include:

- Start with five minutes of activity each day and gradually progress to half an hour a day.
- Ask a 'buddy' to join you. Being active with someone else is more fun!
- Avoid overdoing it, you should be able to chat while you are exercising. If you can't, try slowing down.
- Keep cool and hydrated by wearing a hat and drinking lots of water before, during and after you exercise. On really hot days try being active earlier or later in the day.

If you have any questions about staying active during your pregnancy, please talk to your health care provider.



There's no safe time or safe amount to drink during pregnancy.

Our community supports a



Alcohol Free Pregnancy

There is no safe amount of alcohol to drink during pregnancy - even one is too many!

Alcohol affects the developing brain of your baby and can cause lifelong problems.

If you are trying to get pregnant, or are pregnant already, the healthiest choice is to stop drinking alcohol.

This means not drinking any type of alcohol including beer, cider, wine, cocktails, coolers and hard liquor such as whiskey, gin or vodka.

The earlier you stop drinking during your pregnancy - the better for you and your baby. Stopping before you become pregnant is best.

It is really hard for some women to stop drinking during pregnancy. If this is true for you please speak with your health care provider to find out what help is available.

It is easier to stop drinking if those around you drink less - or not at all. Talk with your friends and family about having non-alcoholic choices at parties and community events.

If you have any questions about drinking during your pregnancy, please talk to your health care provider.



Taking drugs – even in small amounts – can be very harmful to your child.

Our community supports a



Pregnant and Drug Free

Pregnancy is a time to stop using drugs, including some prescription drugs.

Many women worry about the effect their drug use will have on their baby during pregnancy, and on their ability to care for their newborn. They are right, drugs can harm them and their babies.

It is really hard to stop using drugs without help. The things that led a woman to drug use may still be in her life and her partner and friends may still be using.

Please talk with your health care provider about where to get help to stop using drugs.



A smoke-free environment is best for you and your developing baby.

Our community supports a



Pregnant and **Smoke Free**

Being smoke-free is best for you and your baby both during pregnancy and after your baby is born.

Smoking during pregnancy makes it hard for your baby to get enough nutrients. This means your baby will not develop as well and is more likely to have health problems.

Even being exposed to second-hand smoke is bad for your baby and your own health.

Becoming smoke-free during your pregnancy can include:

- Quitting or cutting down on the amount you smoke.
- Staying away from second-hand smoke and smoky places as much as you can.
- Making your own home smoke-free by asking your partner, family and visitors to smoke outside.

It is easier to cut down or quit smoking if those around you are smoking outside, or have decided to quit themselves.



Quitting or cutting down on the amount you smoke will be better for you and your baby. Not smoking is best of all!

Tips for a Smoke Free Pregnancy

Other tips include:

- Pick a day to quit. On that day throw away your lighter and cigarettes!
- Change your routine to avoid times when you 'usually' smoke
- When you crave a cigarette try chewing gum, brushing your teeth, going for a walk, eating vegetable sticks or calling a friend.
- Try to reduce the number of cigarettes you smoke each day.
- Let your partner, family and friends know so they can give you encouragement and support - they may even decide to quit with you.

If you would like help to quit or cut down on your smoking please talk to your health care provider.



Oral health reduces the risk of having a pre-term or low birth weight baby.

Our community supports a



Oral Health During Pregnancy

Many women don't realize how important taking care of their teeth and gums is during pregnancy. The pregnancy itself can result in damage to a woman's gums and teeth before she is even aware of it!

To prevent problems, which can even affect the health of your baby, it is a good idea to visit a dental health professional as early in your pregnancy as you can.



Eating healthy and brushing your teeth regularly can improve the health of your unborn baby.

Tips for Better Oral Health

Other tips for oral health during your pregnancy include:

- Brush your teeth at least twice a day with a soft toothbrush and fluoride toothpaste.
- Floss every day.
- Eat healthy to help keep your teeth strong and allow your gums to fight disease.
- Have regular dental check-ups and cleaning
- Rinse your mouth after you throw up if you have morning sickness - brushing your teeth is also a good idea and will make you feel more comfortable.

Your gums may bleed during pregnancy - this is due to hormonal changes in your body. If this happens gentle brushing along the gum line can help.

If you have questions about your oral health, please talk with your dental health professional.

Our community supports a



**If you are pregnant, it is important to
visit your health care provider early.**

For more information on healthy pregnancy:

- Visit your health care provider.
- Call toll-free: **1 800 0 Canada** (1 800 622-6232)
TTY: **1 800 926-9105**
- Visit our website: **www.healthypregnancy.gc.ca**



Health
Canada

Santé
Canada

Our Community Supports

HEALTHY Pregnancies



Canada

Planning a Pregnancy

Pregnancy is a special time for you and your family.

Planning your pregnancy gives you time to make healthy choices before you become pregnant.

Some important healthy choices include:

- Taking a prenatal vitamin pill with folic acid (0.4mg) daily before and during your pregnancy.
- Choosing a variety of foods from the four food groups in Canada's Food Guide to Healthy Eating each day.

- Being physically active.
- Cutting down or quitting smoking.
- Stopping the use of alcohol and drugs, including some prescription drugs.

Planning your pregnancy means that you are able to choose a good time in your own life to have a baby. You can also make sure you have the help and information you need to care for your newborn.

If you need information on planning your pregnancy, please talk to your health care provider.

Healthy Pregnancies Need Everyone's Support

All community members have an important role to play in a women's life during her pregnancy, and when she brings her new baby home.

Advice from Elders, practical help from family/friends, and support from her partner all allow a pregnant woman to make healthy choices in her life.



Planning a Pregnancy

Planning your pregnancy gives you time to make healthy choices before you become pregnant.

Pregnant and Smoke Free!

Becoming smoke-free during your pregnancy can include:

- Quitting or cutting down on the amount you smoke.
- Staying away from second-hand smoke and smoky places as much as you can.
- Making your own home smoke-free by asking your partner, family and visitors to smoke outside.

It is easier to cut down or quit smoking if those around you are smoking outside, or have decided to quit themselves.

Other tips include:

- Pick a day to quit. On that day throw away your lighter and cigarettes!
- Change your routine to avoid times when you 'usually' smoke
- When you crave a cigarette try chewing gum, brushing your teeth, going for a walk, eating vegetable sticks or calling a friend.
- Try to reduce the number of cigarettes you smoke each day.
- Let your partner, family and friends know so they can give you encouragement and support - they may even decide to quit with you.

If you would like help to quit or cut down on your smoking please talk to your health care provider.

Being smoke-free is best for you and your baby both during pregnancy and after your baby is born.

Smoking during pregnancy makes it hard for your baby to get enough nutrients. This means your baby will not develop as well and is more likely to have health problems.

Even being exposed to second-hand smoke is bad for your baby and your own health.



Pregnant and Smoke Free

A smoke-free environment is best for you and your developing baby.

Oral Health During Pregnancy

To prevent problems, which can even affect the health of your baby, it is a good idea to visit a dental health professional as early in your pregnancy as you can.

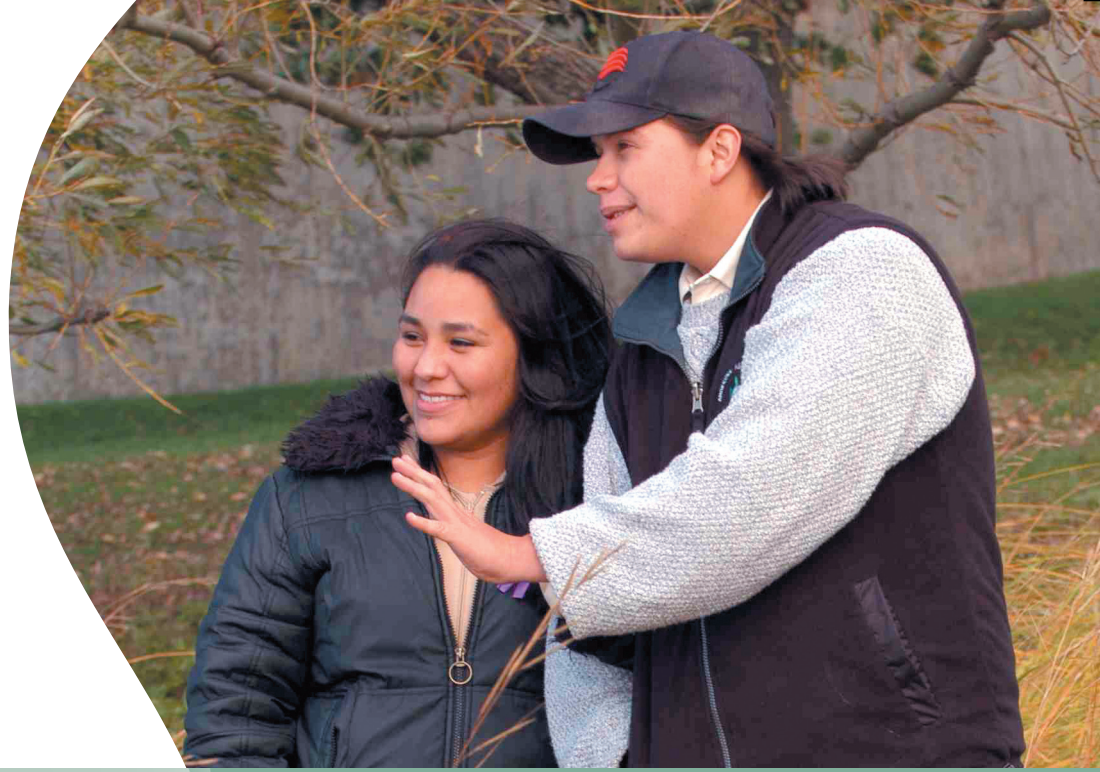
Other tips for oral health during your pregnancy include:

- Brush your teeth at least twice a day with a soft toothbrush and fluoride toothpaste.
- Floss every day.
- Eat healthy to help keep your teeth strong and allow your gums to fight disease.
- Have regular dental check-ups and cleaning
- Rinse your mouth after you throw up if you have morning sickness – brushing your teeth is also a good idea and will make you feel more comfortable.

Your gums may bleed during pregnancy - this is due to hormonal changes in your body. If this happens gentle brushing along the gum line can help.

If you have questions about your oral health, please talk with your dental health professional.

Many women don't realize how important taking care of their teeth and gums is during pregnancy. The pregnancy itself can result in damage to a woman's gums and teeth before she is even aware of it!



Oral Health During Pregnancy

Oral health reduces the risk of having a pre-term or low birth weight baby.

Alcohol Free Pregnancy!

There is no safe amount of alcohol to drink during pregnancy – even one is too many!

Alcohol affects the developing brain of your baby and can cause lifelong problems.

If you are trying to get pregnant, or are pregnant already, the healthiest choice is to stop drinking alcohol.

This means not drinking any type of alcohol including beer, cider, wine, cocktails, coolers and hard liquor such as whiskey, gin or vodka.

The earlier you stop drinking during your pregnancy – the better for you and your baby. Stopping before you become pregnant is best.

It is really hard for some women to stop drinking during pregnancy. If this is true for you please speak with your health care provider to find out what help is available.

If you have any questions about drinking during your pregnancy, please talk to your health care provider.

Pregnant and Drug Free!

Pregnancy is a time to stop using drugs, including some prescription drugs.

Many women worry about the effect their drug use will have on their baby during pregnancy, and on their ability to care for their newborn. They are right, drugs can harm them and their babies.

It is really hard to stop using drugs without help. The things that led a woman to drug use may still be in her life and her partner and friends may still be using.

Please talk with your health care provider about where to get help to stop using drugs.

It is easier to stop drinking if those around you drink less – or not at all. Talk with your friends and family about having non-alcoholic choices at parties and community events.



Alcohol and Drug Free Pregnancy

Taking drugs – even in small amounts – can be very harmful to your child.

Eating Healthy!

Pregnancy is a time to make healthy food choices. Healthy eating will help your baby grow and develop well.

Healthy eating means:

- Choosing foods from the four food groups in Canada's Food Guide everyday
 - Bannock, Breads, Cereals and Pasta
 - Berries, Fruit and Vegetables
 - Milk and Other Dairy Products
 - Meats and Alternatives
- Enjoying traditional food as part of your healthy eating.
- Eating foods like chips, pop, candy and chocolate only sometimes, not everyday.
- Drinking at least 8 cups of water each day.
- Taking a prenatal vitamin with folic acid (0.4 mg) each day before and during your pregnancy.

If you need information on healthy eating, please talk to your health care provider.

Being Active!

Regular physical activity during pregnancy can:

- Prevent tiredness, constipation and back pain
- Improve how you feel about yourself
- Help you to relax and sleep better
- Prevent and control gestational diabetes
- Help you to have a good weight gain during pregnancy
- Build up your energy for labour and delivery
- Speed up your recovery after child birth.

Tips on being physically active during pregnancy include:

- Start with five minutes of activity each day and gradually progress to half an hour a day.
- Ask a 'buddy' to join you. Being active with someone else is more fun!
- Avoid overdoing it, you should be able to chat while you are exercising. If you can't, try slowing down.
- Keep cool and hydrated by wearing a hat and drinking lots of water before, during and after you exercise. On really hot days try being active earlier or later in the day.

If you have any questions about staying active during your pregnancy, please talk to your health care provider.

Being physically active makes you feel good and gives you more energy.

Most women can walk, dance, swim, snowshoe, ski, go to exercise class and engage in other physical activities while they are pregnant. Talk to your health care provider before becoming physically active if you have not been active in the past.



Eating Healthy and Being Active

Pregnancy is a time to focus on making healthy food choices and being active.

*If you are pregnant, it is important to
visit your health care provider early.*

For more information on healthy pregnancy:

Visit your health care provider.

Call toll-free: **1 800 O Canada (1 800 622-6232)**

TTY: **1 800 926-9105**

Visit our website: **healthypregnancy.gc.ca**

Also available in French



Our community supports a



Health
Canada

Santé
Canada

Canada

**Healthy Pregnancy Advertising Campaign
Radio Spots for First Nations Audiences**

Spot 1: Eat Healthy, Be Active

Setting:

A group of women and men discuss healthy eating, nutrition and physical activity during pregnancy.

Script

Male Elder:

Our Community supports healthy pregnancies...

Grace:

Now that I'm pregnant, I really want to eat right and stay active!

Raven:

Grace has had some strange food cravings, but we make sure that she gets lots of healthy foods.

Nurse:

At the Health Centre, we remind expectant moms to eat a variety of foods from the four food groups in Canada's Food Guide to Healthy Eating, to get lots of iron and to take a vitamin pill with folic acid to prevent birth defects...

Grace:

To stay active, we go for a walk every day. On weekends we get the whole family to join us – even my uncle.

Raven:

Once the baby is born, we still plan to go for our daily walks...

Grace:

...only then there'll be three of us!

Woman Elder:

If you're pregnant, it's important to visit your health care provider early. For more information on healthy pregnancy go to healthcanada.ca or call toll-free at 1 800 622-6232.

Male Elder:

A message from the Government of Canada.

Aboriginal Tag:

If you're pregnant, it's important to visit your health care provider early.

**Healthy Pregnancy Advertising Campaign
Radio Spots for First Nations Audiences**

Spot 2: Avoid Harmful Substances

Setting:

A community prenatal group talks about the importance of avoiding harmful substances like drugs and alcohol during pregnancy.

Script

Male Elder:

Our Community supports healthy pregnancies...

Nurse:

At our prenatal group, we tell moms and dads about the risks of drinking and taking drugs during pregnancy.

Young Pregnant Woman:

There's no safe time or safe amount to drink. I quit drinking before getting pregnant.

Nurse:

Drinking during pregnancy has long term effects and can cause FASD -- Fetal Alcohol Spectrum Disorder. The disabilities are life-long.

Gina:

The nurses told me that not drinking at all is the best thing to do during my pregnancy.

Young Man:

I want Gina to know that she is not alone. We're gonna stop together!

Health Care Provider:

Taking drugs or alcohol during pregnancy – even in small amounts – can be very harmful to your child. Our Children are our future. Give them a healthy start!

Woman Elder:

If you're pregnant, it's important to visit your health care provider early. For more information on healthy pregnancy go to healthcanada.ca or call toll-free at 1 800 622-6232.

Male Elder:

A message from the Government of Canada.

Aboriginal Tag:

If you're pregnant, it's important to visit your health care provider early.

**Healthy Pregnancy Advertising Campaign
Radio Spots for First Nations Audiences**

Spot 3: Go Smoke-free

Setting:

A group of women and men talk about the importance of cutting down or quitting smoking during pregnancy.

Script

Male Elder:

Our Community supports healthy pregnancies...

Pregnant Teen:

A lot of my family and friends don't realize that they shouldn't smoke around me while I'm pregnant.

Nurse:

Smoking while pregnant can affect your baby for life. Your baby may have learning problems, more ear infections and colds as well as breathing problems.

Young Pregnant Woman:

After hearing what smoking could do to my baby, I decided that it was time to quit.

Young Father-to-be:

I'm gonna quit smoking too. Second-hand smoke is bad for my baby and his mom.

Young Pregnant Woman:

It's hard to quit when everyone around you smokes, but I know that it will be better for me and my baby.

Woman Elder:

If you're pregnant, it's important to visit your health care provider early. For more information on healthy pregnancy go to healthcanada.ca or call toll-free at 1 800 622-6232.

Male Elder:

A message from the Government of Canada.

Aboriginal Tag:

If you're pregnant, it's important to visit your health care provider early.

**Healthy Pregnancy Advertising Campaign
Radio Spots for First Nations Audiences**

Spot 4: Planning a Pregnancy

Setting:

A group of women and men speak about the benefits of planning pregnancies.

Script

Male Elder:

Our Community supports healthy pregnancies...

Pregnant Woman:

I'm expecting my first baby – I'm glad I waited until we were both ready...

Father-to-be:

We wanted to be healthy before starting our family, so we eat healthy foods, stay active and don't smoke.

Young Woman:

Before trying to have a baby, we talked to our nurse at the Health Centre. She told us how to have a healthy pregnancy.

Health Care Provider:

Planned pregnancy allows you to reduce your risks, because you can stop using alcohol and drugs before conception. I also advise patients to take folic acid before trying to get pregnant and to think about cutting down or quitting smoking.

Woman Elder:

If you're pregnant, it's important to visit your health care provider early. For more information on healthy pregnancy go to healthcanada.ca or call toll-free at 1 800 622-6232.

Male Elder:

A message from the Government of Canada.

Aboriginal Tag:

If you're pregnant, it's important to visit your health care provider early.

HEALTHY PREGNANCY RADIO CAMPAIGN

Aboriginal Tags for Focus Testing

January 2007

English / Anglais

If you're pregnant, it's important to visit your health care provider early.

French / Français

Il est important de visiter votre fournisseur de soins de santé au début de votre grossesse.

ANNONCES-ANNEXES EN LANGUES AUTOCHTONES POUR LES STATIONS DE RADIO DU QUÉBEC

Atikamekw

Nantweritakosiw iskwew ditci ntwamatc o mackiki iriniriw kecpin e
matci kinowerimowsotc.

Montagnais – Innue

Meshtapitan tshetshi uapimet tshintekunishim umetshetshipen
eshuapimaushin.

ABORIGINAL TAGS FOR RADIO STATIONS IN SASKATCHEWAN

Cree – Plains

Kespin Kiwī ocawāsimisin, wepāts mīyosin maskīhkīwīnō tawāpāmet
ta nakatōhkas kwayes.

Dene

Neyaze chatheda dé, ʔighá t'u nene t'l xa hoʔa sę.

ABORIGINAL TAGS FOR RADIO STATIONS IN BRITISH COLUMBIA

Gitksanimx

Ja bisxwhl ligi k'uuhlihl ka'ymasim hanak' ts'im wilnatahlsim, te'elt dim
gwin lagaltxwt.

Shuswap

E tsqwménk-ucw, me7 le7 te7 snes te7 tákte ne tsímelles.

$P_5^{\wedge 3} P_6^{\vee} \Delta^{\vee} \Delta^{\vee}, P^{\vee} U \sigma C^{\vee} b^{\vee} \cdot \Delta^{\vee} P^{\vee} C^{\vee} \Delta^{\vee} L^{\vee} b$
 $\gamma d \sigma \Delta \wedge \Gamma \Delta^{\vee}_x$

ABORIGINAL TAGS FOR INUIT RADIO STATIONS

Inuttitut – Labrador

NutagatsaKaguvit, tavainak kamagijaujutsauvutit paitsijinnut.

Inuktitut – Nunavik

ᐃᑕᑖᑦᑦᑦᑦᑦᑦ ᑲᑲᑲᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ ᑕᑕᑕᑦᑦᑦᑦᑦᑦ
ᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ ᑲᑲᑲᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ.

Inuktitut – Nunavut (syllabics and roman)

ᐃᑕᑖᑦᑦᑦᑦᑦᑦ ᑕᑕᑕᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ ᑕᑕᑕᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ,
ᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ ᑕᑕᑕᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ.

Nutaraksaqarnirnik aaniasiuqtiit upaksaaligungni piuvuq.

Qaujisaqtaunginariaqaravit.

Inuinnaqtun – Western Arctic

Hingaihimaguvit, ikpinaktuk takuyaktuklugu munakhiviit kilamik.

Our community supports a



Pregnant and Drug Free



Taking drugs or alcohol – even in small amounts – can be very harmful to your child.

Lorem ipsum dolor sit amet, con sectetur adipiscing elit, sed diam nonummy nibh euismod tempor incidunt ut labore et dolore magna aliquam erat volutpat.

Ut wise enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit laboris nisl ut aliquip ex ea commodo consequat. Duis autem vel eum irure dolor in hendrerit in vulputate velit esse consequat.

Lorem ipsum dolor sit amet, con sectetur adipiscing elit, sed diam nonummy nibh euismod tempor incidunt ut labore et dolore magna aliquam erat volutpat.

Ut wise enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit laboris nisl ut aliquip ex ea commodo consequat. Duis autem vel eum irure dolor in hendrerit in vulputate velit esse consequat. Lorem ipsum dolor sit amet, con sectetur adipiscing elit, sed diam nonummy nibh euismod tempor incidunt ut labore et dolore magna aliquam erat volutpat.

Ut wise enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit laboris nisl ut aliquip ex ea commodo consequat. Duis autem vel eum irure dolor in hendrerit in vulputate velit esse consequat. Lorem ipsum dolor sit amet, con sectetur adipiscing elit, sed diam nonummy nibh euismod tempor incidunt ut labore et dolore magna aliquam erat volutpat.

Ut wise enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit laboris nisl ut aliquip ex ea commodo consequat. Duis autem vel eum irure dolor in hendrerit in vulputate velit esse consequat.



***Our Children
are our future.
Give them a healthy start!***



Health
Canada

Santé
Canada

Canada

Our community supports a



Pregnant and Drug Free



Taking drugs or alcohol – even in small amounts – can be very harmful to your child.

Lorem ipsum dolor sit amet, con sectetur adipiscing elit, sed diam nonummy nibh euismod tempor incidunt ut labore et dolore magna aliquam erat volutpat.

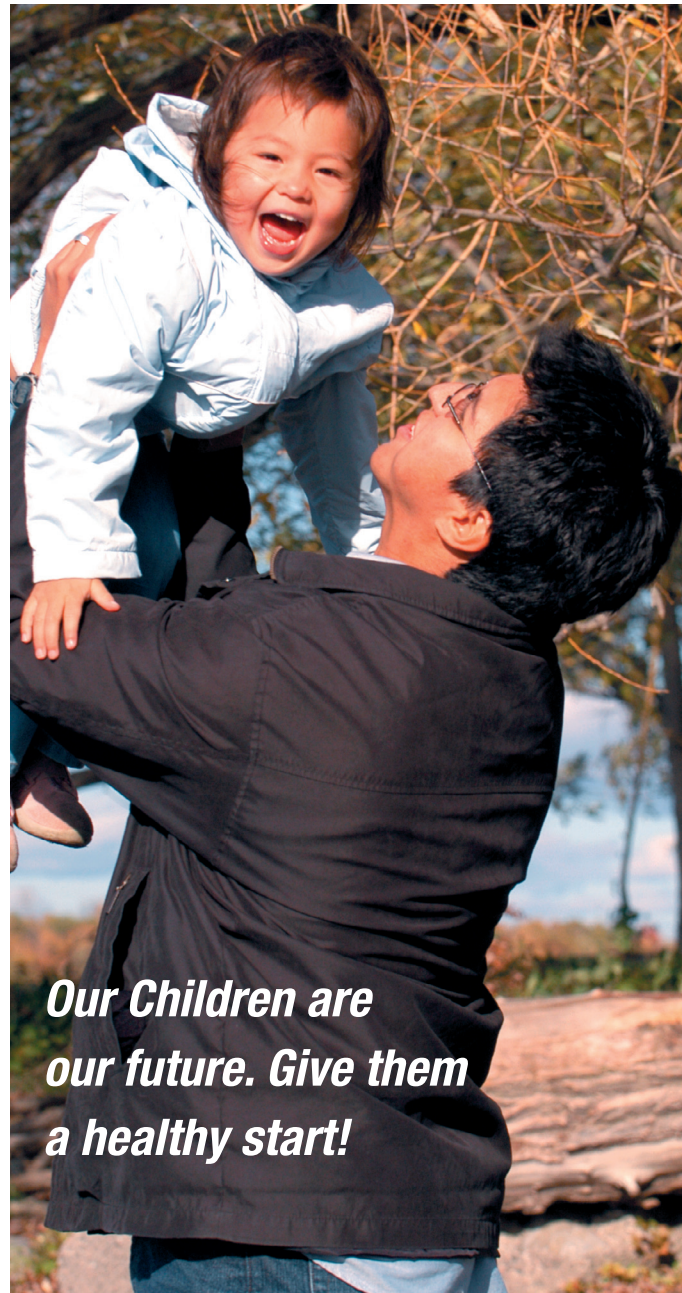
Ut wise enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit laboris nisl ut aliquip ex ea commodo consequat. Duis autem vel eum irure dolor in hendrerit in vulputate velit esse consequat.

Lorem ipsum dolor sit amet, con sectetur adipiscing elit, sed diam nonummy nibh euismod tempor incidunt ut labore et dolore magna aliquam erat volutpat.

Ut wise enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit laboris nisl ut aliquip ex ea commodo consequat. Duis autem vel eum irure dolor in hendrerit in vulputate velit esse consequat. Lorem ipsum dolor sit amet, con sectetur adipiscing elit, sed diam nonummy nibh euismod tempor incidunt ut labore et dolore magna aliquam erat volutpat.

Ut wise enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit laboris nisl ut aliquip ex ea commodo consequat. Duis autem vel eum irure dolor in hendrerit in vulputate velit esse consequat. Lorem ipsum dolor sit amet, con sectetur adipiscing elit, sed diam nonummy nibh euismod tempor incidunt ut labore et dolore magna aliquam erat volutpat.

Ut wise enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit laboris nisl ut aliquip ex ea commodo consequat. Duis autem vel eum irure dolor in hendrerit in vulputate velit esse consequat.



***Our Children are
our future. Give them
a healthy start!***



Health
Canada

Santé
Canada

Canada



PREGNANT AND SMOKE FREE!

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Fusce mattis sapien ac velit. Donec tristique, lectus ut ultrices bibendum, nunc quam imperdiet nunc, ut tristique nisl leo id metus. Suspendisse enim lectus, dictum vitae, suscipit ut, laoreet nonummy, nibh. Vestibulum vel libero. Sed id tellus non nisi tincidunt molestie. Phasellus felis. Maecenas commodo felis vitae leo. Donec eu tellus et arcu posuere pulvinar. Donec aliquet tortor eu ipsum. Suspendisse potenti. In hac habitasse platea dictumst. Mauris at nibh. Vestibulum orci turpis, viverra eleifend, egestas at, semper eu, nisl. Duis leo dui, malesuada ac, molestie at, tincidunt sed, dolor. Nam erat elit, egestas id, interdum sed, mollis eget, felis. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nunc in dui ut nulla pharetra sagittis.

Donec non nisi. Cras ac est. Etiam nec nibh ac nisi commodo tempus. Vestibulum in sem. Quisque in orci at nisl vulputate aliquam. Maecenas ultrices elit in magna. Suspendisse nulla elit, aliquet ac, auctor sed, sagittis ac, odio. Phasellus et risus. Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Duis leo mauris, tempus et, ornare venenatis, auctor in, orci. Class aptent taciti sociosqu ad litora torquent per conubia nostra, per inceptos hymenaeos. In dignissim pulvinar lectus.

Aenean eget neque. Aenean volutpat quam eget tortor. Nulla sagittis nunc id ipsum. Etiam nonummy. Nullam blandit, velit vitae congue placerat, urna libero malesuada nisi, eu cursus est sem imperdiet ante. Sed dictum est porttitor ante. Aliquam et ligula ultrices massa vehicula rutrum. Etiam eget felis. Vivamus vitae tortor a nisl imperdiet congue. Ut rutrum urna in dolor. Etiam lorem augue, tincidunt vitae, rhoncus in, facilisis vitae, ante. Ut gravida. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vivamus a mauris. Duis egestas. Aliquam erat nisl, egestas a, sagittis feugiat, tempor nec, nisl.



Our Community Supports

HEALTHY Pregnancies

FOR MORE INFORMATION:

1 800 O-Canada | healthypregnancy.gc.ca



PREGNANT AND SMOKE FREE!

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Fusce mattis sapien ac velit. Donec tristique, lectus ut ultrices bibendum, nunc quam imperdiet nunc, ut tristique nisl leo id metus. Suspendisse enim lectus, dictum vitae, suscipit ut, laoreet nonummy, nibh. Vestibulum vel libero. Sed id tellus non nisi tincidunt molestie. Phasellus felis. Maecenas commodo felis vitae leo. Donec eu tellus et arcu posuere pulvinar. Donec aliquet tortor eu ipsum. Suspendisse potenti. In hac habitasse platea dictumst. Mauris at nibh. Vestibulum orci turpis, viverra eleifend, egestas at, semper eu, nisl. Duis leo dui, malesuada ac, molestie at, tincidunt sed, dolor. Nam erat elit, egestas id, interdum sed, mollis eget, felis. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nunc in dui ut nulla pharetra sagittis.

Donec non nisi. Cras ac est. Etiam nec nibh ac nisi commodo tempus. Vestibulum in sem. Quisque in orci at nisl vulputate aliquam. Maecenas ultrices elit in magna. Suspendisse nulla elit, aliquet ac, auctor sed, sagittis ac, odio. Phasellus et risus. Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Duis leo mauris, tempus et, ornare venenatis, auctor in, orci. Class aptent taciti sociosqu ad litora torquent per conubia nostra, per inceptos hymenaeos. In dignissim pulvinar lectus.

Aenean eget neque. Aenean volutpat quam eget tortor. Nulla sagittis nunc id ipsum. Etiam nonummy. Nullam blandit, velit vitae congue placerat, urna libero malesuada nisi, eu cursus est sem imperdiet ante. Sed dictum est porttitor ante. Aliquam et ligula ultrices massa vehicula rutrum. Etiam eget felis. Vivamus vitae tortor a nisl imperdiet congue. Ut rutrum urna in dolor. Etiam lorem augue, tincidunt vitae, rhoncus in, facilisis vitae, ante. Ut gravida. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vivamus a mauris. Duis egestas. Aliquam erat nisl, egestas a, sagittis feugiat, tempor nec, nisl.

Our Community Supports

HEALTHY Pregnancies

FOR MORE INFORMATION:

1 800 O-Canada | healthypregnancy.gc.ca





OUR COMMUNITY SUPPORTS
HEALTHY PREGNANCIES



Healthy Pregnancy

Our Community Supports

HEALTHY

Pregnancies



Healthy Pregnancy



OUR COMMUNITY SUPPORTS
HEALTHY PREGNANCIES

Our Community Supports

HEALTHY

Pregnancies