



WORKING WITH HIV+ INUIT PATIENTS AN OVERVIEW FOR HEALTH CARE PRACTITIONERS

WHO ARE INUIT?

There are approximately 50,000 Inuit in Canada. They live in 53 communities in the Arctic and sub-Arctic with populations ranging from a few hundred to approximately 6,000 in Iqaluit, the capital of Nunavut. Inuit regions include the Inuvialuit Settlement Region in the Western Arctic (Northwest Territories), Nunavut, Nunavik (Northern Quebec) and Nunatsiavut (Labrador). There are also growing Inuit populations in a number of urban centers outside Inuit regions, including Yellowknife, Edmonton, Winnipeg, Ottawa, Montreal and St. John's. Between 1996 and 2006, the Inuit population in Canada increased from 40,220 to 50,485, representing a 26 per cent increase. In 2006, more than half of all Inuit in Canada were under the age of 24.

Prior to contact with Europeans, Inuit were entirely self sufficient. They lived in small, autonomous, nomadic groups, dependent upon hunting, fishing and gathering for survival and for all their physical needs. As contact with outsiders increased in the twentieth century, Inuit culture began to alter and adapt to the modern world. In the early 1950s, the pressure to change increased dramatically as Inuit were moved into permanent settlements by the federal government. Permanent settlements provided access to schools, health care and material attractions of the modern world. Some families moved to avoid famine and the hardships of life on the land and to take advantage of the benefits that community life promised. Despite adopting various features of modern life and southern culture, many Inuit continue to live according to traditional values that arise out of their own rich cultural heritage.ⁱ

There are 26 communities in the territory of Nunavut, which has a population of approximately 32,000. Approximately 85 per cent of Nunavut residents are Inuit.ⁱⁱ The Nunavut Territory, which came into being on April 1, 1999, was the result of the *Nunavut Land Claims Agreement*, signed in 1993. This historic date marked the first time since 1949, when the Province of Newfoundland entered Confederation, that the map of Canada was redrawn. It is important to note that the Government of Nunavut is based on a model of public government and is not an institution of Inuit self-government.

Nunavut comprises three distinct regions: Kivalliq, Kitikmeot and Qikiqtani. The capital of Nunavut, located in the Qikiqtani (formerly Baffin) region is Iqaluit, with an estimated population of 6,000. Approximately half of the residents of Nunavut reside in the 13 communities of the Qikiqtani region.ⁱⁱⁱ There are seven communities in the Kivalliq region, located in central Nunavut, with its administrative centre located in Rankin Inlet. The Kitikmeot region is home to five Inuit communities and two outpost camps. Its administrative

centre is located in Cambridge Bay. The Inuktitut language remains very strong in Nunavut, with three distinct dialects of Inuktitut and two distinct writing systems.^{iv} In 2006, 83 per cent of Nunavumiut (residents of Nunavut) reported Inuktitut as their mother tongue.^v

The Inuit population is diverse. Inuit living in Nunavut, or urban areas such as Ottawa, may be engaged in a range of occupations including health care, resource exploration and extraction, education and public administration. However, the populations of the Inuit communities in Nunavut are small, with few permanent employment opportunities and limited social and economic infrastructure. Fishing, harvesting and arts and crafts remain important components of the informal economy.

Inuit have been resilient to change. While the legacy of residential schools and forced relocation from the land to settlements continue to have an effect with links to social issues such as substance abuse, there is an increasing movement towards healing. Inuit use a holistic approach (mental, emotional, spiritual and physical) to assist a person's healing.

Inuit communities continue to experience high rates of sexually transmitted infections as reported by the Public Health Agency of Canada. In Canada, the general rate of Chlamydia in 2004 was 197 per 100,000. In the North the rates are 1,353 cases per 100,000. This can be attributed to factors such as lack of awareness of sexually transmitted infections and the risk involved (PHAC 2004). The data is consistent throughout Inuit regions.

In Nunavut, as in other regions of Inuit Nunangat,^{vi} most communities have services delivered through health centers, with periodic fly-in visits from physicians, dentists and other health care professionals. Most people from Nunavut who require specialist or diagnostic appointments, surgery or rehabilitative services must leave their homes and communities to receive services in larger areas such as Ottawa or Winnipeg. Community Health Representatives (CHRs) provide a vital role in health care and service delivery in each of the regions. They provide health education, prevention and promotion activities that raise community and individual awareness on a variety of topics such as HIV/AIDS and other transmissible infections.

Natural resource developments in the region have an impact on local residents. With the development of the industry, there are initiatives such as partnerships with regional organizations and the industry to promote healthy choices through information sharing.

POSSIBLE RESPONSES UPON A POSITIVE DIAGNOSIS

When an Inuk (singular for Inuit) is told of a serious life-threatening illness he/she may respond in disbelief followed by either fear or curiosity of the disease. Like many people, they may feel shame or embarrassment due to the stigma attached to the disease. These feelings may be expressed through anger or denial. There may also be subtle gestures such as turning away from the doctor or fidgeting with their hands. Some may be silent or react verbally. You must also be aware that Inuit respond to questions by either raising their eyebrows to indicate "yes" and by wrinkling their noses to indicate "no".

An Inuk will not always look you in the eye when talking about serious things that may be considered embarrassing. When informing a patient of a positive test result, the aforementioned responses may appear. He or she may not want to talk about it. If they do then there is a chance that they will not look you directly in the eye. Do not take this as being inattentive; rather this is a cultural reaction where some Inuit are more comfortable without direct eye to eye contact when discussing topics of a serious nature.

Your patient may miss appointments for various reasons. They may have insecure housing or employment, addictions issues, unresolved abuse or trauma, or be dealing with other challenging

life circumstances. It is important that this information is kept in strict confidence. This may be difficult in a small community but quite possible. They may also want your assistance with disclosing their health status to family or others

INUIT AND HIV

There are 21 confirmed Inuit cases of HIV in Canada.ⁱⁱⁱ The exact prevalence of HIV in the Inuit population in Canada is not known. Statistics are not collected by specific Aboriginal group and if data was released by Inuit region the numbers are so low it could lead to identification of individuals.. Given the high birth rate and rates of STIs among Inuit, unprotected heterosexual sex remains a significant risk factor. Working with the patient to understand their personal risk factors can help the patient to be careful when there could be an exchange of bodily fluid such as sexual intercourse, sharing of hygienic products or for sharing syringes for intravenous drug use.

Because HIV/AIDS is not widespread in the Inuit communities, it will be important to secure a support system for when the patient chooses to disclose their status. Their support system may include family members, elders, community health representatives, community centers and AIDS service organizations, depending on their location. Some resources in Ottawa are listed below.

RESOURCES

CARE/TREATMENT CENTERS

Winnipeg Health Sciences Center
820 Sherbrook Street
Winnipeg, MB R3A 1R9
Phone: (204) 787-3661

Nine Circles Community Health Center
705 Broadway
Winnipeg, MB R3G 0X2
Phone: (204) 940-6000/1-888-305-8647
AIDS/STI Infoline: (204) 945-2437
Toll Free: 1-800-782-2437

Aboriginal Health and Wellness Centre
214 & 215-181 Higgins Avenue
Winnipeg, MB R3B 3G1
Phone: (204) 925-3700
Fax: (204) 925-3709

MEDICAL TRANSITION/BOARDING HOMES

Kivalliq Medical Boarding Home
310 Burnell Street
Winnipeg, MB R3G 2A8
Phone: (204) 944-7110
Fax: (204) 944-7119

SUPPORT/COUNSELING SERVICES

Nine Circles Community Health Center
705 Broadway
Winnipeg, MB R3G 0X2
Phone: (204) 940-6000
Toll Free: 1-888-305-8647
AIDS/STI Infoline: (204) 945-2437
Toll Free: 1-800-782-2437

OTHER

Kivalliq Inuit Centre
310 Burnell Street
Winnipeg, MB R3G 2A8
Phone: (204) 944-7110
Fax: (204) 989-1020

Indian and Métis Friendship Centre of Winnipeg
45 Robinson Street
Winnipeg, MB R2W 5H5
Phone: (204) 586-8441
Fax: (204) 582-8261

i Pauktuutit Inuit Women of Canada *The Inuit Way: A Guide to Inuit Culture*, Ottawa, ON, 2006

ii Statistics Canada *Population Estimates and Projections, 2006 Census*, Ottawa, ON 2009

iii Retrieved from http://en.wikipedia.org/wiki/Qikiqtaaluk_Region

iv Inuktitut is written using a system of syllabics in Qikiqṭani and Kivalliq, and Roman Orthography for Innuinaqtun in the Kitikmeot region

v Statistics Canada *2006 Census: Aboriginal Peoples in Canada in 2006: Inuit, Métis and First Nations, 2006 Census: Inuit* Ottawa, ON,

vi The term "Inuit Nunangat" is a Canadian Inuktitut term that includes land, water, and ice, and encompasses the four Inuit regions of the Canadian Arctic and sub-Arctic. Retrieved from www.itk.ca/publications/maps-inuit-nunangat-inuit-regions-canada

vii Public Health Agency of Canada, *Epi-Update*, 2004

