2017

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National Inuit Sexual Health Strategy

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PAUKTUUTIT
INUIT WOMEN OF CANADA

Find your voice. Speak out about sexual health issues.

Keep the conversation going with your parents, your children, your partner.

We don't need to be silent anymore.

This sexual health strategy is dedicated to those we have lost to HIV/AIDS and to the many dedicated individuals and organizations who are committed to reducing the current rates of STBBIs among Inuit.

Pauktuutit remains grateful to our many selfless partners, colleagues and friends who have made significant contributions to jointly creating a sexually healthy future for all.

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To advocate for meaningful Inuit involvement in the design, delivery and evaluation of culturally and linguistically appropriate awareness campaigns, community actions, prevention programs and health services that enable all Inuit to be sexually healthy throughout their lives.

Vision

Our vision of healthy Inuit sexuality includes:

- Positive body image
- Healthy relationships
- Knowledge
- Pleasure and intimacy
- Mental wellness
- Self-esteem
- Self-determination
- Clear communication
- Consensual sex
- Safe sex
- Intergenerational communication
- LGBTQQ[1] positive

Inuit Societal Values

Our actions to improve Inuit sexual health are guided by Inuit societal values.

Pijitsirniq: Service to others and leadership	Role-modeling and teaching positive and accepting attitudes on sexual health and sexual orientation
Aajiiqatigiinniq: Cooperation and consensus	Family and community strength-based approaches to "raising a capable child"
Pilimmaksarniq: Empowerment	Empowering Inuit to be comfortable with their sexuality and to make decisions that promote their sexual health
Piliriqatigiinniq: Working together for the common good	Working together at the national, regional and community levels to improve Inuit sexual health
Qanuqtuurunnarniq: Being innovative and resourceful	Using a harm reduction and trauma-informed approach to our sexual health education and programming and building on existing promising practices
Avatittinnik Kamatsiarniq: Environmental wellness	Using a holistic Inuit approach to sexual health

1 Lesbian, gay, bisexual, transgender, queer or questioning their sexuality.

Social Determinants of Sexual Health

A holistic approach to health and wellness must recognize and address the social determinants of Inuit health. We recognize that these determinants of health have a direct impact on Inuit sexual health and that these determinants are highly interconnected. The social determinants of sexual health include:

- Housing
- Cost of living and food insecurity
- Education
- Mental wellness
- Safety and security (with a focus on violence against women and children)
- Intergenerational trauma
- Substance use
- Gender
- Health services
- Stigma and discrimination

Strategic Priorities

We are committed to immediate and long-term action in the following priority areas:

1. Enhance Inuit sexual health education
2. Address substance abuse and high risk behaviours
3. Reduce sexual violence
4. Prevent sexually transmitted and blood-borne infections (STBBIs)
5. Strengthen mental health and trauma-informed supports
6. Enhance Inuit-specific research and surveillance

In order to achieve concrete outcomes, sustainable funding for Inuit organizations and community organizations needs to be available and supported by all levels of governments and partners.

Introduction

There is a keen interest and awareness of the strengths, gaps and needs related to healthy sexuality within the Inuit community.
— Roundtable participant

Sexual health is central to our health and to our physical, mental and emotional wellbeing. However, as a society we are not completely comfortable talking about and taking care of our sexual health. While that is slowly changing, Inuit communities, governments and representative organizations, including Pauktuutit Inuit Women of Canada, are calling for greater attention to Inuit sexual health issues.

Pauktuutit Inuit Women of Canada is the national representative organization of Inuit women in Canada and is governed by a 14-member board of directors, composed of regional representatives from across the country. The work of the organization serves to foster greater awareness of the needs of Inuit women, and advocates for equality and other areas of social improvement. Pauktuutit also actively encourages their participation in the community, regional and national life of Canada. Pauktuutit leads and supports Inuit women in Canada through work that ranges from advocacy and policy development to community projects to address their unique interests and priorities for the social, cultural, political and economic betterment of Inuit women, their families and communities.

From November 8-10, 2016, a diverse group of experts in Inuit sexual health from across all four Inuit regions and across the federal, provincial and territorial governments, met in Ottawa, Ontario, to discuss the vision, goal, principles and priorities for a national strategy. The objectives of the meeting were to:

- Share knowledge on current and emerging Inuit sexual health issues
- Develop a national strategy that promotes and protects Inuit sexual health
- Identify priority issues and actions for governments, national associations, Inuit organizations and communities to improve Inuit sexual health

The meeting built on two decades of work on Inuit sexual health issues, specifically in the areas of HIV/AIDS, hepatitis C and other STBBIs in general. Pauktuutit has pioneered work in raising awareness and advocating for improved programs and services in support of sexual health, including the Lifesavers awareness campaign on HIV/AIDS, and the *Tukisiviit – Do You Understand?* project that provides plain-language information and terminology on sexual health issues in multiple dialects. Pauktuutit also held a sexual health symposium in 2006, an Inuit youth sexual health conference in 2009, and created two national strategies: *Inuit Five-Year Strategic Plan on Sexual Health (2010-2015)*, and the *Inuit Five-Year Strategic Plan on Hepatitis C (2013-2018)*. Pauktuutit's work on sexual health is informed by the Canadian Inuit HIV/AIDS Network (CIHAN), including representatives from each of the Inuit regions and other experts.

Throughout this meeting, participants discussed the importance of reframing sexuality in a positive manner and taking a strength-based approach to our work. Rather than focusing primarily on the common challenges associated with sexual health such as sexual violence, child sexual abuse, teen pregnancy and the high rates of STBBIs, it is important to focus on the promotion of healthy sexuality such as the importance of pleasure, intimacy, acceptance of differences in sexual orientation and positive relationships. By promoting healthy sexuality, we will begin to see indicators of improved sexual health. Following this meeting, the strategic priorities were sent

to the participants for validation. Feedback from participants was then integrated into the final report.

On World AIDS Day 2016, the Honourable Jane Philpott, Minister of Health, committed to renewing Canada's response to HIV, hepatitis C and other STBBIs in Canada. To inform the renewed response, Minister Philpott announced that in February 2017, the Public Health Agency of Canada (PHAC) would convene a national conference including Canadian stakeholders and experts to identify concrete actions to address the rates of STBBIs in Canada. Prior to this meeting, PHAC held the National Indigenous STBBI Stakeholder Meeting in Ottawa, Ontario, on February 1-2, 2017. The objectives of this meeting were to:

- Identify areas of synergy and diversity among national Indigenous organizations in their response to STBBIs
- Develop a collective indigenous response for the Stakeholder Meeting to Identify Concrete Actions to Address Sexually Transmitted and Blood-Borne Infections in Canada (National STBBI Stakeholder Meeting), co-hosted by the PHAC and Health Canada, and scheduled for February 23-24, 2017 in Ottawa, Ontario
- Prepare for active participation in that next meeting

At the National Indigenous STBBI Stakeholder Meeting, a seven member Inuit delegation, including representatives from the regions, Pauktuutit and Inuit Tapiriit Kanatami (ITK), was present. Building on the strategic priorities identified at Pauktuutit's sexual health meeting in November 2016, the Inuit delegation developed concrete actions to bring forward to the National STBBI Stakeholder Meeting. Following the National STBBI Stakeholder Meeting, the concrete actions identified by the Inuit delegation were brought forward to the National Inuit Committee on Health (NICOH) for validation and endorsement (page 14).

Pauktuutit works in partnership with national and regional Inuit organizations, including the Inuit Public Health Task Group,[2] federal, provincial and territorial governments; and national bodies such as the Canadian Aboriginal AIDS Network (CAAN).

Cultural, Historical and Contemporary Context

Cultural and Historical Context

Before sustained contact with Europeans, and in particular, the Christian churches, Inuit attitudes toward sexuality were much more open and tolerant. Sexuality was understood as a natural part of each stage of life. Parents and grandparents shared information that children and youth needed to live well. Distinctions between sex and gender were recognized in traditional, pre-contact Inuit life. Gender roles at the time were not rigidly assigned based on sex. There was acceptance, and at times, encouragement of girls doing stereotypically male activities such as hunting, and boys doing stereotypically female activities such as sewing. There existed words for "gay" and "lesbian" that have been lost over time, and overall, there was acceptance of a range of sexual orientations and gender identities. Violence toward women and children was not generally tolerated. Births

2 In 2015, the Inuit Public Health Task Group identified sexual health as one of their priorities.

Distinctions between sex and gender were recognized in traditional, pre-contact Inuit life.

were tended to by midwives and family members, and children were welcomed into and cared for by the community. However, some women were subjected to early forced marriage, where they were often taken away to live with their husband's families and at times, further mistreated. Today, some women have described these experiences of forced marriage as sexual assault.

The introduction of European ideas about men being dominant and women being submissive, and Christianity's repressive views on sexuality, as well as other effects of colonization on Inuit society, are thought to contribute to today's more rigid attitudes and unhealthy sexual behaviours.

Contact with Europeans also resulted in an influx of previously unknown diseases and epidemics such as syphilis and tuberculosis. While the introduction of such diseases was likely unintentional, the consequences for Inuit were particularly devastating, given their lack of immunity. The resulting changes to Inuit lifestyles and diets because of contact also had negative impacts on Inuit health.

Residential and day schools, imposed by the federal government and run by religious organizations, taught a much more restrictive and shame-based approach to sexuality. In addition to new and negative ways of viewing sexuality, many students were exposed to or became victims of sexual abuse and violence by school staff and other students. These learned behaviours of violence and sexual abuse are some of the many negative consequences of the residential school system that have become normalized for many. Consequently, the loss of positive parenting skills, and the prevalence of negative coping mechanisms such as substance abuse, contribute to the ongoing cycle of violence.

Contemporary Context

Rapid colonization, the imposition of a western biomedical model of health, foreign governance and social structures, forced relocations, the move to permanent settlements, and a lack of employment in the wage-based economy contributed to unresolved trauma that continues to be passed down through the generations. This intergenerational trauma continues to manifest as high rates of violence, substance abuse and mental health problems. It is important to understand that many Inuit turn to alcohol, drugs and violence to cope with this unresolved trauma.

Alcohol use during pregnancy increases risk of Fetal Alcohol Spectrum Disorder (FASD), which may cause mental, physical and developmental disabilities in children. FASD among Inuit is thought to contribute to impulsivity, risk taking and/or vulnerability to sexual coercion/violence. Victims of child sexual abuse, adult sexual violence and family violence may find it difficult to view sexuality in a positive light, have trouble talking to their children about sexuality and relationships.

The quality of the social environment in which Inuit families and communities are living continues to be compromised by anguish associated with the loss of self-determination, traditional medicine and practices. This loss has resulted in dependence on foreign health and social services. The social environment is further compromised by negative coping mechanisms and health behaviours associated with overcrowded and inadequate housing and poverty.

Inuit, particularly youth, can feel caught between two cultures, and may not feel pride in their Inuit identities when they see dysfunction and intolerance in their communities. Loss of pride and identity, combined with the ongoing effects of colonization contribute to the many high risk behaviours that put Inuit at risk for STBBIs.

Many northern communities are small and remote, and while much of the population is Inuit, in most cases health and social services are based on western values and delivered by non-Inuit who do not have a working knowledge of Inuktitut. It is important to note that the majority of Inuit communities are served by only a health centre with resident nurses. There is a high turnover of staff, and they are often overworked and have limited resources. Consequently, it is difficult for health service providers to build trusting relationships with Inuit. Health service providers have little time, if any, to focus on health education and prevention because they are often responding to crises. Health centres are typically viewed by Inuit as a place to go only if you are very ill or experiencing pain. Residents often need to travel to the south for a broad range of health services. In addition to the lack of culturally and linguistically appropriate services, many Inuit fear leaving their communities for healthcare due to the history of Inuit being sent south for medical treatment and never returning. STBBIs are generally highly stigmatized, and many Inuit may avoid testing and/or treatment due to concerns around anonymity in small communities. Many Inuit travelling to southern communities for healthcare suffer culture shock and have difficulties finding culturally responsive care.

According to the 2011 National Household Survey, Inuit living in urban areas are the fastest growing and youngest urban indigenous group. Overall, Inuit represent one of the youngest and fastest growing segments of the Canadian population, with a median age of 23 years (Statistics Canada, 2016). Twenty per cent of the Inuit population now lives outside Inuit Nunangat. While some Inuit living in urban areas are coping well, others are extremely marginalized. Many of them continue to experience a lack of safe and affordable housing — which increases vulnerability to homelessness, substance abuse and family distress. There is a lack of access to Inuit-specific services including culturally safe care. Many Inuit have reported experiencing racism while accessing mainstream services. Lack of access to appropriate programs, services and supports is contributing to high levels of substance abuse, sexual exploitation and trafficking. A recent study on Inuit living in urban areas of Montréal observed that "55% of Nunavik Inuit living in Montréal are low income or homeless. Although Inuit comprise 10% of the Aboriginal population in the city, they represent 45% of homeless Aboriginal people" (Savoie & Cornez, 2014, p. 15). Another study by Kishigami (2014) found that homeless and unemployed Inuit women in Montréal were particularly vulnerable to sexual exploitation, STBBIs, co-infections and unplanned pregnancy.

These historical, cultural, and social considerations make it clear that a holistic Inuit approach to sexual health is required. Consideration of the social determinants of health is foundational to the successful implementation of the outlined strategic priorities.

Overcrowded and inadequate housing contributes to stress, poor mental health, difficulties staying in school, and family violence. Families lack the privacy needed to have important conversations with their children, and to pass on Inuit values. The high cost of living makes it

A lack of health services, including health education, testing, and early treatment, contributes further to the high rates of STBBIs.

difficult to buy contraceptives and personal hygiene products, increasing the risk of STBBIs. It can also be difficult to maintain a healthy diet, which is required to reduce susceptibility to infection and illness. Low educational attainment overall reduces the number of opportunities for Inuit to gain the skills and knowledge to make informed and positive decisions about their sexuality. Those facing mental health challenges often lack the confidence and self esteem to resist sexual coercion and violence. A lack of safety and security, especially for women and children, reduces their options, increases their vulnerability to sexual violence and risk of STBBIs, and perpetuates a cycle of powerlessness and shame. A lack of health services, including health education, testing, and early treatment, contributes further to the high rates of STBBIs. Those are but a few examples of ways in which social determinants of health intersect with one another, creating multiple (and often invisible) barriers to improving Inuit sexual health outcomes.

Inuit Sexual Health Issues

Sexual health has many dimensions; for example, gender roles, body image, sexual maturation (puberty), sexual orientation, sexual activity, intimate relationships, pregnancy and birth, sexual and reproductive infections and conditions, and sexuality and aging. Participants at the Inuit sexual health roundtable identified the following concerns or problems that indicate Inuit sexual ill-health:

- Lack of information and awareness
- Child sexual abuse
- Silence, shame and taboos related to sexual health issues
- Sexual violence and lack of consent
- Jealousy and coercion in relationships
- Unplanned and teen pregnancy
- Poor birth experiences
- Sexual harassment
- Sexually transmitted and blood-borne infections

There is limited Inuit-specific statistical information available on sexual health knowledge, attitudes, behaviours, and incidence and prevalence rates of STBBIs. Without these statistics, it is very difficult to establish effective disease prevention and control measures and to evaluate the impacts of our efforts. However, we do have data on some issues.

The chlamydia rate in Nunavut (where 85 per cent of the population is Inuit) is over 14 times the national average, and the gonorrhea rate is over 50 times the national average (PHAC, 2010).

Unlike other population groups, over half of Inuit HIV infections are transmitted through hetero-sexual contact (54.6 per cent), followed by injection drug use (22.7 per cent) and male-to-male sexual contact (13.6 per cent). Just over one-quarter (27.3 per cent) of all reported cases are among women, and youth (between 15 and 29 years of age) represent almost one-quarter of all reported cases (22.7 per cent) (PHAC, 2014).

About one in four (27 per cent) Inuit women in Nunavut reported having experienced some form of forced sexual activity [sexual assault] as an adult (Galoway & Saudny, 2012).

Rates of police-reported family violence in Nunavut are 10 times those in Canada as a whole (Ibrahim & Burczycka, 2015).

Reported sexual assault was 1.5 times higher, serious assault was twice as high, and homicide was nearly three times higher in Inuit communities with access to alcohol (Wood, 2011). Across Inuit Nunangat, 82 per cent of those accused of homicide had used alcohol (Charron, Penney, & Senécal, 2010).

Nunavut's teenage pregnancy rate (for women between 14 and 19 years of age) is over 11 times the national rate, and increased 14 per cent between 2009 and 2013 (Statistics Canada, 2016a).

A study in Nunavik found that one-third (36%) of Inuit women experienced domestic violence at least once per month in the year following the birth of a child (Fortin et al., 2015).

Of the 1,500 Inuit women in Montréal, 500 are thought to be vulnerable (Kishigami, 2014).

Combined effects of the social determinants of health also create high levels of risk and vulnerability for some Inuit. Those experiencing crowded housing, very low incomes, mental health issues and/or family violence are not in a position to make sexual health a priority. The lack of sexual wellness often then serves to compound other challenges within Inuit communities.

An Inuit Sexual Health Strategy

Goal of the Strategy

To advocate for meaningful Inuit involvement in the design, delivery and evaluation of culturally and linguistically appropriate awareness campaigns, community actions, prevention programs and health services that enable all Inuit to be sexually healthy throughout their lives.

Vision

Our vision of healthy Inuit sexuality includes:

- Positive body image
- Healthy relationships
- Knowledge
- Pleasure and intimacy
- Mental wellness
- Self-esteem
- Self-determination
- Clear communication
- Consensual sex
- Safe sex
- Intergenerational communication
- LGBTQQ positive

Our vision of healthy Inuit sexuality extends from childhood to old age, and is inclusive of the many different experiences and identities of Inuit. Children grow up with positive feelings about their bodies and are free from rigid gender roles, expectations about their sexual identities, and exposure to family violence and sexual abuse. Youth are guided through puberty and adolescence, have pride and confidence, and are able to make informed decisions about being sexually active. Young adults are empowered to form healthy, violence-free relationships and protect themselves from STBBIs. They become parents when they feel able to care for and nurture the next generation. Adults have the freedom to choose to experience intimacy and sexual pleasure throughout their lives. Elders share their knowledge of healthy sexuality and Inuit values.

Inuit Societal Values

Our actions to improve Inuit sexual health are guided by Inuit societal values.

Pijitsirniq: Service to others and leadership	Role-modeling and teaching positive and accepting attitudes on sexual health and sexual orientation
Aajiiqatigiinniq: Cooperation and consensus	Family and community strength-based approaches to "raising a capable child"
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Qanuqtuurunnarniq: Being innovative and resourceful	Using a harm reduction and trauma-informed approach to our sexual health education and programming and building on existing promising practices
Avatittinnik Kamatsiarniq: Environmental wellness	Using a holistic Inuit approach to sexual health

Social Determinants of Sexual Health

A holistic approach to health and wellness must recognize and address the social determinants of Inuit health. We recognize that these determinants of health have a direct impact on Inuit sexual health and these determinants are highly interconnected. The social determinants of sexual health include:

- Housing
- Cost of living and food insecurity
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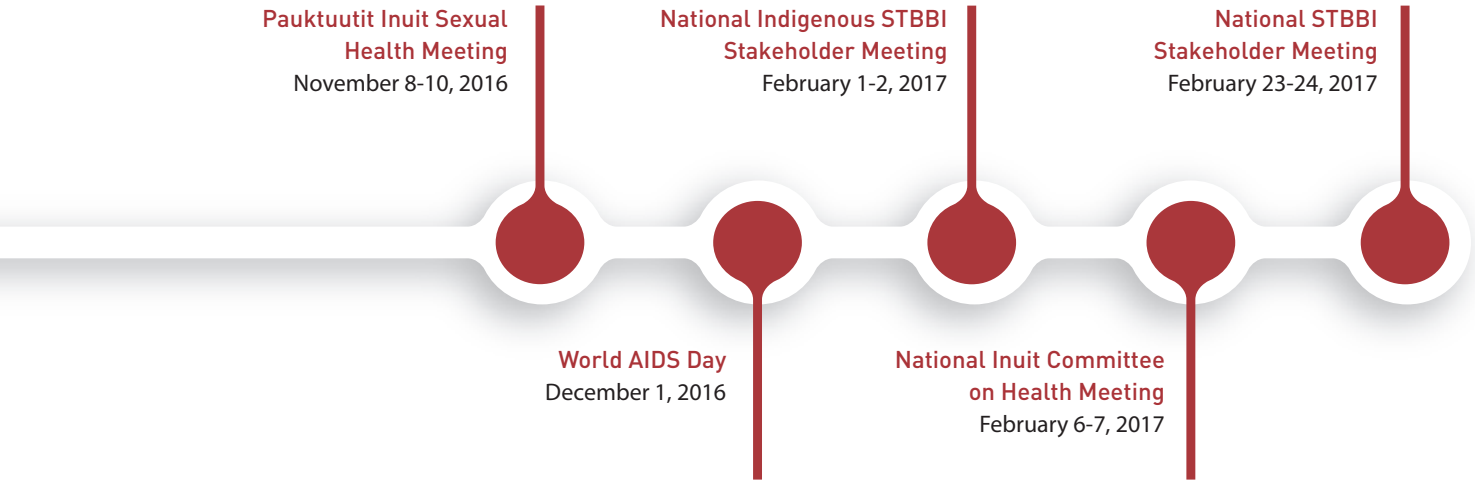
- Mental wellness
- Safety and security (with a focus on violence against women and children)
- Intergenerational trauma
- Substance use
- Gender
- Health services
- Stigma and discrimination



Strategic Priorities

We are committed to immediate and long-term action in the following priority areas:

1. Enhance Inuit sexual health education
2. Address substance abuse and high risk behaviours
3. Reduce sexual violence
4. Prevent sexually transmitted and blood-borne infections (STBBIs)
5. Strengthen mental health and trauma-informed supports
6. Enhance Inuit-specific research and surveillance

In order to achieve outcomes in these priorities, sustainable funding for Inuit organizations and community organizations needs to be available and supported by all levels of governments and partners.

Building upon these strategic priorities, the Inuit delegation to the National Indigenous STBBI Stakeholder Meeting collaborated with the NICOH to develop Inuit-specific priority actions to bring forward to the National STBBI Stakeholder Meeting, including the following:

1. Increase capacity support to create an Inuit Sexual Health Network to ensure Inuit regions, governments and stakeholders can share knowledge, promising practices and support one another.
2. Increase access to culturally appropriate, high quality healthcare through the following actions:
    a. Build community capacity by supporting community health nurses and representatives and public health teams to offer sexual health services to meet the needs of the community, which may include education, testing, partner referral, home treatment, education for parents, healing sessions and peer-to-peer programs.
    b. Support a strong Inuit health human resource workforce by building local capacity and generating excitement for Inuit to stay in health careers.

   c. Create and implement Inuit cultural competency training for all healthcare providers and service providers throughout Inuit Nunangat to build on their complementary skills. Goals are to empower Inuit workers and to increase healthcare workers sense of belonging to communities, thus improving the overall quality of care.
   d. Adapt and use the cascade-of-care model to guide Inuit- and STBBI-specific objectives, and measure outcomes.
   e. Ensure all care provided is trauma-informed and contributes to healing.
   f. Work with Inuit regions and governments to develop a comprehensive service delivery model that ensures consistent standards and procedures are used across all Inuit communities.

3. Invest in Inuit-specific prevention activities that will normalize seeking healthcare including testing and treatment. This can be done by increasing culturally relevant campaigns and social marketing initiatives. There must be concurrent access to care, treatment and support to optimize the outcomes of such prevention activities.
4. Increase investment and sustained funding for work related to Inuit- and STBBI-specific issues.
5. Create a high-level First Nations, Inuit and Métis advisory committee/working group at the Public Health Agency of Canada, with appropriate indigenous representation to ensure ongoing and respectful collaboration on policies and programs related to preventing STBBIs and improving public health.
6. Increase Inuit-specific research and surveillance.
7. Address the social determinants of Inuit health by working with partners across jurisdictions and sectors.
8. Strengthen trauma-informed mental wellness and healing services and supports.
9. Given the young and rapidly growing Inuit population, ensure there are Inuit youth specific STBBI programming and supports available in all regions.
10. Increase initiatives that empower and support men by restoring pride and identity, by (for example) revitalizing engagement in traditional activities such as hunting and harvesting, and encouraging fathers to take more of an active role in parenting.

Strategic Priority 1: Enhance Inuit Sexual Health Education

Inuit sexual health education must draw on the values and openness that existed prior to the impact of colonization and transitioning from the land to permanent settlements, while rejecting coercive relationships and making use of the expanded knowledge available today. Age-appropriate sexual education will empower girls and boys to be comfortable in their bodies and better able to speak out about sexual abuse. Youth equipped with relevant and useful knowledge and skills will be more likely to engage in healthy relationships and consensual sexual encounters. Adults can learn more about sexual health to promote their own wellness and, with support, can become more comfortable in talking with their children and grandchildren about sexuality by providing accurate information and guidance. Older adults and elders can play a key role in transmitting cultural knowledge and participating in intergenerational discussions.

Suggested Activity	Projected Outcome
Create plain-language materials to help parents talk to their children about healthy sexuality and sexual health issues.	Positive sexual health education and guidance in the home.
Deliver comprehensive, Inuit culture based, age-appropriate sexual health education in schools from kindergarten to grade 12.	Children and youth with improved self-image, confidence, knowledge and skills.
Develop public awareness campaigns on sexual violence, sexual diversity including LGBTQQ issues, gender identity and relationship choices.	Social inclusion and acceptance for Inuit with diverse identities and sexual orientations.
Identify and support Inuit leaders and youth to act as positive role models and spokespeople.	Culturally based sexual health messaging that reflects Inuit realities and experiences.
Find innovative ways to reach men and boys with messages on healthy sexuality.	Men and boys take an active role in their own sexual health.
Use a variety of media (Facebook, Snapchat, Twitter, notice boards, radio, television, etc.) to transmit messages.	Broad reach, especially among youth, for sexual health information.
Encourage older adults and elders to share their knowledge in an inclusive and respectful manner.	Intergenerational conversations that include relevant traditional knowledge and promote healthy sexuality.
Ensure that national strategies and initiatives related to sexual health reflect Inuit needs and priorities.	Policies and programs that are effective in supporting Inuit sexual health.

Strategic Priority 2: Address Substance Abuse and High Risk Behaviours

In many Inuit communities, substance abuse is linked to high levels of violent crime, including sexual violence, dating violence and intimate partner abuse. Individuals who are under the influence of drugs or alcohol can be more likely to engage in high risk behaviours that may increase exposure to STBBIs. Inuit would benefit from greater awareness of the root causes and the consequences of alcohol and drug abuse and having access to both community-based and residential counselling and treatment. It is important to use harm reduction approaches that reduce consumption levels, and protect both substance abusers and those affected by substance abuse.

Suggested Activity	Projected Outcome
Promote awareness of the links between unresolved trauma, alcohol and drug abuse, and unhealthy sexuality.	Greater understanding about the influences on sexual attitudes and behaviours.
Deliver substance abuse counselling and treatment in every community and provide residential treatment in the North.	Reduced substance abuse.
Offer family support in all substance abuse treatment programs.	Increased availability of supports for family members affected by substance abuse.
Apply harm reduction strategies to reduce alcohol and drug abuse, as well as other strategies to reduce alcohol and drug consumption levels and to provide safe environments and supports after intoxication.	Reduced negative consequences of substance abuse.
Create safe houses for those affected by substance abuse.	Reduced trauma and victimization.
Ensure that national strategies and initiatives related to substance abuse reflect Inuit needs and priorities.	Policies and programs more effectively targeting reduction of substance abuse.

A lack of health services, including health education, testing, and early treatment, contributes further to the high rates of STBBIs.

Strategic Priority 3: Reduce Sexual Violence

Sexual violence is both a result and cause of trauma, and contributes to an intergenerational cycle of abuse and poor health status. Childhood sexual abuse has lifelong effects that can make it more difficult to make positive lifestyle choices and is often compounded by silence and shame. Victims of sexual violence experience physical, emotional, mental and spiritual harms, which can result in increased powerlessness, fear and anger, making healthy relationships difficult. Everyone has a duty to protect children from abuse, and to ensure that perpetrators are held accountable while also receiving help. Increased knowledge, skills and supports are needed to work through trauma, break the cycle of abuse and parent more effectively.

Suggested Activity	Projected Outcome
Promote awareness of the links between child sexual abuse, unresolved trauma and sexual violence.	Greater understanding about the influences on their sexual attitudes and behaviours and its effects.
Prevent and intervene in child sexual abuse, and ensure that appropriate support is available for victims and perpetrators.	Reduced childhood trauma.
Conduct national and regional studies that increase understanding of sexual violence in Inuit communities.	Programs and interventions that are better equipped to prevent and heal sexual violence.
Encourage better police and justice responses to sexual violence that encourage reporting, and support an increase in the number of supports and effective treatments made available to victims and offenders.	More victims receive support, and more offenders are held accountable and receive treatment; overall reduction in offenses.
Improve access to culturally safe healthcare services for survivors of sexual assault.	More survivors comfortable using healthcare services.
Strengthen advocacy for prevention of sexual violence.	Reduced sexual violence.

Strategic Priority 4: Prevent Sexually Transmitted and Blood-Borne Infections

While effective action on sexual health education, substance abuse and sexual violence will greatly reduce STBBIs, there is a need for continued and sustained awareness, education and testing for and treatment of priority infections/diseases such as chlamydia, gonorrhea, syphilis, HIV, HPV (human papillomavirus), and hepatitis C. While there are only 22 confirmed cases of HIV within the Inuit population, there is great concern that it is only a matter of time before HIV becomes a problem in the North. The high birth rate and spread of STIs across Inuit Nunangat tell us that unprotected heterosexual sex is common. Given that we know the main mode of HIV transmission among Inuit is heterosexual sex, this concern is well-founded. The increase in the number of Inuit travelling between the North and south, and greater numbers of southern transient workers and tourists coming to the North, is also cause for concern in the context of a potential increase in the transmission of STBBIs. Furthermore, it is important to note that HIV is a significant risk factor for tuberculosis (TB), given the high rates in Inuit communities. Co-infection with TB may contribute to the rapid progression of HIV to AIDS, and can cause serious complications to treatment due to interactions between medications. It is evident there is a continuing need for ongoing sexual health education. People of all ages need relevant, non-judgmental, culturally safe and confidential access to information and methods to prevent the transmission of STBBIs. From a cultural competency perspective, stigma needs to be addressed so more Inuit feel comfortable getting tested and accessing treatment for STBBIs.

People of all ages need relevant, non-judgmental, culturally safe and confidential access to information and methods to prevent the transmission of STBBIs.

Suggested Activity	Projected Outcome
Promote awareness of the links between lack of self-esteem, gender inequality, unhealthy relationships and STBBIs.	People understand relevant influences on their sexual attitudes and behaviours.
Continue education and awareness of the acquisition and prevention of STBBIs, specifically HIV (and co-infection with TB), hepatitis C, HPV (including the promotion of HPV vaccine uptake), gonorrhea, syphilis and chlamydia using new and innovative approaches.	Individuals have the knowledge to reduce their risk of STBBIs.
Reduce the stigma and fear associated with STBBIs.	Individuals are more likely to practice safe sex, prevent the spread of STBBIs, and get tested and treated.
Ensure patient confidentiality, privacy and respect at all stages of testing and treatment.	Increased testing and treatment.
Require mandatory cultural competency training for all healthcare providers and health educators.	Clients/patients feel culturally safe receiving sexual healthcare.
Develop, implement and evaluate Inuit specific community health models for prevention, testing and treatment of STBBIs.	Programs and services are more effective for Inuit.
Encourage health clinics and hospitals to conduct routine screenings for a range of infections and diseases.	Increased detection and early treatment of STBBIs.
Ensure full representation of Inuit on federal, provincial and territorial STBBI networks and advisory bodies.	Policies, programs and services more effectively address the needs and priorities of Inuit.

Strategic Priority 5: Strengthen Mental Health and Trauma-Informed Supports

Many of the social and health issues affecting Inuit can be linked to historical trauma resulting from rapid cultural dislocation, social change and loss of self-determination. Unresolved, these experiences of trauma are passed on through the generations, leading to unhealthy behaviours and negative coping mechanisms. Mental health plays a major role in sexual behaviours. There are major gaps in the accessibility of culturally and linguistically appropriate counselling and treatment programs in Inuit communities. On-the-land programs and culturally rooted community programs that provide education and support have shown success in building resilience and healing. Trauma-informed supports and harm reduction approaches are needed at the community level.

Suggested Activity	Projected Outcome
Promote awareness of the links between individual and cultural trauma, mental health issues and sexual health.	Individuals and families understand relevant influences on their sexual attitudes and behaviours.
Ensure access to holistic, trauma-informed counselling and other supports in all Inuit communities.	Reduced effects of trauma on mental and sexual health.
Ensure access to counselling and mental health programs in regional dialects.	Individuals are able to express themselves in their original language.
Deliver on-the-land and other healing based programs for youth, adults and elders.	Increased resilience and healing.
Provide community-based education and support programs in healthy relationships.	People are better equipped to establish healthy relationships.
Empower and enable youth to provide peer support and education for healthy lifestyles.	Increased relevant education and support that is meaningful for youth.
Ensure appropriate levels of support for mental health services.	Reduction in mental health crises.

Strategic Priority 6: Enhance Inuit-Specific Research and Surveillance

All of these strategic priorities need to be supported by increased research and surveillance activities that is Inuit-led and informed. Compared to other Canadians, very little is known about the knowledge, attitudes and behaviours related to Inuit sexuality, and the prevalence of sexual and reproductive infections. There is also a lack of detailed current data on existing and emerging STBBI trends. This information is vital to plan, implement, monitor and evaluate activities and outcomes, and develop effective policies, programs and services at the federal, provincial, territorial, regional and community levels. More in-depth analysis of existing data is needed, as shown by the unique characteristics of HIV transmission among Inuit. There is a need for ongoing systematic evaluation of promising Inuit-specific sexual health programs and services to reproduce what is working and to share promising practices.

Suggested Activity	Projected Outcome
Develop relevant indicators of Inuit sexual health.	Accurate measurement and understanding of relevant sexual health issues, infections and diseases.
Increase surveillance activities for STBBIs and advocate for Inuit-specific data in PHAC epidemiological updates and reports.	Improved public awareness of STBBIs and emerging trends.
Conduct research that further explores links between Inuit culture, history, trauma, current socioeconomic conditions, and sexual behaviours.	More effective holistic interventions and outcomes.
Evaluate Inuit-specific sexual health initiatives and share and support success stories and promising practices.	Evidence-based programs that reach more individuals.
Create regional and national Inuit sexual health networks to monitor trends and emerging issues, share information, and promote promising practices.	Greater capacity for local residents to design and deliver successful Inuit-specific services and programs.

Conclusion

The need to improve Inuit sexual health is urgent. Without collective action and sustained commitments, sexual and physical violence, abusive relationships, high rates of STBBIs, and other sexual and reproductive health problems will continue.

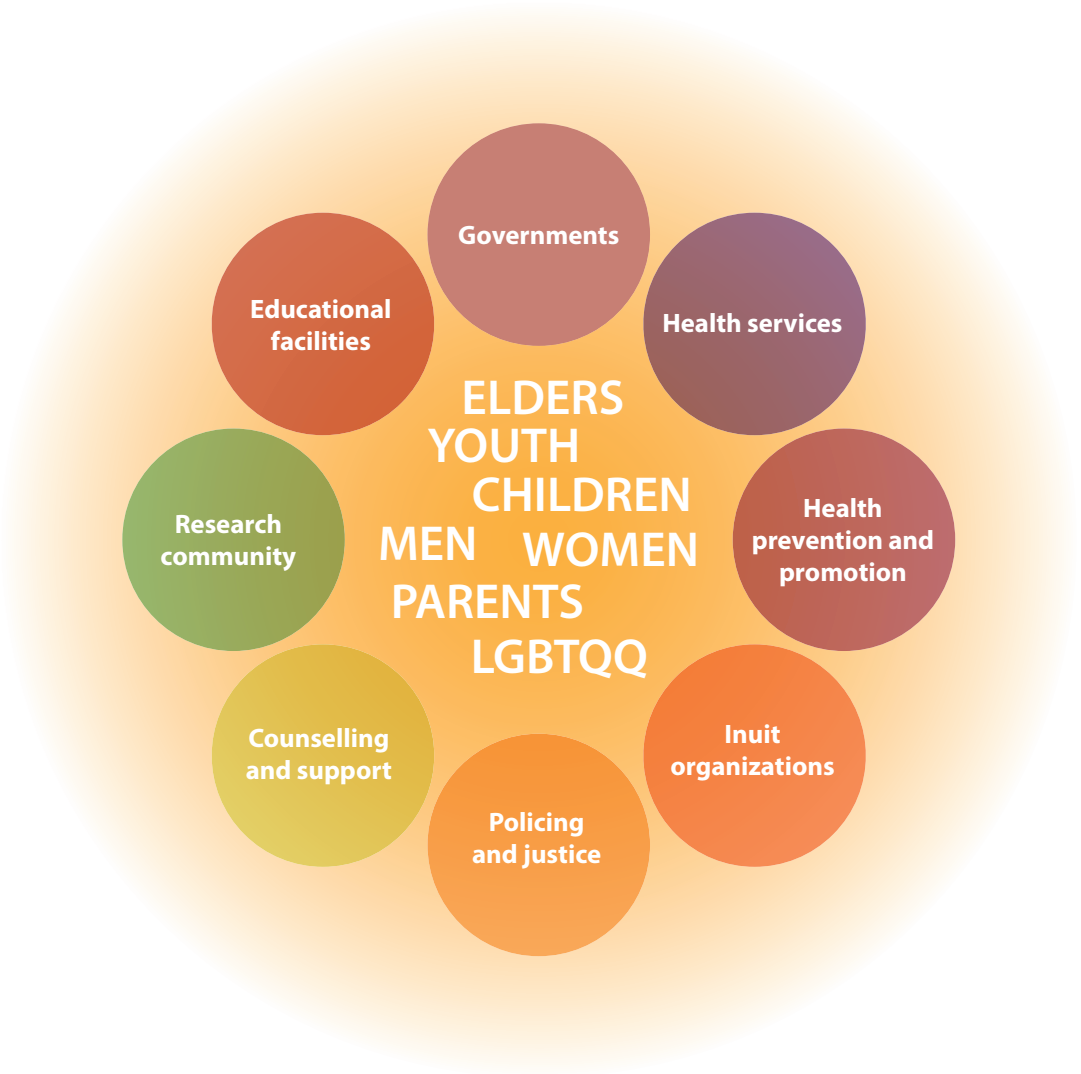
Despite the many barriers to achieving good sexual health, there are many strengths and opportunities to build upon. Inuit are strong and resilient people and the Inuit language and culture continues to flourish. According to the 2011 National Household Survey, "Among the three Aboriginal groups (First Nations, Inuit and Métis), the proportion reporting an ability to conduct a conversation in an Aboriginal language was the highest among Inuit. In 2011, 63.7% of Inuit reported being able to conduct a conversation in an Aboriginal language, mostly Inuktitut. The proportion was 22.4% among First Nations people and 2.5% among Métis" (Statistics Canada, 2016b). Additionally, there are several comprehensive Inuit strategies and frameworks such as the National Inuit Suicide Prevention Strategy (ITK, 2016b), the Strategic Plan for Inuit Violence Prevention and Healing (Pauktuutit, 2016), and the Inuit Chronic Disease Prevention and Management (ITK, 2016a), that can be used to inform our work. Across Inuit Nunangat, there are several culture- and land-based programs that have been created and are being successfully delivered by Inuit for Inuit. Such programs are being more commonly developed and delivered and are proving to contribute to strengthening cultural identity and healing.

To promote Inuit sexual health, we believe approaches need to be Inuit-led and community driven. We recognize the importance of and advocate for the use of decolonizing approaches to sexual health. Inuit language and culture are powerful decolonization tools. Just as colonization is understood as a root cause of health inequalities, healing, health and wellness are understood to be direct outcomes of decolonization. Successful interventions will help restore autonomy and self-determination to Inuit and Inuit communities. Returning control to Inuit through the design and delivery of culturally and linguistically appropriate sexual health education and programing has proven to be effective. One of many Inuit-led, community-based promising practices that has demonstrated great success in bridging Inuit and western approaches is the **Inuulitsivik Midwifery Program** in Nunavik. Within this program, teams of Inuit midwives offer prenatal, birth, and postnatal care, enabling Nunavik communities to reclaim the experience of pregnancy and childbirth. Rather than following a biomedical risk-scoring system to determine who needs to be evacuated for birth, the **Inuulitsivik Midwifery Program** follows a community-based birthing system with a community-centred risk-scoring process, prioritizing the use of Inuit knowledge. Their system provides evidence that restoring traditional Inuit knowledge and communal authority over childbirth can meet, if not surpass, biomedical standards for infant and maternal health before and after birth.

Inuit are in a unique position where they can embrace and combine the strengths of traditional knowledge and western knowledge into their sexual health programing. Combined, these approaches make it possible for Inuit sexual health outcomes to be improved. The **Inuulitsivik Midwifery Program** provides a strong example of how blending Inuit and western approaches can improve health outcomes, while simultaneously restoring principles of autonomy, self-determination and capacity building within the community. For a list and description of other current promising practices, please see page 24.

Given the federal government's commitments to reconciliation and to implementation of the Truth and Reconciliation Calls to Action, the potential for more Inuit-led health initiatives is stronger than ever. Combining access to Inuit culture, language and traditional knowledge of health, we can take advantage of these strengths and opportunities to accomplish our strategic priorities.

Partnerships and Opportunities



Promising Practices

National

The **Sexual Health Program** at Pauktuutit Inuit Women of Canada has promoted healthy Inuit sexuality including awareness and prevention of STBBIs including HIV and hepatitis C over the past two decades. A well known example is the "Lifesavers" project that featured country food flavoured condom covers, sexual health fairs in northern communities, posters, puzzles, fact sheets, and other public education tools.

Tukisiviit: Do You Understand? is a sexual health resource and glossary of terms in five dialects of Inuktitut as well as English. The on-line and print resource is intended to provide Inuit patients, caregivers and healthcare professionals with plain-language information. Topics include male and female anatomy, sexually transmitted infections, risk behaviours, testing, and treatment. The resource is available at the following link: www.pauktuutit.ca/tukisiviit.

Believe – Ask – Connect is a collection of resources to help people help others who are experiencing violence. The Pauktuutit webpage includes information about helpful words and suggestions, video messages about violence and resilience and posters in five dialects of Inuktitut, English and French. The consolidated resources are available at the following link: www.pauktuutit.ca/abuse-prevention/family-violence/bac.

Urban

Akausivik Inuit Family Health Team is the first Inuit-led urban health clinic for families and individuals in Ottawa, Ontario. Developed over a 12-year period, the clinic delivers culture-based health and wellness services using a multi-disciplinary team. **Akausivik** offers extended hours, home visits, and systems navigators to help guide patients through the healthcare and health insurance systems. They provide care, treatment and support for STBBIs through a holistic, individualized approach.

Regional

Inuvialuit

The Inuvialuit Regional Corporation has run **Project Jewel** as an on-the-land healing program for three years. Over the course of the year, they offer five to 10 camps, each from two to five days in length, and occasionally run youth specific and men-only camps. Participants learn skills related to wellness, forgiveness, healing, learning from elders and so on. Cultural components are built into this process. Participants have experienced major positive changes in their lives as a result of **Project Jewel**.

Nunavut

I Respect Myself provides sexual health information available in four languages (English, Inuktitut, Innuinaqtun and French). Topics include physical and mental health, puberty, sexuality, healthy relationships, sexual consent, STIs and safe sex. The website also provides resources for youth, parents, communities, healthcare providers and educators. Lesson plans and classroom presentations for educators will be made available on the website: www.irespectmyself.ca.

The Inuutsiarniq Literacy Project is a joint initiative between the Government of Nunavut's Departments of Health and Education. Together, they are working to enhance health and socioe-

conomic indicators by supporting the **Uqalimaariuqsaniq Inuktut Guided Reading Program** through a companion health-focused stream, called the **Inuutsiarniq Literacy Program**. The **Inuutsiarniq Literacy Program** embeds healthy messaging in four components: nutrition and life skills, tobacco and addictions, physical activity and injury prevention, as well as 'About Me,' which focuses on age-appropriate mental and sexual health promotion. This project aims to identify and develop sexual health terminology and address a number of other important areas.

The **Inunnguiniq Parenting Program** was developed by the Qaujigiartiit Health Research Centre in Nunavut to provide support to Inuit families in raising capable and healthy children. The model is based on Inuit knowledge and traditional values. The Centre provides facilitator training and program resources: www.qhrc.ca/family-health-1.

Two Soft Things, Two Hard Things is a 2016 documentary film that explores the complexities of an Inuit community holding an LGBTQ pride celebration. Filmed in Iqaluit, it explores the effects of colonization and Christianity, the loss of cultural identity and homophobia. The on-line link to this initiative has been publicized: www.twosofttwohard.com.

The Government of Nunavut is also working on building capacity for sexual health education among community health representatives, teachers, and nurses. In-person and telehealth training is conducted regularly, and a new suite of resources (information for educators, lesson plans, and classroom presentations) will be made available on their website. Additionally, the Government of Nunavut is working with the Embrace Life Council and Voice Found to develop child sexual abuse prevention training for adults.

Nunavik

Qarmaapik House in Kangiqsualuguaq, Nunavik, is a community-driven safe house and family support centre. Elders, parents, educators, and community health and social services providers work together to provide Inuit families with the tools, support and understanding to prevent family crises. The multi-service centre won the 2016 Arctic Inspiration Prize.

The Nunavik Regional Board of Health and Social Services offers the **Good Touch – Bad Touch** program in Inuktitut to teach children a comfortable way to talk about what abuse is, personal body-safety rules, who can help them and what to do if they are threatened or harmed. The lessons are positive and taught according to values such as respect for oneself and others, compassion, humour, honesty, caring and responsibility. The on-line link is available: www.nrbhss.gouv.qc.ca/en/departments/public-health/prevention-and-health-promotion/good-touch-bad-touch-program.

The Nunavik Sex Education Program, available in three languages, was developed in Nunavik with input from youth, parents and teachers, and in consideration of Inuit values. Topics include self-esteem, healthy relationships, the body and its functions, behaviours with and without risk, STBBIs, condom use and contraception. An on-line link is available: www.nrbhss.gouv.qc.ca/en/departments/public-health/infectious-diseases/sexual-health-and-education.

Nunatsiavut

Nunatsiavut has Community Health Aides (CHAs) in each community, which has proven to be instrumental in assisting public health nurses with STBBI follow ups. This is largely because CHAs are often from Nunatsiavut but many of the nurses are not. The presence of CHAs helps to build trusting relationships between community members and healthcare providers. CHAs assist nurses in locating clients, following up on missed appointments and by providing education.

Nunatsiavut is currently in the process of developing a sexual health and wellness program for the region. For example, they are currently creating and delivering sexual health workshops using an art-based approach. Additionally, Nunatsiavut is committed to partnering with other regions and Inuit organizations to share knowledge and resources, as well as building capacity and implementing innovative and best practices.

Bibliography

Charron, M., Penney, C., & Senécal. (2010). *Police-reported crime in Inuit Nunangat*, catalogue number 85-561-M, no. 20. Ottawa, ON: Canadian Centre for Justice Statistics, Statistics Canada. www.statcan.gc.ca/pub/85-561-m/85-561-m2010020-eng.htm

Fortin, S., Jacobson, W., Gagnon, J., Forget-Dubois, N., Dionne, J., Jacobson, J.L., & Muckle, G. (2015). Socioeconomic and psychosocial adversity in Inuit mothers from Nunavik during the first postpartum year, *Journal of Aboriginal Health*, 9(2), 63-75. https://journals.uvic.ca/index.php/ijih/article/view/14363

Galoway, T., Saudny, H., & Nunavut Inuit Health Survey Steering Committee. (2012). *Inuit Health Survey 2007-2008: Nunavut community and personal wellness*. Montreal, QC: Centre for Indigenous Peoples' Nutrition and Environment, McGill University. www.tunngavik.com/files/2012/09/IHS_NUNAVUT-FV-V11_FINAL_AUG-15_2012.pdf

Government of Nunavut, Department of Health and Social Services. (2011). *Nunavut sexual health framework for action*. Iqaluit, NU. www.gov.nu.ca/sites/default/files/files/Nunavut%20Sexual%20Health%20Framework%20ENG.pdf

Ibrahim, D., & Burczycka, M. (2014). *Family violence in Canada, A statistical profile 2014*. Ottawa, ON: Canadian Centre for Justice Statistics, Statistics Canada. www5.statcan.gc.ca/olc-cel/olc.action?ObjId=85-002-X201600114303&ObjType =47&lang=en&limit=0

Inuit Tapiriit Kanatami. (2016a). *Inuit Chronic Disease Prevention and Management*. Ottawa, ON.

Inuit Tapiriit Kanatami. (2016b). *National Inuit Suicide Prevention Strategy*. Ottawa, ON. https://www.itk.ca/wp-content/uploads/2016/07/ITK-National-Inuit-Suicide-Prevention-Strategy-2016.pdf

Inuit Tapiriit Kanatami. (2014). *Social determinants of Inuit health in Canada*. Ottawa, ON. www.itk.ca/wp-content/uploads/2016/07/ITK_Social_Determinants_Report.pdf

Kishigami, N. (2014). T*he current condition of low-income and homeless Inuit in Montreal, Canada and the problems they face – General trends based on a 2012 study in Montreal*. Osaka.

Pauktuutit Inuit Women of Canada. (2016). *Strategic Plan for Inuit Violence Prevention and Healing*. Ottawa, ON. http://pauktuutit.ca/wpcontent/blogs.dir/1/assets/StrategicPlan_English.pdf

Public Health Agency of Canada. (2014). *HIV/AIDS epi updates, Chapter 8: HIV/AIDS among Aboriginal people in Canada*. Ottawa, ON. www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/8-eng.php#a17

Savoie, D., & Cornez, S. (2014). *Low income and homeless Inuit in Montreal*. Montreal, QC: Makivik Corporation.

Statistics Canada. (2016b). *Aboriginal Peoples and Language*. Ottawa, ON. http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011003_1-eng.cfm

Statistics Canada. (2016a). *Age-specific fertility rate, females 15 to 19 years, Canada and Nunavut, Cansim Table* 102-4505. Ottawa, ON. www5.statcan.gc.ca/cansim

Statistics Canada. (2016c). 2011 *National Household Survey*. Ottawa, ON. http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/dt-td/Index-eng.cfm

Wood, D. S. (2011). Alcohol controls and violence in Nunavut: A comparison of wet and dry communities. *International Journal of Circumpolar Health*, 70(1), 19. www.circumpolarhealthjournal.net/index.php/ijch/article/view/17801

Acronyms and Definitions

AIDS: Acquired immunodeficiency syndrome is a term that applies to the most advanced stages of HIV infection. It is defined by the occurrence of any of more than 20 opportunistic infections or HIV-related cancers.

Chlamydia: The most common bacterial sexually transmitted infection. It is often asymptomatic and can lead to reproductive cancers.

FASD: Fetal alcohol spectrum disorders is the umbrella term for impairments of the growth and development of the brain and the central nervous system. It is caused by drinking alcohol during pregnancy.

Gonorrhea: The second most common bacterial sexually transmitted infection. It is often asymptomatic and can lead to reproductive cancers.

Harm reduction: A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

HIV: The human immunodeficiency virus infects cells of the immune system, destroying or impairing their function. Infection with the virus results in progressive deterioration of the immune system, leading to "immune deficiency." The immune system is considered deficient when it can no longer fulfil its role of fighting infection and disease. Infections associated with severe immunodeficiency are known as "opportunistic infections" because they take advantage of a weakened immune system.

LGBTQQ: Lesbian, Gay, Bisexual, Transgender Queer or Questioning.

Sexual identity: How someone thinks of themselves in terms of who they are romantically or sexually attracted to. A person may identify themselves as heterosexual, homosexual, bisexual, asexual, non-sexual, unlabeled or other.

Sexual orientation: A person's sexual identity in relation to their sexual behaviours and intimate relationships.

STBBIs: Infections that are sexually transmitted or transmitted through the blood.

Tuberculosis (TB): An infectious disease caused by a group of bacteria. There are two tuberculosis-related conditions: latent tuberculosis infection and active TB disease.

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