

Uuktuutiit:

Inuit Sexual Health Indicators



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PAUKTUUTIT
INUIT WOMEN OF CANADA

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About the Cover...

Uuktuutiit is the Inuktitut term for “Tools for Measurement”. Inuit seamstresses are accustomed to using a keen eye and their experience of observation to make precise measurements. They understand that there is no one size fits all. By adapting these skills and training our eyes to also analyze and measure sexual health in communities, we ensure that expertise in sexual health is determined and monitored by Inuit and for Inuit to reach community goals for life-long sexual health. Just like sewing together the meticulously measured pieces of a pattern, choosing the sexual health indicators that work best for each community’s or region’s needs will help to assemble a holistic picture of sexual health which is tailored for the perfect fit!

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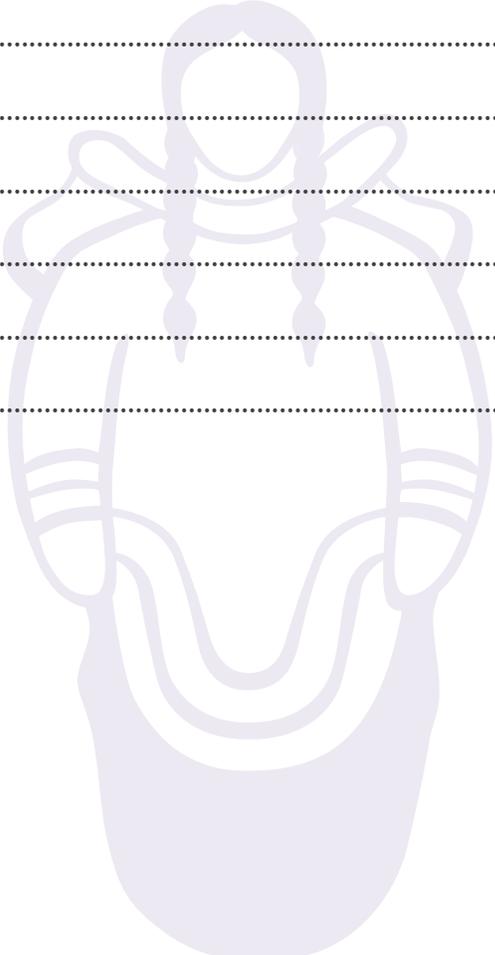
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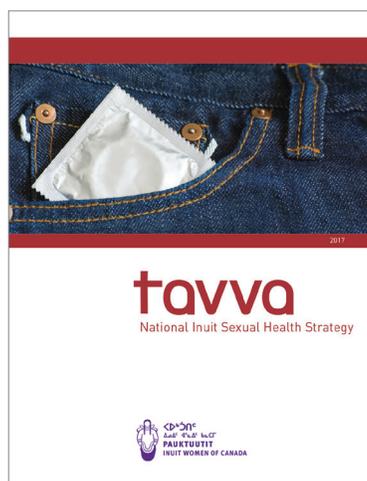
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INTRODUCTION

Background

Pauktuutit Inuit Women of Canada (Pauktuutit) fosters greater awareness of the needs of Inuit women, advocates for equality and social improvements and encourages their participation in the community, regional and national life of Canada. Pauktuutit leads and supports Inuit women in Canada in policy development and community projects in all areas of interest to them for the social, cultural, political and economic betterment of the women, their families and communities.



Pauktuutit has been advocating for sexual health initiatives, supporting community awareness campaigns and coordinating the Canadian Inuit HIV/AIDS Network (CIHAN) for many years. In 2017, the organization held a

national roundtable with Inuit sexual health experts that resulted in *Tavva: National Inuit Sexual Health Strategy* (Pauktuutit Inuit Women of Canada, 2017) and the formation

of a national Inuit Sexual Health Network. At its inaugural meeting in November 2017, the Network developed an Inuit-specific STBBI Cascade of Care called *Ikajurniq* (Pauktuutit Inuit Women of Canada, 2018) that was updated in 2021.

One of the six strategic priorities in *Tavva: National Inuit Sexual Health Strategy* is enhancing Inuit-specific research and surveillance:

“... strategic priorities need to be supported by increased research and surveillance activities that are 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”.

Pauktuutit Inuit Women of Canada,
2017, p. 21

Inuit Sexual Health Network

The Inuit Sexual Health Network is comprised of experts in sexual health from each of the Inuit regions. At their July 2019 meeting, members discussed the value and meaning of sexual health indicators for Inuit and what information is needed to assess and respond

to sexual health needs. Sexual health is regarded as an important topic in Inuit communities and indicator development and data collection can enhance efforts to promote and protect Inuit sexual health.

Inuit Sexual Health Indicators

Inuit-specific indicators will assist in:

- reflecting the voices of the community through information and data;
- describing sexual health and wellness and gaps/needs based on an Inuit understanding;
- providing direction, evaluation and continual improvement to work regarding sexual health;
- setting program priorities, goals and objectives; and
- creating culturally relevant, safe and accessible policies, services and programs.

Indicator development and monitoring is intended to contribute to:

- timely and accurate information;
- community and regional ownership of the issue through increased knowledge;
- decisions about health care provision that are defined, informed and implemented by Inuit;
- prevention approaches that work for Inuit; and
- optimal sexual health and quality of life.

The World Health Organization defines health indicators as:

“... markers of health status, service provision or resource availability, designed to enable the monitoring of service performance or programme goals.

Monitoring is a process of comparison,

across populations or geographical areas, to highlight differentials or to detect changes over time (to measure progress) between reality and goals”.

World Health Organization, 2006, p. 4

More simply put, population indicators can measure aspects of health and describe positive and negative health characteristics. Program indicators help to monitor service usage and quality of services intended to improve health. Inuit sexual health indicators will enable communities, regions and national organizations to describe progress over time and to compare Inuit sexual health status to that of other populations.

An Inuit understanding of sexual health goes beyond the absence of sexually transmitted and blood borne diseases, unwanted pregnancy, sexual violence and unhealthy relationships. The Inuit Sexual Health Network wanted also to explore indicators for positive aspects of sexual health and sexuality and acknowledge that not all communities define “success” in the same way. For example, in communities that are just beginning to address sexual health issues in culturally and regionally-specific ways, increased awareness of healthy sexuality and reduced stigma toward STBBIs is a big step forward. For others that have achieved these milestones, increased testing for STBBIs and higher numbers of healthy teen relationships are measures of success.

Inuit Sexual Health Indicators Pre-work

Based on its initial work to identify what Inuit-specific sexual health indicators mean for healthcare providers and Inuit communities, the Network developed a project to:

- conduct an internet scan of existing international, national and provincial/

territorial Indigenous and mainstream sexual health indicators and health information;

- review key documents to identify sexual health indicators relevant to Inuit;
- contact provincial, territorial and regional



governments and Inuit organizations to discuss current sexual health data being collected and needs and gaps;

- document indicators that reflect an Inuit understanding of sexual health that are measurable, reliable, practical and cost effective; and
- select priority Inuit-specific sexual health indicators.

The internet scan was carried out between February and May 2020 and updated in early 2021. Due to the COVID-19 pandemic, it was not possible to consult with government and Inuit public health contacts. This report provides information on the findings from the internet scan, the identification of a “long list” of potential indicators, and the selection of priority indicators for Inuit sexual health research and surveillance.

DEVELOPING INUIT SEXUAL HEALTH INDICATORS

Three Inuit-specific processes/reports provided the framework for the development of sexual health indicators: 1) *Tavva: National Inuit Sexual Health Strategy* (Pauktuutit Inuit Women of Canada, 2017), 2) *Ikajurniq: An Inuit Cascade of Care Framework for Sexually Transmitted and Blood Borne Infections* (updated) (Pauktuutit Inuit Women of Canada, 2021), and 3) *Social Determinants of Inuit Health in Canada* (Inuit Tapiriit Kanatami, 2014).

The documents support an Inuit approach to sexuality and sexual healthcare that recognizes core Inuit societal values, the effects of colonization and modernization, and social determinants of health such as lack of housing, the high cost of living in the north and in large urban centres, food insecurity, education, intergenerational trauma, substance use and stigma and discrimination.

Tavva: National Inuit Sexual Health Strategy

Tavva: National Inuit Sexual Health Strategy (Pauktuutit Inuit Women of Canada, 2017) provides an overall framework for efforts to improve Inuit sexual health. An expert national roundtable met for three days to formulate the first Inuit strategy on sexual health. Participants described healthy Inuit sexuality as extending from childhood to old age.

“[It] 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”.

Pauktuutit Inuit Women of Canada,
2017, p. 12



The goal of the sexual health strategy is to enable all Inuit to be sexually healthy throughout their lives.

The components of healthy Inuit sexuality include:

Positive body image	Healthy relationships	Knowledge
Pleasure & intimacy	Fluid gender & sexual identities ¹	Self-esteem
Self-determination	Clear communication	Consensual sex
Safe sex	Intergenerational communication	Mental wellness

Tavva identifies six broad, policy and program priorities, with associated activities and projects that provide direction for the development of sexual health indicators. The priorities are:

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.

Ikajurniq: Inuit Cascade of Care for STBBIs

Inuit in Canada experience high rates of chlamydia, gonorrhoea and syphilis, and fear a rapid rise in HIV. The Inuit Cascade of Care Framework was created to increase the number of Inuit getting tested and diagnosed and completing treatment before they spread infection to others. The framework takes into account the social determinants of health that affect Inuit access to sexual health and sexual healthcare and the gaps in culturally safe practice. It builds on Canadian best practices in serving Indigenous and other marginalized populations as well as Inuit cultural knowledge and practices

Challenges and corresponding effective practices identified in the Cascade provide another lens for the development of sexual health indicators.

Prevention

- Increasing sexual health literacy
- Reducing factors that increase risk, such as sexual violence and coercion, not using safer sex practices, anonymous sex, and sex under the influence of drugs and alcohol

Being Diagnosed

- Changing social norms and attitudes toward STBBIs and testing
- Reducing stigma
- Ensuring client confidentiality
- Increasing access to testing

Treatment

- Increasing practitioner knowledge
- Reducing the time between a test result and treatment

¹ Many acronyms have been used to describe gender and sexual identity, referring to two spirit, lesbian, gay, bi-sexual, transgender, queer and questioning individuals. In this document, we refer to “fluid gender and sexual identities as defined by Inuit ways of knowing”.



- Increasing means of following up with clients
- Reducing re-infection
- Improving patient-centred approaches.

Overarching Effective Practices

- Increasing access to sexual healthcare
- Increasing cultural safety in services
- Increasing treatment for trauma
- Increasing sexual selfcare

Social Determinants of Health

“Social determinants of health are “the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choice”.

World Health Organization, 2013, cited in Inuit Tapiriit Kanatami, 2014, p. 3

Social determinants of overall Inuit health that impact sexual health include:

- | | |
|-----------------------|-------------------|
| Income/cost of living | Food Security |
| Education | Safety & security |
| Mental wellness | Health services |
| Housing | |

Additionally, these determinants also directly influence aspects of sexual health:

- | | |
|--------|---------------------------|
| Gender | Substance use |
| Age | Stigma and discrimination |

Inuit Tapiriit Kanatami, 2014; Pauktuutit Inuit Women of Canada, 2017

SELECTION PROCESS

The e-scan identified a number of sexual health indicator documents with a few containing information relevant to Indigenous and other marginalized populations.

Data and Indicator Sources

The following sources were used in the selection of indicators:

- Canadian Partnership for Women and Children’s Health – Sexual and Reproductive Health and Rights Indicators
- Inuit Tapiriit Kanatami – Qanuippitaa? National Inuit Health Survey
- Public Health Agency of Canada – Canadian Notifiable Disease Surveillance System (CNDSS)
- Public Health Agency of Canada – Canadian Sexual Health Indicators (ages 16 to 24)
- Statistics Canada – Aboriginal Peoples Survey
- Statistics Canada – Canadian Community Health Survey
- UNAIDS – Global AIDS Monitoring
- USAID – Family Planning and Reproductive Health Indicators Database



- World Health Organization – Global Sexually Transmitted Infection Surveillance (STIS)
- World Health Organization – Measuring Sexual Health

- World Health Organization – Reproductive Health Indicators

For source information, see the bibliography on page 11.

Selection Criteria

These criteria were used for the selection of Inuit-specific sexual health indicators.

Relevance and validity of the data:

- Is the proposed indicator responsive to immediate or long-term needs identified in *Tavva* or *Ikajurniq*?
- Will the data be a valid measure of what we are trying to understand?
- Is the indicator culturally sensitive and relevant to Inuit and more specifically Inuit women?

- Will analysis of the data notably impact programming, awareness, education or practices in communities?

- Is the indicator relevant to regional and urban Inuit needs?

Availability of data:

- Is the data already or soon to be available?
- Is the data relatively easy to collect?

Indicator Categories

Relevant indicators were grouped into three categories based on sources of data: 1) population outcomes, 2) program and service performance and 3) community awareness and action, with topic-specific sub-categories.

Population Outcomes

- General
- Child Education and Development
- Youth Education and Development
- Self-esteem
- Birth Planning and Choice
- Safe Sexual Activity
- Healthy Relationships and Safe Homes

Program and Service Performance

- Health System
- Sexual Health Education
- Sexual Health Care
- STBBI Testing and Treatment
- Mental Health and Addictions
- Relationship Violence
- Research and Monitoring

Community Awareness and Action

- Community Safety
- Action Planning
- Awareness and Diversity



PRIORITY INDICATORS

The **15 indicators** below have been selected by the Inuit Sexual Health Network as priority markers for individual and community sexual health. Please note that the planned National Inuit Health Survey will collect considerable descriptive and demographic data on sexual activity, pregnancy, safer sex, healthy relationships, safe homes and community safety. The indicators selected for this project are intended to complement but not duplicate Inuit health survey data. Indicators are grouped under the **six priorities** in *Tavva: Inuit Sexual Health Strategy*.

1. Enhance Inuit Sexual Health Education

Indicator 1: Number of communities and regions that include regionally and community specific Inuit ways of knowing in sexual health campaigns

To be successful, awareness and education campaigns need to be based in Inuit knowledge and cultural values and be relevant to local and population needs. Aspects such as role modeling, fostering acceptance and “raising a capable child”. Data can be collected through content analysis and local surveys or interviews with public health and education staff, community members and Elders.

Indicator 2: Number of communities and regions with evidence of championing gender and sexual identity

Colonization has interfered with traditional cultural acceptance of fluid Inuit gender and sexual identities. Public support for all forms of gender identity, expression and sexual orientation will promote understanding and reduce discrimination and access to services. Research should involve those directly affected to assess their perception of support and gather feedback from other community members.

Indicator 3: Level of knowledge for prevention of STBBIs

While information is not all that is needed for prevention of STBBIs, lack of knowledge, misconceptions and stigma contribute to high rates of sexually transmitted and blood-borne infections. Those being treated for STBBIs, their partners and their service providers should be surveyed to determine their level of knowledge. School-based questionnaires could also be used for surveying youth.

Indicator 4: Level of confidence among parents to discuss sexual health issues with their children

Through experiences of sexual trauma, silence and the residential school experience, many parents are not comfortable providing sexual health education and support to their children. A composite measure of “confidence” could be used to further understand these barriers and develop ways to support parents. Information could be collected from parents, counsellors and educators.

2. Address Substance Abuse and High-Risk Behaviours

Indicator 5: Number of Inuit addictions counsellors per capita in each community

Tavva: National Inuit Sexual Health Strategy identified alcohol and drug use and resulting high-risk behaviours as major contributors to sexual coercion, sexual

violence and pregnancy/STBBI prevention. Yet many communities lack Inuit addictions counsellors and programs. Annual reporting would provide an indication of any progress in this area.



Indicator 6: Number, gender and age of ability to promote and protect their sexual health

Many factors contribute to individuals' ability to live a sexually healthy life, including self-esteem, worthiness, able to withstand peer pressure, knowledge, skills and trust in

healthcare providers. Exploratory research with women, youth and men in different age groups could provide a more in-depth understanding of these factors, leading to wider population measures of self-promotion and protection.

3. Reduce Sexual Violence

Indicator 7: Number of communities and regions that have an annual campaign/regular activities to prevent sexual violence

Attention to gender-based violence and family violence is increasing in Inuit communities, however, child sexual abuse and adult sexual assault are less often talked about. Sexual violence/coercion contributes to transmission of STBBIs, unplanned pregnancy, trauma and reluctance to seek sexual and reproductive healthcare. Tracking sexual violence campaigns/activities will build momentum for change.

Communities can learn from others' awareness campaigns, culturally safe counselling services, men's and boys programming, trauma and addictions treatment and preventive family support. Annual reporting on these activities and how many communities are engaged in violence prevention will provide an ongoing measure of progress.

Indicator 8: Number of communities and regions that have an annual campaign/regular activities to prevent family violence

Preventing all forms of family violence is of high priority for many communities.

Indicator 9: Number of shelters in Inuit communities and nature of clients

Safe shelter from violence is needed in all communities. Women, men, youth and children need to be able to leave dangerous situations and get support toward a violence-free life. We also need information on the nature and use of services, client demographics, types of violence, etc. in order to provide the most effective services based on the needs of communities.

4. Prevent Sexually Transmitted and Blood-Borne Infections (STBBIs)

Indicator 10: Number, gender and age of Inuit with positive test results for STBBIs

Metrics on the number, gender and age of Inuit who have tested positive for STBBIs including syphilis, chlamydia, gonorrhoea and HIV/AIDS is an important surveillance practice. It provides data on the most prevalent diseases, genders and ages of those most affected. Inuit-specific client statistics are essential for monitoring changes in rates, comparing them to other populations and developing effective prevention programs and services.

Indicator 11: Number, gender and age of Inuit completing treatment for STBBIs

Ikajurniq: Inuit Cascade of Care Framework for STBBIs identifies many barriers to Inuit being tested and diagnosed and completing treatment for STBBIs. Incomplete treatment leads to ongoing infection and higher rates of transmission to others. Research on those completing and not completing treatment would provide more in-depth knowledge on removing barriers and increasing treatment completion.



Indicator 12: Number, gender and age of patients/clients' level of satisfaction with specific sexual health programs/services

Inuit seeking sexual and reproductive health services can experience inferior care, including breaches of privacy and confidentiality, cultural and language barriers and rushed healthcare providers. This can result in lack of trust, medical errors and missed opportunities for education and treatment. Anonymous client feedback surveys would provide a better understanding of and solutions to these issues.

Indicator 13: Number, gender and age reporting problems with the care received

In addition to barriers to care noted above, Inuit also report experiences of stereotyping, discrimination, racism and a lack of free, prior and informed consent to some treatments and procedures. Measures in addition to the medical complaints process are needed to document and address these issues. Methods could include targeted follow-up interviews with clients/patients and population-level surveys.

5. Strengthen Mental Health and Trauma-Informed Supports

Indicator 14: Number, gender and age of youth who report having a safe place in the community to discuss sexual health concerns

We know that mental health issues and trauma affect interpersonal relationships and sexual behaviour and that youth don't always have trusted adults to talk to or peers who can provide support and accurate information. Annual audits of youth-serving organizations, mental health and addictions programs and access to healers and Elders would further support development of safe spaces for youth.

Indicator 15: Number of Inuit mental health counsellors per capita in each community

Many Inuit studies and reports emphasize the importance of increased delivery of mental health services by Inuit in order to reflect cultural values and knowledge, provide more services in Inuktitut and contribute to Inuit self-determination. Reporting on changes to the number of Inuit mental health counsellors in communities over time would draw attention to this issue.

6. Enhance Inuit-Specific Research and Surveillance

Priority six of *Tavva: National Inuit Sexual Health Strategy* is addressed through the development of this Indicators Report and

subsequent research and data collection initiatives..



ADDITIONAL INUIT SEXUAL HEALTH INDICATORS

These additional indicators of Inuit sexual health were of lower priority but still of interest to the Inuit Sexual Health Network.

Education and Awareness

- Level of relevance of sexual health school curricula for Inuit and northern communities
- Number of elementary and secondary schools that provide age-appropriate sexual health education at each grade level
- Level of sexual health literacy/knowledge among teachers
- Number of youth who have received comprehensive sexual and reproductive health education
- Number of communities and regions that are tailoring messages for men's sexual health
- Number of communities and regions with evidence of reduced stigma related to STBBIs
- Level of knowledge for prevention of pregnancy

Sexual Health Services

- Number of Inuit traditional healers/elders per capita in each community
- Number of health care providers in each community trained to detect signs of sexual abuse or violence
- Number, gender and age of Inuit being tested annually for STBBIs
- Average number of days between a positive test result and beginning of treatment for STBBIs

Research and Planning

- Number of regional and national sexual health surveillance plans
- Number of communities and regions that have a sexual health action plan

CONCLUSION

There is much yet to be discovered about attitudes, beliefs, experiences and behaviours at a population level that will contribute to a better understanding of sexual health as defined by Inuit ways of knowing. New information will lead to knowledge about living a sexually healthy life. Increased surveillance and reporting on sexual ill-health, including diseases and conditions, sexual violence and abuse and unhealthy relationships will contribute to more effective prevention and treatment options. Reporting on community campaigns and initiatives will raise their profile and promote the sharing of best practices. An annual compilation of selected sexual health indicators can act as a way to track progress in regards to Inuit sexual health.



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