Inuit family understandings of sexual health and relationships in Nunavut

Gwen K. Healey, MSc

ABSTRACT

OBJECTIVE: To explore Inuit family understandings of sexual health and relationships in order to inform responsive public health interventions that are designed to meet the needs of Nunavummiut.

METHOD: A qualitative indigenous knowledge approach was used for this study with a focus on Inuit epistemology and methodology, as described in the Piliriqatigiinniq Community Health Research Partnership Model. Interviews were conducted with 20 parents in three Nunavut communities in 2011. An immersion and crystallization analytical approach was used to analyze the data and to identify groupings or themes in the data. The stories shared by parents are honoured, keeping their words intact as often as possible in the presentation of results.

RESULTS: Parents in this study largely discussed sexual health in the context of historical community events related to settlement and/or residential schools. Residential schools and forced settlement into communities were linked to trauma, family separation, hardship and grief. These experiences were prominent in participants' understandings of sexual health and perceptions of sexual health behaviours among youth in the community.

CONCLUSION: This study highlights the complexity of the landscape of sexual health in Nunavut and the need for public health approaches that are inclusive of Inuit family perspectives on sexual health. Greater understanding of historical and community context can contribute to the development of pertinent, evidence-based public health interventions that will meet the needs of the population.

KEY WORDS: Inuit; family health; social determinants of health; indigenous population; reproductive health

La traduction du résumé se trouve à la fin de l'article.

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Nunavut parents of today's youth generation (13-19 years) have pointed out that the high rates of teen pregnancy among young Nunavummiut, i.e., 119/1,000 for youth aged 15-19,[1] are worrisome.[2-4] In addition, Nunavut Territory consistently reports the highest rates of chlamydia and gonorrhea (3,772/100,000 and 1,588/100,000, respectively), both of which are sexually transmitted infections (STIs), compared with Canadian rates (259/100,000 and 33/100,000, respectively).[5] These rates have been high and have remained high for many years. Public health approaches have largely focused on reducing rates of STIs and unwanted teen pregnancies, but the rates have not declined. The purpose of the study was to explore Inuit family perspectives on the factors that they perceive to be shaping the present-day picture of sexual health and relationships in Nunavut, with particular attention to (but not limited to) relevance to young people, in an effort to inform public health interventions in Nunavut.

BACKGROUND

Inuit are the indigenous inhabitants of the North American Arctic, whose homeland stretches from the Bering Strait to east Greenland, a distance of over 6,000 kilometres. Nunavut is one of the four Canadian *Inuit Nunangat*:* Nunavut, Nunavik (Northern Quebec), Inuvialuit (northern Northwest Territories) and Nunatsiavut (northern Labrador). Today, there are 25 communities in Nunavut ranging in size from a population of 110 to a population of 7,000. The population of Nunavut in 2011 was 29,474, of whom approximately 85% are Inuit.[6] Nunavut has a very young population: in 2006, 53% of the population were individuals 24 years of age and younger.[6]

Historical context of Nunavut

Before contact, small groups of Inuit families travelled together to different camps and hunting grounds, in *ilagiit nunagivaktangat* ("a place used regularly or seasonally by Inuit for hunting, harvesting and/or gathering"). In the Qikiqtaaluk (Baffin) region, for example, Inuit lived in small, kin-based groups in over 100 locations throughout the region.[7] Today there are 12 permanent communities in the region. Before formal schooling was introduced, Inuit

* *Inuit Nunangat* is an Inuktitut term commonly used to refer to the lands occupied by Inuit.

Author's Affiliation

Qaujigiartiit Health Research Centre, Iqaluit, NU

Correspondence: Gwen K. Healey, Qaujigiartiit Health Research Centre, Iqaluit, NU X0A 0H0, E-mail: Gwen.healey@qhrc.ca

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children learned the skills they needed to carry out their traditional roles by observation and practice.[7,8] They acquired knowledge and skills by accompanying parents on harvesting activities;[8,9] preparing skins and sewing clothing; and observing and assisting with childrearing, food preparation and camp life.[10-13] While specific practices (i.e., practices related to childbirth) differed among camps/regions in the pre-settlement period, generally teachings related to family and reproductive health were supported equally by both men and women and embedded in everyday life activities and conversations in the family.[9-11,14]

Relocation and settlement

A process of relocation to more central sites began as a response by Inuit to the presence of traders, explorers and missionaries. It took new form with systematic efforts by the government in the 1940s and 1950s to "resettle" Canada's North. At the beginning of this period, Inuit in the Central and Eastern Arctic were still actively involved in the fur trade and were living off the land. The presence of the military, resource development and missionary activity were increasing, and tuberculosis and polio epidemics took a toll among Inuit.[15] The Report of the Royal Commission on Aboriginal Peoples (1996) notes that in these years government administrators were troubled by the health and welfare reports that came to see the North as being in a state of crisis that required immediate attention.[16] At that time, the Canadian government implemented resettlement programs in the eastern Canadian Arctic in an effort to 1) protect Canada's sovereignty post-World War II; 2) facilitate the opening of trading posts by the Hudson's Bay Company; and 3) police, educate and provide health care for remote populations.[16,17] Inuit were not consulted about these changes, and many never knew why they were imposed on them and in such a short period of time.[7] The agencies of the Government of Canada that were responsible for the implementation of settlement policies are still not fully aware of their own history in the Arctic or the effects of their decisions and actions.[7] By 1956, one in seven Inuit was living in a tuberculosis sanatorium in southern Canada for treatment.[18]

Residential school

In the first 50 years of the 20th century, attempts by outsiders to teach Inuit children reading, writing and arithmetic were scattered and inconsistent. In 1951, the first government-regulated school for Inuit was opened in Chesterfield Inlet.[19] Inuit parents were asked to place their children in school hostels for all or a portion of the school year while parents and non-school-age siblings returned to their camps. Inuit parents who agreed to schooling did not wish to leave their children alone and often came to the settlement with their families, living in tents until housing was available. For some communities, up to three generations of Inuit children were sent away from their families to attend schools in larger communities.[19] This caused great anguish for both the parents and the children.[7] Residential schools for Inuit continued to open into the 1960s, and by 1963, there were 3,997 Inuit children attending the schools.[20] In June 1964, 75% of 6- to 15-year-old Inuit children and youth were enrolled in the schools. These students are the parents and grandparents, uncles and aunts of today.

Inuit of northern Canada, as with other indigenous groups in Canada, have and continue to experience a shift in a way of living over the last several decades. Those who were medically evacuated for tuberculosis or other medical treatment often returned to their communities up to a year or more later, if at all, and residential school students were away from their families for up to 10 months of the year.[18] These individuals were disconnected from their family, culture, language and community upon their return.[3,17,21] The reports of physical, emotional, mental and sexual abuse of children during the residential school era are well documented.[22] The experiences of resettled Inuit continue to have an impact on many Nunavut residents to this day.

Sexual health

Sexual health is a critical part of public health and is an important part of healthy living. Healthy sexuality involves acquiring the skills, knowledge and behaviours to maintain good sexual and reproductive health throughout life. Sexual health has been highlighted as a serious public health concern in Nunavut[2,4,23] by parents and community members, and the territory reports the highest rates of chlamydia and gonorrhea infection in all of Canada.[24,25] The World Health Organization (2002) defines sexual health as, "a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."[26] In Nunavut, sexual health education is part of the school curriculum, and community health representatives, physicians and nurses provide additional support when and where available.

METHODS

This qualitative participatory research study explored a topic identified by community members through a series of consultations conducted in Nunavut between 2006 and 2008.[4,23] The researcher was born and raised in Nunavut, lives and works in the community as a health researcher, and initiated the study at the request of fellow community members. The research project was designed and implemented in partnership with community wellness or research centres in each of the three communities. The project was supported in principle by Nunavut Tunngavik Incorporated and the Chief Medical Officer of Health for Nunavut. The research protocol was reviewed by community members and community wellness committees in the three communities, and their feedback was provided to the Nunavut Research Institute, which had granted a research licence. Ethical approval was granted by the University of Toronto Community-Based HIV/AIDS Research Ethics Board.

Decolonizing research is a process of conducting research with indigenous communities, placing indigenous voices and epistemologies in the centre of the research process.[27] It critically examines the underlying assumptions that inform the research and challenges the widely accepted belief that Western methods and ways of knowing are the only objective, true science, marginalizing indigenous methods and ways of knowing.

This research project was conducted within an indigenous knowledge framework and with a focus on Inuit epistemology and

methodology, specifically, the *Piliriqatigiinniq* Partnership Community Health Research Model.[28] The model highlights five Inuit concepts that informed the research approach: *Piliriqatigiinniq* (the concept of working together for the common good); *Pittiarniq* (the concept of being good or kind); *Inuuqatigiinniq* (the concept of being respectful of others); *Unikkaaqatigiinniq* (the philosophy of story-telling and/or the power and meaning of story); and *Iqqaumaqatigiinniq* (the concept that ideas or thoughts may come into "one"). The model calls attention to indigenous ways of knowing and the research approaches that grow from an indigenous worldview.[29-31] With particular emphasis on relational epistemology[32] and recognizing relationships that are fostered or created as part of the research process, the *Piliriqatigiinniq* model emphasizes connections between people as essential pieces of the research process, from asking the question, to engaging members of the community in the project, to the collective uptake and sharing of the findings. A paper outlining the theoretical and methodological aspects of this study in greater detail is published elsewhere.[28]

Participants were engaged in the study through community health and wellness centres and were offered the opportunity to be project partners if they so desired. The researcher is from Nunavut and had existing, trusting relationships with many of the organizations and individuals who volunteered to be part of the study. This added richness and depth to the dialogue. Interviews were conducted in a comfortable setting chosen by the participant, recorded with permission and transcribed verbatim. Participants were asked open-ended questions and invited to tell stories and share experiences in English, Inuinnaqtun or Inuktitut. Universally, parents chose English, with the exception of one community where participants alternated between English and Inuktitut terminology. Translations were provided by the researcher and verified for accuracy by a third party when needed.

Data were analyzed through a process of immersion and crystallization[33] which, from the perspective of the researcher, is a process that is analogous to the Inuit concept of *Iqqaumaqatigiiniq*. Through a process of reading and re-reading transcripts and highlighting stories in the text, several themes crystalized in the data. A rigorous, respectful and mindful process was followed for the data analysis, which included the comparison of findings with the known literature on the topic; discussion of findings with the local Nunavut-based advisors, who included representatives from two community wellness centres,* the Chief Medical Officer of Health for Nunavut, a community health representative and a public health nurse; member-checking with participants or collaborators when and where appropriate to develop the analysis; and honouring the stories that were shared by parents by keeping their words intact as often as possible in the presentation of results without breaching confidentiality.

RESULTS

Twenty interviews were conducted in three geographically, regionally and historically distinct Nunavut communities with Inuit parents who had at least one teenage son or daughter between the ages of 13 and 19 years. The population of the communities ranged from 1,200 to 7,000. Of the parents who volunteered to be interviewed for this study, 3 were fathers and 17 were mothers; 19 of 20 did not complete high school; 11 were employed in part-time, seasonal or casual work, 3 were unemployed, and 6 were employed full-time. Parents shared stories of their own personal experiences, as well as those of family members and observations of the community. They spoke of relationships at the individual level as well as in the larger community and the historical context of the region.

Parents were asked open-ended questions about what terms like "relationships" and "sexual health" mean to them, and whether they discussed these topics with their children. The term "sexual health" was largely defined by parents in relation to community and a social context. In answering the questions, parents identified specific events in community history, then discussed personal experiences related to the events. Community events most frequently discussed in the interviews included settlement and residential schools. Parents shared specific experiences of childhood trauma, hardship and sexual abuse related to these events. They often highlighted their desire to create a different path for their own children as a result of the traumas they had experienced. Themes are presented in English, as that is the language in which the stories were conveyed, mirroring the way in which parents shared experiences within a larger community issue.

Settlement and displacement

Participants associated general changes in the behaviour and attitudes of community members regarding sexual health and relationships with the settlement period. For example, before settlement, relationships or unions were primarily arranged by members of the families or camps. As a result of settlement, young people living in a community group met others in their peer group from other camps and from outside of the North. Participants in this study perceived a decline in arranged unions and an increase in short-term relationships in the community from this point in time. Commenting on the high rate of teen pregnancy in his community, which he perceived to be related to increasing short-term relationships, one father stated,

*"I think [young people] think it's normal [to have children at 14 or 15 years of age]. Because back in 1940s and 50s there was 7 to 8 different tribes…and when they first got together, a lot of things were happening. So, from that time, it started. To having sex wherever they were [with whoever they want] – oh look at that person [or] that new person, and would start having [a relationship]. Ever since then, it's been going on. So, it's going to be hard to stop it like that. *snaps fingers*"* – Father

Participants associated settlement life with an increase in alcohol availability and binge drinking in the community. Participants recalled binge-drinking episodes in their communities during their childhood, during which many experienced sexual abuse as children and/or adolescents. Today, alcohol remains a controlled commodity in the majority of northern communities, which has led to an underground community of bootleggers in many locations.

"And there's a lot of bootlegging happening in the communities. And the youth will easily sneak some of that. You know and so - maybe the same throughout Nunavut. Not just in [my community]. – Father

From the perspective of parents, the availability and the potential use of alcohol among their children and peers would compromise their ability to protect their children from the harm or abuse they had experienced as children.

* The Arviat Community Wellness Centre and a second that declined to be named.

The displacement experienced by families as a result of medical evacuations and/or residential school during and after settlement was associated with extreme hardship. For one participant, it meant engaging in sex for money to support herself and a younger sibling while their lone parent was evacuated with tuberculosis (TB).

"[my only parent] was out in [southern Canadian city]. [They] had TB. And I was wondering how come me and my [sibling] was being sent out to [residential school]. That part I really couldn't understand. I remember being taken away but I really can't remember why. Growing up I was abused. A lot. Physically. Sexually abused. When I was 13 – 14 [back in the community] I started drinking. And I needed to put food on the table, I have to sell my body just to put food on the table for me and my [sibling]. We were so poor [and had no family to rely on]." – Mother

The separation of families during settlement was a central theme in the interviews. This separation fractured family communication about sexuality. For the participants, the displacement of families was associated with grief, trauma and hardship. Some parents shared the fact that they continue to struggle to cope with the trauma they experienced as children and that their relationships with their own children have been negatively affected as a result. In these cases, parents felt they lacked the confidence, stability or integrity, in the eyes of their children, to discuss sexual health with them even though they very much wanted to have those conversations. They worried about how and by whom their children were being influenced to make decisions to engage (or not to engage) in relationships if they were not able to provide guidance themselves.

Residential school

Of the participants who attended residential school, none shared a positive experience. In one community, more than one generation of many families attended residential school. One participant described the impact of the school system on her parents and her own personal family life.

"… And then while I was growing up, too, I was getting abuse from my mom. So, um, I grew up in a violent home. Very bullying and mental, physical. By my mother. Well, she went to school in Inuvik, too. And she was trying to follow the rules of how she was brought up with us. And I didn't like it. And then when I went to school, it was the same thing. So, I was doing that to my kids, you know, not knowing about it? I was hitting them for no reason. And then [my spouse] finally sat me down and asked me if I was abused when I was young ... I said, yep. He said, 'Look, what you're doing to your kids, is what [they] did to you. And you're doing that.' I just burst out crying and in front of my kids. And I told them I'm sorry." – Mother

Most participants discussed sexual health in terms of preventing child sexual abuse, including fathers who shared that their spouses had been sexually abused as children. Mothers talked about experiencing child abuse (physical, sexual, emotional and/or mental) while attending residential school (by school staff or residence monitors) or by members of their home community who had attended residential schools. Many of the mothers in the study described how these experiences informed their discussions with their own children in an effort to protect them from such acts.

"With my kids, I'm a mother and I can teach them… I talk to them. What I have learned. And it's been so many years since that [sexual abuse] had happened to me before … cause I was only 8 or 9 years old when that happened. I try to protect them. I show them my love. Sometimes I have to try not to be mean, but I'm angry at the same time, I'm talking to them because I have this anger with me… I never told my mother before about that [sexual abuse]. Never told my father. So I kept it in me. [That anger] grew within me … until I spoke to the RCMP. I never thought I'd have a family of my own because of that anger. Scared. I was shy, scared. Now I have a family of my own. I could teach them. My children." – Mother

Some mothers reported that sharing their experiences of child sexual abuse with their children was part of their personal healing process and gave them hope that they would be able to protect their children from the same experiences.

DISCUSSION

The World Health Organization definition of sexual health is holistic and inclusive; however, conventional public health programs largely focus on harm reduction approaches that target prevention of teen pregnancies and STIs.[34] While the current study was initiated in response to parent and community concern about teen pregnancies and high rates of STIs, the stories and experiences of the parents in this study primarily highlighted their need to protect their children from the harms of child sexual abuse. The experience of settlement changed family and community relationships in Canada's North. The displacement of families and the hardships experienced by children during this period has been one of the most socially destructive forces of this era of Canadian history. Settlement and displacement fractured family relationships and communication about sexuality. Recognizing and moving forward from past trauma and building on cultural strengths and identity in communities that have felt such impacts are key messages for public health practice from this area of work. The parents in this study identified a desire to teach their children about sexual health and asked for the supports to do so, which provides a clear direction for public health programming in Nunavut.

CONCLUSION

The results of this study indicate that sexual health understandings in Nunavut today are related to the far-reaching impact of colonial practices initiated decades ago. Nunavummiut continue to feel the impact of the power imbalances created by colonialism, as do other Northern peoples.[35] The landscape of sexual health in Nunavut is complex, and evidence-based public health interventions that will meet the needs of the population must incorporate a greater understanding of the historical and community context in which people live. Future research should expand on these findings to explore holistic, culturally relevant, community-led sexual health interventions and access to responsive healing and trauma support services for families. Additional data should be sought from parents and adolescents, giving voice to their collective stories and experiences.

REFERENCES

1. McKay A. Trends in teen pregnancy in Canada with comparisons to U.S.A. and England/Wales. *Can J Hum Sex* 2006;15(3-4):157.
2. Healey GK. Report on Health Research Ethics Workshop and Community Consultation in Iqaluit, Nunavut. Iqaluit, NU: Qaujigiartiit/Arctic Health Research Network - Nunavut, 2006.
3. Healey GK. An Exploration of Determinants of Health for Inuit Women in Nunavut. Calgary, AB: University of Calgary, 2006.
4. Healey GK. Report on Health Research Ethics Workshop and Community Consultation in Rankin Inlet, Nunavut. Iqaluit: Qaujigiartiit/Arctic Health Research Network - Nunavut, 2007.

5. Nunavut Department of Health and Social Services. Sexually Transmitted Infections in Nunavut 2006-2011. Iqaluit: NDHSS, 2012.
6. Statistics Canada. 2007. Iqaluit, Nunavut (Code6204003) (table). 2006 Community Profiles. 2006 Census. Catalogue no. 92-591-XWE. Ottawa, ON. Available at: http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/details/page.cfm?Lang=E&Geo1=CSD&Code1=6204003&Geo2=PR&Code2=62&Data=Count&SearchText=Iqaluit&SearchType=Begins&SearchPR=62&B1=All&Custom=2006 (Accessed March 20, 2013).
7. Quikiqtani Inuit Association. Qikiqtani Truth Commission Final Report: Achieving *Saimaqatigiingniq*. 2012.
8. Bennet J, Rowley S. Introduction. In: Bennet J, Rowley S (Eds), *Uqalurait: An Oral History of Nunavut*. Montreal, QC: McGill-Queen's University Press, 2004.
9. Niutaq Cultural Institute & Qikiqtani Inuit Association. Ilaginniq: Interviews on Inuit Family Values from the Qikiqtani Region. Canada: Inhabit Media Inc., 2011.
10. Briggs J, Ekho N, Ottokie U. *Childrearing Practices*. Iqaluit: Nunavut Arctic College, 2000.
11. Condon RG. *Inuit Youth: Growth and Change in the Canadian Arctic*. London, UK: Rutgers University Press, 1987.
12. Healey GK, Meadows LM. Tradition and culture: An important determinant of Inuit women's health. *J Aborig Health* 2008;4(1):25-33.
13. Wachowich N, Awa AA, Katsak RK, Katsak SP. *Saqiyuq: Three Stories of the Lives of Inuit Women*. Montreal: McGill-Queen's University Press, 1999.
14. Archibald L. Teenage Pregnancy in Inuit Communities: Issues and Perspectives. A report prepared for the Pauktuutit Inuit Women's Association. Ottawa: Pauktuutit Inuit Women's Association, 2004.
15. Tester FJ, Kulchyski P. *Tammarniit (Mistakes): Inuit Relocation in the Eastern Arctic 1939-63*. Vancouver, BC: UBC Press, 1994.
16. Indian and Northern Affairs Canada. Health and healing. In: Report of the Royal Commission on Aboriginal Peoples (Canada). Vol. 3. Ottawa: Government of Canada, 1996; Chapter 3.
17. Kirmayer LJ, Brass GM, Tait CL. The mental health of aboriginal peoples: Transformations of identity and community. *Can J Psychiatry* 2000;45:607-16.
18. Sandiford Grygier P. *A Long Way From Home: The Tuberculosis Epidemic Among the Inuit*. Montreal: McGill-Queen's University Press, 1994.
19. Pauktuutit. *Sivumuapallianiq: Journey Forward: National Inuit Residential Schools Healing Strategy*. Ottawa: Pauktuutit Inuit Women's Association of Canada, 2007.
20. King D. A Brief Report of the Federal Government of Canada's Residential School System for Inuit. Prepared for the Aboriginal Healing Foundation. Ottawa: Aboriginal Healing Foundation, 2006.
21. Kirmayer LJ, Valaskis GG. *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*. Vancouver, BC: UBC Press, 2009.
22. Wesley-Esquimaux CC, Smolewski M. Historic Trauma and Aboriginal Healing. Ottawa: Aboriginal Healing Foundation, 2004.
23. Healey GK. Community-identified Health Priorities for Nunavut. Iqaluit: Qaujigiartiit/Arctic Health Research Network – Nunavut, 2006.
24. Public Health Agency of Canada. Reported cases of notifiable STI from January 1, 2006 to December 31, 2007. Ottawa: Public Health Agency of Canada, Government of Canada, 2008.
25. Community Acquired Infections Division, Public Health Agency of Canada. Report of Sexually Transmitted Infections in Canada: 2008. Ottawa: PHAC, 2010. Available at: http://www.phac-aspc.gc.ca/std-mts/report/sti-its2008/ (Accessed May 7, 2014).
26. Edwards WM, Coleman E. Defining sexual health: A descriptive overview. *Arch Sex Behav* 2004;33(3):189-95.
27. Simonds VW, Christopher S. Adapting Western research methods to indigenous ways of knowing. *Framing Health Matters* 2013;130(12):2185-91.
28. Healey GK, Tagak Sr. A. Piliriqatigiinniq 'working in a collaborative way for the common good': A perspective on the space where health research methodology and Inuit epistemology come together. *Int J Critical Indigenous Studies* (in press).
29. Wilson S. *Research is Ceremony: Indigenous Research Methods*. Blackpoint, NS: Fernwood Publishing, 2008.
30. Kovach M. *Indigenous Methodologies: Characteristics, Conversations, and Contexts*. Toronto, ON: University of Toronto Press, 2009.
31. Chilisa B. Postcolonial indigenous research paradigms. In: Chilisa B (Ed.), *Indigenous Research Methodologies*. Thousand Oaks, CA: Sage Publications, 2012; 98-127.
32. Thayer-Bacon B. *Relational Epistemologies*. New York, NY: Peter Lang, 2003.
33. Borkan J. Immersion/crystallization. In: Crabtree B, Miller W (Eds.), *Doing Qualitative Research*, 2nd ed. Thousand Oaks, CA: Sage Publications, 1999;179-94.
34. Leslie KM; Canadian Paediatric Society, Adolescent Health Committee. Harm reduction: An approach to reducing the risk of adolescent health behaviours. *Paediatr Child Health* 2008;13(1):53-56.
35. Moffitt PM. Colonialization: A health determinant for pregnant Dogrib women. *J Transcultural Nurs* 2004;15:323-30.

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RÉSUMÉ

OBJECTIF : Explorer les connaissances des familles inuites en matière de santé sexuelle et de relations sexuelles afin d'éclairer la mise au point d'interventions de santé publique sensibles aux besoins de la population du Nunavut.

MÉTHODE : Nous avons utilisé une démarche qualitative basée sur le savoir indigène pour cette étude, en mettant l'accent sur l'épistémologie et la méthodologie inuites décrites dans le modèle de partenariats de recherche en santé communautaire Piliriqatigiinniq. Nous avons interviewé 20 parents dans trois communautés du Nunavut en 2011. Au moyen d'une démarche analytique d'immersion et de cristallisation, nous avons analysé les données et nous en avons dégagé des regroupements ou des thèmes. Nous avons honoré les histoires partagées par les parents en les transcrivant mot à mot, dans la mesure du possible, dans la présentation des résultats.

RÉSULTATS : Les parents de l'étude ont surtout discuté de santé sexuelle dans le contexte d'événements communautaires historiques liés au peuplement et/ou aux pensionnats. Les pensionnats et l'établissement forcé dans des communautés ont été associés à des traumatismes, des séparations de familles, des difficultés exceptionnelles et des deuils. Ces expériences étaient dominantes dans la compréhension de la santé sexuelle chez les participants et dans leurs perceptions des comportements sexuels liés à la santé chez les jeunes de la communauté.

CONCLUSION : L'étude fait ressortir la complexité du paysage de la santé sexuelle au Nunavut et le besoin de démarches de santé publique qui tiennent compte des perspectives des familles inuites sur la santé sexuelle. Une meilleure connaissance du contexte historique et communautaire peut contribuer à l'élaboration d'interventions de santé publique pertinentes, fondées sur des données probantes, qui répondront aux besoins de la population.

MOTS CLÉS : Inuits; santé de la famille; déterminants sociaux de la santé; population indigène; santé génésique