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ᓄᓇᕗᒻ 2017 NUNAVIK 2017

SEXUAL AND REPRODUCTIVE HEALTH

QANUILIRPITAA? 2017

Nunavik Inuit Health Survey

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RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

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RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

Institut national de santé publique Québec

Nunavik Regional Board of Health and Social Services
P.O Box 900
Kuujjuaq, (Quebec) J0M 1C0
Phone number: 819-964-2222
Toll-free: 1 844-964-2244

Email: info@sante-services-sociaux.ca
Website: nrbhss.ca/en/health-surveys

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AUTHORS

Caroline Moisan, MA (Co-Leading Author)
School of Psychology, Department of Social Sciences, Université Laval
Population Health and Optimal Health Practices Research Unit, Centre de recherche du CHU de Québec – Université Laval

Richard E. Bélanger, MD, FRCPC (Co-Leading Author)
Co-Principal Investigator – youth cohort
Department of Pediatrics, Faculty of Medicine, Université Laval
Population Health and Optimal Health Practices Research Unit, Centre de recherche du CHU de Québec – Université Laval

Gina Muckle, PhD, Professor
Co-Principal Investigator – youth cohort
School of Psychology, Department of Social Sciences, Université Laval
Population Health and Optimal Health Practices Research Unit, Centre de recherche du CHU de Québec – Université Laval

Véronique Morin, MD, MPH
Nunavik Regional Board of Health and Social Services

Anne-Julie Lafrenaye-Dugas, PhD
Population Health and Optimal Health Practices Research Unit, Centre de recherche du CHU de Québec – Université Laval

Natalia Poliakova, PhD, Planning, Programming and Research Officer
Population Health and Optimal Health Practices Research Unit, Centre de recherche du CHU de Québec – Université Laval

EXECUTIVE DIRECTOR

Danielle St-Laurent, Director
Bureau d'information et d'études en santé des populations
Institut national de santé publique du Québec

SCIENTIFIC DIRECTORS

Pierre Ayotte, PhD, Professor
Department of Social and Preventive Medicine, Faculty of Medicine, Université Laval
Population Health and Optimal Health Practices Research Unit, Centre de recherche du CHU de Québec – Université Laval
Environmental health and toxicology, Institut national de santé publique du Québec

Françoise Bouchard, MD, MPH, FRCPC, Director of Public Health
Nunavik Regional Board of Health and Social Services

STATISTICAL ANALYSIS

Marc-André Dubé, Scientific Advisor
Bureau d'information et d'études en santé des populations
Institut national de santé publique du Québec

WITH THE COLLABORATION OF

Shirley White-Dupuis, Retired Nurse
Board of Directors
Nunavik Regional Board of Health and Social Services

Marie-Josée Gauthier, Planning, Programming and Research Officer
Public Health Department
Nunavik Regional Board of Health and Social Services

Susie Gagnon, Scientific Advisor
Bureau d'information et d'études en santé des populations
Institut national de santé publique du Québec

COMMUNICATION

Nunavik Regional Board of Health and Social Services

LINGUISTIC REVISION

Alison McGain

VISUAL CREATION

Alphatek

SUGGESTED CITATION

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QANUILIRPITAA? 2017 HEALTH SURVEY

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Minnie Grey

Chairperson, *Qanuilirpitaa?* Steering Committee
Executive Director, NRBHSS

In memory of Audrey Flemming and Linda Shipaluk.

PRINCIPAL INVESTIGATORS AND INUIT ADVISORS*

Adult component
Pierre Ayotte
Chris Furgal
Mélanie Lemire
Benoît Lévesque
Michel Lucas
Mary Pilurtuut

Youth component
Richard Bélanger
Gina Muckle
Louisa Yeates

Community component
Nancy Etok
Christopher Fletcher
Kitty Gordon
Betsy Palliser
Mylène Riva

Oral health
Aimée Dawson
Chantal Galarneau

Men's Health
Gilles Tremblay

STEERING COMMITTEE AND DATA MANAGEMENT COMMITTEE (DMC) PARTICIPANTS
Minnie Grey (Steering Committee chair)
Marie Rochette (DMC co-chair)
Robert Watt (DMC co-chair)
Alicia Aragutak
Ellen Avard
Jean-Etienne Bégin
Françoise Bouchard
Suzanne Bruneau
Marie-Noëlle Caron
Maria Cengarle
Yasmine Charara
Suzanne Côté
Serge Déry
Aleashia Echalook
Mona Eepa Belleau
Maggie Emudluk
Barrie Ford
Susie Gagnon
Marie-Josée Gauthier
Yoan Girard
Lucy Grey
Geneviève Hamel
Olivia Ikey
Suzy Kauki
Elena Koneak Labranche
Christine Leblanc
Stéphanie Léveillé
Eliana Manrique
Murray McDonald
Jennifer Munick
Tunu Napartuk
Jeannie Nungak
Josepi Padlayat
Geneviève Pellerin
Fabien Pernet
Maata Putugu
Hilda Snowball
Danielle St-Laurent
Jobie Tukkiapik
Larry Watt
Shirley White-Dupuis

INTERVIEWERS/NURSES
Linda Amidlak
Thomas Annanak
Lydia Audlaluk
Jeannie Calvin
Caroline Couture
Louis-Frédéric Daigle
Véronique Dion Roy
Geneviève Dorval
Véronique Doutreloux
Philippe Dufresne
Victoria E. Forest
Audrey Flemming
Jeannie Flemming
Elisabeth Gagné
Virginie Gargano
Suzie Gordon
Sarah Imak
Léa Laflamme
Pierre Lejeune
Alexandre Léveillé
Paul Marcoux
Josée Michaud
Laura McKeeman
Claude Morency
Julie Nastapoka
Julie Picard
Michel Poulin
Linda Shipaluk
Évelyne Thibault
Mina Tukai
Amelia Tukkiapik Whiteley

COMMUNICATION AND TRANSLATION
Minnie Amidlak
Annie Baron
Nicolas Baltazar
Brigitte Chalifoux
Caroline D'Astous
Nina Gilbert
Alasie Hickey
Nathalie Labonté
Irène Langis
Josée Lévesque
Robert Mackey
Émilie Pelletier
Eva Pilurtuut
Ida Saunders
Jenny Simpraseuth
Rhéal Séguin

DENTISTS/RESPIRATORY THERAPISTS
Élaine Audet
Lucie Bélanger
Hélène Fournier-Noël
Marie-Rose Gagnon Beaumont
Isabelle Gauthier
Gabrielle Gingras
Ariane H. Morin
Cassiopée Paradis-Gagnon

GROUND-STAFF
Stéphane Anctil
Julien Arsenault
Marie Bernard
Justine Blanco Lalande
Christian Brunet
Virginie Chadenet
Catherine Godin
Josianne Grenier
Dominique Hamel
Robert Ladouceur
Trina Manac'h
Laurence Millette
Guillaume Proulx
Sylvie Ricard
Camille Tremblay-Fournier
As well as all local research assistants and local logistics staff

ADMINISTRATIVE SUPPORT AND INFORMATIC TECHNOLOGIES
Vincent Gilbert
Denis Granghon
Eva Gunn
Ginette Laflamme
Liv Larsen
Richard Leboeuf
Sylvie Muller

DATA PROCESSING, QUALITY CONTROL AND LAB WORK
Véronique Boiteau
Marc-André Dubé
Marianne Dubé
Denis Hamel
Judith Labrecque
Jacinthe Larochelle
Caroline Moisan
Nathalie Ouellet
Louis Rochette
Mélanie St-Onge
Mélanie Tessier
Hamado Zoungrana

COMMUNITY COMPONENT/ MOBILIZATION
David Arsenault
Marie Baron
Imane Cheriet
Marie-Hélène Dion-Gagnon
Sarah Fraser
Melody Lynch
Marie-Claude Lyonnais
Cindy Ruel

AND MANY MORE!

** Each name is listed only once even though it may have been mentioned in more than one category.*

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STBBIs	Sexually transmitted and blood-borne infections
HIV	Human immunodeficiency virus
BOC	Benefits of childbearing
NRBHSS	Nunavik Regional Board of Health and Social Services

1 BACKGROUND OF THE *QANUILIRPITAA?* 2017 HEALTH SURVEY

The *Qanuilirpitaa?* 2017 Health Survey is a major population health survey conducted in Nunavik that involved the collection, analysis and dissemination of information on the health status of Nunavimmiut. The last health survey conducted prior to it in Nunavik dated from 2004. Since then, no other surveys providing updated information on the health of this population had been carried out. Thus, in February 2014, the Board of Directors of the Nunavik Regional Board of Health and Social Services (NRBHSS) unanimously adopted a resolution to conduct a new health survey in all 14 Nunavik communities, in support of the Strategic Regional Plan.

The general objective of the 2017 health survey was to provide an up-to-date portrait of the health status of Nunavimmiut. It was also aimed at assessing trends and following up on the health and health determinants of adult participants since 2004, as well as evaluating the health status of Nunavik youth. This health survey has strived to move beyond traditional survey approaches so as to nurture the research capabilities and skills of Inuit and support the development and empowerment of communities.

Qanuilirpitaa? 2017 included four different components: 1) an adult component to document the mental and physical health status of adults in 2017 and to follow up on the adult cohort of 2004; 2) a youth component to establish a new cohort of Nunavimmiut aged 16 to 30 years old and to document their mental and physical health status; 3) a community component to establish the health profiles and assets of communities in a participatory research approach; and 4) a community mobilization project aimed at mobilizing communities and fostering their development.

This health survey relied on a high degree of partnership within Nunavik (Nunavik Regional Board of Health and Social Services (NRBHSS), Makivik Corporation, Kativik Regional Government (KRG), Kativik Ilisarniliriniq (KI), Avataq Cultural Institute, Qarjuit Youth Council, Inuulitsivik Health Centre, Ungava Tulattavik Health Centre), as well as between Nunavik, the Institut national de santé publique du Québec (INSPQ) and academic researchers from three Canadian universities: Université Laval, McGill University and Trent University. This approach followed the OCAP principles of Ownership, Control, Access and Possession (First Nations Information Governance Centre, 2007).[1] It also emphasized the following values and principles: empowerment and self-determination, respect, value, relevance and usefulness, trust, transparency, engagement, scientific rigour and a realistic approach.

TARGET POPULATION

The survey target population was all permanent Nunavik residents aged 16 years and over. Persons living full time in public institutions were not included in the survey. The most up-to-date beneficiaries register of all Inuit living in Nunavik, provided by the Makivik Corporation in spring 2017, was used to construct the main survey frame. According to this register, the population of Nunavik was 12 488 inhabitants spread out in 14 communities. This register allowed respondents to be selected on the basis of age, sex and coast of residence (Hudson coast and Ungava coast).

SURVEY FRAME

The survey used a stratified proportional model to select respondents. Stratification was conducted based on communities and age groups, given that one of the main objectives of the survey was to provide estimates for two subpopulations aged, respectively, 16 to 30 years and 31 years and over. In order to obtain precise estimates, the targeted sample size was 1 000 respondents in each age group. Assuming a 50% response rate, nearly 4 000 people were required to obtain the necessary sample size. From this pool, the number of individuals recruited from each

1. OCAP® is a registered trademark of the First Nations Information Governance Centre (FNIGC).

community was proportionate to population size and took into account the number of days that the survey team would remain in each community – a situation that imposed constraints on the number of participants that could be seen. Within each stratum, participants were randomly selected from the beneficiaries register. However, the individuals from the 2004 cohort, all 31 years old and over (representing approximately 700 individuals), were automatically included in the initial sample.

DATA COLLECTION

Data were collected from August 19, 2017 to October 5, 2017 in the 14 villages. The villages were reached by the *Amundsen*, a Canadian Coast Guard Icebreaker, and participants were invited on board the ship for data collection purposes.

Two recruitment teams travelled from one community to another before the ship's arrival. An Inuk assistant in each community helped: identify, contact and transport (if necessary) each participant; inform participants about the sampling and study procedures; obtain informed consent from participants (video) and fill in the identification sheet and sociodemographic questionnaire.

Data collection procedures for the survey included questionnaires, as well as clinical measurements. The survey duration was about four hours for each wave of participants, including their transportation to and from the ship. Unfortunately, this time frame was sometimes insufficient to complete the data collection process. This survey received ethical approval by the Comité d'éthique de la recherche du Centre Hospitalier Universitaire de Québec – Université Laval.

Aboard the ship, the survey questionnaires were administered by interviewers, many of whom were Inuit. Face-to-face interviews were conducted using a computer-assisted interviewing tool. If there were problems with the laptop connections, paper-form questionnaires were filled out. The questionnaires were administered in Inuktitut, English or French, according to the preference of the participants. Interviewers received training in administering the questionnaires prior to the start of the survey. The questionnaires were divided into five blocks: psychosocial interview (blocks 1 and 3), physical health and food security interview (block 2), food frequency questionnaire (block 4), and sociodemographic interview (block 5).

The survey also included a clinical component, with tests to document aspects of physical health, sampling of biological specimens (such as blood, oropharyngeal swabs, urine, stool, and vaginal swabs), spirometry, and an oral clinical exam. These sessions were supervised by a team comprised of nurses, respiratory therapists, dentists, dental hygienists and assistants, and laboratory technicians.

PARTICIPATION

There were a total of 1 326 participants, including 574 Nunavimmiut aged 16 to 30 years old and 752 Nunavimmiut aged 31 years and over, for total response rates of 30.7% and 41.5%, respectively. The participants' distribution between the two coasts (Ungava and Hudson) was similar. The distribution of men and women was unequal, with twice as many women (873) than men (453) participating in the survey. If the results obtained from this sample are to be inferred to the target population, survey weights must be used.

Overall, as compared to the 2004 survey, the response rate (i.e., the rate of participants over the total number of individuals on the sampling list) was lower than expected, especially among young people. This includes the refusal rate and especially a low contact rate. Several reasons might explain the low response rate, including the short time period available to contact individuals prior to the ship's arrival in the community and non-contact due to people being outside of the community or on the land. Nevertheless, among the individuals that were contacted (n = 1 661), the participation rate was satisfactory with an internal participation rate of 79.7%. More details on the collection, processing and analysis of the data are given in the Methodological Report (Hamel, Hamel et Gagnon, 2020).

2 INTRODUCTION

Sexual and reproductive health (SRH) is an integral part of the overall health and well-being of individuals. Sexual health is defined by the World Health Organization (WHO) as a state of "physical, emotional, mental, and social well-being in relation to sexuality and requires a positive, responsible approach to sexuality and sexual relationships, as well as safe sexual experiences free from coercion, discrimination, and violence" (WHO, 2006). This progressive and well-accepted definition emphasizes positive sexual health as a whole, which is largely influenced by cultural and psychosocial aspects. To achieve healthy sexuality and well-being, there is a need to consider positive, social and cultural aspects as well as adverse factors related to sexuality.

Worldwide, adolescents and young adults are more likely than any other age group to have multiple sexual partners and engage in unprotected sex. Such sexual behaviors are well known to increase the risk of experiencing sexually transmitted and blood-borne infections (STBBIs) and their adverse impacts (Stulhofer et al., 2010). Inconsistent condom use was measured in the *Qanuippitaa?* 2004 survey, which revealed that nearly half of young Nunavimmiut (47%) had reported having used a condom the last time they had had sexual intercourse. During the same period, the rate of chlamydia infection in Nunavik was more than 20 times the rate seen in the rest of the province of Quebec (Rivette & Plaziac, 2016).

In Nunavik, between 2003 and 2007, more than one quarter (28%) of women aged 14 to 19 had been pregnant at least once (Duhaime, Caron, & Sébastien, 2015). Various factors, such as cultural and psychosocial influences, might impact the rate and timing of pregnancy in a population. In Inuit communities, pregnancy and motherhood are held in high regard (Pauktuutit Inuit Women of Canada, 2006). At the same time, early pregnancy has been described in the medical literature as representing an increased burden, both physically and developmentally, for both the mother and the expected child (Paranjothy et al., 2009; Patel & Ben 2012). In addition, certain habits and behaviours such as use of alcohol, tobacco or drugs during pregnancy and breastfeeding can harm the child's and the mother's health (Banderali et al., 2015; Centers for Disease Control and Prevention, 2019; Cui et al., 2014).

Consultations with community partners held in preparation for *Qanuilirpitaa?* 2017 identified SRH as one of the priorities for the health survey. To assess SRH holistically, a number of factors were considered, namely, sexual behaviours, STBBIs, pregnancy and reproduction behaviours, as well as some of the psychosocial aspects of sexuality. In this context, sexual health needs to be approached comprehensively, bringing together the social, cultural and individual aspects of sexuality. The objective of this thematic report is to describe SRH indicators among men and women aged 16 and over, with a special focus on those younger than 31 years old. Associations with sociodemographic indicators and several social and cultural indicators of health are also presented.

3 METHODOLOGICAL ASPECTS

Questions about SRH were included in the second part of the psychosocial questionnaire of *Qanuilirpitaa?* 2017 (Appendix A). Based on priorities identified by regional partners, sexual health was documented only among Nunavimmiut aged 16 to 30 years old. The second part of the questionnaire included 28 questions about sexual behaviours such as lifetime number of sexual partners or condom use, as well as certain psychosocial aspects of sexuality and parenthood, namely, sexual education, views of parenthood and sexual health self-efficacy. Those who reported having had sexual intercourse at least once in their lifetime were considered sexually active, and specific questions were asked to this subgroup.

Views of parenthood

Use of contraception and/or contraceptives is determined, in part, by the perceived benefits or expected positive consequences of having a baby (Unger et al., 2000). A number of studies have shown that positive views of parenthood decrease motivation to use contraceptives (Rocca et al., 2010, Bartz et al., 2007, Peterson et al., 2001, Sheeder et al., 2010). In *Qanuilirpitaa?* 2017, in order to achieve a broader understanding of reproductive and sexual experiences, the perception of parenthood was assessed using the Benefits of Childbearing scale, originally composed of nine items (BOC scale; Rocca et al., 2013). This scale was adapted to refer to a hypothetical baby, to be culturally relevant, and to ensure that questions were directed to both men and women aged 16 to 30 years old. Here is an example of the items in this scale: "Having a baby [gives]/[would give] me someone to love or [means]/[would mean] somebody will love me". Three new items were added following consultations with community partners: "Having a baby would make me feel like I fit in with other women/men of my age", "Having a baby would help me get a house", and "Having a baby would give me a purpose of life or a role in the society". The final scale encompassed eight items answered using a 5-point Likert scale from *Strongly agree* to *Strongly disagree*. The items of the questionnaire are presented in Appendix A. The total score, calculated by summing the responses, varied from 0 to 32. A high score indicated more positive views of parenthood.

Sexual health self-efficacy

The concept of self-efficacy refers to confidence in one's ability to perform a given outcome (Bandura, 1977). In the context of sexual health, self-efficacy refers to one's ability to engage in safe and healthy sexual behaviours, such as using contraceptive methods, protection against STBBIs, and testing for STBBIs, including human immunodeficiency virus (HIV). Previous research has shown that high sexual self-efficacy is correlated with a lower likelihood of engaging in risky sexual behaviours, namely, unprotected sex (Smylie, Clarke, Doherty et al., 2013). In the present survey, sexual health self-efficacy was measured with three indicators: STBBI/HIV testing self-efficacy, sexual communication self-efficacy and sexual limit-setting self-efficacy. Sexual limit-setting self-efficacy encompassed three items, whereas the two other indicators included one. Answers varied on a 5-point Likert scale ranging from *Strongly agree* to *Strongly disagree*. The items of the questionnaire are presented in Appendix A. A mean score ranging from 0 to 15 was calculated from the three items on sexual limit-setting self-efficacy. A higher score indicated greater confidence in sexual limit-setting capacity.

One section of the questionnaire, which contained 11 questions, asked all Nunavimmiut aged 16 years or older about their reproductive history. Five of these questions targeted only women and documented specific reproductive behaviours, such as breastfeeding and substance use during their last pregnancy. The remaining questions in this section examined, among all participants, the occurrence of past pregnancy, the number of children given birth to or fathered, and customary adoption. With regard to current pregnancy at the time of the survey, this indicator was documented in all women using a related question from the clinical sheet.

As a complement to the intended comprehensive description of SRH, and due to the opportunity that *Qanuilirpitaa?* 2017 provided for implementing public health interventions based on the known high prevalence of some STBBIs, all Nunavimmiut aged 16 to 30 years old were offered screening for STBBIs including chlamydia, gonorrhea, and syphilis infections, regardless of their reported sexual behaviours. For chlamydia and gonorrhea, urine testing for men and self-collected vaginal swabs for women outside their menstrual period allowed detection of bacterial material through a Nucleic Acid Amplification Test (NAAT). For pregnant women and women having their periods/vaginal bleeding, urine testing was offered in replacement for vaginal swabs. For syphilis, screening tests were conducted in blood samples. Syphilis status determination first included a two-step chemiluminescent microparticle immunoassay (CMIA) for qualitative detection of IgG and IgM antibodies to the infection (Treponema pallidum). If this screening showed signs of syphilis, a subsequent test (T pallidum particle agglutination (TP-PA)) was done to confirm a syphilis infection. Testing was performed in Montreal at the McGill University Health Centre laboratory for chlamydia and gonorrhea, and at the INSPQ syphilis laboratory, using screening equipment made by Abbott Laboratories. Participants having tested positive were further contacted for appropriate clinical interventions.

Out of the 574 Nunavimmiut aged 16 to 30 years old, 546 (about 95% of the youth sample) got screened for chlamydia and 547 for both gonorrhea and syphilis. Four people refused to provide urine samples, thus preventing chlamydia and gonorrhea testing, and five chlamydia and four gonorrhea tests could not be performed because of technical analysis errors. The remaining missing results (approximately 5%) were due to insufficient samples or sampling errors.

Data analyses. All of the variables in this report were documented by a questionnaire, except STBBIs, which were tested through laboratory analyses of blood and urine samples. The English/Inuktitut version of the questionnaire is presented in Appendix A. The non-response rate to the second part of the psychosocial questionnaire was 5%. Nunavimmiut who answered less than 25% of that part of the questionnaire were excluded from the analysis (n = 60).

In addition to weighted proportions, the analyses presented in this report include cross-tabulations by sex (men/women), education (elementary school completed or less/secondary school attended but not completed/secondary school completed or higher), past-year income (less than $20 000/$20 000 or more), current employment status (employed/not employed[2]), regions of residence (Hudson/Ungava[3]), community size (large/small[4]) and current marital status (single/married or common law/separated, divorced or widowed). Analyses were also performed across age groups: the youth cohort consisted of people aged 16 to 30 years old, while the adult cohort included individuals aged 31 to 49 and the elder group, people aged 50 years and over. Also, as rapid changes in behaviours and attitudes with regard to SRH occur in youth, the younger age group (16 to 30 years old) was divided between those aged 16 to 20 and 21 to 30 for some analyses. For the purpose of drawing comparisons with *Qanuippitaa?* 2004, the data have been presented for the following analogous indicators: use of condoms and use of birth control methods, number of lifetime sexual partners, the occurrence of current and past pregnancies among women, breastfeeding, number of children given up for adoption, and alcohol and tobacco consumption during pregnancy.

2. Employed: salaried or self-employed; Not employed: occupation such as housework, hunter support program, retired or on pension, employment insurance, parental leave, income support or student.
3. Hudson coast communities: Kuujjuarapik, Umiujaq, Inukjuaq, Puvirnituq, Akulivik, Ivujivik and Salluit; Ungava coast communities: Kangiqsujuaq, Quaqtaq, Kangirsuk, Aupaluk, Tasiujaq, Kangiqsualujjuaq and Kuujjuaq.
4. Large communities: Kuujjuaq, Salluit, Puvirnituq and Inukjuak; Small communities: Kuujjuaraapik, Umiujaq, Akulivik, Ivujivik, Kangiqsujuaq, Quaqtaq, Kangirsuk, Aupaluk, Tasiujaq and Kangiqsuallujjuaq.

Cultural identity, family cohesion, social support and perception of health services are important health determinants linked to good health and well-being (Kirmayer et al., 2000; National Collaborating Centre for Aboriginal Health 2012). These determinants are described in Table 1. Associations with these selected social and cultural indicators were examined in relation to SRH indicators and proportions were compared. The results of these comparisons are presented in this report. Please refer to the thematic report "Sociocultural Determinants of Health and Wellness" for a detailed description of these variables (Muckle, Fletcher, Riva et al., 2020).

Table 1 Sociocultural indicators

CULTURAL IDENTITY	Thirteen statements asking about the importance of Inuit values and identity (e.g., perceived connection among community members, adherence to cultural values) Likert scale: 1- Strongly agree to 5- Strongly disagree; Comparisons: high cultural identity (top 30 percentile) vs. other
FOUR TYPES OF SOCIAL SUPPORT	6 questions. Frequency of four types of social support: > positive interactions: "Have someone to have a good time with" > emotional support: "Have someone to talk to if I feel troubled or need emotional support", "Have someone to count on when I need advice", "Have someone to listen to me when I need to talk" > tangible support for transportation to health services: "Have someone to take me to the doctor or another health professional if needed" > love and affection: "Have someone who shows me love and affection" Likert scale: 1- All of the time to 5- Never; Comparisons: All or Most of the time (for the item or for all three items) vs. other answers
FAMILY COHESION	6 questions: 5 from the Brief Family Relationship Scale questionnaire + one adapted to Inuit culture In my close family,..."there is a feeling of togetherness", "we really help and support each other", "we really get along well with each other", "we spend a lot of time doing things together at home", "we spend a lot of time doing things together on the land", "I am proud to be a part of my family" Likert scale: 1- Very true to 3- Not true; Comparisons: high family cohesion (top 30 percentile) vs. other
POSITIVE PERCEPTION OF HEALTH SERVICES	5 questions: "I have confidence in health services", "I have confidence in social services", "I am aware of the resources to help solve my health problems", "Health services are sensitive to Inuit realities", "Social services are sensitive to Inuit realities" Likert scale: 1- Strongly agree to 5- Strongly disagree; Comparisons: positive perception of health services (top 30 percentile) vs. other

Comparison tests were performed with a global chi-square test for categorical variables to find out if any proportion was different across categories. In the presence of a significant result ($p < 0.05$; coloured cells in tables), two-by-two comparisons were performed to further identify statistically significant differences between categories. These tests involved the construction of a Wald statistic based on the difference between the logit transformations of the estimated proportions. Only significant differences at the 5% threshold are reported in the text and all other tested factors found to be non-related are presented in the tables in Appendix B. Significant differences between categories are denoted in the tables and figures using superscripts.

Accuracy of estimates. The data used in this module come from a sample and are thus subject to a certain degree of error. Following the guidelines of the Institut de la Statistique du Québec (ISQ), coefficients of variation (CV) were used to quantify the accuracy of estimates. Estimates with a CV between 15% and 25% are accompanied by a * to indicate that they should be interpreted carefully, while estimates with a CV greater than 25% are identified with a ** and are shown for information purposes only.

Limitations. Only bivariate analyses were performed to describe associations with sociodemographic, social and cultural indicators. These analyses do not take into consideration possible confounding or interaction effects. Consequently, these results should be interpreted with caution.

4 RESULTS

Rates of SRH indicators according to levels of sociodemographic and selected sociocultural factors for the queried population are reported in this section.

4.1 SEXUAL BEHAVIOURS AMONG YOUTH

Questions in this section **were answered by Nunavimmiut aged 16 to 30 years old**. Those who reported having had sexual intercourse at least once in their lifetime were further considered sexually active, and additional questions were asked only to them.

Age at first sexual intercourse. Sexually active Nunavimmiut represent 92% of the youth aged 16 to 30 years old. Fourteen percent (14%) of all Nunavimmiut aged 16 to 30 had had a first consensual sexual intercourse before the age of 14, whereas four Nunavimmiut out of ten (40%) had experienced intercourse around 14 or 15 years of age (Table 2). Overall, most of them had had a first sexual intercourse before age 16. Those who had experienced a first sexual intercourse at age 16 to 17 were more likely to report being married or in a common law relationship (38% vs. 28% for single people). No differences were observed for any of the other sociodemographic indicators presented in Table A, Appendix B.

Table 2 Age at first consensual sexual intercourse by sex, population aged 16 to 30 years old, Nunavik, 2017

	Men	Women	Total
Never had sexual intercourse	NP	NP	8.1*
Less than 12 years	NP	NP	1.4**
12-13 years	13.2*	12.8	13.0
14-15 years	35.1	44.6	39.6
16-17 years	31.6	32.6	32.1
18 years and over	5.5**	6.3*	5.9*

NOTES

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

NP: This value is not presented since some categories have less than 5 respondents.

Number of different sexual partners in the preceding year. More than half of sexually active Nunavimmiut aged 16 to 30 (57%) reported having had one sexual partner in the year preceding the survey; 17% had had two partners, 18% had had three or more, and 8%* had not had any (Table 3). While no age-related differences were observed for sexually active Nunavimmiut who had not had a partner in the last 12 months, a greater proportion of sexually active Nunavimmiut aged 21 to 30 reported only one sexual partner in the last year (63%) compared to those aged 16 to 20 (46%). Single sexually active Nunavimmiut were more likely to declare having had no sexual partner in the last 12 months than those who were married or in a common law relationship (11%* vs. 4%** for those who were married or in a relationship), whereas youth who were married or common law partners were more likely than single people to declare having had one partner in the last 12 months (72% vs. 45% for single people). Single Nunavimmiut were also more likely to have had two partners (21% vs. 12%* for those who were married or in a relationship) or three or more partners (23% vs. 13%* for those who were married or in a relationship). No differences were observed according to sex or any other sociodemographic indicators (Table B, Appendix B).

To make the *Qanuippitaa?* 2004 and *Qanuilirpitaa?* 2017 survey data comparable, the 2017 data had to be adjusted to also include Nunavimmiut who had never had consensual sexual intercourse. Comparisons between the two surveys revealed a statistically significant increase in the proportion of people who had had at least one sexual partner in the last year (77% in 2004 vs. 84% in 2017).

Table 3 Number of sexual partners in the past 12 months by sex and age group (%), sexually active population aged 16 to 30 years old, Nunavik, 2017

	Men		Women		All		Total
	16-20 years	21-30 years	16-20 years	21-30 years	16-20 years	21-30 years	
None	11.5**	10.1**	6.9**	5.4**	9.3**	7.6*	8.2*
1 partner	41.1*	59.6	51.0[1]	65.5	45.7[1]	62.7	56.7
2 partners	23.4*	11.6**	24.7	14.8*	24.0[1]	13.3*	17.0
3 partners or more	24.0*	18.7**	17.4*	14.4*	20.9*	16.4*	18.0

NOTES

1. Statistically significant difference observed using the 5% threshold compared to Nunavimmiut aged 21 to 30 years old.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Use of birth control methods in the preceding year.[5] Thirty-one percent (31%) of Nunavimmiut reported that either they or their sexual partner had always used birth control in the preceding year, while 37% had used it sometimes and 33% had never used it. The prevalence of constant use of birth control was higher among women than men (Table 4). Sexually active Nunavimmiut with greater emotional support (40% vs. 26% for those reporting low emotional support) and a higher level of love and affection (34% vs. 21% for a low level) were more likely to report constant use of birth control. No differences were observed between age groups, coasts or other sociodemographic and sociocultural indicators as presented in Tables C and D, Appendix B.

Proportions of birth control use could not be compared between the 2004 and 2017 surveys, as the questions had evolved in order to cover diverse frequencies of birth control use. In 2004, Nunavimmiut were asked, "In the past 12 months, did you and your partner **usually** use birth control?", while in 2017, sexually active participants aged 16 to 30 were asked, "In the last 12 months, **how often** did you and your partner use birth control?", with the following answers: "Always", "Sometimes", and "Never". For information purposes only, in 2004, 33% of Nunavimmiut aged 15 to 29 who had been sexually active in the last 12 months had used birth control in the preceding year (Dodin, Blanchet, & Rochette, 2007).

5. The present survey did not specify what was included as "birth control". This might partially explain a higher rate of birth control among women (as men having sexual intercourse with women are not always aware if the latter uses birth control).

Use of condoms during the last sexual intercourse. More than half of sexually active Nunavimmiut aged 16 to 30 (56%) stated that either they or their partner had used a condom the last time they had had sexual intercourse (Table 4). Men were more likely to report that a condom was used during the last sexual intercourse compared to women (63% vs. 47% for women), as were those aged 16 to 20 compared to older Nunavimmiut (68% vs. 48% for people aged 21 to 30). Nunavimmiut having used a condom at their last sexual intercourse were more likely to be single (64% vs. 41%* for those who were married or in a common law relationship). No differences were observed in the prevalence of condom use according to education, income or community size or any other sociodemographic (Table 4) or sociocultural indicators (Table D, Appendix B).

To make the *Qanuippitaa?* 2004 and *Qanuilirpitaa?* 2017 survey data comparable, the 2017 data had to be adjusted to limit analyses to Nunavimmiut who had had at least one sexual partner in the last year, instead of including all Nunavimmiut who had had at least one consenting sexual intercourse. In 2004, 47% of Nunavimmiut had used a condom during their last sexual intercourse compared to 56% in 2017, but the difference was not statistically significant (see Table 4).

Table 4 Use of birth control in the past 12 months and use of condoms during the last sexual intercourse by sex, age group and sex by age group (%), sexually active population aged 16 to 30 years old, Nunavik, 2017

	Birth control use in the previous year (%)				Condom use at last sexual intercourse (%)	
	Always	Sometimes	Yes (always & sometimes)	Never	2017	2004
Total	30.7	36.6	67.3	32.7	55.9	47.4
Sex						
Men	23.8*[1]	39.3	63.1	36.9	62.7[2]	55.3
Women	36.9	34.1	71.0	29.0	47.4	40.6
Age group						
16-20 years	28.0	43.9	71.9	28.1	67.5[2]	61.0
21-30 years	32.1	32.8	64.8	35.2	47.5	35.6
Sex by age group						
Men						
16-20 years	26.4*	46.4*	72.8	27.2*	77.3	71.9
21-30 years	22.3**	35.3**	57.5	42.5	53.0*	40.9
Women						
16-20 years	29.6	41.4	71.0	29.0	54.4	52.5
21-30 years	40.3	30.7	71.0	29.0	41.8	30.2

NOTES

1. Statistically significant difference observed using the 5% threshold compared to the other group.
2. Statistically significant difference observed using the 5% threshold compared to 2004.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Consumption of alcohol or drugs within two hours prior to the last sexual intercourse. Substance use before sexual activity is associated with many risky sexual behaviours, namely, unprotected sexual intercourse (Parks, Collins, & Derrick, 2012; Rehm, Shield, Joharchi, & Shuper, 2012), which could lead to STBBIs and unexpected pregnancy. Thirty-nine percent (39%) of sexually active Nunavimmiut aged 16 to 30 years old had drunk alcohol or used drugs within two hours prior to their last sexual intercourse. Those reporting this behaviour were more likely to be single (46% vs. 30% for common law or married Nunavimmiut; Table E, Appendix B). No other significant differences were found according to sex, age, coast or other sociodemographic indicators.

Sex exchange.[6] Exchanging sex for drugs, money, gifts, goods, food, or shelter (sex exchange) is a risky sexual behaviour associated with several negative outcomes (i.e., more sexual partners, unprotected sexual intercourse, concomitant substance use, HIV and other STBBIs; Edwards, Iritani, Hallfors, 2006; Ulloa, Salazar, Monjaras, 2016). About 13% of sexually active young Nunavimmiut had given or obtained sex in exchange for alcohol, drugs, money, gifts, goods, or shelter at some point. This was more likely to be reported by men (Table 5), by single people (19%* vs. 6%** for married or common law partners), by those with lower education (31%** for those who had or had not completed elementary school and 16%* for those who had attended but not completed secondary school vs. 5%** for those who had completed secondary school), and by Nunavimmiut who felt that they received a lower level of love and affection support (26%* vs. 8%* for those with high support). Table F, Appendix B shows the proportions for sociodemographic and selected sociocultural indicators.

The proportion of sex exchange for shelter was higher than that for alcohol, drugs, money, gifts, or goods (Table 5). Sex in exchange for shelter was more common among men (13%** vs. 4%** for women), single people (12%* vs. 3%** for married or common law partners) and Nunavimmiut aged 16 to 20 years old (13%* vs. 5%** for those aged 21 to 30 years old). No differences were observed according to giving or obtaining sex in exchange for shelter according to employment status, income or community size.

Table 5 Sex exchange according to sex, age and sex by age group, sexually active population aged 16 to 30 years old, Nunavik, 2017

	Have given sex in exchange for alcohol, drugs, money, gifts, or goods (%)	Have given sex in exchange for shelter (%)	Have obtained sex in exchange for alcohol, drugs, money, gifts, or goods (%)	Have obtained sex in exchange for shelter (%)	Any sex exchange[a] (%)
Total	2.8**	8.1*	2.8**	7.3*	13.1
Sex					
Men	4.0**	12.6**[1]	5.1**	12.4**[1]	21.1*[1]
Women	1.7**	4.0**	NP	2.6**	5.7*
Age group					
16-20 years	NP	13.2*[1]	NP	10.8**	17.4*
21-30 years	3.6**	5.2**	3.5**	5.3**	10.6*
Sex by age group					
Men					
16-20 years	NP	19.5**	NP	16.8**	26.6*
21-30 years	5.4**	8.1**	6.6**	9.5**	17.4**
Women					
16-20 years	NP	6.4**	NP	4.4**	7.5**
21-30 years	NP	2.8**	NP	NP	4.9**

NOTES

[a] Have given or obtained sex in exchange for alcohol, drugs, money, gifts, or goods as well as shelter.

1. Statistically significant difference observed using the 5% threshold compared to the other group.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

NP: This value is not presented since some categories have less than 5 respondents.

6. All proportions for the indicator "sex exchange" are to be interpreted with caution as the coefficients of variation are all between 15% and 25% or over 25%.

4.2 SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS (STBBIs)[7]

Sexually transmitted and blood-borne infections (STBBIs) are a major health concern in Nunavik with, in the case of chlamydia and gonorrhea infections, rates more than 20 times greater than the provincial rate (Rivette & Plaziac, 2016). STBBIs can be asymptomatic, but can also lead to cervicitis (inflammation of the cervix in females) and urethritis (in females and males). If left untreated, they also frequently result in symptoms such as lower abdominal pain, as well as long-term complications, namely, pelvic inflammatory disease, infertility and ectopic pregnancy (pregnancy that develops outside the uterus) (Rivette & Plaziac, 2016).

Almost one Nunavimmiut aged 16 to 30 years old out of ten (10%*) was diagnosed with a chlamydia infection at the time of the survey, with a significantly lower proportion being observed among people living on the Ungava coast (5%* vs. 14%* on the Hudson coast; Table 6) and among females aged 21 to 30 years old (7%) compared to those aged 16 to 20 years old (15%*). No significant differences were observed between men and women, between youth aged 16 to 20 years old and those aged 21 to 30 or between levels for any of the other sociodemographic indicators.

With a gonorrhea infection prevalence of 2%**, it was not possible to perform analyses according to levels of sociodemographic and sociocultural indicators. The results concerning syphilis infection are likewise not reported because of low proportions (<1%).

Table 6 Proportion of Nunavimmiut with STBBIs[a] (%) by sex, age and coast, population aged 16 to 30 years old, Nunavik, 2017

	Chlamydia infection (%)	Gonorrhea infection (%)
Total	9.9*	2.2**
Sex		
Men	9.5*	NP
Women	10.3*	3.9**
Age group		
16-20 years	13.6*	1.7**
21-30 years	7.4*	2.5**
Coast		
Hudson	13.7*[1]	3.4**
Ungava	5.2*	NP

NOTES

[a] The results concerning syphilis infection are not reported because of low prevalence (<1%).

1. Statistically significant difference observed using the 5% threshold compared to the other group.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

NP: This value is not presented since some categories have less than 5 respondents.

7. All proportions for STBBIs are to be interpreted with caution as the coefficients of variation are all between 15% and 25%.

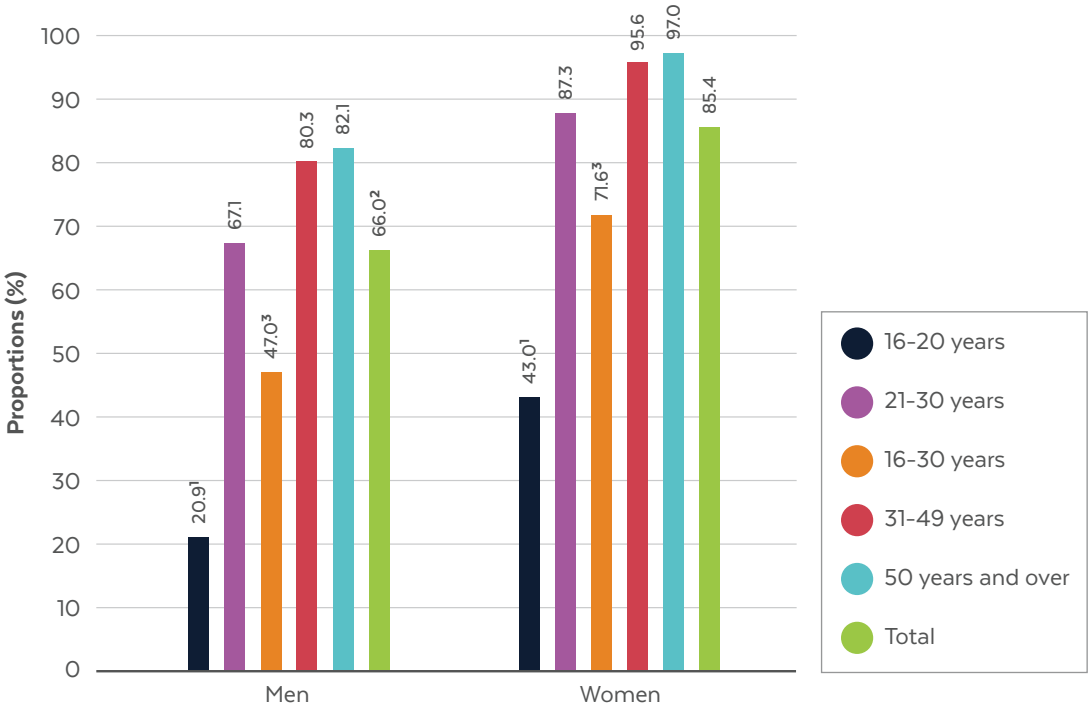
4.3 PREGNANCY AND CHILDCARE

Questions about pregnancy **were asked to men and women of all ages.**

Pregnancy history. Three quarters (76%) of Nunavimmiut aged 16 and over had reportedly gotten pregnant or gotten someone pregnant in their lifetime, with a higher proportion among women (85%) compared to men (66%; Figure 1). Predictably, for both men and women, larger proportions of pregnancies were observed in older age groups: proportions of lifetime pregnancy were significantly lower in people aged 16 to 20 in comparison with those aged 21 to 30, and in younger Nunavimmiut (16 to 30 years old) compared to older ones (31 to 49 years old and 50 years and over). Among youth aged 16 to 20 years old, a third (31%) had already experienced a pregnancy and this proportion doubled (59%) for people in their late 30s (Table G, Appendix B).

Pregnancy history varied according to marital status, employment and income (Table G, Appendix B). Nunavimmiut having been pregnant or having gotten someone pregnant reported greater family cohesion and agreement with cultural identity items compared to Nunavimmiut who had never experienced a pregnancy (Table D, Appendix B).

Figure 1 Lifetime pregnancy history (%) by age group for men and women, Nunavik, 2017



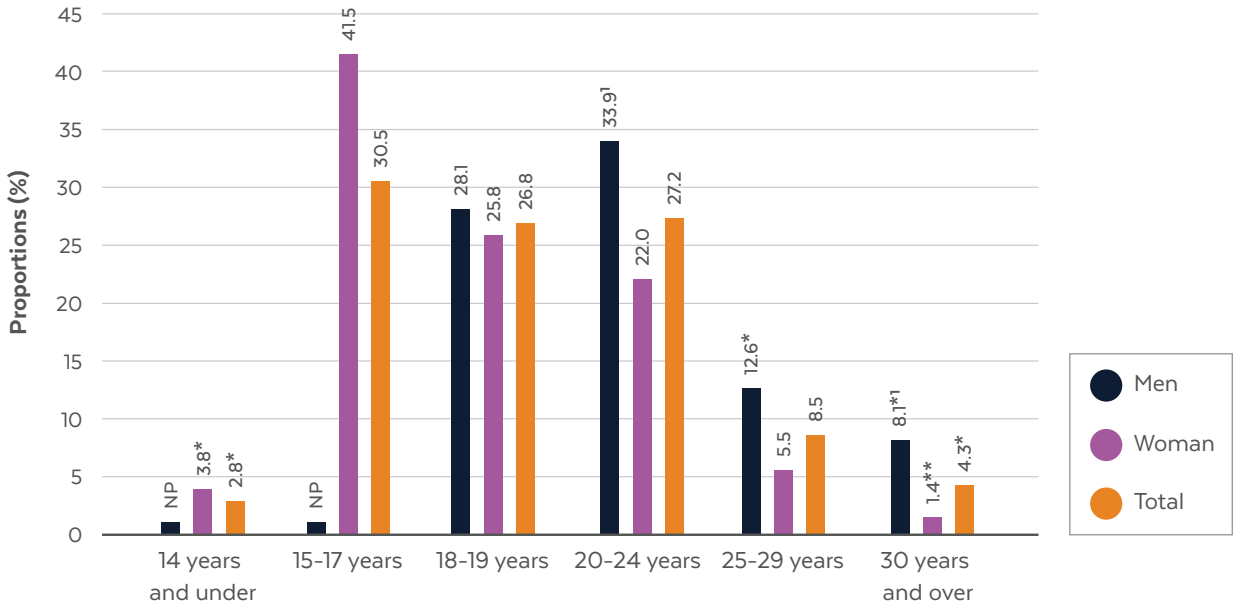
NOTES
1. Statistically significant difference observed using the 5% threshold compared to those aged 21-30 years old.
2. Statistically significant difference observed using the 5% threshold compared to women.
3. Statistically significant difference observed using the 5% threshold compared to both older groups.

Among women who had experienced a pregnancy, 94% had given birth to at least one child over their lifetime. To allow comparisons on given birth proportions between 2004 and 2017, the *Qanuilirpitaa?* 2017 data had to be adjusted to include all women, whether they had ever been pregnant or not. Thus, in 2017, 80% of women had given birth over their lifetime, a proportion not significantly different from that observed in the *Qanuippitaa?* 2004 survey (79%).

Age at first pregnancy. Figure 2 presents the distribution of the population according to age at first pregnancy. First pregnancies were more likely in women aged 15 to 17 (42%) than in other age categories, although the mean age for a first pregnancy was 19 years old. The majority of first pregnancies in women (67%) occurred between 15 and 19 years of age, while twenty-nine percent (29%) occurred among those aged 20 years and over.

Table H, Appendix B lists the proportions of age at first pregnancy by sociodemographic indicators. Higher proportions of first pregnancies between 15 and 17 years of age were reported by residents living on the Hudson coast (35% vs. 25% for the Ungava coast) and for those who had attended but not completed secondary school (35% vs. 22% for those who had completed secondary school). Nunavimmiut aged 16 to 30 years old tended to have more frequent first pregnancies between 15 and 17 years old (39%) than those aged 31 and over (28% for those aged 31 to 49 and 24% for adults aged 50 and over).

Figure 2 Age at first pregnancy (%) according to men and women aged 16 years and over, Nunavik, 2017



NOTE

1. Statistically significant difference observed using the 5% threshold compared to women.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

NP: This value is not presented since some categories have less than 5 respondents.

The World Health Organization (WHO) defines adolescent pregnancy as a pregnancy occurring in females aged 19 or younger. Additional analyses were performed to describe specifically this subgroup. Table 7 shows the proportions of adolescent (≤ 19 years old) and adult (≥ 20 years old) first pregnancies according to sex, age and sex by age. Women reported adolescent first pregnancies more frequently than men (71% vs. 45% for men) and more men reported that their partner had had their first pregnancy between 20 and 30 years of age (55% vs. 29% for women). Nunavimmiut aged 50 years and over, especially men, reported adolescent pregnancies less frequently than younger Nunavimmiut (25%* vs. 56% for men aged 16 to 30 and 52% for those aged 31 to 49).

Table 7 Proportion of adolescent and adult first pregnancy (%), according to sex, age and sex by age group, population aged 16 years and over who had ever been pregnant or gotten someone pregnant, Nunavik, 2017

	Adolescent first pregnancy	Adult first pregnancy
Total	60.0	40.0
Sex		
Men	45.3[1]	54.7[1]
Women	71.1	28.9
Age group		
16-30 years	67.5	32.5
31-49 years	62.7	37.3
50 years and over	47.4[2]	52.6[2]
Sex by age group		
Men		
16-30 years	55.8	44.2
31-49 years	51.9	48.1
50 years and over	24.9*[2]	75.1[2]
Women		
16-30 years	75.1	24.9
31-49 years	71.7	28.3
50 years and over	65.1	34.9

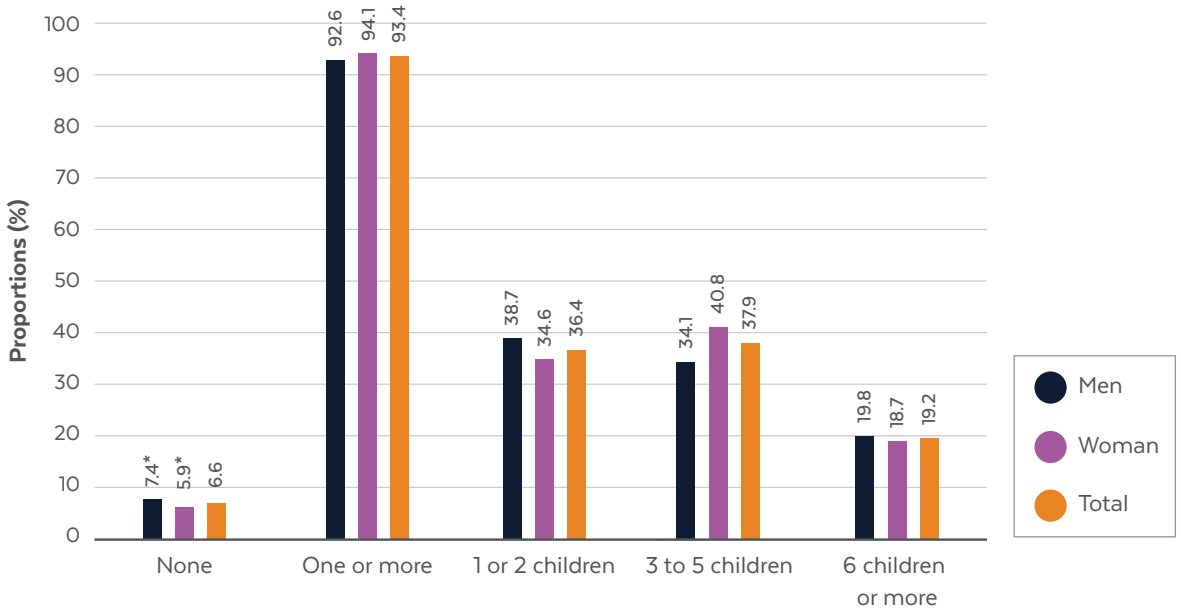
NOTES

1. Statistically significant difference observed using the 5% threshold compared to women.
2. Statistically significant difference observed using the 5% threshold compared to both groups.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

Number of children. Specific proportions based on the number of children given birth to among women who have ever been pregnant or fathered among men who have ever gotten someone pregnant are presented in Figure 3. The majority of the Nunavik population (93%) aged 16 years and over reported having had at least one biological child. Fifty-seven percent (57%) of the population reported having had at least three children. No differences were observed according to sex. Nunavimmiut with one child or more tended to be aged 31 years and over (97% vs. 85% for those aged 16 to 30), to be married or to have a common law partner (95% vs. 88% for single Nunavimmiut) and to have an income of $20 000 or more (96% vs. 90% for those with an income lower than $20 000) (Table I, Appendix B).

Figure 3 Number of biological children by sex (%), population aged 16 years and over, Nunavik, 2017



NOTES

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

Customary adoption. Forty-three percent (43%) of Nunavimmiut who had ever been pregnant or had gotten someone pregnant had given one child or more up for adoption (Table 8). More women and Nunavimmiut aged 31 years old and over had given one child or more up for adoption. Nunavimmiut with a lower level of education also reported more frequently having given at least one child up for adoption. No significant differences were observed in the number of children given up for adoption according to most of the other sociodemographic indicators (see Table J, Appendix B).

The prevalence of adoption reported in *Qanuippitaa?* 2004 is not directly comparable with that reported in *Quanuilirpitaa?* 2017 because adoption was documented only for the last child in 2004. For information purposes only, the results of the *Qanuippitaa?* 2004 survey showed that 26% of Nunavimmiut had given their last child up for adoption (Dodin, Blanchet, & Rochette, 2007).

Table 8 Number of children given up for customary adoption by sex and age group (%), population aged 16 years and over, Nunavik, 2017

	Men	Women	16-30 years	31-49 years	50 years and over	Total
None	61.8	52.5[1]	70.6[2]	49.0	49.4	56.6
1 child or more	38.2	47.5[1]	29.4[2]	51.0	50.6	43.4
1 child	30.9	31.5	25.3[2]	33.4	35.8	31.3
2 children	4.4**	10.9[1]	NP	11.2*	10.0*	8.1
3 children or more	2.8**	5.1*	NP	6.3*	4.8*	4.1*

NOTES

1. Statistically significant difference observed using the 5% threshold compared to men.
2. Statistically significant difference observed using the 5% threshold compared to both older groups.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

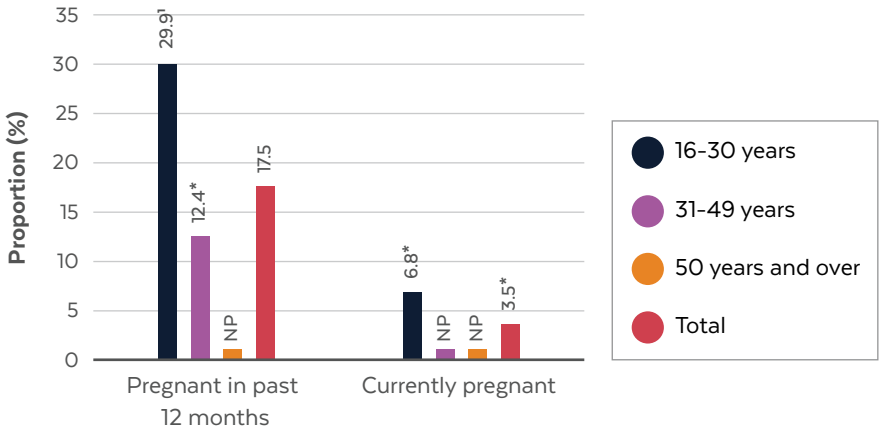
** The coefficient of variation is greater than 25%. The proportion is shown for information only.

NP: This value is not presented since some categories have less than 5 respondents.

Current and recent pregnancy. Pregnancies at the time of the 2017 survey and in the previous 12 months were documented for all women who had ever been pregnant. One woman out of five (18%) was pregnant in the year preceding the survey (Figure 4). A higher proportion of women aged 16 to 30 years old (30%) were pregnant 12 months prior to the survey compared to 12%* among women aged 31 to 49 years old. Those who reported being pregnant in the year preceding the survey were more likely to be unemployed (28% vs. 13% for women who were employed) and to have an income of less than $20 000 (22% vs. 10%* for women with a higher income; Table K, Appendix B). No significant differences were observed according to marital status or any other sociodemographic variables.

Among women, 4%* were pregnant at the time of the 2017 survey, and they were more likely to be residents of the Hudson coast (5%* vs. 2%** for those living along the Ungava coast). No significant differences were observed between women aged 16 to 20 years old (10%*) and those aged 21 to 30 years old (5%**) or according to community size, employment status and education. The low frequency of pregnancy at the time of the survey prevented any further comparisons for the other age groups and for any other sociodemographic or sociocultural indicators. In comparison, 6% of women were pregnant at the time of the survey in 2004.

Figure 4 Recent pregnancy by age group (%), women aged 16 years and over, Nunavik, 2017



NOTES

1. Statistically significant difference observed using the 5% threshold compared to women aged 31-49 years old.

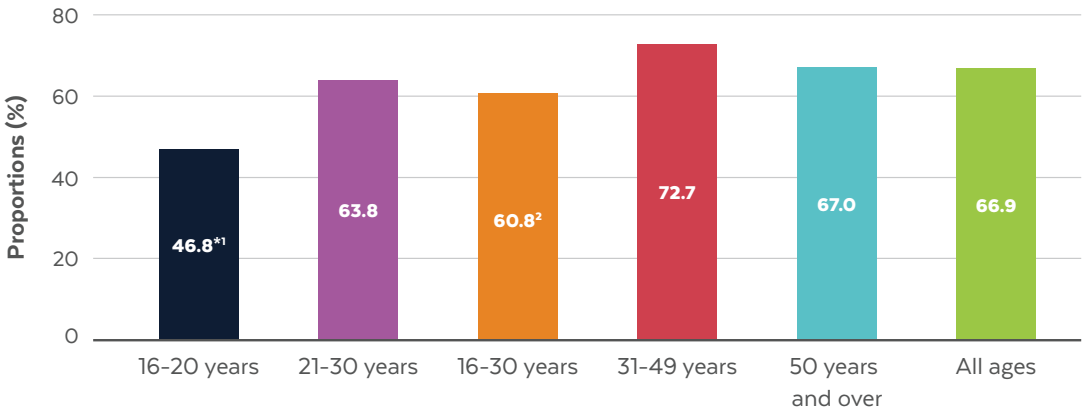
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

NP: This value is not presented since some categories have less than 5 respondents.

Breastfeeding. Among women who had ever been pregnant, 67% breastfed the last child they had given birth to. Proportions of breastfeeding varied according to the women's age: those aged 31 to 49 were more likely to have breastfed compared to women aged 16 to 30 years, and younger women aged 16 to 20 years were less numerous to breastfeed in comparison to women aged 21 to 30 (Figure 5). Women reporting having breastfed their last child were more likely to have an income of $20 000 or more (73% vs. 63% for those with a lower income), to live on the Hudson coast (74% vs. 59% for those living on the Ungava coast), to come from large communities (73% vs. 59% for small communities), and to have completed secondary school (76% vs. 64% for those who had attended but not completed secondary school, and 59% for those who had not attended secondary school; Table K, Appendix B).

Breastfeeding assessment in 2017 was different from that in the *Qanuippitaa?* 2004 survey. The 2017 survey did not specify frequency of breastfeeding and other methods of feeding, as was the case in 2004. In regards to the feeding method used for the last child women had given birth to at the time of the 2004 survey, breastfeeding had been used for 30% of the children, whereas bottlefeeding had been used for 29%; mixed feeding methods had been used for 40% (Dodin, Blanchet, & Rochette, 2007). Although the 2004 and 2017 assessments were different from each other, they revealed that 71% of women in the 2004 survey had breastfed their last child at some point compared to 67% of those in the 2017 survey.

Figure 5 Breastfeeding by age group (%), women aged 16 years and over who reported having ever been pregnant, Nunavik, 2017



NOTES

1. Statistically significant difference observed using the 5% threshold compared to Nunavimmiut aged 21-30 years old.
2. Statistically significant difference observed using the 5% threshold compared to women aged 31-49 years old.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

Smoking during pregnancy. Smoking was very prevalent among women who had ever been pregnant: 75% of women had smoked during their last pregnancy, with the majority of them smoking daily (Figure 6). Women with lower income were more likely to smoke on a daily basis (61% vs. 48% for those with an income of $20 000 or more). Smoking occasionally or on a daily basis was more frequent among single women (83% vs. 71% for married or common law partners), women aged 16 to 30 years old (79% vs. 69% for those aged 50 and over), women living on the Hudson coast (82% vs. 66% for those living on the Ungava coast), women who had attended but not completed secondary school (79% vs. 68% for those who had completed secondary school) and among those with low income (82% vs. 66% for those with high income; Table L, Appendix B).

The results on smoking during pregnancy from the *Qanuilirpitaa?* 2017 survey could not be compared to those from the 2004 survey because of different time references. For information purposes, in 2004, 65% of women reported smoking daily and 82% had smoked daily or occasionally during their last pregnancy occurring in the four years preceding the survey (Dodin, Blanchet, & Rochette, 2007).

Figure 6 Prevalence of smoking during last pregnancy (%), women aged 16 years and over who had ever been pregnant, Nunavik, 2017

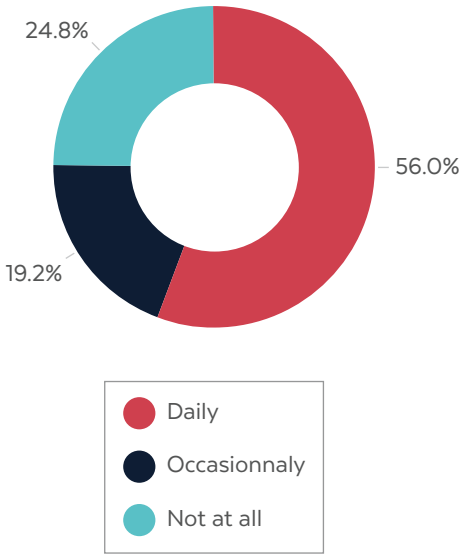
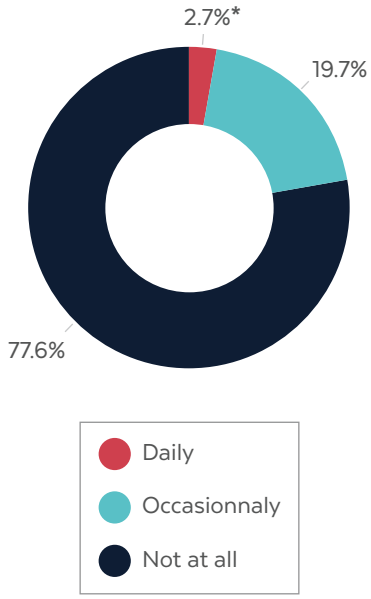


Figure 7 Prevalence of alcohol consumption during last pregnancy (%), women aged 16 years and over who had ever been pregnant, Nunavik, 2017



Alcohol consumption during pregnancy. About 78% of women reported not drinking alcohol during their last pregnancy, while 20% reported drinking alcohol occasionally (Figure 7) and 3%* daily. Women who had drunk alcohol during their last pregnancy were more likely to be younger than 50 years old (25% and 26% for those aged 16 to 30 and 31 to 49, respectively, compared to 15%* for those aged 50 and over), to be single (28% compared to 19% for married women or common law partners) and to have attended but not completed secondary school (26% vs. 15%* for those who had completed secondary school). The proportions by age group are presented in Table M, Appendix B.

The 2017 results about alcohol consumption during pregnancy could not be compared to the 2004 results because of different time references. For information purposes, 44% of women who had given birth in the four years preceding the survey reported drinking alcohol during pregnancy in 2004 (Dodin, Blanchet, & Rochette, 2007).

NOTE

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

4.4 PSYCHOSOCIAL ASPECTS OF SEXUALITY AND PREGNANCY

The questions in this section of the *Qanuilirpitaa?* 2017 survey **were asked only to Nunavimmiut aged 16 to 30 years old** and were not included in the *Qanuippitaa?* 2004 survey.

4.4.1 Views of parenthood

Table 9 shows the results by sex and age group for respondents who agreed or strongly agreed with various statements depicting views of parenthood. Four out of five (80%) Nunavimmiut agreed with the statement “Having a baby gives me someone to love or means somebody will love me”. Nunavimmiut aged 21-30 years old agreed more with this statement than younger ones. Nunavimmiut acknowledged that having a baby would make them feel important (84%). Those aged 21 to 30 years old tended to agree with this statemen more than youth aged 16 to 20 years old.

A high proportion of Nunavimmiut (84%) agreed that having a baby would give them a reason to stay away from trouble like excessive parties, drinking, drugs, etc. Most (77%) agreed that having a baby would make their relationship with the other parent stronger, with more men than women agreeing with this statement (83% vs. 69% for women). Married or common law Nunavimmiut also tended to agree more with this statement (69%) than single individuals (86%; Table N, Appendix B).

The vast majority (95%) agreed that being a mother or a father is both special and a blessing. Nunavimmiut aged 21 to 30 years old (98%) agreed more with this statement than younger ones (89%). Sixty-two percent (62%) agreed that having a baby would make them feel like they fit in with other people their age. Most of those who agreed with the statement were aged 21 to 30 years old (70% vs. 49% for those aged 16 to 20 years old) and were married or in a common law relationship (70% vs. 56% for single people, Table N, Appendix B).

Seventy-one percent (71%) of Nunavimmiut agreed that having a baby would help them get a house. Three out of four Nunavimmiut (76%) agreed that having a baby would give them a purpose in life or a role in society. Youth aged 21 to 30 years old concurred with the latter statement more than those aged 16 to 20.

Based on these eight items, a cumulative score was calculated by summing the responses, creating a score ranging from 0 to 32. A higher score represents a more positive view of parenthood. Nunavimmiut aged 21 to 30 years old had a more positive overall view in this regard (25.2) compared to those aged 16 to 20 years old (22.7).

Table 9 Views of parenthood (%) by age group, population aged 16 to 30 years old, Nunavik, 2017

Strongly agree or agree with the following statements.	Sex		Age group		Total
	Men	Women	16-20	21-30	
Having a baby [gives]/[would give] me someone to love or [means]/[would mean] somebody will love me	77.1	83.1	73.5	84.3[1]	80.1
Having a baby [makes]/[would make] me feel important	83.2	85.4	77.4	88.9[1]	84.4
Having a baby [gives]/[would give] me more of a reason to stay away from trouble (excessive parties, drinking, drugs, etc.)	81.2	87.4	79.4	87.5	84.4
Having a baby [makes]/[would make] my relationship with the other parent stronger	83.3[1]	69.1	74.2	77.5	76.2
Being a [mother]/[father] [is]/[would] be special; a baby is a blessing	94.1	95.5	89.0	98.4[1]	94.8
Having a baby [makes]/[would make] me feel like I fit in with other [women]/[men] of my age	59.2	64.3	48.6	70.0[1]	61.8
Having a baby [helps]/[would help] me get a house	72.2	69.3	68.6	72.1	70.8
Having a baby [gives]/[would give] me a purpose of life or a role in the society.	76.5	76.4	69.1	81.0[1]	76.4
Total score (mean score)	**23.9**	**24.5**	**22.7**	**25.2[1]**	**24.2**

NOTES

1. Statistically significant difference observed using the 5% threshold compared to the other group.

4.4.2 Sexual education

Sexual education can effectively improve adolescent sexual behaviours (Kirby, Laris, & Rolleri, 2007). Half (50%) of the Nunavik population aged 16 to 30 years old reported having had sexual education at school (Table 10). Those who had completed secondary school and those living in large communities were more likely to report having received sexual education at school than other Nunavimmiut (69% vs. 46% for those who had attended but not completed secondary school and 58% vs. 40% for those living in small communities). No differences were observed according to sex, age, coastal region or other sociodemographic indicators.

As part of sexual education, learning to talk openly about sex with family members also contributes to better decision making and avoidance of adverse outcomes. Among participants aged 16 to 30, one out of four (24%) had "openly talked about sex with their parents or other adults in their family" at one point in their lifetime (Table 10). Those living in large communities (28%) were more likely to experience talking openly about sex with family members compared to those living in small communities (19%). Talking openly about sex with family members was also associated with greater emotional support (Table O, Appendix B).

Table 10 Sexual education by sociodemographic characteristics (%), men and women aged 16 to 30 years old, Nunavik, 2017

	Sexual education (%)	
	Sex education at school	Talking about sex with family
Total	49.6	23.9
Sex		
Men	52.7	23.6
Women	46.4	24.2
Age group		
16-20 years	49.9	22.2
21-30 years	49.4	25.0
Coast		
Hudson	49.3	23.3
Ungava	50.0	24.6
Marital status		
Single	50.0	25.3
Married or common law	49.6	22.1*
Separated, divorced or widowed	NP	NP
Education		
Elementary school or less	NP	NP
Secondary school not completed	45.5	23.3
Secondary school or higher	68.7[1]	29.1
Employment		
Employed	47.1	23.8
Not employed	54.6	24.6
Income		
Less than $20 000	46.7	22.7
$20 000 or more	56.9	30.0
Community size		
Large	57.6	28.2
Small	39.5[1]	18.6[1]

NOTES

1. Statistically significant difference observed using the 5% threshold compared to the other group.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

NP: This value is not presented since some categories have less than 5 respondents.

4.4.3 Sexual health self-efficacy[8]

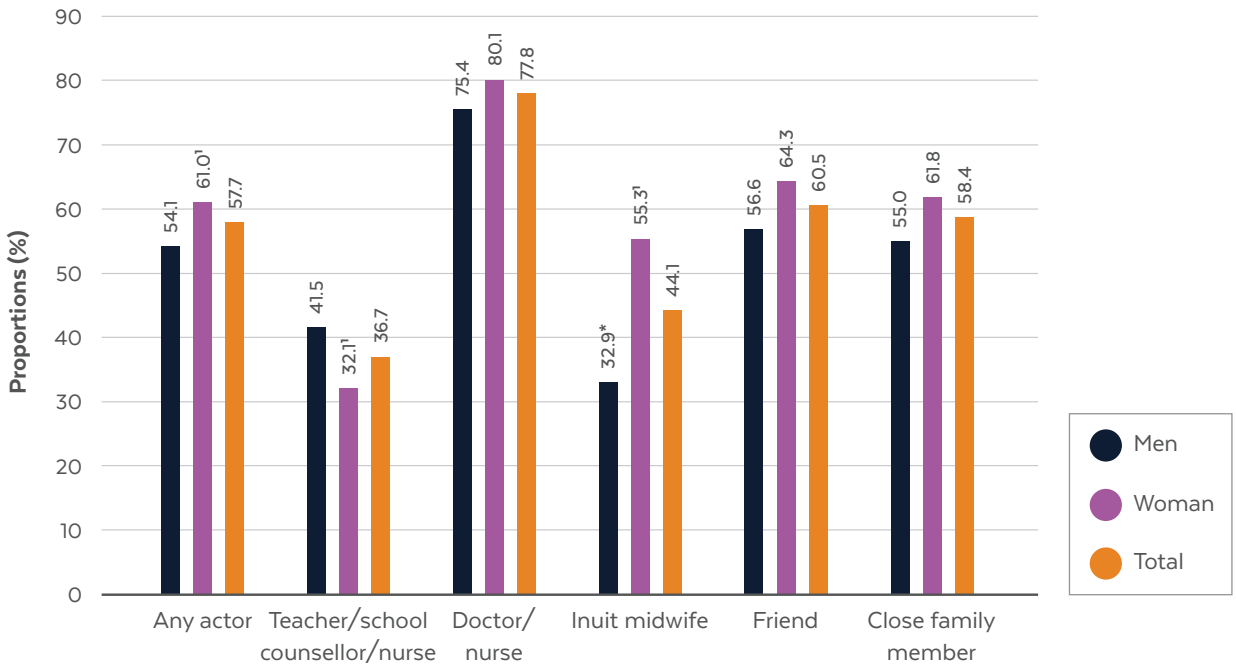
STBBI/HIV testing self-efficacy. Eighty-three percent (83%) of respondents agreed or strongly agreed that they felt confident in their ability to ask their partner about getting tested for STBBIs or HIV. Nunavimmiut aged 21 to 30 years old were more likely to agree or strongly agree with this statement than those aged 16 to 20 (87% vs. 77%) (see Table P, Appendix B).

Sexual communication self-efficacy. Overall, 58% of Nunavimmiut aged 16 to 30 felt they could ask questions about sexual health to any actors: teachers, school counsellors or school nurses, doctors or nurses, Inuit midwives, friends, or close family members (Figure 8). Women were more likely than men to ask any of these actors about sexual health (94% vs. 88% for men).

More specifically, the majority indicated feeling they could ask sexual health questions to, in decreasing order, a doctor or a nurse, a friend or a close family member (Figure 8). The proportion of Nunavimmiut who would turn to a doctor or a nurse was higher among those aged 21 to 30 than those aged 16 to 20 (Table 11) and especially among women in the 21 to 30 age group. Nunavimmiut aged 16 to 30 years old who were in a relationship (86% vs. 72% for single people), who had completed secondary school (91% vs. 73% for those who had not completed secondary school) and who lived in large communities (82% vs. 71% for those living in small communities) would also be more likely to ask a doctor or a nurse about sexual health (Table Q, Appendix B).

Men felt more confident asking questions about sexual health to a teacher, a school counsellor or a school nurse than women, while women were more likely to turn to an Inuit midwife[9] than men (Figure 8), especially women aged 21 to 30 years old (Table 11). Those living on the Hudson coast (49%) and in large communities (52%) were more likely to ask an Inuit midwife about sexual health than those from the Ungava region (38%) and small communities (34%; Table Q, Appendix B). Respondents from the Ungava coast were more likely to turn to a close family member (66% vs. 53% for the Hudson coast; Table Q, Appendix B).

Figure 8 Proportion of Nunavimmiut who felt they could ask questions about sexual health to different actors by sex (%), population aged 16 to 30 years old, Nunavik, 2017



NOTE

1. Statistically significant difference observed using the 5% threshold compared to men.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

8. The concept of self-efficacy is described in the "Methodological aspects" section on page 4 of this report.
9. These analyses were conducted taking all 14 communities into account. Similar results were obtained when considering only the four communities where Inuit midwives are present (Kuujjuaq, Salluit, Puvirnituq and Inukjuak).

Table 11 Proportion of Nunavimmiut who felt they could ask questions about sexual health to different actors according to age and sex by age group (%), population aged 16 to 30 years old, Nunavik, 2017

	Any actor	Teacher/school counsellor/nurse	Doctor/ nurse	Inuit midwife[a]	Friend	Close family member
Total	57.7	36.7	77.8	44.1	60.5	58.4
Age group						
16-20 years	54.6	34.3	70.3	40.0	60.2	56.1
21-30 years	59.6	38.3	82.6[1]	56.8	60.7	59.9
Sex by age group						
Men						
16-20 years	50.5	40.7	69.5	34.6*	58.8	52.0
21-30 years	56.8	42.0	79.8	31.6*	54.9	57.2
Women						
16-20 years	59.3	26.7	71.2	46.6	61.8	60.9
21-30 years	62.0	35.1	84.9[1]	60.1[1]	65.6	62.2

NOTES

[a] These analyses were conducted taking all 14 communities into account. Similar results were obtained when considering only the four communities where Inuit midwives are present (Kuujjuaq, Salluit, Puvirnituq and Inukjuak; data not shown).

1. Statistically significant difference observed using the 5% threshold compared to the 16-20 age group.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

Sexual limit-setting self-efficacy. Sixty-one percent (61%) of Nunavimmiut aged 16 to 30 felt confident that they would be able to date someone without feeling obligated to engage in sexual activity (Table 12). These Nunavimmiut also agreed more frequently with cultural identity statements (77% vs. 57% for those who agreed less) and had a higher level of emotional support (72% vs. 56% for those with a low level), of positive interactions (64% vs. 50%) and of love and affection (64% vs. 51% for those with a low level; Table R, Appendix B).

More than half of Nunavimmiut (59%) felt confident that they would be able to choose when and where to engage in sexual activity, with Nunavimmiut aged 21 to 30 years old feeling more confident than individuals in other age groups. Those who agreed with this statement reported higher emotional support (73% vs. 54% for lower emotional support), tangible support (66% vs. 55% for lower tangible support) and love and affection (63% vs. 49% for those with a lower level).

A greater proportion of Nunavimmiut felt confident that they would be able to refuse sexual activity with someone they were not comfortable with (75%). Women were more likely to feel confident in this regard compared to men, as were Nunavimmiut aged 21 to 30 years old compared to younger people. Those who felt confident that they would be able to refuse sexual activity had higher emotional support (83% vs. 73% for lower emotional support), positive interactions (78% vs. 66%) and love and affection (81% vs. 64% for those with a low level; Table R, Appendix B).

Based on these three sexual limit-setting self-efficacy items, a cumulative score was calculated by summing responses, creating a score ranging from 0 to 15. A high cumulative score indicated increased confidence. Nunavimmiut aged 21 to 30 years old reported higher overall confidence in sexual limit-setting (11.2) compared to younger individuals (10.5). Those who had completed secondary school (11.8 vs. 10.6 for those who had attended but not completed secondary school), who lived in large communities (11.1 vs. 10.7 for those living in small communities), who reported an income of $20 000 or more (11.5 vs. 10.6 for those with a lower income) and who were employed (11.2 vs. 10.6 for those who were not employed) reported increased confidence (Table R, Appendix B). Those who obtained a higher total score for confidence in sexual limit-setting indicated greater emotional support (11.7 vs. 10.7 for lower emotional support), more positive interactions (11.2 vs. 10.2 for less positive interactions), higher love and affection support (11.2 vs. 10.3 for lower love and affection support), a higher level of cultural identity (11.6 vs. 10.8 for a lower level of cultural identity) as well as higher tangible support (11.3 vs. 10.7 for a lower level) (Table R, Appendix B).

Table 12 Sexual limit-setting self-efficacy by sex and age group (%), population aged 16 to 30 years old, Nunavik, 2017

Strongly agree or agree with the following statements...	Sex		Age group		Total
	Men	Women	16-20	21-30	
Able to date someone without feeling obligated to engage in sexual activity	62.4	58.6	55.8	63.6	60.6
Able to choose when and where to engage in sexual activity	58.2	60.2	47.9	66.1[1]	59.2
Able to refuse sexual activity with someone whom they are not comfortable with	66.8	84.1[1]	64.5	82.0[1]	75.3
Total score [0-15]	10.8	11.1	10.5	11.2[1]	11.0

NOTE

1. Statistically significant difference observed using the 5% threshold compared to the other group.

4.5 SEXUAL ATTRACTION

Sexual orientation is a component of one's identity that has multiple dimensions, including sexual and emotional attraction to another individual and the behaviour and/or social affiliation that may result from this attraction (American Psychological Association 2015). A growing body of evidence has shown a higher propensity for risky behaviours and poorer mental health among individuals reporting minority sexual orientations (i.e., homosexual, bisexual, asexual) due to discrimination, bullying and the feeling of being different (Blondeel et al., 2016; King et al., 2008; Plöderl & Tremblay, 2015; Vrangalova & Savin-Williams, 2014).

Qanuilirpitaa? 2017 included the first question on sexual attraction in a survey in Nunavik. Participants were asked about their sexual attraction using a question derived from the *National Survey of Family Growth*: "To whom are you sexually attracted to: men, women, both or none?". While same-sex attraction is correlated with same-sex sexual orientation, it does not mean that participants who report same-sex, both-sex or no sexual attraction have the corresponding sexual behaviour or identify with the corresponding sexual identity (Johns et al., 2013). It is important to note that concepts such as gender, sex and sexuality have been understood through colonial knowledge and institutions, and hardly apply to Indigenous peoples' own definitions of these terms (Hunt, 2016). This could partly explain why many participants reported this question as difficult to answer. It is also worth mentioning that the sexual attraction question was asked very early in the interview, which may have contributed to creating a certain discomfort for the participant and the interviewer.

Results from *Qanuilirpitaa?* 2017 showed that most people reported being attracted to the opposite sex (87%), while 5% reported being attracted to the same sex or to both sexes. Eighty-six percent (86%) of men reported being sexually attracted to women. Four percent (4%**) of men reported being sexually attracted exclusively to other men and 2%**, to both men and women. Among women, 88% reported being sexually attracted to men, whereas 2%* declared being sexually attracted exclusively to other women and 1%** to both men and women. Approximately 8%* of men and 8% of women declared not being attracted to either sex. Further documenting sexual orientation and its dimensions, as well as gender identity from an Indigenous perspective, in future surveys would provide a more comprehensive portrait.

5 DISCUSSION

Reproductive and sexual health are a fundamental part of global well-being and health. Understanding determinants related to reproductive and sexual health, such as sexual behaviours, is important not only to identify those who are most at risk of adverse outcomes, but also to assist adolescents and young adults in making healthy choices. Regarding specific sexual behaviours reported in the *Qanuilirpitaa?* 2017 survey, the proportion of Nunavimmiut having had their first consensual sexual intercourse before the age of 14 is almost three times higher in Nunavik (14%) than in the province of Québec (5%) (Lambert, Mathieu-Chartier, Goggin, Maurais et al., 2017). While a higher number of sexual partners is associated with a higher risk of contracting an STBBI (Kelley, Borawski, Flocke, & Keen, 2003), 35% of young Nunavimmiut revealed that they had had two or more sexual partners in the past 12 months, a rate similar to that of 38% found among young Quebecers (Lambert, Mathieu-Chartier, Goggin, Maurais et al., 2017). As for other Inuit populations, in 2009 and 2010, 37% of Nunavut youth aged 15 to 24 who were sexually active reported having had sexual intercourse with more than one partner in the previous 12 months (Statistics Canada, 2012).

With regard to STBBIs, 10% of Nunavimmiut aged 16 to 30 years old were diagnosed with a chlamydia infection during the *Qanuilirpitaa?* 2017 survey. This proportion is quite similar to that of 12% observed among Nunavut adults aged 29 on average in 2009 (Steenbeek, Tyndall, Sheps, & Rothenberg, 2009). The prevalence of chlamydia infection among Nunavimmiut aged 16 to 30 years old was three times higher than among the youth population of the province of Québec (10% vs. 3%; Lambert, Mathieu – Chartier, Goggin, Maurais et al., 2017). Among young people aged 15 to 29 years old in 2016, gonorrhea infection prevalence was 2%, which is higher than the proportion reported for the province of Québec (0.37%), (Blouin, Venne, & Lambert, 2017). The prevalence of syphilis infection was too low to be reported (<1%). For information purposes, the prevalence of syphilis infection among youth aged 15 to 29 years old in the province of Québec was 0.03% (Blouin, et al., 2015). It is worth noting that the survey was conducted six months after the onset of a syphilis outbreak in the region, which had been syphilis free for many years.

Condoms, when used properly, are an efficient and simple tool that individuals can use to prevent most STBBIs. The proportion of Nunavimmiut who used a condom the last time they had had sexual intercourse was markedly higher in 2017 (56%) than in 2004 (33%). The proportion observed during the *Qanuilirpitaa?* 2017 survey approached the one observed for the province of Québec. In 2009-2010, 68% of Quebecers aged 15 to 24 years old reported having used a condom the last time they had had sexual intercourse (Statistics Canada, 2012). In 2009 and 2010, 79% of Nunavut youth reported using a condom during their most recent sexual encounter (Statistics Canada, 2012). Numerous studies show how sexual behaviours are hard to change and maintain, and global efforts to control the HIV/AIDS epidemic through condom promotion campaigns have had limited effects (Moreno et al., 2014). Novel approaches to the STBBI fight focus on the cascade of care model, which encompasses identification of at-risk populations, optimal access to screening and treatment, and engagement in care. At the heart of the model is the idea of community infectious load, requiring both a supportive environment as well as strong organizations and networks, which tap into the Inuit capacity to respond to challenges as a community. The importance of inclusion, destigmatization and adaptation of services (including culturally safe practices) to at-risk groups are also congruent with Inuit values (Francis & Mills S., 2015). Pauktuutit Inuit Women of Canada has developed an Inuit cascade of care model, which includes prevention aspects that recognize the specific challenges encountered in northern communities and that incorporate Inuit values (Pauktuutit Inuit Women of Canada, 2018). It will be interesting to see how the application of the model impacts long-term rates of STBBIs in communities that implement it.

Sex exchange seems slightly more common among Nunavimmiut (13%) compared to the rate observed in a large sample of young Quebecers aged 17 to 25 (8%; Lambert, Mathieu-Chartier, Goggin, Maurais et al., 2017). Poverty and substance addiction are reasons frequently cited in studies to explain this risky sexual behavior (Dunkle, Wingood, Camp, & DiClemente, 2010; Edwards, Iritani, & Hallfors, 2006; Patton et al., 2014). The need for shelter in Nunavik in particular, coupled with the serious

housing shortage,[10] might also be one of factors explaining this high proportion, but this remains to be examined in greater depth.

Regarding reproductive health, nearly all women aged 50 and older (97%) reported having been pregnant at least once in their lifetime. One Nunavimmiut out of five also reported having given birth to or having fathered six children or more in their lifetime (19%).

The prevalence of first pregnancy occurring between the ages of 15 to 19 was high among Nunavimmiut (60%). This is especially true when comparing the adolescent pregnancy rate of all Nunavik women (71%) and women aged 17 to 20 years old in the province of Québec (5%; Lambert, Mathieu-Chartier, Goggin, Maurais et al., 2017). It would be interesting to document reproductive behaviours in relation to perceived positive views of parenthood since the latter were associated with ever having had a pregnancy. Although no differences were observed according to sex, youth aged 21 to 30 years old perceived more benefits of parenthood compared to those aged 16 to 20.

Among Nunavimmiut, customary adoption is based on the gifting of a child to a member of the community or of the family other than the original parents (Decaluwe, Poirier, & Muckle, 2016). This tradition ensures that the adopted child is a full part of the adoptive family and has the same rights as a biological child. Inversely, adopters are recognized by the community as having the same rights and obligations towards the adoptee as if they were his or her biological parents (Decaluwe et al., 2016). Results from the *Qanuilirpitaa?* 2017 survey indicated that almost half (43%) of Nunavimmiut gave at least one child up for adoption. When compared to other populations, adopted Inuit children are shown to be protected from the adverse outcomes of adoption, such as the development of behavioural problems (Decaluwe et al., 2016).

Substance use during pregnancy can lead to numerous adverse health outcomes for the child. Smoking has been associated with low birth weight, respiratory problems, sudden infant death syndrome and childhood behavioural problems (Banderali, Martelli et al., 2015), while drinking during pregnancy has been recognized as leading to fetal alcohol spectrum disorders (i.e., below average height and weight, learning disabilities, hyperactivity, or problems with the heart, kidneys, or bones; Centers for Disease Control and Prevention, 2019). Results from the *Qanuilirpitaa?* 2017 survey indicate that more than half (56%) of women smoked daily during their last pregnancy and that 3% and 20% of women of all ages reported drinking daily and occasionally, respectively, during their last pregnancy. Therefore, promotion of substance free breastfeeding and pregnancies should be maintained and reinforced (Marcellin & Chantry, 2015; Ordean, Wong, & Graves, 2017).

Providing comprehensive sexual education has been shown to be an effective way to decrease risky sexual behaviours, which might impact STBBIs and undesired pregnancy rates (Lindberg & Maddow-Zimet, 2012). Yet, only half (50%) of Nunavimmiut youth reported having received sexual education at school, with a higher proportion being observed among those living in large communities. The latter may be due to the availability of community health professionals in bigger communities, who engage with schools and local leaders to give the curriculum. Community readiness may also vary from community to community. Supporting young men and women to make informed and empowered choices about sexual and reproductive behaviours through sexual education can help reduce future unfavourable outcomes.

The results regarding sexual communication self-efficacy from *Qanuilirpitaa?* 2017 provide insights on the actors that Nunavimmiut felt confident asking questions to about sexual health. While more Nunavimmiut mentioned nurses and doctors, they also reported perceiving Inuit midwives as trustworthy health professionals. This was especially true among women aged 21 to 30 years old. As further information is necessary to better understand how health services can be more culturally responsive, defining how communities can have access to autonomous Inuit health actors seems sound. As culturally safe practices can best be obtained through training and integration of Inuit in care delivery, the reappropriation of knowledge and practices around health and well-being can have benefits that are likely to go well beyond the impact on access to and quality of care.

In this report, the social, cultural and individual aspects of sexuality were considered along with Inuit specificities. Social support, family cohesion, identity and Inuit values were associated with positive outcomes, namely, talking openly about sex, feeling more confident with regard to sexual limit-setting and consistent condom use. To our knowledge, there is no or very little literature assessing sexual and reproductive behaviours according to levels of social and cultural indicators among Inuit populations. This report paves the way to an understanding and consideration of these indicators when assessing sexual and reproductive behaviours in a specific cultural context. Interventions focusing on empowering youth in integrating cultural and psychosocial aspects of sexuality, and on assisting them in their reproductive and sexual choices, appear especially promising.

10. Please refer to the thematic report on housing for more information on homelessness among Nunavimmiut aged 16 to 30 years old.

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APPENDIX A

SEXUAL AND REPRODUCTIVE HEALTH QUESTIONNAIRE

ᐊᐃᑦᑐᓯᒪᓂᖅ 3. ᐅᐃᓗᒪᓐᖏᑐᒻᒪᓂᖅ ᓴᖅᐱᓂᖅᓗ

1. ᐃᓱᒪᒋᔭᒍ ᐃᓅᓱᑦ ᐊᖅᓂ, ᖃᓄᖅᓗᐊᑎᒋᒃ ᐱᒻᒪᓗᐅᕐᒡ ᐱᐊᖏᑦᓴᒋᑦᑌᓂᓂᖅ (ᐱᐊᖏᑦᓴᒋᑦᑎᓱᑦᑌᓂᓂᖅ)?
   - ◯ 1- ᐱᒻᒪᓗᐊᔭᒃ
   - ◯ 2- ᐱᒻᒪᓗᓚᓪᒃ
   - ◯ 3- ᐱᒻᒪᓗᐅᔭᐊᖅᑐᑐᖅ
   - ◯ 4- ᐱᒻᒪᓗᐅᖅᑐᑐᖅ
   - ◯ 99- ᖃᐅᐅᔨᒪᖅᑐᑐᖅ/ᑭᐅᖅᑐᑐᖅ/ᑭᐅᔪᒪᖅᑐᑐᖅ

2. ᖃᐅᐅᔨᔪᐃᓕᑦ ᐱᐊᖏᑦᓴᖃᖅᓂᓂᑦ (ᓄᕐᕋᑦᓴᖃᖅᓂᓂᑦ) (ᐱᐊᖏᑦᓴᒋᑦᑎᓂᑦᓴᓂᕈᐱᓪᓚᓂᑦ) ᖃᓄᖅ ᐃᑦᐱᓂᐊᖏᓕᖅᖁᑭᑦ?
   - ◯ 1- ᐊᓕᐊᓂᖅᑐᑐᒻᒪᓗᐅᑉᓴᔾᑐᖅ
   - ◯ 2- ᐊᓕᐊᓂᖅᑐᑐᒋᓚᐅᒃ
   - ◯ 3- ᐊᓕᐊᓂᓚᒃ
   - ◯ 4- ᐊᓕᐊᓂᒪᓗᖅᑉᓴᔾᑐᖅ
   - ◯ 5- ᖃᓄᐃᑦᓴᕐᖅᖅᑐᑐᖅ
   - ◯ 99- ᖃᐅᐅᔨᒪᖅᑐᑐᖅ/ᑭᐅᖅᑐᑐᖅ/ᑭᐅᔪᒪᖅᑐᑐᖅ

3. ᐱᐊᖏᑦᓴᖃᓕᐅᑦᓂᒪᕕᑦ (ᓄᕐᕋᑦᓴᖃᓕᐅᑦᓂᒪᕕᑦ) ᐱᐊᖏᑦᓴᒋᑦᑎᓂᓂᓗᓐᓂᑦ (ᓄᕐᕋᑦᓴᒋᑦᑎᓂᓂᓗᓐᓂᑦᐯ
   - ◯ 1- ᐃ
   - ◯ 2- ᐊᐅᖃ ᐊᔾᓂᑎᒍᑦ ᖃᓄᐃᖅᑐᓂᓂᔪᓂᓚᓇᓗᓚᑦ ᐊᐃᑦᑐᓯᒪᓇᖅ 8ᒍᑦ
   - ◯ 99- ᖃᐅᐅᔨᒪᖅᑐᑐᖅ/ᑭᐅᖅᑐᑐᖅ/ᑭᐅᔪᒪᖅᑐᑐᖅ ᐊᔾᓂᑎᒍᑦ ᖃᓄᐃᖅᑐᓂᓂᔪᓂᓚᓇᓗᓚᑦ ᐊᐃᑦᑐᓯᒪᓇᖅ 8ᒍᑦ

SECTION 7.
Reproductive history (men and women)

1. Thinking about your life right now, how important is it to you to avoid becoming [or getting someone] pregnant?
   - ◯ 1- Very important
   - ◯ 2- Somewhat important
   - ◯ 3- A little important
   - ◯ 4- Not important
   - ◯ 99- DK/NR/R

2. If you found out that you were [or your partner was] pregnant, how would you feel?
   - ◯ 1- Very upset
   - ◯ 2- A little upset
   - ◯ 3- A little pleased
   - ◯ 4- Very pleased
   - ◯ 5- Wouldn't care
   - ◯ 99- DK/NR/R

3. Have you ever [been pregnant]/[got someone pregnant]?
   - ◯ 1- Yes
   - ◯ 2- No Go to PS –Section 8 - Sexual Health
   - ◯ 99- DK/NR/R Go to PS –Section 8 - Sexual Health

ᐊᖏᔪᑎᐅᕐᕕᑦ, ᐊᕐᓇᑐᔪᒪᔨᖅ 7, ᐊᐱᖅᓯᑎᒃ 4Ⅎᓗᑦ.

ᐊᖅᓚᐅᕐᕕᑦ, ᑲᔨᓯᑦ.

For men, go to PS – Section 7 – Q4.

For women, continue.

ᐊ) ᑕᖅᑭᓂᑦ 12ᓂᑦ ᐊᓂᔪᖅᑐᓂᑦ, ᐱᐊᕐᕆᖅᓵᓂᖅᑭᑦ/ᓄᑕᕐᕆᖅᓵᓂᖅᑭᑦᐯ

a) In the last 12 months, have you been pregnant?

- 1- ᐃ
- 2- ᐊᐅᑲ
- 99- ᖃᑲᐅᔪᒪᓕᖅᑐᑎᖅ/ᑭᐅᖅᓯᑐᑎᖅ/ᑭᐅᔪᒪᓕᖅᑐᑎᖅ

- 1- Yes
- 2- No
- 99- DK/NR/R

ᐸ) Ⅼᓐᓚᐅᑎᓪᓗᔪ ᐱᐊᕐᕆᖅᓵᖅᑭᑦ/ᓄᑕᕐᕆᖅᓵᖅᑭᑦᐯ

b) Are you currently pregnant?

- 1- ᐃ
- 2- ᐊᐅᑲ
- 99- ᖃᑲᐅᔪᒪᓕᖅᑐᑎᖅ/ᑭᐅᖅᓯᑐᑎᖅ/ᑭᐅᔪᒪᓕᖅᑐᑎᖅ

- 1- Yes
- 2- No
- 99- DK/NR/R

4. ᖃᓄᓯᓂᑦ ᐅᑭᐅᖃᖅᓯᖅᑭᑦ ᐱᐊᕐᕆᑦᑕᒋᓯᑎᑦ (ᓄᑕᕐᕆᑦᑕᒋᓯᑎᑦ)/ᐱᐊᕐᕆᑦᑕᒋᕐᓂᓯᑎᑦ (ᓄᑕᕐᕆᑦᑕᒋᕐᓂᓯᑎᑦ) ᓯᕗᓪᓕᕆᑎᐯ

4. How old were you when you [got pregnant]/ [got someone pregnant] for the first time?

_____ ᓂᑦ ᐅᑭᐅᖃᖅᓯᓂᔭᕐᓗ

_____ years old

- 99- ᖃᑲᐅᔪᒪᓕᖅᑐᑎᖅ/ᑭᐅᖅᓯᑐᑎᖅ/ᑭᐅᔪᒪᓕᖅᑐᑎᖅ

- 99- DK/NR/R

5. ᖃᓄᓯᓂᑦ ᐱᐊᕐᕆᒋᓯᖅᑭᑦ (ᓄᑕᕐᕆᒋᓯᖅᑭᑦ)/(ᐊᒋᑕᑭᓴᐅᔨᕐᑦ)ᐯ

ᖃᓄᓯᑦ ᐱᐊᓄᑦ (ᑲᑎᑲᓪᓚᑦ): _____

5. How many children have you [given birth to]/ [fathered]?

Number of children: _____

- 99- ᖃᑲᐅᔪᒪᓕᖅᑐᑎᖅ/ᑭᐅᖅᓯᑐᑎᖅ/ᑭᐅᔪᒪᓕᖅᑐᑎᖅ

- 99- DK/NR/R

6. ᖃᓄᓯᓂᑦ ᐱᐊᕐᕆᑦ (ᑲᑎᑲᓪᓚᑦ) ᑎᒍᐊᕐᑕᐅᕐᓴᐊᖃᖅᑭᑦᐯ

6. How many children have you given up for adoption?

ᖃᓄᓯᒃ ᐱᐊᓄᑦ (ᑲᑎᑲᓪᓚᑦ): _____

Number of children: _____

- 99- ᖃᑲᐅᔪᒪᓕᖅᑐᑎᖅ/ᑭᐅᖅᓯᑐᑎᖅ/ᑭᐅᔪᒪᓕᖅᑐᑎᖅ

- 99- DK/NR/R

ᐊᖏᔪᓂᖅ ᓄᑲᕐᓄᓂᖅ 31ᓂᑦ ᐅᑭᐅᓕᖅᓂᑦ, ᐯᒋᑦ ᐃᓗᒪᒍᑦ ᐃᓅᖅᑎᑦᓄᓇ - ᐊᐱᑦᑐᓗᒪᔪᖅ 8 ᓂᓗᓴᖅᓂᑎᑦ ᖃᓄᐃᖅᑐᓗᖅ.

ᐊᖏᔪᑎᑦ 31ᓂᑦ ᐅᑭᐅᓪᓚᑦ ᐊᖏᓴᑦᓗᓇ, ᐯᒋᑦ ᐃᓗᒪᒍᑦ ᐃᓅᖅᑎᑦᓄᓇ - ᐊᐱᑦᑐᓗᒪᔪᖅ 9ᒍᑦ - ᐃᑦᓇᓚᓂᖅᒍᑦ

ᐊᖅᓇᐅᔪᑦ, ᑲᔪᓗᒋᑦ.

For men under 31, go to PS – Section 8 - Sexual Health.

For men 31 and over , go to PS – Section 9- housing

For women, continue.

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7. ᑭᖏᑦᓭᔾᔪᒥ ᐱᐊᕐᕿᐊᓂ (ᓄᑕᕐᕿᐊᓂᑦ) ᐊᒻᒪᑦᑎᑕᐅᓂᖅᐹᐅᖅ

- 1- ᐁ
- 2- ᐊᐅᑲ
- 99- ᖃᑲᐅᒪᒪᔨᖅ/ᑭᐅᖅᑭᔨᖅ/ᑭᐅᔪᒪᖅᑭᔨᖅ

7. Was the last child you gave birth to, breastfed?

- 1- Yes
- 2- No
- 99- DK/NR/R

8. ᑭᖏᑦᓭᔾᔪᒥ ᐱᐊᕐᕿᑦᓴᖅᓄᑦ (ᓄᑕᕐᕿᑦᓴᖅᓄᑦ) ᓂᕆᑭᓂᖅᓴᓕᖅᑐᑦ/ᑐᔾᔨᑦᓴᖅᑐᑦ ᖃᐅᔨᒪᔭᑦ, ᐃᓕᖅᓴᓂᑦᓴᕐᓴᖅ, ᐅᕐᕈᓗᒍᑦ ᓂᕆᑭᓂᖅᓴᓕᖅᑐᑦᕿᑐᐊᑭᑭᓂᖅᓴᓕᖅᑐᑦᐯ

- 1- ᐅᑦᓗᑕᒧᑦ
- 2- ᐃᓕᖅᓴᓂᑦᓴᕐᓴᖅ
- 3- ᓕᐅᕐᓂᒪᖅᓯᑦ
- 99- ᖃᑲᐅᒪᒪᔨᖅ/ᑭᐅᖅᑭᔨᖅ/ᑭᐅᔪᒪᖅᑭᔨᖅ

8. During your last pregnancy, did you smoke daily, occasionally, or not at all?

- 1- Daily
- 2- Occasionally
- 3- Not at all
- 99- DK/NR/R

9. ᑭᖏᑦᓭᔾᔪᒥ ᐱᐊᕐᕿᑦᓴᖅᓄᑦ (ᓄᑕᕐᕿᑦᓴᖅᓄᑦ), ᐃᒥᐊᓗᖅᑐᑕᐅᓂᖅᐹᐅᖅ ᐅᑭᐅᓪᓚᑦ, ᐃᓕᖅᓴᓂᑦᓴᕐᓴᖅ, ᐅᕐᕈᓗᒍᑦ ᐃᒥᐊᓗᖅᑐᑕᐅᓂᖅᑎᑦᓴᓂᖅᓴᓕᖅᑐᑦᐯ

- 1- ᐅᑦᓗᑕᒧᑦ
- 2- ᐃᓕᖅᓴᓂᑦᓴᕐᓴᖅ
- 3- ᓕᐅᕐᓂᒪᖅᓯᑦ
- 99- ᖃᑲᐅᒪᒪᔨᖅ/ᑭᐅᖅᑭᔨᖅ/ᑭᐅᔪᒪᖅᑭᔨᖅ

9. During your last pregnancy, did you drink alcohol daily, occasionally, or not at all?

- 1- Daily
- 2- Occasionaly
- 3- Not at all
- 99- DK/NR/R

ᐊᕕᑦᑐᓂᒪᓕᖅᑎᑦ 8 ᐁᔨᓐᓂᑎᔪᑦ ᖃᓄᐃᖅᑲᓇᕐᓂᖅ (ᐃᓚᓂᑦᑐᓚᓐᓇᒃᓴᖅ)

31ᓂᑦ ᐅᑭᐅᖃᖅᑲᓂᑦ ᐊᖏᓴᕐᓂᐅᕐᕕᑦ, ᐯᒋᑦ ᐃᓂᒪᒍᑦ ᐃᓚᖃᖅᑎᑕᓚᓂ - ᐊᕕᑐᑐᓂᒪᓴᖅ ᑭᒍᑦ -ᐃᓐᓇᓚᓂᓐᓂᕐᒍ.

16ᓂᑦ 30ᓚᑦ ᐊᐁᓐᓂᖏᓐᓂᑦ ᐅᑭᐅᖃᖅᖃᕕᑦ, ᑭᐅᑉᑭᑦ ᐅᔪᐊ ᐊᐱᕐᓂᑦ.

SECTION 8.
Sexual health (youth cohort)

If 31 years old and over, go to PS - Section 9 - Housing.

If between 16 and 30 years, please answer the following questions.

ᐱᒋᐊᓕᐅᕐᑕ ᐊᐱᕐᓱᑎᓂᑦ ᓱᓕᑭᓂᕐᔪᓕᓚᖓᓂᑦ ᑭᓴᖅᓯᓕᓚᖓᓂᑦ

Here are a few questions about your sexual health

1. ᐃᓚᓐᓂᐊᓕᐅᕐᓂᓕᕆᑦ ᖃᓄᐃᖅᓯᓚᖓᓂᑦ ᐃᓚᓐᓂᐊᕕᐸᒋᐅᑉ

   - 1- ᐁ
   - 2- ᐊᐅᑲ
   - 99- ᖁᑲᐅᓕᖅᓴᕐᔪᖅ/ᑭᐅᖅᓴᕐᔪᖅ/ᑭᐅᔪᓕᖅᓴᕐᔪᖅ

2. ᐅᑲᐃᐃᒍᕐᕕᖏᓂᑦᑐᐊᓂᑦ ᖃᓄᐃᖅᓯᓚᖓᓂᑦ ᐅᖁᖏᑕᐅᕐᓂᓕᕆᑦ ᐊᖏᖅᑭᓂᖅᓯᓚᖓᓂᑦ ᐊᓂᖅᑭᓂᓗᒃᑑᑦ ᐃᓄᒻᒪᓗᓂᑦ ᐃᓕᑎᓐᓂᑦᐯ

   - 1- ᐁ
   - 2- ᐊᐅᑲ
   - 99- ᖁᑲᐅᓕᖅᓴᕐᔪᖅ/ᑭᐅᖅᓴᕐᔪᖅ/ᑭᐅᔪᓕᖅᓴᕐᔪᖅ

1. Have you ever had sexual education at school?

   - 1- Yes
   - 2- No
   - 99- DK/NR/R

2. Have you ever openly talked about sex with your parents or other adults in your family?

   - 1- Yes
   - 2- No
   - 99- DK/NR/R

3. ᖃᓄᖅᓯᐊᑎᑦᑕᒃ ᐊᖏᕆᖃᑎᖃᖅᖢᑦ ᒋᒃᓯᓂᖏᓐ ᐊᑐᓂ ᐊᓪᓚᓯᒪᔪᓂᕐᐯ

3. How strongly do you agree with each of the following statements?

		1. Strongly agree ᐊᖏᕆᖃᑎ-ᑎᒪᓇᓪᑕᕋᖅ	2. Agree ᐊᖏᕆᖃᑎᑎᒍᕆᔨᖅ	3. Neither agree nor disagree ᑕᒪᑎᒃ ᐊᖏᕆᖃᑎᑎᒋᓇᔪ ᐊᖏᕆᖃᑎᑎᑦᑐᖅ-ᖁᑎᑕᒋᓇᔪᓂ	4. Disagree ᐊᖏᕆᖃᑎ-ᑎᖅᖁᑎᑕᖅ	5. Strongly disagree ᐊᖏᕆᖃᑎᑎᑦᑐᖅ-ᖁᓪᓚᓪᓕᕋᖅ	DK/ NR/R
ᐊ) ᐃᓱᒪᖅᓴᖅ ᐃᓄᒡᑎᒃ ᑲᑎᖅᓴᒃᑲᒪᑭᑉᓇ-ᑐᓪᓕᓱᓴᖅ ᑯᔾᓂᔪ ᐊᐱᑭᐊᖅᑲᔾᔨᓇᒍ	a) I feel confident I would be able to date someone without feeling obligated to engage in sexual activity	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 99
<) ᐃᓱᒪᖅᓴᖅ ᑐᑭᒋᑭᓇᑐᓪᓚᑭᑎᒃ ᖃᑲᓴ ᓇᓂᓗ ᑯᔾᖃᑎᖃᑭᑦ-ᓇᓱᔾᓂᕋᓂᒃ	b) I feel confident I would be able to choose when and where to engage in sexual activity	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 99
C) ᐃᓱᒪᑎᖅᓴᖅ ᐊᐅᑲᑭᓇᔾᔨᓂᕋᓂᒃ ᑯᔾᓂᑎᒃ ᐃᓄᒡᑎᒃ ᐃᓱᐃᓪᓕᐅᑦᔨᕋᓂᒃ	c) I feel confident I would be able to refuse sexual activity with someone I'm not comfortable with	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 99
ᑲ) ᐃᓱᒪᖅᓴᖅ ᐁᑦᑐᕋ ᐊᐱᓇᔪᓯᓇᕋ ᖃᑲᑎᖅᑕᐅᔾᔪᓕᔪᒍ ᑯᔾᓂᓂᑎᑦ ᐋᑭᓂᐊᖅᑕᒪᖅᓴᓐᓂᑦ ᐊᕿᐱᑦᕿᖅᑕᒪᖅᓴᓐᓄᓂᑦ	d) [e] I feel confident I could ask my partner to get tested for STIs or HIV	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 99

4. ᐊᐱᖏᓂᕆᖅᑭᒪᒃᓴᓕᒫᓂᒃ, ᐊᐱᓗᒍᓗᒃᑐᖅ...

4. If I have questions about sexual health, I feel I could ask a...

		Yes ᐅᑦ	No ᐊᐅᒃ	DK/ NR/R
ᐊ) ᐃᓕᓴᕐᓂᐊᑎᓂᒃᓴᖅᑎᑦ, ᐃᓕᓴᕐᓂᐊᑎᓂᒃ ᐃᒃᓴᖏᑎᑎᑦ. ᐃᓕᓴᕐᓂᐊᕕᒃᑎ ᐅᑉᖏᓂᐊᓴᖅᑎᑎᓪᓗᓂᒃ	a) A teacher, a school counsellor or a school nurse	◯ 1	◯ 2	◯ 99
ᐸ) ᐅᑉᖏᓂᐊᓴᖅᑎᒪᓇᒃᑎᑦ ᐅᑉᖏᓂᐊᓴᖅᑎᑎᓪᓗᓂᒃ	b) A doctor or a nurse	◯ 1	◯ 2	◯ 99
ᑕ) ᐃᓅᒃᑎᑦ ᐃᖏᓴᓂᑎᓴᖅᑎᑦ	c) An Inuit midwife	◯ 1	◯ 2	◯ 99
ᑲ) ᐱᖏᑎᒋᓂᒃ (ᐃᓕᓐᓇᕎᓂᒃ)	d) A friend	◯ 1	◯ 2	◯ 99
ᒪ) ᖏᓂᑕᓇᓴᓴᒍ ᐃᓕᒋᓂ	e) A close family member	◯ 1	◯ 2	◯ 99

5. ᖃᓄᖅᓯᐊᑎᑦᑕᒃ ᐊᖏᕆᖃᑎᖃᖅᖢᑦ ᐅᑯᓂᖅ ᐊᓪᓚᓱᒪᔪᓂᑫᐅ

5. How strongly do you agree with the following statements?

		1. Strongly agree ᐊᖏᕆᖃᑎ-ᒥᒪᓇᓪᓕᕐᓂ	2. Agree ᐊᖏᕆᖃᑎᒋᔭᕐᓂ	3. Neither agree nor disagree ᑕᒪᒥᒃ ᐊᖏᕆᖃᑎᒋᓇᔪ ᐊᖏᕆᖃᑎᑦᑎᓐ-ᖃᑕᒋᓇᔪᓗ	4. Disagree ᐊᖏᕆᖃᑎ-ᒋᖏᕐᓂᕐᓂ	5. Strongly disagree ᐊᖏᕆᖃᑎᑦᑎᓐ-ᖃᓚᓇᓪᓕᕐᓂ	DK/ NR/R
ᐃ) ᐱᐊᕐᕆᒋᓂᖅ (ᓄᑕᕐᕆᒋᓂᖅ) ᐅᕐᓄᓂᒃ ᓇᓪᓕᒋᔭᑦᓴᒋᐊᖅᑐᖅ/ (ᕿᔭᕐᔪᖅ) ᐅᕐᓂᓗᓂᒃᓯᑦ (ᑐᑭᓂᒃ)/(ᑐᑭᖃᓚᔭᕐᑐᖅ) ᐃᓄᒪᒍᑦ ᓇᓪᓕᒋᔭᐅᓚᐅᖓᓚᖅ	a) Having a baby [gives]/ [would give] me someone to love or [means]/[would mean] somebody will love me	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 99
ᐸ) ᐱᐊᕐᕆᒋᓂᖅ (ᓄᑕᕐᕆᒋᓂᖅ) ᐅᕐᓂᓗᓂᒃ ᐱᒪᓚᐅᒃᖁᔭᖅ/ (ᑎᑦᓭᓚᔭᕐᔪᖅ)	b) Having a baby [makes]/ [would make] me feel important	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 99
ᑲ) ᐱᐊᕐᕆᒋᓂᖅ (ᓄᑕᕐᕆᒋᓂᖅ) ᐅᕐᓂᓗᓂᒃ ᐱᑦᔨᑎᖅᑎᑭᔪᖅ/ ᓕᐅᒥᓚᔭᕐᑐᖅ ᐱᓇᓄᑕᖅᖢᓂᕐᒥᓂᒃ- ᑎᑦᓭᓚᔭᕐᑐᖅ (ᐊᒥᓭᐃᓂᕐᓭᑎᑦ ᐃᒥᐊᓇᓂᑦ, ᐃᒥᐊᓇᓂᓂᒃ, ᐊᖏᓚᓂᖅᓇᑐᐃᑦ, ᐊᓭᕐᑭᓇᑐ.)	c) Having a baby [gives]/ [would give] me more of a reason to stay away from trouble (excessive parties, drinking, drugs, etc.)	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 99
ᑳ) ᐱᐊᕐᕆᒋᓂᖅ (ᓄᑕᕐᕆᒋᓂᖅ) ᕿᑐᖅᓯᓚᓗ ᐁᑦᔪᓂᒃᐱᓚᐅᖅ ᐅᓪᓗᓂᑦᓴᖅᑐᓂᒃ ᐃᓕᓴᕐᓂᖅ/ᓚᓱᑐᖅ	d) [e] Having a baby [makes]/ [would make] my relationship with the other parent stronger	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 99
ᑲ) ᐊᓐᓇᐅᓂᖅᐊᑦ/ᐊᑦᑕᐅᓂᖅᐊᑦ ᐊᓕᖅᓴᓴᑐᖅ/ᕿᓱᓴᑭᑐᖅ; ᐱᐊᕐᖅ (ᓄᑕᕐᖅ) ᓴᒪᒪᑎᐅᓂᐅᖓᓚᖅ	e) [g] Being a [mother]/ [father] [is]/ [would] be special; a baby is a blessing	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 99
ᒪ) ᐊᑦᓭᓂᐅᓂᖅᐊᑦ ᐊᓕᖅᓴᓴᑐᖅ/ᕿᓱᓴᑭᑐᖅ; ᐱᐊᕐᖅ (ᓄᑕᕐᖅ) ᓴᒪᒪᑎᑕᐅᓂᐅᖓᓚᖅ	f) [i] Having a baby [makes]/ [would make] me feel like I fit in with other [women]/ [men] of my age	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 99
ᓂ) ᐱᐊᕐᕆᒋᓂᖅ (ᓄᑕᕐᓴᒋᓂᖅ) ᐃᑲᔪᑐᑐᒃ/ ᕿᔭᑐᖅ ᐃᓪᓗᑦᓂᓂᑎᒍᑦ	g) [j] Having a baby [helps]/ [would help] me get a house	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 99
ᓴ) ᐱᐊᕐᕆᒋᓂᖅ (ᓄᑕᕐᓴᒋᓂᖅ) ᐃᑲᓂᕐᓂ ᐱᓇᓄᖅᑎᑦᑎᓐᓂᕐᒥᓂᒃ ᐅᕐᓂᓗᓂᑦ ᓂᒡᓴᖅᑎᑦᓗᒪᓕ ᐃᓅᖅᑎᑦᑕᐅᓂ	h) [k] Having a baby [gives]/ [would give] me a purpose of life or a role in the society	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 99

6. ᖃᓄᓂᒃ ᐅᑭᐅᖃᓄᐃᑎᑦ ᐊᖏᑦᓂᐊᓂᑦ ᐃᓕᑎᐊᖏᓐᓇᖅᑭᑦ ᓂᕆᔨᕐᓯᑎᕗ

- 1- ᐃᓕᓴᐅᖃᓂᒪᖏᑎᒍᖅ ᐅᑎᑦ ᐃᓂᒪᒧᑦ ᐃᓄᓚᖃᑎᒌᖅᑐᑦ ᐊᐱᑦᑐᓂᒪᓕᕆᓂᖅ ᐊᐱᑦᑐᓂᓂᒪᔪᖅ 9ᒧᑦ - ᐃᓐᓇᓂᓗᒃᑐᓂᒪᔪᓂᑦ
- 2- 12ᓂᑦ ᐅᑭᐅᖃᖅᑕᕐᓂ
- 3- 12-13ᓂᑦ ᐅᑭᐅᖃᖅᓂᓂ
- 4- 14-15ᓂᑦ ᐅᑭᐅᖃᖅᓂᓂ
- 5- 16-17ᓂᑦ ᐅᑭᐅᖃᖅᓂᓂ
- 6- 18ᓂᑦ ᐅᖏᒪᓱᓄᑦᓇᓚᑦ ᐅᑭᐅᖃᖅᓂᓂ
- 99- ᖃᐅᔨᒪᖏᑎᒍᖅ/ᑭᐅᖏᑎᒍᖅ/ᑭᐅᔪᒪᖏᖏᑎᒍᖅ

6. How old were you when you had consensual sexual intercourse for the first time?

- 1- Never had sexual intercourse Go to PS – Section 9 - Housing
- 2- Less than 12 years old
- 3- 12-13 years old
- 4- 14-15 years old
- 5- 16-17 years old
- 6- 18 or more years old
- 99- DK/NR/R

7. <u>ᑕᖅᑭᓂ 12ᓂᑦ ᐊᓂᔪᖅᑐᓂᑦ</u>, ᖃᓄᓂᒃ ᐊᑦᔨᑲᖏᖏᑎᒍᓂᑦ ᐃᓕᖃᑎᖃᖃᑦᑕᓂᖅᑭᑦ

- 1- ᐱᑕᖃᖏᖏᑎᒍᖅ ᐃᓕᓴᐅᖃᓂᒪᖏᖏᑎᒍᖅ
- 2- 1ᒥᒃ ᐃᓕᑦᓂᒪᓕᕆᖅ
- 3- 2ᓂᒃ ᐃᓕᑦᓂᒪᓕᕆᖅ
- 4- 3ᓂᑦ ᐃᓕᑦᓂᒪᓕᕆᖅ
- 5- 4ᓂᑦ ᐅᖏᒪᑲᓱᓄᑦᓇᓚᑦ ᐃᓕᑦᓂᒪᓕᕆᖅ
- 99- ᖃᐅᔨᒪᖏᖏᑎᒍᖅ/ᑭᐅᖏᖏᑎᒍᖅ/ᑭᐅᔪᒪᖏᖏᑎᒍᖅ

7. <u>In the past 12 months</u>, how many different sexual partners have you had?

- 1- None or abstinent
- 2- 1 partner
- 3- 2 partners
- 4- 3 partners
- 5- 4 or more partners
- 99- DK/NR/R

8. ᑭᖏᔪᓕᕆᔨ ᐃᓕᑦᓂᒪᑦ, ᐃᒥᐊᓕᑦᓂᒪᓕᐅᕆᐃᒪᑦ ᐊᑲᖏᑦᓴᖅᓯᑎᑦᓂᒪᓗᓐᓂᑦ ᑫᓐᓕᔪᓂᓐᓂ ᒪᑦᑭᓐᓂ ᓂᕆᐅᐊᓂᐅᕙ

- 1- ᐊᑲ
- 2- ᐊᐅᓗ
- 99- ᖃᐅᔨᒪᖏᖏᑎᒍᖅ/ᑭᐅᖏᖏᑎᒍᖅ/ᑭᐅᔪᒪᖏᖏᑎᒍᖅ

8. <u>The last time</u> you had sexual intercourse, did you drink alcohol or use drugs within 2 hours before?

- 1- Yes
- 2- No
- 99- DK/NR/R

9. <u>ᑕᖅᑭᓂ 12ᓂᑦ ᐊᓂᔪᖅᑐᓂᑦ</u>, ᐃᓐᒪᑦ ᐁᕐᐯᓕᓐᓂᑦ ᐱᐊᖅᑭᑦᑕᓚᓄᓕᒃᑐᓂᖅ (ᓄᑕᖅᑭᕐᓴᑦᑕᓚᓄᓕᒃᑐᓄᓕᓄᓄᓄ) ᐊᑐᖅᓂᖅᑎᓄᕐᐯ

- 1- ᓯᐅᖅᓂᒪᖏᖏᑎᒍᖅ
- 2- ᐃᓕᖏᓂᓂ
- 3- ᑌᒪᖏᖏᓕᒫᖅ
- 99- ᖃᐅᔨᒪᖏᖏᑎᒍᖅ/ᑭᐅᖏᖏᑎᒍᖅ/ᑭᐅᔪᒪᖏᖏᑎᒍᖅ

9. <u>In the last 12 months</u>, how often did you and your partner use birth control?

- 1- Never
- 2- Sometimes
- 3- Always
- 99- DK/NR/R

10. ᐅᓂᐟ ᔦᖏᓂᑲ ᐊᑐᕐᓂᖅᑕ ᑭᖏᔪᓪᓚᐸᒥ ᐃᓕᕐᓂᑎᑦ?

- ◯ 1- ᐁ
- ◯ 2- ᐊᐅᑲ
- ◯ 99- ᖃᓄᐅᔨᒪᖏᖅᑐᑦ/ᑭᐅᖏᖅᑐᑦ/ᑭᐅᔪᒪᖏᖅᑐᑦ

10. Did you use a condom the last time you had sexual intercourse?

- ◯ 1- Yes
- ◯ 2- No
- ◯ 99- DK/NR/R

11. ᐃᓕᓴᐅᕐᓂᒪᕕᒃᑕ ᑭᓇᓚᒋᒥᑲ ᑕᐅᕐᓯᔨᑎᑎᕐᓂᓯᔪᒍ ᐃᒣᑕᔪᑦ:

11. Have you ever given someone sex in exchange for:

		Yes ᐁ	No ᐊᐅᑲ	DK/ NR/R
ᐊ) ᐃᒥᐊᓗᑲ ᐁᖏᓚᖏᓐᓇᑐᐃᑦ, ᑭᓇᐅᔭᖅ, ᐁᑦᑐᑎᑦ ᐅᕐᓵᓖᖏᓐᓂᑦ ᓯᓇᓚᖏᓐᓄᑦ	a) Alcohol, drugs, money, gifts or goods	◯ 1	◯ 2	◯ 99
ᐸ) ᓴᓂᕐᐱᔪᖅ	b) [c] A place to sleep	◯ 1	◯ 2	◯ 99

12. ᐃᓕᑕᐅᓇᐅᕐᓂᒪᕕᒃᑕ ᐁᑦᑐᐃᓯᑎᑦ:

12. Have you ever obtained sex by providing:

		Yes ᐁ	No ᐊᐅᑲ	DK/ NR/R
ᐊ) ᐃᒥᐊᓗᑲ ᐁᖏᓚᖏᓐᓇᑐᖅ, ᑭᓇᐅᔭᖅ, ᐁᑦᑐᑎᑦ ᐅᕐᓵᓖᖏᓐᓂᑦ ᓯᓇᓚᖏᓐᓄᑦ.	a) Alcohol, drugs, money, gifts or goods	◯ 1	◯ 2	◯ 99
ᐸ) ᓴᓂᕐᐱᔪᖅ	b) [c] A place to sleep	◯ 1	◯ 2	◯ 99

APPENDIX B

ADDITIONAL RESULTS

Table A Age at first consensual sexual intercourse by sociodemographic indicators (%), population aged 16 to 30 years old, Nunavik, 2017

	Age at first consensual sexual intercourse					
	Never	12 or less	12-13	14-15	16-17	18 and over
Total	8.1*	1.4**	13.0	39.6	32.1	5.9*
Age group						
16-20 years	NP	NP	14.4*	38.8	NP	NP
21-30 years	NP	NP	12.1*	40.2	34.2	9.0*
Coast						
Hudson	NP	NP	13.9*	38.2	34.4	5.7**
Ungava	NP	NP	11.9*	41.4	29.4	6.0**
Marital status						
Single	13.2*	1.6**	12.1*	38.1	27.8[1]	7.1*
Married or common law	NP	NP	14.4*	41.6	38.3	4.1*
Separated, divorced or widowed	NP	NP	NP	NP	NP	NP
Education						
Elementary school or less	NP	NP	NP	NP	NP	NP
Secondary school not completed	7.7*	1.5**	13.9*	40.1	31.8	4.9**
Secondary school or higher	NP	NP	12.3**	40.3	33.9	8.7**
Employment						
Employed	NP	NP	11.1*	39.4	37.1	5.3**
Not employed	NP	NP	16.0*	40.1	24.3	6.9**
Income						
Less than $20 000	NP	NP	15.8*	36.7	29.5	6.0*
$20 000 or more	NP	NP	7.4**	45.8	37.2	5.6**
Community size						
Large	NP	NP	13.8*	40.2	35.1	4.6**
Small	NP	NP	12.0*	38.9	28.5	7.4**

NOTES

1. Statistically significant difference observed using the 5% threshold compared to youth who were married or in a common law relationship.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

NP: This value is not presented since some categories have less than 5 respondents.

Table B Number of sexual partners in the previous 12 months by sociodemographic indicators, population aged 16 to 30 years old, Nunavik, 2017

	None (%)	1 partner (%)	2 partners (%)	3 partners or more (%)
Total	8.2*	56.7	17.0	18.0
Coast				
Hudson	8.9*	54.3	20.0	16.8*
Ungava	7.4**	59.8	13.3*	19.4*
Marital status				
Single	11.3*[1]	45.0[1]	21.2[1]	22.5[1]
Married or common law	4.0**	71.5	11.8*	12.7*
Separated, divorced or widowed	NP	NP	NP	NP
Education				
Elementary school or less	NP	NP	NP	NP
Secondary school not completed	9.3*	58.0	17.9	14.8*
Secondary school or higher	4.0**	55.9	14.2*	25.9*
Employment				
Employed	7.6*	58.7	15.3*	18.5
Not employed	9.1**	53.7	20.3*	16.9*
Income				
Less than $20 000	8.5*	58.9	15.9	16.6*
$20 000 or more	5.4**	60.6	15.5	18.5*
Community size				
Large	8.8*	55.7	17.6*	17.8*
Small	7.5**	58.1	16.3*	18.1*

NOTES

1. Statistically significant difference observed using the 5% threshold compared to married youth or common law partners.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

NP: This value is not presented since some categories have less than 5 respondents.

Table C Use of birth control in the previous year and of condoms during the last sexual intercourse, by sociodemographic indicators (%), population aged 16 to 30 years old, Nunavik, 2017

	Birth control use in the previous year (%)				Condom use at last sexual intercourse (%)
	Always	Sometimes	Always & sometimes	Never	
Marital status					
Single	33.1	36.7	69.8	30.1	62.1[1]
Married or common law	27.8	36.3	64.1	35.9	42.9*
Separated, divorced or widowed	NP	NP	NP	NP	NP
Education					
Elementary school or less	NP	NP	NP	NP	NP
Secondary school not completed	27.6	39.8	67.4	32.6	55.2*
Secondary school or higher	34.5	28.1	62.6	37.4	57.9
Employment					
Employed	31.2	35.7	66.9	33.2	56.6
Not employed	29.5	38.0	67.5	32.5	57.1
Income					
Less than $20 000	30.8	36.6	67.4	32.6	55.5
$20 000 or more	34.2	32.3*	66.5	33.5	49.3*
Coast					
Hudson	27.6	39.3	66.9	33.1	60.8
Ungava	34.6	33.2	67.8	32.3	49.8
Community size					
Large	31.9	35.1	67.0	33.0	59.4
Small	29.1	38.5	67.6	32.4	50.3

NOTES

1. Statistically significant difference observed using the 5% threshold compared to married youth or common law partners.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

NP: This value is not presented since some categories have less than 5 respondents.

Table D Sexual and reproductive behaviours by sociocultural indicators, population aged 16 to 30 years old, Nunavik, 2017

	Constant use of birth control (% always)	Condom use at last sexual intercourse (% yes)	Ever experienced a pregnancy (% yes)
Cultural identity			
Top 30 percentiles	31.3*	47.6	83.5[1]
Other	30.5	52.5	72.3
Social support			
Emotional support			
High	40.4	49.3	83.2
Low	26.2[1]	52.3	72.2
Tangible support			
High	34.8	50.5	77.6
Low	30.2	54.6	74.8
Positive interactions			
High	32.6	52.5	74.9
Low	25.1*	49.0	77.2
Love and affection			
High	34.3	49.5	78.8
Low	20.5*[1]	56.7	66.8
Family cohesion			
Top 30 percentiles	31.1*	52.7	83.1[1]
Other	30.7	50.9	72.7

NOTES

1. Statistically significant difference observed using the 5% threshold compared to the other group.

* Coefficient of variation greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

Table E Alcohol or drug use within two hours prior to sex by sociodemographic indicators, population aged 16 to 30 years old, Nunavik, 2017

	Alcohol or drug use within two hours prior to sex (% yes)
Total	38.7
Sex	
Men	39.3
Women	38.1
Age group	
16-20 years	39.4
21-30 years	38.3
Sex by age group	
Men	
16-20 years	40.0*
21-30 years	38.8
Women	
16-20 years	38.7
21-30 years	37.8
Marital status	
Single	45.7[1]
Married or common law	29.9
Separated, divorced or widowed	NP
Education	
Elementary school or less	NP
Secondary school not completed	38.8
Secondary school or higher	41.1
Employment	
Employed	40.5
Not employed	35.9
Income	
Less than $20 000	37.8
$20 000 or more	38.2
Coast	
Ungava	37.6
Hudson	40.1
Community size	
Large	39.8
Small	37.2

NOTES

1. Statistically significant difference observed using the 5% threshold compared to the other group.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

NP: This value is not presented since some categories have less than 5 respondents.

Table F Sex exchange by sociodemographic indicators, population aged 16 to 30 years old, Nunavik, 2017

	Have given sex in exchange for alcohol, drugs, money, gifts, goods (%)	Have given sex in exchange for shelter (%)	Have obtained sex in exchange for alcohol, drugs, money, gifts, goods (%)	Have obtained sex in exchange for shelter (%)	Any sex exchange[a](%)
Total	2.8**	8.1*	2.8**	7.3*	13.1
Coast					
Ungava	2.5**	8.7**	4.0**	7.8**	13.6*
Hudson	3.0**	7.7**	NP	6.9**	12.7*
Marital status					
Single	3.4**	12.0*1	4.0**	10.3*	18.8*
Married or common law	NP	3.2**	NP	3.5**	5.9**1
Separated, divorced or widowed	NP	NP	NP	NP	NP
Education					
Elementary school or less	NP	NP	NP	NP	31.0**
Secondary school not completed	3.0**	10.4*	3.0**	9.3*	16.0*
Secondary school or higher	NP	NP	NP	NP	5.2**2
Employment					
Employed	3.1**	8.0**	2.8**	8.8**	12.5*
Not employed	2.3**	8.4**	2.7**	5.0**	14.3*
Income					
Less than $20 000	3.8**	9.7*	4.1**	10.5*	16.3*
$20 000 or more	NP	6.6**	NP	NP	9.3**
Community size					
Large	2.4**	6.6**	NP	6.0**	10.7*
Small	3.3**	10.2**	3.9**	9.0**	16.2*
Love and affection					
High	1.5**1	4.7**1	NP	4.8**1	8.4*1
Low	6.3**	17.2**	7.3**	14.0**	25.5*

NOTES

[a] Have given or obtained sex in exchange for alcohol, drugs, money, gifts, or goods as well as shelter.

1. Statistically significant difference observed using the 5% threshold compared to the other group.
2. Statistically significant difference observed using the 5% threshold compared to both groups.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

NP: This value is not presented since some categories have less than 5 respondents.

Table G Lifetime pregnancy by sociodemographic indicators, population aged 16 years and over, Nunavik, 2017

	Having been pregnant or gotten someone pregnant in lifetime (% yes)
Total	75.7
Sex	
Women	85.4[1]
Men	66.0
Age group 1	
16-20 years	30.7[1]
21-30 years	77.8
Age group 2	
16-30 years	59.2[2]
31-49 years	87.9
50 years and over	89.7
Marital status	
Single	53.7[2]
Married or common law	90.8
Separated, divorced or widowed	93.5
Education	
Elementary school or less	71.2
Secondary school not completed	74.3
Secondary school or higher	80.0
Employment	
Employed	80.5[1]
Not employed	66.2
Income	
Less than $20 000	66.4[1]
$20 000 or more	87.5
Coast	
Ungava	76.8
Hudson	74.8
Community size	
Large	77.2
Small	73.5

NOTES

1. Statistically significant difference observed using the 5% threshold compared to the other group
2. Statistically significant difference observed using the 5% threshold compared to both groups.

Table H Age at first pregnancy by sociodemographic indicators, population aged 16 years and over, Nunavik, 2017

	Age (in years)					
	14 or less	15-17	18-19	20-24	25-29	30 and over
Total	2.8*	30.5	26.8	27.2	8.5	4.3*
Sex						
Women	3.8*	41.5	25.8	22.0	5.5	1.4**
Men	NP	NP	28.1	33.9[1]	12.6*[1]	8.1[1]
Age group 1						
16-30 years	3.4**	38.5[2]	25.5	28.1	NP	NP
31-49 years	3.0**	27.6	32.1[3]	25.4	7.3*	4.7**
50 years and over	1.6**	24.4	21.4	28.4	15.2[1]	9.0*
Age group 2						
16-20 years	NP	NP	NP	NP	NP	NP
21-30 years	2.6**	30.8	26.1	34.8	NP	NP
Sex by age group						
Men						
16-30 years	NP	NP	NP	NP	NP	NP
31-49 years	NP	NP	37.3[1]	30.9*	9.7**[1]	7.5**
50 years and over	NP	NP	17.8*	34.3	23.0*	17.8*
Women						
16-30 years	4.3**	45.7	25.1	21.9	NP	NP
31-49 years	4.5**	39.4	27.7	20.8	5.2**	2.3**
50 years and over	NP	NP	24.3	23.8	9.1*	2.0**
Marital status						
Single	3.6**	35.5	20.0	30.6	6.8*	3.6**
Married or common law	2.4**	27.2	30.6	26.3	9.2	4.2*
Separated, divorced or widowed	NP	NP	21.0**	20.9**	9.0**	6.8**
Education						
Elementary school or less	NP	NP	18.9*	19.9*	8.4**	16.6**[2]
Secondary school not completed	2.2**	35.0	28.5	24.6	7.8*	1.9**
Secondary school or higher	3.8**	22.3[1]	25.4	34.3[2]	10.1*	4.0**
Employment						
Employed	2.4*	29.2	27.9	28.0	8.5	4.0*
Not employed	3.8**	33.5	23.8	25.7	8.2*	4.9**

	Age (in years)					
	14 or less	15-17	18-19	20-24	25-29	30 and over
Income						
Less than $20 000	4.7*[1]	33.3[1]	25.2	26.6	7.0*	3.2**
$20 000 or more	1.5**	26.1	28.0	28.0	11.0	5.3*
Coast						
Hudson	3.3**	35.0[1]	23.0[1]	25.4	8.6*	4.7*
Ungava	2.1**	24.8	31.6	29.3	8.4*	3.8**
Community size						
Large	2.1**	32.1	26.0	27.8	8.1*	3.9**
Small	3.7*	28.1	27.9	26.3	9.2*	4.8*

NOTES

1. Statistically significant difference observed using the 5% threshold compared to the other group.
2. Statistically significant difference observed using the 5% threshold compared to both groups.
3. Statistically significant difference observed using the 5% threshold compared to the older group.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

NP: This value is not presented since some categories have less than 5 respondents.

Table I Number of biological children by sociodemographic indicators, population aged 16 years and over, Nunavik, 2017

	None	One or more	One or two	Three to five	Six or more
Total	6.6	93.4	36.4	37.9	19.2
Sex					
Women	5.9*	94.1	34.6	40.8	18.7
Men	7.4*	92.6	38.7	34.1	19.8
Age group 1					
16-30 years	15.2[1]	84.8[1]	59.6	23.6	1.6**
31-49 years	2.8**	97.2	26.9	43.9	26.4
50 years and over	NP	NP	20.6	47.3	NP
Age group 2					
16-20 years	NP	NP	NP	NP	NP
21-30 years	10.4*	89.6	58.5	29.1	2.0**
Sex by age group					
Men					
16-30 years	NP	NP	62.4[2]	16.7**[2]	NP
31-49 years	NP	NP	31.2*	38.3	NP
50 years and over	NP	NP	23.1*	47.2	NP
Women					
16-30 years	12.4*[1]	87.6[1]	57.8[2]	28.1[2]	1.7**[1]
31-49 years	3.0**	97.0	23.2	48.7	25.1
50 years and over	NP	NP	18.6*	47.4	NP
Marital status					
Single	12.0*[1]	88.0[1]	53.7[2]	28.0[2]	6.3**[1]
Married or common law	4.8*	95.2	31.0	41.0	23.3
Separated, divorced or widowed	NP	NP	12.5**	50.8	NP
Education					
Elementary school or less	NP	NP	21.7*[2]	33.1*	NP
Secondary school not completed	5.8*	94.2	37.2	37.0	19.9[1]
Secondary school or higher	8.2*	91.8	39.4	41.2	11.2*
Employment					
Employed	7.1*	92.9	34.1	39.9	18.9
Not employed	5.1**	94.9	41.2	33.2	20.4

	None	One or more	One or two	Three to five	Six or more
Income					
Less than $20 000	9.7*[1]	90.3[1]	41.3[1]	31.2[1]	17.7
$20 000 or more	4.1**	95.9	31.6	44.9	19.4
Coast					
Hudson	7.0*	93.0	36.4	34.1[1]	22.5[1]
Ungava	6.0*	94.0	36.3	42.6	15.1
Community size					
Large	7.0*	93.0	34.9	38.1	20.0
Small	5.9*	94.1	38.4	37.6	18.1

NOTES

1. Statistically significant difference observed using the 5% threshold compared to the other group.
2. Statistically significant difference observed using the 5% threshold compared to both groups.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

NP: This value is not presented since some categories have less than 5 respondents.

Table J Number of children given up for adoption by sociodemographic indicators, population aged 16 years and over, Nunavik, 2017

	None	One or more	One	Two	Three or more
Total	56.6	43.4	31.3	8.1	4.1*
Age group					
16-20 years	NP	NP	NP	NP	NP
21-30 years	67.3	32.7	27.5	NP	NP
Sex by age group					
Men					
16-30 years	NP	NP	NP	NP	NP
31-49 years	53.8	46.2	34.6	7.0**	4.6**
50 years and over	59.9	40.1	32.3*	NP	NP
Women					
16-30 years	68.8[3]	31.2[3]	25.3[5]	NP	NP
31-49 years	45.1	54.9	32.3	14.8*	7.8**
50 years and over	40.7	59.3	38.8	13.3*	7.3**
Marital status					
Single	61.0	39.0	27.4	8.5*	3.1**
Married or common law	55.7	44.3	32.7	7.1*	4.5*
Separated, divorced or widowed	45.4	54.6	34.9*	15.0**	4.7**
Education					
Elementary school or less	47.8	52.2	32.1*	10.1**	10.0**
Secondary school not completed	52.7	47.3	33.8[4]	8.9	4.6*
Secondary school or higher	66.2[3]	33.8[3]	26.4	6.1*	1.2**[3]
Employment					
Employed	57.4	42.6	29.9	8.3	4.4*
Not employed	54.8	45.2	34.0	7.8*	3.4**

	None	One or more	One	Two	Three or more
Income					
Less than $20 000	57.1	42.9	28.9	8.8*	5.2**
$20 000 or more	57.7	42.3	31.3	7.4*	3.5**
Coast					
Hudson	54.8	45.2	33.4	7.2*	4.6*
Ungava	58.8	41.2	28.7	9.1	3.4*
Community size					
Large	57.5	42.5	31.3	7.4*	3.7**
Small	55.2	44.8	31.3	8.9	4.6*

NOTES

1. Statistically significant difference observed using the 5% threshold compared to the other group.
2. Statistically significant difference observed using the 5% threshold compared to Nunavimmiut aged 31 to 49 years old.
3. Statistically significant difference observed using the 5% threshold compared to both groups.
4. Statistically significant difference observed using the 5% threshold compared to youth who had completed secondary school.
5. Statistically significant difference observed using the 5% threshold compared to the oldest group.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

NP: This value is not presented since some categories have less than 5 respondents.

Table K Pregnancy in the previous 12 months and breastfeeding by sociodemographic indicators, women aged 16 years and over, Nunavik, 2017

	Pregnancy in the previous 12 months (% yes)	Breastfeeding (% yes)
Total	17.5	66.9
Marital status		
Single	17.8	60.1[2]
Married or common law	19.5	68.6[3]
Separated, divorced or widowed	NP	82.2
Education		
Elementary school or less	NP	59.3
Secondary school not completed	20.2	64.1
Secondary school or higher	16.4	76.0[2]
Employment		
Employed	12.6[1]	66.2
Not employed	27.5	70.0
Income		
Less than $20 000	22.4[1]	63.3[1]
$20 000 or more	10.1*	72.6
Coast		
Ungava	16.7	58.7[1]
Hudson	18.2	73.6
Community size		
Large	16.2	72.7[1]
Small	19.4	59.3

NOTES

1. Statistically significant difference observed using the 5% threshold compared to the other group.
2. Statistically significant difference observed using the 5% threshold compared to both groups.
3. Statistically significant difference observed using the 5% threshold compared to separated, divorced or widowed women.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

NP: This value is not presented since some categories have less than 5 respondents.

Table L Tobacco smoking during last pregnancy by sociodemographic indicators, women aged 16 years and over, Nunavik, 2017

	Tobacco smoking during pregnancy (%)			
	Daily	Occasionally	Daily & occasionally	Not at all
Total	56.0	19.2	75.2	24.8
Age group 1				
16-20 years	60.9	24.2*	85.1	14.9**
21-30 years	62.1	15.7*	77.8	22.2
Age group 2				
16-30 years	61.9	17.5	79.4[2]	20.6[2]
31-49 years	56.7	19.6	76.3	23.7
50 years and over	47.4	21.1	68.5	31.5
Marital status				
Single	58.9	23.7[3]	82.5[3]	17.5[3]
Married or common law	54.9	16.5	71.4	28.6
Separated, divorced or widowed	52.2	20.5**	72.7	27.3**
Education				
Elementary school or less	50.2	19.6**	69.8	30.2*
Secondary school not completed	59.9	19.4	79.3	20.7
Secondary school or higher	48.8	19.2	68.1[4]	31.9
Employment				
Employed	54.3	18.5	72.8	27.2
Not employed	59.0	21.6	80.5	19.5*
Income				
Less than $20 000	61.1[1]	20.6	81.7[1]	18.3[1]
$20 000 or more	47.6	18.8	66.4	33.6
Coast				
Hudson	66.1[1]	16.4[1]	82.4[1]	17.6[1]
Ungava	43.5	22.8	66.3	33.7
Community size				
Large	57.5	18.0	75.5	24.5
Small	54.0	20.9	74.9	25.1

NOTES

1. Statistically significant difference observed using the 5% threshold compared to the other group.
2. Statistically significant difference observed using the 5% threshold compared to Nunavimmiut aged 50 years and over.
3. Statistically significant difference observed using the 5% threshold compared to married or common law Nunavimmiut.
4. Statistically significant difference observed using the 5% threshold compared to those who had attended but not completed secondary school.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Table M Alcohol consumption during last pregnancy by sociodemographic indicators, women aged 16 years and over, Nunavik, 2017

	Alcohol consumption during pregnancy (%)			
	Daily	Occasionally	Daily & occasionally	Not at all
Total	2.7*	19.7	22.4	77.6
Age group 1				
16-20 years	6.6**	17.3**	23.9*	76.1
21-30 years	NP	NP	25.2	74.8
Age group 2				
16-30 years	2.5**	22.4	24.9	75.1
31-49 years	4.1**	21.7	25.8	74.2
50 years and over	NP	NP	14.8*[1]	85.2[1]
Marital status				
Single	4.4**	23.1	27.5[2]	72.5[2]
Married or common law	1.7**	17.1	18.9	81.1
Separated, divorced or widowed	NP	NP	26.1*	73.9
Education				
Elementary school or less	9.2**	11.4**	20.6**	79.4
Secondary school not completed	2.8**	23.6	26.3	73.7
Secondary school or higher	NP	NP	15.1*[3]	84.9[3]
Employment				
Employed	2.5**	18.2	20.8	79.2
Not employed	2.7**	23.6	26.3	73.7
Income				
Less than $20 000	3.2**	19.5	22.7	77.3
$20 000 or more	1.6**	16.8	18.4	81.6
Coast				
Hudson	2.8**	19.3	22.1	77.9
Ungava	2.6**	20.2	22.8	77.2
Community size				
Large	2.2**	20.3	22.5	77.5
Small	3.4**	18.8	22.2	77.8

NOTES

1. Statistically significant difference observed using the 5% threshold compared to both groups.
2. Statistically significant difference observed using the 5% threshold compared to married or common law Nunavimmiut.
3. Statistically significant difference observed using the 5% threshold compared to those who had attended but not completed secondary school.

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NP: This value is not presented since some categories have less than 5 respondents.

Table N Views of parenthood by sociodemographic indicators, population aged 16 to 30 years old, Nunavik, 2017

	Strongly agree or agree with the following statements								Total score (mean score)
	Having a baby [gives]/[would give] me someone to love or [means]/[would mean] somebody will love me	Having a baby [makes]/[would make] me feel important	Having a baby [gives]/[would give] me more of a reason to stay away from trouble	Having a baby [makes]/[would make] my relationship with the other parent stronger	Being a [mother]/[father] [is]/[would] be special; a baby is a blessing	Having a baby [makes]/[would make] me feel like I fit in with other [women]/[men] of my age	Having a baby [helps]/[would help] me get a house	Having a baby [gives]/[would give] me a purpose of life or a role in the society.	
Total	80.1	84.4	84.4	76.2	94.8	61.8	70.8	76.4	24.23
Coast									
Hudson	80.4	83.5	82.0	76.2	94.2	62.9	71.0	74.4	24.03
Ungava	79.9	85.5	87.4	76.3	95.5	60.2	70.4	79.1	24.49
Marital status									
Single	76.6	81.2	81.8	69.2	91.9	55.6	67.9	73.6	23.44
Married or common law	85.6	89.0	87.7	86.2[1]	NP	69.9[1]	74.7	81.4	25.31
Separated, divorced or widowed	NP	NP	NP	NP	NP	NP	NP	NP	NP
Education									
Elementary school or less	NP	NP	NP	NP	NP	59.6*	NP	NP	23.98
Secondary school not completed	81.6	87.4	84.3	77.0	95.5	66.5	72.9	77.9	24.37
Secondary school or higher	76.3	77.3	83.3	74.0	95.8	52.0	65.3	74.7	24.12
Employment									
Employed	82.2	86.7	84.9	75.8	96.2	61.8	69.4	76.1	24.47
Not employed	77.5	81.4	83.5	76.3	92.7	62.9	73.7	76.8	23.91
Income									
Less than $20 000	77.9	84.8	86.5	76.7	94.3	63.5	70.3	72.8	23.99
$20 000 or more	82.2	87.5	79.9	76.1	NP	61.0	70.3	81.8	24.75
Community size									
Large	77.5	80.9	81.7	73.1	95.1	57.3	71.4	74.8	23.98
Small	82.6	88.4	87.7	81.1	NP	68.6	70.6	79.2	24.53

NOTES

1. Statistically significant difference observed using the 5% threshold compared to the other group.

NP: This value is not presented since some categories have less than 5 respondents.

Table O Sexual education at school and talking openly about sex by sociocultural indicators, population aged 16 to 30 years old, Nunavik, 2017

	Sex education at school (% yes)	Talking openly about sex (% yes)
Cultural identity		
Top 30 percentiles	54.0	29.8*
Other	48.7	22.6
Social support		
Positive interactions		
High	50.0	25.5
Low	48.2	18.9*
Emotional support		
High	45.1	31.6
Low	51.4	20.9[1]
Tangible support		
High	45.4	27.7
Low	52.6	19.7
Love and affection		
High	51.9	24.5
Low	44.3	22.5*
Family cohesion		
Top 30 percentiles	36.4[1]	24.9*
Others	53.1	23.6

NOTES
1. Statistically significant difference observed using the 5% threshold compared to the other group.
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Table P STBBI/HIV testing self-efficacy by sex and age, population aged 16 to 30 years old, Nunavik, 2017

	Feel confident to ask their partner about getting tested for STBBIs or HIV (% strongly agree or agree)
Total	83.4
Sex	
Men	80.2
Women	86.6
Age group	
16-20 years	77.0
21-30 years	87.3[1]

NOTE
1. Statistically significant difference observed using the 5% threshold compared to the other group.

Table Q Sexual communication self-efficacy by sociodemographic indicators and perception of health and social services, men and women aged 16 to 30 years old, Nunavik, 2017

	Feel confident to ask the following actors questions about sexual health (% strongly agree or agree)					
	Any actor	Teacher/school counsellor/nurse	Doctor or nurse	Inuit midwife[a]	Friend	Close family member
Marital status						
Single	54.0	35.7	72.3[1]	41.1	61.7	55.6
Married or common law	62.9	38.7	85.9	48.7	59.2	62.9
Separated, divorced or widowed	NP	NP	NP	NP	NP	NP
Education						
Elementary school or less	51.7*	45.9**	58.5*	31.3**	63.2*	54.2*
Secondary school not completed	58.9	34.6	73.9	45.0	58.1	59.0
Secondary school or higher	57.6	43.2	90.5[2]	46.8	66.3	58.7
Employment						
Employed	61.7	37.6	80.8	43.3	60.5	62.6
Not employed	52.1	36.2	74.3	46.1	61.2	52.8[1]
Income						
Less than $20 000	58.0	37.1	75.0	43.5	57.4	57.7
$20 000 or more	60.4	39.7	84.7	42.2	66.4	63.0
Coast						
Hudson	51.6[1]	34.7	77.7	48.8[1]	59.0	52.7[1]
Ungava	65.1	39.2	78.0	38.1	62.5	66.0
Community size						
Large	55.6	41.3	82.3[1]	51.9[1]	60.5	56.6
Small	60.3	32.6	71.1	34.3	60.1	61.0
Positive perception of health services						
Top 30 percentiles	83.8	37.2*	66.0[1]	53.4	52.3	61.1
Others	93.2	37.1	79.9	43.5	63.2	59.5

NOTES

[a] These analyses were conducted taking all 14 communities into account, even though Inuit midwives are present only in Kuujjuaq, Salluit, Puvirnituq and Inukjuak.

1. Statistically significant difference observed using the 5% threshold compared to the other group.
2. Statistically significant difference observed using the 5% threshold compared to both groups.

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Table R Sexual limit-setting self-efficacy by sociocultural indicators, population aged 16 to 30 years old, Nunavik, 2017

	Strongly agree or agree with the following statements			
	Able to date without feeling obligated to engage in sex	Able to choose when and where to engage in sex	Able to refuse sexual activity	High confidence in sexual limit-setting (mean score)
Marital status				
Single	59.7	56.2	71.1	10.8
Married or common law	62.7	63.8	81.6	11.2
Separated, divorced or widowed	NP	NP	NP	NP
Education				
Elementary school or less	59.0*	51.6**	47.7**	10.4
Secondary school not completed	56.3	55.8	71.6	10.6
Secondary school or higher	69.4	66.7	87.4	11.8[2]
Employment				
Employed	64.6	62.7	76.7	11.2
Not employed	54.6[1]	53.9	74.2	10.6[1]
Income				
Less than $20 000	57.0	52.9	70.7	10.6
$20 000 or more	67.0	70.9[1]	82.0	11.5[1]
Coast				
Hudson	58.6	55.6	73.1	10.8
Ungava	63.0	63.6	78.0	11.2
Community size				
Large	64.2	60.1	78.9	11.1
Small	56.1	57.9	70.6	10.7[1]
Cultural identity				
High	76.9	61.9	81.0	11.6
Low	56.8[1]	58.5	73.9	10.8[1]
Social support				
Positive interactions				
High	64.3	61.7	78.3	11.2
Low	49.9[1]	51.5	66.5[1]	10.2[1]
Emotional support				
High	71.7	72.7	83.4	11.7

	Strongly agree or agree with the following statements			
	Able to date without feeling obligated to engage in sex	Able to choose when and where to engage in sex	Able to refuse sexual activity	High confidence in sexual limit-setting (mean score)
Low	55.8[1]	53.3[1]	72.7[1]	10.7[1]
Tangible support				
High	66.0	65.6	77.3	11.3
Low	56.2	54.6[1]	73.8	10.7[1]
Love and affection				
High	64.2	63.0	80.7	11.2
Low	50.8[1]	48.9[1]	63.5[1]	10.3[1]
Family cohesion				
Top 30 percentiles	64.8	66.5	71.7	11.0
Others	59.5	57.2	76.5	10.9

NOTES

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2. Statistically significant difference observed using the 5% threshold compared to both groups.

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RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES