

ACKNOWLEDGEMENTS

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INTRODUCTION

The Government of Nunavut (GN) has developed the *Nunavut Sexual Health Framework for Action* to ensure that there is a clear and coordinated plan in place to improve and maintain sexual health in the territory. *The Nunavut Sexual Health Framework for Action* is aligned with the priorities outlined in *Tamapta: Building our Future Together* by seeking to build healthy families and communities, with specific emphasis on improving health through prevention and helping those at risk (Government of Nunavut, 2009a). The following Inuit societal values and principles guide the *Nunavut Sexual Health Framework for Action*:

Inuuqatigiitsiarniq: respecting others, relationships and caring for people.

Tunnganarniq: fostering good spirit by being open, welcoming and inclusive.

Pijitsirniq: serving and providing for family and/or community.

Aajiiqatigiinni: decision making through discussion and consensus.

Pilimmaksarniq/Pijariuqsarniq: development of skills through observation, mentoring, practice, and effort.

Piliriqatigiinni/Ikajuqtigiinni: working together for a common cause.

The Framework complements the Nunavut Public Health Strategy, which lays the groundwork for addressing public health priorities in Nunavut. Objectives of the Public Health Strategy that are addressed in the *Nunavut Sexual Health Framework for Action* include: improving sexual health through decreasing the number of people experiencing abuse including sexual abuse; and decreasing the incidence of youth engaging in risky behaviors, including unsafe sex (Government of Nunavut, 2008). The *Nunavut Sexual Health Framework for Action* is a five-year plan that describes the key elements of an action plan to address priority issues. It makes use of existing resources and also sets the course for further actions to address gaps in sexual health programs and interventions.

WHAT IS SEXUAL HEALTH?

Sexual health is a core component of an individual's overall health and can be defined as:

“A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having

pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (World Health Organization, 2011)

Negative sexual health outcomes, such as sexually transmitted infections (STIs) including HIV, sexual abuse and teenage pregnancies, are one component to understanding sexual health. Positive sexual health outcomes such as self-esteem, respect for oneself and others, non-exploitive sexual relations, rewarding human relationships, and informed reproductive choices are a second component to understanding sexual health (Public Health Agency of Canada, 2008). Sexual health knowledge and supportive environments are critical to increasing positive sexual health outcomes and avoiding negative sexual health outcomes (World Health Organization, 2010a). Sexual health education topic areas can include: sexuality; human anatomy/reproductive systems; self-esteem; relationships; effective communication; respect; decision-making; sexually transmitted infections; family planning; parenting; contraception; abortion; safer sex; family and sexual violence; and alcohol and drugs.

Greater health determinants such as social support networks, health services, income, culture and healthy child development, all influence sexual health (World Health Organization, 2010b). Although specific measures to improve sexual health are essential, a comprehensive approach which addresses broader social factors and conditions is vital to improving the overall health and well-being of Nunavummiut, including their sexual health. Health determinants do not act in isolation from one another, but interact in complex ways that ultimately affect a person’s sexual health (World Health Organization, 2010b).

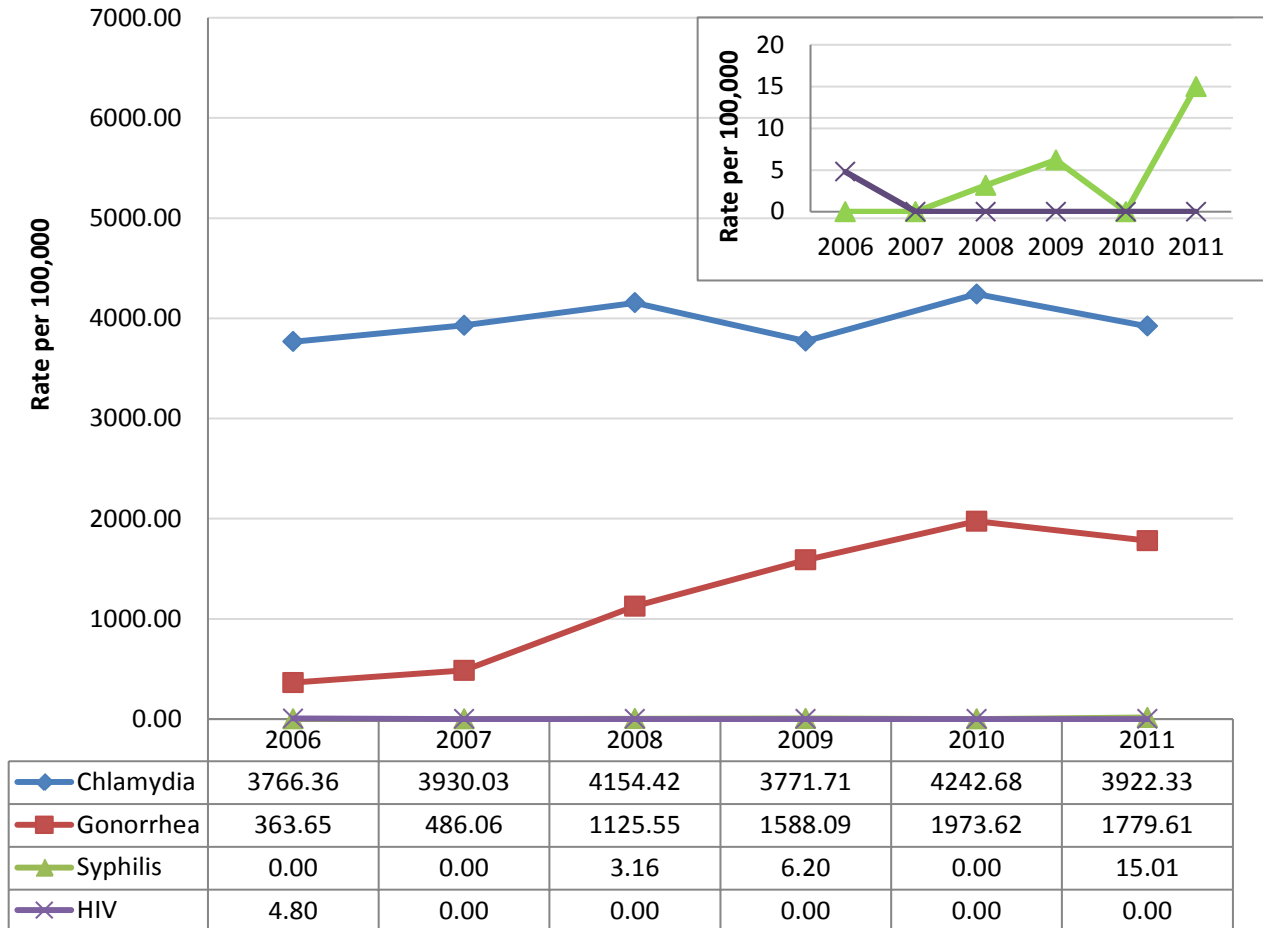
SEXUAL HEALTH IN NUNAVUT: CURRENT STATUS

The availability of regularly collected information on the sexual health status of Nunavummiut is limited; such circumstances make it difficult to assess changes over time. Cases of reportable STIs, pregnancy rates, as well as broader indicators such as sexual assault crimes and certain components of sexual behavior are a few key areas where information is regularly collected. This information is supplemented by other sexual health research projects, program evaluations, and anecdotal evidence.

Sexually Transmitted Infections

Rates of chlamydia and gonorrhoea in Nunavut remain the highest of any province or territory in Canada. In 2009, the rate of chlamydia among Nunavummiut was over 14 times the national average while the rate of gonorrhoea was over 50 times the national average (Public Health Agency of Canada, 2010). The following table provides an epidemiological picture of chlamydia, gonorrhoea, syphilis and HIV in Nunavut between 2006 and 2011:

Sexually transmitted infection rate per 100,000 for Nunavut (2006-2011)



Other Nunavut Sexual Health Statistics

- Nunavut’s teenage pregnancy rate (women 14-19 years of age) is over five times the national rate (Statistics Canada, 2012a).
- The Inuit Health Survey conducted in 2007-2008 found:

- 52% of women and 22% of men reported having experienced severe sexual abuse during childhood. (Inuit Health Survey, 2012).
- 16% of respondents reported having lost a close personal relationship because of their own drinking. (Inuit Health Survey, 2012).
- In 2010, Nunavut's rate of sexual assault crimes (levels 1-3) was more than 9 times the national rate (Statistics Canada, 2012b).
- Children in Nunavut under the age of 18 are 10 times more likely than their Canadian peers to experience sexual violations (Statistics Canada, 2012b).
- A national school-aged children health behaviour survey in 2009 found:
 - 36% of males and 47% of females in grades 9 and 10 in Nunavut reported having sexual intercourse; compared to 27% of males and 24% of females in grades 9 and 10 nationally.
 - 15% of males and 14% of females in grades 9 and 10 in Nunavut reported having sexual intercourse for the first time at age "13 or younger" compared to 9% of males and 6% of females in grades 9 and 10 nationally.
 - 87 % of males and 87% of females in grades 9 and 10 in Nunavut reported using a condom the last time they had sexual intercourse compared to 74% for male and 71% of females in grades 9 and 10 nationally (Freeman et al., 2012).

Community Voices on Sexual Health

Preliminary findings from a research project exploring youth and parent perspectives on sexual health by Healey (2012) indicate that the current status of sexual health and relationships from a youth and parent perspective in Nunavut is closely tied to community history and timelines. Prior research supports the finding that key historical events in Nunavut's history have influenced the sexual health of Nunavummiut today. (Government of Nunavut, 2010b; Steenbeek et al., 2006).

Sexual health youth discussions, convened to inform the development of this framework in five Nunavut communities, found that youth are interested in more education and information regarding sexual health (Government of Nunavut, 2012). Youth listed the following areas about which they needed more information: sexual abuse; help with unplanned pregnancies; symptoms of infection; pregnancy, morning after pill; contraceptives; protection (e.g. condoms); types of disease; body parts; drugs; STIs; healthy relationships; as well as sexuality and sexual health (Government of

Nunavut, 2012). Similar topics of conversation existed for callers to the Nunavut Kamatsiaqtut Help Line – a telephone line available for Nunavummiut who need someone to talk to about their troubles. More specifically, analysis of the type of phone calls received by the Help Line over 11 years revealed that areas such as relationships, substance abuse, sexual abuse and sexual issues were the focus of many calls (Tan et al., 2005). Other documented community concerns from community wellness meetings or conferences related to sexual health include: parents do not talk to their children about family planning; principals are reluctant to include sex education in schools without permission from parents; sex education is ineffective; STIs are increasing; limited Nunavut-specific sexual health education material is available for Community Health Representatives (CHRs) and schools; and young people do not know how to say no to sex (Government of Nunavut, 2010a; CATIE, 2011). A repeated barrier to addressing these key areas has been the lack of sexual health education and training opportunities for community health educators, who are the purveyors of information to community members (CATIE, 2011; Cole, 2003; Steenbeek, 2004).

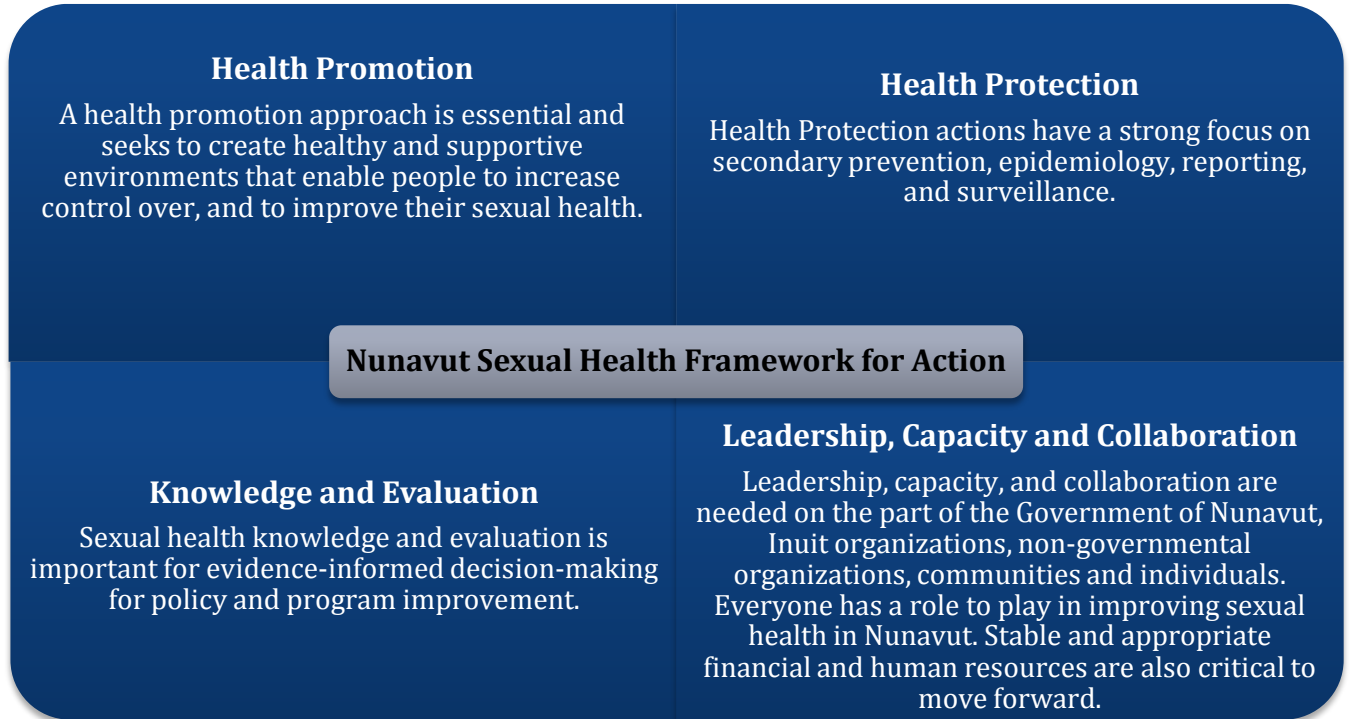
OUR APPROACH

Vision

We envision a future where all Nunavummiut will have the knowledge, support, and capacity needed to attain sexual health and well-being.

The goal of the *Nunavut Sexual Health Framework for Action* is to improve the sexual health of Nunavummiut. Understanding the status of sexual health among Nunavummiut and communicating with individuals and organizations that have an interest in sexual health has been paramount in developing a meaningful *Sexual Health Framework for Action*. Steps in developing the framework included: gathering of Nunavut-specific sexual health knowledge from various sources (such as sexual health indicators, shared life experiences and stories, front-line worker knowledge, local evaluations, governmental and non-governmental strategies, and reports); reviewing of sexual health programs designed for Nunavummiut; conducting youth discussion sessions focused on preferences for sexual health education; and reviewing best practices in sexual health programming. In order to improve the sexual health of Nunavummiut, it was determined that a holistic, multi-faceted approach is necessary. This includes action at the territorial, regional, community and

individual level with support from government, Inuit organizations, and non-governmental organizations. The *Nunavut Sexual Health Framework for Action* is focused on the following critical themes:



HEALTH PROMOTION

Areas for Action	Priority Actions	Anticipated Outcomes
<p>Increased awareness about and access to sexual health information and safer sex supplies.</p>	<p>Develop a sexual health education program that incorporates core themes of sexual health for youth, adults/parents, and elders with a focus on the Inuit traditional value of Inuuqatigiitsarniq: respecting others and relationships.</p> <p>Develop and distribute a Nunavut sexual health education resource kit to community health representatives and the Department of Education in each Nunavut community.</p> <p>Improve the territorial youth sexual health social marketing program, focusing on the theme “I respect myself”.</p> <p>Increase access to safer sex supplies for Nunavummiut within all Nunavut communities.</p> <p>Increase access to sexual health education and counselling in health centres:</p> <ul style="list-style-type: none"> - as part of general preventative care (e.g. well women clinics); - as part of pre-conception health activities with families; and - during prenatal visits. <p>In partnership with the <i>Nunavut Suicide Prevention Strategy Working Group</i>, research, develop and implement an appropriate evidence-based program to address sexual violence/abuse.</p>	<p>Increased level of sexual health knowledge among Nunavummiut, particularly youth.</p> <p>Increased programs and resource materials for clients, and health education staff.</p> <p>Increased access to safer sex supplies.</p> <p>Increased number of families reporting that their pregnancy was planned.</p> <p>Program to address sexual violence and/or abuse.</p>
<p>Territorial support for effective community and NGO-led sexual health promotion / STI prevention initiatives.</p>	<p>Develop a reliable GN sexual health support network inclusive of regional community development and public health staff for communities (from program development to evaluation).</p> <p>Support regions/communities in developing, implementing and evaluating sexual health education programs.</p> <p>Support youth programs and initiatives that strengthen decision-making, assertiveness, communication, resisting peer pressure, conflict resolution and stress management skills.</p>	<p>New GN sexual health support network.</p> <p>Increased community and NGO led sexual health programming.</p>
<p>Support the development and implementation of school policies and health curricula that promote sexual health.</p>	<p>Work with the Department of Education to develop and implement an improved sexual health component into the school health curriculum.</p> <p>Establish a reliable HSS support system for schools/teachers for the implementation of the sexual health component of the health curriculum.</p>	<p>Increased number of schools teaching sexual health curriculum on a regular basis.</p> <p>Strengthened policies and resources related to sexual</p>

		health to support schools and teachers.
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HEALTH PROTECTION

Areas for Action	Priority Actions	Anticipated Outcomes
Implement vaccination programs for vaccine preventable STIs.	<p>Implement and evaluate current HPV vaccination program with a focus on improving uptake and reporting.</p> <p>Implement and evaluate current Hepatitis B vaccination program with focus on improving uptake and reporting.</p>	Increased number of Nunavummiut vaccinated for HPV and Hepatitis B.
Respond effectively to STI outbreaks.	Continue to implement responsive measures for STI outbreaks when necessary according to outbreak guidelines.	Increased responsiveness to STI outbreaks.
Improve STI contact tracing and partner notification.	<p>Pilot and evaluate improved contact tracing methods and tools.</p> <p>Develop performance indicators for contact tracing and conduct appropriate monitoring/evaluation.</p>	<p>Development of contact tracing performance indicators.</p> <p>Increased efficiency and effectiveness of contact tracing.</p>
Increase quality of STI surveillance data and reporting.	<p>Release an annual report that includes surveillance data on STIs to be made available to Inuit organizations, non-governmental organizations and the public.</p> <p>Increase support to GN HSS regional/community staff, particularly with respect to:</p> <ul style="list-style-type: none"> - Improved nurse orientation relating to STI reporting; - Increased access to updated STI public health and clinical guidelines; and - Reporting back to regions on STI surveillance results. 	<p>Improved publicly available STI data</p> <p>Increased comprehensive testing, laboratory reporting, and practitioner reporting.</p>
Create new STI Communicable Disease and Surveillance Manual chapters and report forms.	<p>Incorporate all <i>Public Health Act</i> reportable STIs into the HSS Communicable Disease and Surveillance Manual.</p> <p>Incorporate contact tracing/ partner notification clinical practice “quick reference” guide within the department’s Communicable Disease and Surveillance Manual.</p> <p>In cooperation with front-line and regional public health staff, create report form(s) for all <i>Public Health Act</i> reportable STIs.</p> <p>Ensure incorporation of the Public Health Agency of Canada Canadian Guidelines on STIs information within the territorial drug formulary.</p>	Effective, evidence-based public health management protocols and report forms.

KNOWLEDGE AND EVALUATION

Areas for Action	Priority Actions	Anticipated Outcomes
<p>Improve and increase activities focused on sexual health knowledge gathering and research for action</p>	<p>Create a discussion group guided by the traditional Inuit value of “Aajiiqatigiinniq: decision making through discussion and consensus” to explore perceptions and thoughts surrounding sexual health issues such as, but not limited to: sexuality, birth control, having a family/pregnancy planning, and sexual abuse.</p> <p>Create a Nunavut-specific information database on sexual health evidence, which includes, but is not limited to, documented stories, epidemiological data, published literature, reports, evaluations, and research.</p> <p>Conduct formative research on access to safer sex supplies and contraception options for Nunavummiut.</p> <p>Increase both formative/process and outcome/impact evaluation on STI secondary prevention activities such as contact tracing methods.</p> <p>Conduct community-level knowledge gathering as it relates to perceived gaps/barriers to achieving greater sexual health with a focus on strategies that address these gaps/barriers.</p> <p>Build partnerships with local and non-local research/knowledge gathering stakeholders to enhance available knowledge of sexual health in Nunavut.</p>	<p>Creation of sexual health issues discussion group and increased discussion around sexual health issues.</p> <p>Comprehensive source of Nunavut specific sexual health evidence.</p> <p>Information on Nunavummiut access to safer sex supplies and contraception options.</p> <p>Improved evaluation of STI secondary prevention activities.</p> <p>Documented knowledge on gaps/barriers in achieving sexual health and strategies to overcome.</p> <p>Increased knowledge related partnerships.</p>
<p>Improve tracking and monitoring of sexual health indicators.</p>	<p>Develop and report on a framework of sexual health indicators to track the sexual health of Nunavummiut over time.</p> <p>Through the Nutaqqavut “Our Children” Health Information System gather increased information on planned and unplanned pregnancies and related health outcomes.</p>	<p>Increased core sexual health indicators.</p> <p>Increased ability to track changes in Nunavummiut sexual health over time.</p>
<p>Improve evaluation of sexual health programs.</p>	<p>Develop and implement an evaluation plan for ongoing and new HSS sexual health activities and programs.</p> <p>Support regions/communities in evaluating sexual health programs.</p>	<p>Evaluation results for evidence-based program decision-making.</p>

LEADERSHIP, CAPACITY AND COLLABORATION

Areas for Action	Priority Actions	Anticipated Outcomes
Increased Government of Nunavut capacity to improve sexual health.	Increase territorial and regional sexual health program capacity and territorial epidemiological capacity within HSS.	Timely and effective implementation of the <i>Nunavut Sexual Health Framework for Action</i> .
Interdepartmental collaboration.	Collaborate with other GN departments regarding applicable strategies/frameworks to achieve actions and outcomes outlined in this framework.	Increased interdepartmental collaboration to improve sexual health.
Ongoing professional development opportunities for health educators providing sexual health programming in communities.	<p>Provide increased training, education and mentoring opportunities for Community Health Representatives (CHRs), Public Health Nurses, Community Health Development Coordinators, and lay health educators in the area of sexual health, including through “train the trainer” opportunities.</p> <p>Support Nunavut Arctic College (NAC) in increasing the integration of up-to-date sexual health modules within the nursing, CHR, and other applicable program curriculums.</p>	<p>Increased knowledge about sexual health among Community Health Representatives, Public Health Nurses, and lay health educators.</p> <p>Increased relevant content about sexual health taught in NAC health and social careers program curriculums.</p>
Collaboration with Federal/ Territorial/ Municipal governments, Inuit organizations and NGOs.	<p>Increase systematic collaboration with NTI, regional Inuit associations, and other NGOs in the development, implementation and evaluation of Nunavut specific sexual health policy and programs.</p> <p>Collaborate with the federal government for the acquisition of sexual health resources.</p>	<p>New collaborative mechanism(s) to support/work with Inuit organizations and NGOs.</p> <p>Acquisition of increased sexual health resources.</p>

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