

Acknowledgements

This Sexual Health Symposium is part of Pauktuutit Inuit Women of Canada's national strategy to mobilize communities to understand the important factors that affect the sexual health of families and communities and to provide the materials and forum for communities to make healthy choices regarding their sexual health. Pauktuutit is grateful to the many individuals and organizations who shared their knowledge, experience and ideas at this gathering.

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Table of Contents

Introduction	4
Context and Rationale.....	4
Purpose.....	5
Objectives.....	5
Participants	5
Format	6
Outcomes.....	7
Defining Sexual Health.....	7
Lessons from Labrador.....	7
What can we do as individuals/organizations/communities?	8
Sexually Transmitted Infection Strategy for Nunavut	9
<i>Language and Culture</i>	10
<i>Resources and Capacity</i>	10
<i>Monitoring and Evaluation</i>	10
<i>Strategy Content</i>	11
<i>Additional Note</i>	11
Evaluation Workshop.....	11
Knowledge Translation: Making Research Useful.....	12
Recommendations.....	12
Evaluation.....	13
Next Steps and Commitments	13
Conclusion.....	14

Action in Inuit Communities: What does it take?

**Sexual Health Symposium
Iqaluit, Nunavut
February 21-23, 2006**

Introduction

In February 2006, Pauktuutit invited community leaders from the three regions of Nunavut as well as observers from Inuvialuit and Nunatsiavut to participate in the first ever Nunavut Sexual Health Symposium titled, *Action in Inuit Communities: What does it take?*, to discuss ways to mobilize communities to take action to address sexual health issues.

Participants were welcomed to the Sexual Health Symposium with an opening speech delivered by The Honorable Ann Meekitjuk Hanson, Commissionaire of Nunavut. The Symposium involved three days of intensive sharing, brainstorming and learning from one another and represented the first step in a process to encourage more discussion and community action to address sexual health across Nunavut and the rest of the Canadian Arctic.

Context and Rationale

Inuit communities have high rates of teen pregnancy and sexually transmitted infections such as Chlamydia and Gonorrhoea, when compared to rates in the rest of Canada. This tells us that people are having unprotected sex (sex without condoms). When people engage in unprotected sex, there is a possibility of contracting a serious sexually transmitted disease such as HIV or Human T-cell Lymphotropic Virus, Type 1 (HTLV-1). There have been a number of cases of HTLV-1 diagnosed in Nunavut since May, 2005.

Today, there is a great deal of travel between the North and the South. Inuit, away from home, are often exposed to a higher risk environment than they are in the North. Transition to living in the south is sometimes complicated by the pressures of urban life and the many adjustments needed to live in a southern environment.

All over the world, sex is difficult to talk about. We know that youth are getting sexually involved at younger and younger ages. Youth experiment with substance use which impacts a person's ability to make good decisions and substance use makes an already difficult topic even more complicated to address.

While sexually transmitted infections tend to make sex into a health issue, sex is often not considered a health issue, but rather a social issue, an education issue, a family issue, and a community issue. In the case of sex work, where sex is exchanged for money or other goods, sex is survival. Sex is a natural, normal part of human life. Sex can be beautiful if people know how to protect themselves. People must have the knowledge and skills to communicate with their

sexual partners. But most importantly, people need to respect themselves and they must respect their sexual partners.

People who work in public health, at health centres, or as Community Health Representatives are often overworked, with many responsibilities and competing health issues. Sexual health cannot be only the responsibility of the people who work in health. Nor can it be the sole responsibility of teachers and schools. Communities and families must get involved in sexual health education and awareness. We must find ways to get communities talking about sex, come up with ways to talk about sex and take the taboo out of talking about sex. Life is too precious to be concerned about taboos. Life is too precious to be too embarrassed to talk about sex.

Purpose

The purpose of the Symposium was to bring together a group of community leaders from the three regions of Nunavut to discuss the need for communities to take action to address sexual health and to share ideas and learn more about how to address sexual health with the current capacity and resources that exist in their communities.

Objectives

The objectives of the Sexual Health Symposium were:

- 1) To provide an opportunity for cross regional sharing about how to address sexual health;
- 2) To increase understanding of the complexities of sexual health;
- 3) To provide feed back/ input to the Government of Nunavut's preliminary Sexually Transmitted Infections Strategy;
- 4) To develop concrete suggestions to get people in communities to take action to address sexual health; and,
- 5) To increase understanding of the role and importance of research and project evaluation.

Participants

People working in health are aware of the seriousness of sexual health issues and the threat of severe diseases such as HIV. This, coupled with recognition that sexual health is more than a health or education issue, resulted in a decision to target and invite community leaders from a range of ages and from across sectors and backgrounds.

Pauktuutit received assistance from community partners and our project advisory committee in the recommendation of community leaders from the three regions of Nunavut. Community leaders were identified as people seen as having the ability to influence communities, draw attention to an issue and call for action at local, regional and/or territorial levels.

A total of 27 participants plus two facilitators and one evaluation consultant gathered in Iqaluit to participate in the Symposium. There was representation from all regions of Nunavut plus observers from Northwest Territories and Labrador. There was a good mix of people from

health, education, people working with Elders and culture, Inuit Organizations, social workers and youth workers among those attending from the North. Two elders participated as did the Deputy Chief Medical Officer for the Baffin Region of Nunavut.

(Participant List Appendix A)



Format

The Symposium, facilitated by Pauktuutit employed a combination of presentations as well as small and large group discussions. This format was successful in terms of collecting some concrete suggestions and recommendations that flowed from the meeting.

(Agenda Appendix B)

People from different backgrounds and geographic regions were invited to make short presentations. The presentations were used to set the stage for small and large group discussions. During the discussions, participants were invited to comment on the presentations, to contribute missed or forgotten pieces and were provided with some questions to guide a conversation about strategies or action that might be taken to address the issues discussed.

Pauktuutit partnered with the Canadian AIDS Treatment Information Exchange (CATIE) on a pre-symposium workshop titled *Building Supportive Communities for HIV and other Infectious Diseases*. This workshop was facilitated on February 20, the day before the Symposium. A separate report outlining proceedings from the HIV workshop has been prepared.

Outcomes

Following is a review of key discussions that occurred over the three day symposium.

Defining Sexual Health

On the morning of the first day, participants broke into small groups to brainstorm the question ‘What do we mean by *‘sexual health’*?’ Responses to this question yielded a truly holistic description of sexual health. Participants mentioned such things as; respecting our body or another’s body; positive self-image; part of human nature; holistic; self-esteem; respect for self and others; reproduction; life-long process; starts at birth; positive sexual relationships; sexual orientation; abstinence; masturbation.

“...part of getting up in the morning and going to bed at night...”



The discomfort that Inuit feel talking about sex was mentioned as well as the fact that there are often no Inuktitut words to describe sex and sexual health. Inuit traditionally did not discuss ‘adult matters’ which included sex or sexual matters with their children. This was brought up by a number of participants, including Elders, who claimed that their first exposure to sexual matters was through their own personal experience in sexual relationships. Participants mentioned that there is a constant balancing act for parents and teachers to provide

‘age appropriate’ information that is in keeping with cultural traditions and values, while ensuring that children and youth are equipped with enough information to protect themselves and stay healthy.

A comment was made that is important to focus on the positive aspects of sex and sexual health. Too often, we focus on the negative side of sexual health such as sexual abuse and sexually transmitted infection rates.

The discussion ended with acknowledgment of sexual health as a family matter, that education starts at home, and for the need for role models in communities.

“...promotes positive sexual relationships and positive choices...”



Lessons from Labrador

On the afternoon of the first day, Sharon Edmunds, Community Educator, Nunatsiavut Health and Social Development, delivered a short presentation about how sexual health education and awareness is approached in Nunatsiavut.

Several of the challenges Sharon presented are similar to those faced in Nunavut and across the Arctic. Challenges such as: geography and isolation; lack of anonymity and confidentiality; lack

of community action plans to address sexual health; limited resources (human as well as culturally relevant materials); lack of access to sexually transmitted infection rates due to the fact that statistics are housed at the provincial government; and the ongoing need for increased prioritization of sexual health at regional and territorial/provincial levels.

Finally, Sharon discussed the challenge involved in designing projects that target all members of a community, particularly people who might be in greatest need of sexual health information.

In terms of successes, in her sexual health education work, Sharon uses humor and fun in order to make people comfortable, as this issue can be very difficult for some people to talk about. Sharon has found that the media, in particular, local radio stations, is an effective method for communicating information to community members. As well, Sharon spoke about the importance of partnerships, acknowledging that this work cannot be done alone.

What can we do as individuals/organizations/communities?



The first day concluded with small group discussions in which participants were asked to reflect on what they heard throughout the day and to consider what they can do as individuals in their personal lives, in their families, at work, or as communities to take action to address sexual health issues.

“...start with the resources we have, even though they are limited we can make something out of them...”

Among the ideas discussed were: educate ourselves and others; visit schools to make presentations; take ownership of this issue; have willingness to listen; be compassionate and non judgmental; talk openly at home with families; design culturally relevant activities; develop programs to help parents talk to their children; establish trust and respect; engage local role models and males talking to males; sexual health fairs and more collaboration/partnership.

There are a couple of examples where people have mobilized and are working together on sexual health strategies in their communities.



One example is a group that calls themselves YEAH North. YEAH stands for *Youth Educating About Health*. For the past two years, YEAH North, comprised of six high school students and one volunteer coordinator, meets during lunch hour once a week to discuss sexual health issues and to plan education and awareness activities in the community. YEAH North is regularly contacted to make presentations during

community events and the youth have also traveled to participate and present at National conferences. The group hopes to travel to other communities in Nunavut to share the work that they are doing and to inspire youth to establish sexual health peer education groups in their communities.

YEAH North were invited to come and present their project and activities with participants one evening during the Symposium. It was a lot of fun and participants went away with activity ideas that they could share with their communities.

Another resource is a recently established Sexual Health Network in Iqaluit. The Network is comprised of a group of concerned individuals who are committed to trying to improve the sexual health of Iqaluitmiut. The group, including people who work in health, corrections, education, suicide prevention, status of women, youth sexual health instruction, and social work, meets once a month to share and discuss sexual health initiatives that are happening in Iqaluit.

Members of the Sexual Health Network who attended the Symposium were grateful for the opportunity to broaden their network in Iqaluit and to meet with Elders and CHRs from the other regions of Nunavut, Inuvialuit, Nunatsiavut, as well as people working in the South.

Sexually Transmitted Infection Strategy for Nunavut

The morning of the second day was dedicated to a process wherein the Government of Nunavut (GN) obtained feedback on a preliminary draft of a Sexually Transmitted Infection (STI) Strategy that is being designed as part of a Health Strategy for Nunavut.

Dr. Geraldine Osborne, Deputy Chief Medical Officer of Health, delivered a power point presentation that outlined the draft vision and goals of the Strategy as well as some objectives and possible indicators of success. After Dr. Osborne's presentation, there was an opportunity for participants to ask questions about the presentation.



Then, participants worked in small groups and considered the following questions: Are the goals of the STI Strategy appropriate? Are there additional goals to the ones listed? What is your role in developing the STI Strategy? How can we ensure a community-based approach in the Strategy? Are there sexual health activities in your community? What partnerships are required for further development of the Strategy?

Overall, participants were supportive and encouraged the development of the STI Strategy. Many expressed that it was certainly time that Nunavut had such a strategy in place. Participants articulated a willingness to work with the GN on the further development and implementation of the Strategy.

Key points from the discussion were organized into themes and have been summarized in the paragraphs below. Several of the recommendations will reappear in the recommendations section of this report.

Language and Culture

Participants felt strongly about having the Strategy available in Inuktitut. There was some disappointment that the presentation had not been translated. It was also felt that the language being used is unnecessarily complicated. All documents related to the STI Strategy should be written in plain language and translated into Inuktitut.

As well, some participants felt that the goals should be more specific, naming the people and sectors being targeted. For example, one of the groups reworded Goal #4 from: ***To ensure there are adequate Human Resources with training in prevention, management, and control of sexually transmitted infections*** to: ***To ensure that there are adequate resources for training in prevention, management and control of sexually transmitted infections for people working in the health sector, as well as for youth, Elders, and in the education sector.***

Participants indicated a need for increased emphasis on ‘culturally appropriate’ interventions and resources. A suggestion was made, for example, to incorporate oral modes of information sharing through conversation and story telling, a more traditional way of imparting knowledge.

The establishment of a working group comprised of community members who guide the development, implementation and evaluation would ensure the cultural appropriateness of the STI Strategy.



Resources and Capacity

It was suggested that there are community members - Elders, youth and others - who have not had formal education or training in sexual health, but have invaluable experience and insight with respect to sexual health issues. It was suggested that Strategy incorporate processes that will allow for inclusion of this important knowledge. In addition, the GN was encouraged to continue to support and build on existing capacity and resources such as YEAH North and the Sexual Health Network.

“Government of Nunavut is beginning to work on...Sexually Transmitted Infection Strategy. Let’s commit to work with them as a group or as individuals and lobby for funding within the GN for human resources to do this work.”

There is a need for increased human resources and training – sexual health experts in communities and sexual health coordinators in each of the three regions of Nunavut. Often the responsibility for sexual health education and awareness is left up to the schools and CHRs. There is a need to engage the broader community in this issue in order to relieve some of the burden on CHRs and teachers. The broader community must include greater involvement of youth and Elders.

Monitoring and Evaluation

There were several recommendations related to monitoring and evaluation of the STI Strategy. Participants articulated the need for partnership and establishment of working groups to engage community members throughout the development, delivery and evaluation of the STI Strategy in order to ensure that the goals, objectives, and initiatives are relevant and appropriate.

Strategy Content

Participants indicated that the focus of the STI Strategy should go beyond sexually transmitted infections to include other sexual health issues such as reproductive health, pregnancy prevention, sexual orientation and healthy sexual relationships.



Participants encouraged the GN to increase emphasis on community-based prevention education and awareness programs and they claimed that there was a need for ongoing education for frontline workers and community members. There must be distinct interventions and strategies designed to engage Elders, youth and parents.

Additional Note

Dr. Osborne's presentation included a basic overview of the STI Strategy. Time did not permit presentation of all of the objectives and strategies within the document therefore it is likely that some of the recommendations that emerged from this discussion have been accounted for addressed in the complete STI Strategy document.

Evaluation Workshop

The afternoon of the second day was reserved to have Mark Stiles, an evaluation expert, facilitate a Workshop titled *Evaluating the Effectiveness and Success of Community Based*



Projects. As most participants have been or are currently involved in the design, implementation and evaluation of community projects, this workshop was considered a valuable piece of the Symposium.

The workshop led participants through a discussion about the importance of evaluation for reasons such as to assess whether a project has been effective in terms of meeting the needs of community members, to increase community ownership and control, to ensure accountability to stakeholders and to assist with project management. Evaluation tells us whether a project is successful – what is working and/or whether something needs to be adjusted.

Mark presented some of the components involved in an evaluation framework including the people who might be engaged in the evaluation, information collection methods, success indicators and methods for communicating evaluation results back to the community. Mark also provided a number of simple tools to assist with project evaluation.

Knowledge Translation: Making Research Useful

Tracy O’Hearn, Executive Director of Ajunnginiq Centre, the Inuit Centre at the National Aboriginal Health Organization (NAHO), was invited to deliver a presentation on the importance of research, traditional knowledge and knowledge translation.



Tracy provided an overview of NAHO’s mission and mandate as well as a brief history of work of the Ajunnginiq Centre and their involvement in research and knowledge translation. Tracy invited participants to visit the Ajunnginiq Centre website at www.naho.ca and/or to pick up the phone and call her if they think the Ajunnginiq Centre might be able to assist.

Recommendations

On the last day, participants worked together in small groups to come up with recommendations for individuals, organizations and government. The recommendations from each group were categorized into themes and posted on the wall for consideration. Together, the group agreed on the following recommendations:

- 1) Commitment to work with the Government of Nunavut on the development of the Sexually Transmitted Infections Strategy;
- 2) Advocate for the inclusion of Inuit input and involvement of community organizations in the development, implementation and evaluation of the Nunavut STI Strategy;
- 3) Advocate for increased human resources within the Government of Nunavut to work on Sexual Health issues (A Sexual Health Coordinator in each region);
- 4) Inuit organizations to support community members with resources, sharing and capacity building opportunities, e.g. training;
- 5) Approach mining companies for funding for sexual health programming in mining communities;
- 6) More consistent sexual health education in schools and at the community level;
- 7) Review the Nunavut school curriculum to ensure that sexual health issues are being addressed appropriately;
- 8) Increased opportunities for networking and learning with others working in sexual health;
- 9) Promote Sexual Health conferences in Nunavut regions and Pauktuutit to hold the ‘Sexual Health Symposium’ in different Nunavut regions; and,
- 10) Increased resources on the internet, for example, the development of a sexual health website for Inuit communities.

“More education at school and community level regarding sexual health.”

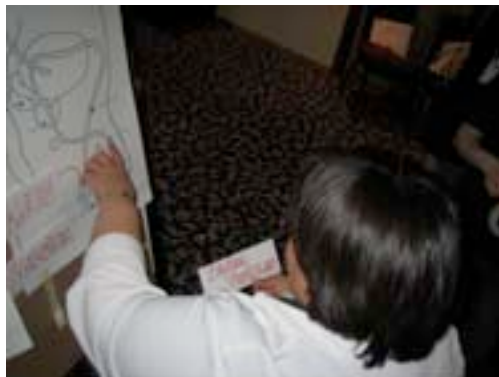
“Promote a sexual health conference in our regions...more networking.”



Evaluation

At the conclusion of the three days, an evaluation form was circulated to each participant. The evaluation form provided an opportunity for participants to assess several elements of the Symposium including content quality and presentation, logistics and meeting facility, and facilitation style.

As well, the evaluation form included some open-ended questions to which participants were invited to provide feedback with respect to suggestions that might improve the symposium, what they enjoyed the most, what they enjoyed the least, and what they would like to see happen as follow-up to the symposium.



22 of the 27 participants took time to complete the evaluation form. Overall, the Symposium received a positive response. Participants felt that it was a valuable meeting and articulated the need for more gatherings of this kind in the other regions of Nunavut. Although some disagreed, most participants appreciated the sharing of personal accounts and experiences. The presentations were deemed useful and informative.

(Appendix C - Compiled Participant Evaluations)

Next Steps and Commitments

“...we’ll talk more openly with our children, our teenagers and our families and talk more openly about sexual health in our families...”

A number of commitments were made throughout the workshop. Overall, participants were interested in continuing communication with one another and with Pauktuutit regarding follow up activity and action taken to address the recommendations. Participants were insistent that momentum created during the Symposium not be lost. Rather, the momentum needs to be used to make things happen.

Pauktuutit made the following commitments:

- Continue to work with the GN on the development of the STI Strategy for Nunavut, and to encourage community input and consultation
- Apply for funding to broaden GN consultation on the STI Strategy through symposia in the other regions of Nunavut
- Advocate for increased resources for sexual health at the GN and in the regions
- Follow up with Education department and offer support to the design/development of the revisions being made to the sexual health component of the curriculum
- Secure funding to coordinate a Northern Sexual Health Conference in the fall of 2007

“...being an Inuk father with young children...in the modern days, men aren’t out hunting for months at a time...we are getting more into the issue of raising our families...but men need to be heard and to be able to talk about their feelings...”

Participants expressed the will to:

- Continue to work with the GN by providing input to the development of the STI Strategy for Nunavut
- Take action NOW to address sexual health issues in whatever way they can – at home, with their families, through their work, and in their communities
- Assist with the planning of a Northern Sexual Health Conference in 2007

Sexual Health Network Members:

- Offered their network (monthly meetings and other communications) as a way of sharing information with people in Iqaluit and the territory
- Expressed support of Pauktuutit’s work and an interest in continued partnership and involvement in follow up activities

Conclusion

The Sexual Health Symposium proved to be an effective means for sharing information and drawing attention to the need for immediate action on sexual health issues in Nunavut.

“...as a parent, I couldn’t speak to my children about sex because I was ashamed and because of how I grew up... Today, I feel like I have moved and that I can speak to them more...”

The Symposium received excellent, local, regional and national coverage from CBC radio and from Nunatsiaq News. CBC Iqaluit followed the Symposium closely, airing a number of participant interviews throughout the three days. As well, an HIV positive Inuk woman shared personal experiences living with HIV.

Most delegates said that they gained a better understanding of sexual health issues and an increased appreciation of the urgent need to give sexual health more attention at the community level.

Delegates agreed that education about sexual health must begin at home, and



that more role models were needed in communities. Most agreed that elders should play an active role in sexual health awareness activity.

“...feel such a charge and enthusiasm about seeing Inuit from different communities enthusiastic about improving sexual health...”

Participants had an opportunity to provide feedback to a draft of the Government of Nunavut’s STI strategy. They urged the government to consult with communities in the development of culturally-appropriate community-based programs. Delegates also called for better sexual health education programs targeted at youth in schools and in communities. They called for sexual health symposia to be held in other regions of the North and endorsed the idea of a Northern conference on sexual health in 2007.

At the conclusion, participants were invited to share appreciations, personal

thoughts, reflections and feelings with one another. Participants expressed gratitude for the invitation to participate and the opportunity to meet one another. It was agreed that this is an important issue that can no longer be ignored. Participants thanked one another for their openness, for the exchange of personal stories and for the obvious dedication and passion people have for this issue. The male participants, in particular, were acknowledged for their involvement in sexual health.