Determinants of Sexually Transmitted Infections Among Canadian Inuit Adolescent Populations

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ABSTRACT The health status of Canadian Inuit is considerably lower than that of their ancestors. The introduction of previously unknown diseases (e.g., tuberculosis), substance abuse (e.g., alcohol), and Western customs have permanently altered this population. As a result of Western assimilation, many Inuit have distanced themselves from their land and severed their ancestral ties. Consequently, many are now mired in a state of widespread poverty and malnutrition and have severe health problems (e.g., addictions) and communicable diseases, such as sexually transmitted infections (STIs). The purpose of this case report is to provide an overview of the STI crisis that exists among Canadian Inuit. More specifically, this case study is intended to assist public health nurses working in Inuit communities in understanding how certain determinants (e.g., Westernization, culture) may influence STI transmission among Inuit youth and, how to incorporate these determinants into nursing practice. Inuit adolescents have been subjected to intense acculturation pressures that do not exist for other adolescent populations. These pressures are creating problems for youth in their transition from childhood and adulthood; they also impact on the struggle to establish their own identity, caught between two opposing cultures: their native culture and the wider Canadian one.

Key words: adolescents, epidemiology, Inuit, sexually transmitted infections (STIs).

The health and socio-economic status of Canada’s aboriginal population (i.e., Inuit, First Nations, and Métis) have been the subject of intense public scrutiny. Over the years, researchers have conducted several surveys that have repeatedly exposed the poor health indicators affecting the vast majority of aboriginal Canadians. In some cases, certain aboriginal populations, such as the Nunavut Inuit, have been known to experience health conditions that are comparable with those found in underdeveloped countries (Waldram, Herring, & Young, 1995).

Although the circumstances surrounding health and economic conditions of most societies are unique to each society, it is widely held that the health of any population is, simply, the product “... of a complex web of physiological, psychological, spiritual, historical, sociological, cultural, economic and environmental factors” (Waldram et al., 1995, p. 3). Some argue that many aboriginal Canadians suffer from poor health as a result of social inequity and their position within the Canadian social realm. An example of how certain historical and cultural conditions have shaped the health status of Canadian aboriginals can be found in an analysis of sexually transmitted infections (STIs). This case report presents an overview of...
the STI burden that exists among many Canadian Inuit youth, identifies some key determinants (e.g., Westernization, Inuit culture) of disease transmission, and explores ways of addressing these determinants through a transcultural nursing lens.

**STIs in Canadian Aboriginal Populations**

STIs remain an ever-present threat to the health and well-being of many aboriginal Canadians. In Canada, reported rates of chlamydia and gonorrhoea are the highest among aboriginal people between the ages of 15 and 24. In some regions (Nunavut, North West Territories), chlamydia and gonorrhoea rates have been reported to be more than 10 times the national average (Public Health Agency of Canada, 2005).

Without proper treatment, both chlamydia and gonorrhea infections may result in serious health consequences, especially for women. These may include pelvic inflammatory disease (PID), chronic pelvic pain, tubal infertility, and ectopic pregnancies (Orr & Brown, 1998). Ectopic pregnancies are common concerns for many Inuit women. For example, a retrospective review of all medical evacuations between 1987 and 1994 of Inuit women in the Canadian Central Arctic showed an annual incidence of 178/1,00,000 for ectopic pregnancy as compared with 118.3/1,00,000 nationally (Orr & Brown, 1998).

Over the past decade, reported rates of chlamydia infection have risen dramatically (51–278 cases/1,00,000 persons; Centers for Disease Control and Prevention, 2001), making this the most prevalent sexually transmitted bacterial infection in North America and Europe. This rise in prevalence has directly contributed to the high rates of STIs that exist in many Inuit communities (Steenbeek, 2005).

Contact with Westerners had a major impact upon the general health of the Arctic populations. With new explorers, missionaries, and traders came diseases that quickly took their toll among the Inuit population. During the 1920s, 1930s, and 1940s, tuberculosis, influenza, and STI infections repeatedly ravaged Inuit populations (Waldram et al., 1995).

A number of factors contributed to the deteriorating health of the Inuit in the post-contact era. First and foremost, the Inuit were exposed to diseases to which they had no previous exposure and thus, no natural immunity. This was complicated by the extremely crowded and unsanitary housing conditions that became increasingly prevalent as more families moved into settlements. A second contributing factor was an increase in malnutrition. While starvation and famine were periodic facts of traditional life, the traditional diet of fresh meat and fish provided all the physiologically required nutrients. The gradual depletion of game as a result of overhunting for furs and hides, combined with an increased dependence upon “junk food,” resulted in an increased incidence of malnutrition (Steenbeek, 2005).

Third, as the Inuit prolonged their contact with outsiders, they gradually abandoned traditional medical practices and beliefs in favor of Western practices. Widespread infection with previously unknown diseases accounted in large measure for the loss of
traditional practices (e.g., shamanism, midwifery). With the abandonment of traditional medical practices, the accumulated wisdom, knowledge, and skills of the Inuit regarding the life cycle, reproductive health, and family planning ceased to be shared by Inuit families, and as a result, many Inuit parents and grandparents no longer feel competent to instruct their children. This has had profound consequences for the reproductive health (e.g., adolescent pregnancies and STIs) and well-being of the Inuit community (Steenbeek, 2005).

**Inuit Beliefs**

Until recent times, contraceptives were unknown to most Inuit people. As infant mortality rates were high, it was unlikely that women would have considered limiting their fertility (Bjerregaard & Young, 1998). Another deterrent to contraceptive use was the heavy cultural emphasis placed upon bearing children. It is common practice for young people to begin having children before they establish a separate household. Children born to single mothers are generally accepted within the community and are rarely stigmatized. This, in part, is due to the tolerant attitude that community members have toward premarital sex (Bjerregaard & Young, 1998).

Rarely does early sexual initiation by adolescents draw any disapproval from the parents. However, adolescent sexual activity is generally initiated with little knowledge of reproductive physiology. Parents and grandparents, who in the past played a dominant role in educating their children on matters pertaining to reproductive health, now no longer feel competent to teach their children the importance of reproductive physiology (Steenbeek, 2005).

More significant is the fact that sexual autonomy and infrequent use of condoms have led to an increase in incidence of STIs among Inuit adolescents. This is a major health issue that is compounded by a lack of culturally sensitive health care (Steenbeek, 2005).

**Implications for Nursing Practice**

This case report is intended to help public health nurses understand the historical and cultural issues surrounding STIs in the Inuit adolescent population. To help Inuit adolescents achieve healthier reproductive health, public health nurses must first understand the differences and similarities among this culture (i.e., historical, cultural values, beliefs, and practices), and to use this knowledge to provide culturally specific or culturally congruent nursing care (Leininger, 1978). The goal of transcultural nursing is to obtain the local viewpoints, beliefs, and practices about nursing care and processes of the designated cultural group. Essentially, knowledge is derived from a designated culture and does not necessarily come from individuals or professional organizations (Leininger, 1978).

Individuals from different ethnic and/or cultural backgrounds perceive and classify their health in different ways and as such, may have certain expectations about health care. In many situations, what may appear to be resistance to nursing care (e.g., health teaching) may actually be due to cultural differences between the client and the nurse (Leininger, 1978). To ignore such differences may undermine the nurse’s ability to help a client, and subsequently prevent the client from achieving their personally defined health state.

Transcultural nursing can be a tremendous challenge to nurses. Such a challenge requires nurses to know and accept the social structure of a culture (e.g., Inuit) in relation to specific health and nursing care. In order to respond appropriately to the clients’ needs, nurses need to appraise the client’s value system and related beliefs or events from a broad cultural framework before determining the caring dimensions that are required (Leininger, 1978). It is only then that public health nurses can effectively assist Inuit adolescents in maintaining sexual health.

**References**


