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LITERATURE REVIEW

Educational Needs in Sexuality Among Adolescents of Nunavik

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**AJUNNGINIQ : L'AUTONOMISATION DES ADOLESCENT·E·S·ES INUIT
GRÂCE À UNE SEXUALITÉ POSITIVE ET À DES RELATIONS SAINES**

**AJUNNGINIQ : EMPOWERING INUIT TEENS THROUGH POSITIVE
SEXUALITY AND HEALTHY RELATIONSHIPS**



Image : Québec Le Mag, Aventures Inuit.

After several years of providing services to communities in the North, we observed a significant lack of sexuality education adapted to their reality. Inuit youth face unique challenges, and it is essential that the information transmitted to them respects their culture, lifestyle, and specific needs. It is from this perspective that we undertook this project, with the intention of co-creating, alongside the communities, a program that reflects who they are and offers concrete guidance for their well-being and development.

It is with the financial support of the Regroupement des intervenants en matière d'agression sexuelle (RIMAS) that we carried out this literature review in order to better understand the relevant issues, challenges, and approaches.



Acknowledgements

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We also wish to acknowledge the RIMAS for providing the funding that made the development of this project possible.

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INTRODUCTION

Over the past decades, sexuality education has emerged as a key tool for preventing risks associated with sexual health. Primarily intended for youth, this approach aims to encourage them to adopt behaviors that promote their well-being while fostering an inclusive and equitable society (Women and UNICEF, 2018). Research shows that sexuality education has significant impacts on sexual health, gender equality, and social equity (Women and UNICEF, 2018).

Recognizing the positive effects of sexuality education on health and equality, the Ministry of Education and Higher Education (MEES) has, since 2018, integrated sexuality education as a mandatory component of the school curriculum. This policy reflects a collective commitment to providing sexuality education that is scientifically grounded, pedagogically relevant, and culturally adapted.

Nevertheless, some populations continue to experience inequitable access to sexuality education based on a holistic approach to health and sexual rights (Charmillot & Jacot-Descombes, 2018; Women and UNICEF, 2018). This is notably the case for Inuit communities in Nunavik, a northern region of Quebec, where issues related to sexual and reproductive health are particularly significant.

Currently, a sexuality education program developed in Nunavik is offered on an optional basis to Inuit students at certain grade levels. Designed in collaboration with youth, parents, and teachers, and available in Inuktitut, French, and English, this program addresses themes such as self-esteem, healthy relationships, body knowledge, risk and non-risk behaviors, sexually transmitted infections, condom use, and contraception. Although the Kativik School Board encourages its implementation, its application remains at the discretion of school administrators and their staff, often in collaboration with school nurses (Régie régionale de la santé et des services sociaux du Nunavik, 2021). While this program represents an important initiative, the overall offer remains limited compared with the diversity and breadth of programs available to youth in southern Quebec, where sexuality education is mandatory throughout the school curriculum.



The Nunavik Regional Board of Health and Social Services (RRSSSN), in collaboration with Kativik Ilisarniliriniq, is also developing a new sexuality education curriculum for students from kindergarten to Grade 12. This program aims to offer culturally adapted content across all school levels and will be gradually implemented in selected schools beginning in winter 2026.

Although this initiative represents an important step toward increased access to sexuality education in Nunavik, service availability remains limited. A significant proportion of adolescents in the region do not attend secondary school or experience prolonged absences, which restricts their access to this type of program.

Furthermore, approaches centered on the school environment do not always reach the youth who are most at risk or marginalized, including those experiencing family difficulties, psychosocial challenges, or mental health concerns. It is in this perspective that the Ajunnginiq project stands out: unlike the school-based program, it will not be offered in educational institutions but rather in community settings (for example, youth centers or Family Houses). This approach will reach adolescents who attend school irregularly or not at all, thereby offering expanded and complementary access to sexuality education for youth in Nunavik.

The consultation also gathered observations regarding the sexuality-related educational needs of youth. The data collected through this consultation complement the literature review by providing field-based insight into the realities experienced by adolescents and the challenges faced by professionals. The overall goal is therefore to support the development of a sexuality education program that raises awareness among youth about positive sexuality and healthy affective relationships, while remaining rooted in the cultural and social context specific to Nunavik.



METHODOLOGY

The needs analysis regarding sexual education for adolescents in Nunavik, presented below, is based on a comprehensive review of the scientific literature. To ensure the rigor and breadth of this process, several specialized databases were consulted, including PubMed, Google Scholar, and Scopus. To precisely target the population concerned, a wide range of keywords was employed, such as "Indigenous," "Inuit," "Nunavummiut," "Nunavik community," "Inuit culture," "Customary adoption," "Housing in Nunavik," "Residential schools," "Inuit youth," "Inuit adolescents," "Sexual diversity," "Gender diversity," "Mental health," "Sexual health," "STBBI," "Pregnancy," "Parenthood," "Sexual violence," and "Sexual assault." The English equivalents of each keyword were also used.

The systematic exploration of these keywords made it possible not only to identify the relevant studies, but also to discern the central themes structuring the affective, social, and sexual realities of young people in Nunavik. These themes notably include beliefs and ways of life, pregnancy and parenthood, identity and gender identity, romantic relationships, health (physical, mental, and social), as well as issues related to violence and sexual abuse.

This methodological and multidimensional approach provides a solid foundation for understanding the specific sexual education needs of Inuit adolescents and for guiding the development of interventions that are appropriately adapted to their realities.



SEXUAL HEALTH

Sexuality education is closely linked to sexual health and constitutes an essential pillar for promoting both individual and collective well-being. This theme is addressed first in order to introduce the key concepts of this review and to highlight the specific issues faced by adolescents in Nunavik regarding sexual health. This approach aims to contextualize the challenges observed, while emphasizing the need for responses adapted to the social and cultural realities of these youth.



| DEFINING SEXUAL HEALTH: FOUNDATIONS, CONTEXTS, AND ISSUES

By definition, sexual health is characterized as a state of physical, emotional, mental, and social well-being related to sexuality, and this well-being is expressed at the individual, interpersonal, and community levels (World Health Organization [WHO], 2002). According to the WHO (2010), this dimension of health must be understood in all its complexity, taking into account the diversity of contexts in which it takes shape. A holistic approach is therefore grounded in several core principles. First, sexual health is not limited to the absence of disease but is rooted in a positive vision of overall well-being. It requires conditions of respect and safety, excluding all forms of violence, coercion, or discrimination. It is also inseparable from the recognition and fulfillment of fundamental human rights. Moreover, sexual health concerns the entire life course, including youth, adults, and older adults, and is not restricted to reproductive periods. It acknowledges the diversity of orientations,

expressions, and sexual experiences. Finally, it is deeply shaped by social norms, gender roles, cultural expectations, and power dynamics.

From a holistic perspective, as adopted by the Nunavummiut¹, health is envisioned as a whole in which time and space are intimately connected. The past, present, and future, along with the environment and the philosophies that emerge from it, have a determining influence on the well-being of Inuit individuals and communities (Absolon, 2010). In this sense, sexual health cannot be separated from this relational and temporal framework; it must be understood as a dynamic process shaped by beliefs, values, and collectively shared ideals. These dimensions act as indicators that help interpret the state of sexual health from a culturally relevant perspective (Gagnon, 2010; Sandfort & Ehrhardt, 2004).

¹ According to the Office québécois de la langue française, "Nunavummiut" is borrowed from the Inuktitut language and refers to the inhabitants of Nunavik (Nunavutois, 2005).

Sexual health is a broad concept that encompasses multiple dimensions such as sexual orientation, gender identity, sexual expression, interpersonal relationships, and pleasure. It also includes major social issues observed within Inuit communities, particularly sexually transmitted and blood-borne infections (STBBIs), unintended pregnancies, abortion, and sexual violence (WHO, 2024). These aspects will be examined in further detail in later sections of this review.

When understood positively, sexual health implies a respectful, caring, and inclusive approach to sexuality and human relationships. It refers to the ability to engage in fulfilling and safe sexual experiences, free of coercion, discrimination, or violence (WHO, 2024). Healthy sexuality rests on fundamental values such as mutual respect, trust, honesty, communication, and safety (Ikajurniq, 2021). Among the essential principles is the notion of individual responsibility, understood as the capacity to make informed decisions regarding sexuality (Edwards & Coleman, 2004 as cited in Gagnon, 2010). These decisions directly influence sexual behaviors and the risks to which adolescents may be exposed.

Consent is another

Healthy sexuality rests on fundamental values such as mutual respect, trust, honesty, communication, and safety.

central element: it must be explicit, freely given, and free from any form of pressure or fear. It can be withdrawn at any time and is not considered valid when given by a child (Ikajurniq, 2021).

Finally, in several Indigenous and decolonial perspectives, sexuality is understood as an internal life force, an essential and dynamic energy that resides within every person and is closely tied to identity, dignity, and overall well-being (Hylton, 2003). Among the Nunavummiut, sexuality and intimate relationships unfold within a social, political, and economic context that is inseparable from individual experience (Descheneaux et al., 2018), a perspective that fully aligns with the holistic approach described above.



Source : Bonjour Québec, « Umiujaq »



INDICATORS AND DETERMINANTS OF SEXUAL HEALTH

The social determinants of health, namely the social, economic, cultural, and environmental factors that influence the health of individuals and communities, play a major role in sexual health. To understand the realities experienced by adolescents in Nunavik, it is essential to take into account the determinants specific to their context. These factors will be examined repeatedly throughout this review, depending on the themes addressed.

For example, education level is recognized as a determinant with significant effects on sexual-health knowledge, the ability to make informed choices, and individual responsibility in sexual behaviors. In this context, data from 2013–2014 show that the high-school graduation rate in Nunavik was 25.9%, and that many youth experience irregular school attendance (Pouliot, 2021; Protecteur du citoyen, 2018). While this observation should be interpreted with caution, it is reasonable to assume that limited access to education may affect young people's ability to adopt protective sexual behaviors, and therefore influence the transmission of STBBIs.

Similarly, economic marginalization is also associated with more fragile sexual health (WHO, 2010). Age, sex, substance use, financial situation, food security, mental health, access to safe housing and health care, physical safety, education levels, as well as experiences of stigma or discrimination, constitute interconnected factors that must be considered when drawing a complete picture of a person's sexual health (Pauktuutit Inuit Women of Canada, 2022).

In addition to social determinants, the concept of self-efficacy constitutes another important indicator of sexual health. Self-efficacy is defined as an individual's perceived ability to adopt safe and healthy sexual behaviors. Research indicates that the higher the level of self-efficacy, the more likely individuals are to use protection methods such as condoms, to rely on contraceptive measures, and thereby reduce their exposure to STBBIs (Smylie et al., 2013).

NUNAVIK

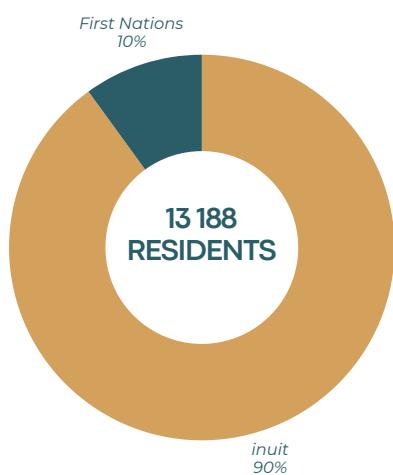
To fully understand the challenges faced by adolescents in Nunavik, it is essential to consider the geographical, social, and political realities specific to this region. These particularities directly influence living conditions, access to resources, and the health trajectories of young people.

GEOGRAPHICAL AND TERRITORIAL CONTEXT OF NUNAVIK

Nunavik extends over an area of approximately 500,000 km², representing nearly one-third of Québec's territory (The Canadian Encyclopedia, 2024). This vast northern region includes 14 villages spread across an isolated and hard-to-reach territory, ranging from Kuujjuaq, the largest community, to Aupaluk, the smallest. Each village has its own cultural, social, and geographical particularities, contributing to the diversity of experiences among the populations living there (The Canadian Encyclopedia, 2024; Morin & Lafourture, 2004).



DEMOGRAPHIC AND SOCIAL PROFILE OF THE POPULATION



In 2016, the census recorded 13,188 residents in Nunavik, of whom approximately 90% were of Inuit origin and 10% members of First Nations (The Canadian Encyclopedia, 2024; Statistics Canada, 2017). The population is significantly younger than in the rest of Québec: 62.3% of residents are under the age of 30, compared with 35% in the province as a whole. This demographic difference highlights an important distinction between northern and southern realities.

In Nunavik, young people occupy a majority position within their communities, which reinforces the need to design interventions specifically adapted to their needs and living environments (Centre interuniversitaire d'études et de recherches autochtones, 2015; The Canadian Encyclopedia, 2024).

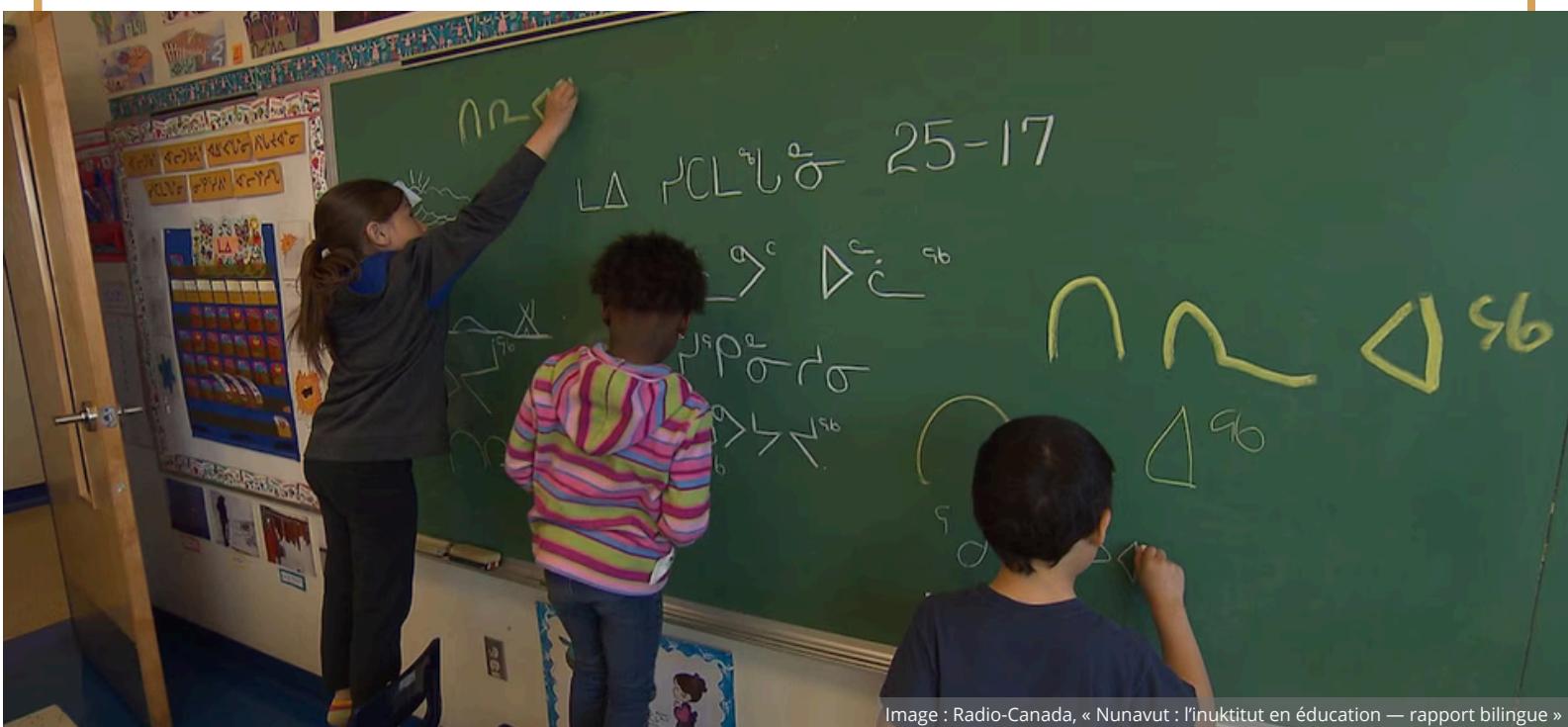


Image : Radio-Canada, « Nunavut : l'inuktitut en éducation — rapport bilingue »

However, despite their demographic weight, young people are often excluded from collective decision-making processes. Perrault Sullivan and Vrakas (2019) denounce the limited recognition given to their voices in defining community priorities. This marginalization is partly explained by the fact that youth evolve at the intersection of two cultural worlds: on one hand, traditional Inuit culture, rooted in knowledge and land-based practices, and on the other, the growing influence of contemporary Québec culture. This dual grounding can lead to differences in perspectives between generations, particularly between youth and Elders, who still hold a central and structuring role in community decision-making (Morin & Lafortune, 2004). Furthermore, language plays a fundamental role in shaping collective identity and belonging. The use

of Inuktitut (uqausiq) is strongly valued in daily interactions, as it reinforces mutual recognition within Inuit communities (RRSSS, 2020). However, certain key notions in the field of sexual health, such as the terms 'rape' or 'consent,' do not have direct equivalents in Inuktitut. These linguistic gaps raise important challenges for sexuality education, notably regarding concept transmission, mutual understanding, and the cultural relevance of interventions.

[...] certain key notions in the field of sexual health, such as the terms 'rape' or 'consent,' do not have direct equivalents in Inuktitut.

THE EFFECTS OF COLONIALISM ON THE SOCIAL AND SEXUAL DYNAMICS OF INUIT

From a perspective of fully understanding the needs of adolescents in Nunavik, it is essential to consider the historical impacts of colonialism and the intergenerational traumas that result from it. From the late 19th century to the late 20th century, many children living in Nunavik were taken from their families and sent to residential schools, where they often spent nearly ten months per year far from their community. These institutions aimed to assimilate children into Canadian norms, values, and traditions, at the expense of their culture of origin. This policy of cultural oppression, orchestrated by the Canadian government and religious institutions, affected more than 150,000 Indigenous children across the country, including Inuit (Indigenous and Northern Affairs Canada, 2010; Dion et al., 2016b).

These children were indoctrinated and forced to renounce, or even despise, the very foundations of their identity: language, spirituality, traditions, and relationship to the land. The Truth and Reconciliation Commission of Canada (2012) notes that these youth often received less formal education than their non-Indigenous peers and were mainly assigned to domestic tasks. Living conditions in residential schools were precarious: overcrowding, lack of food, inadequate clothing, absence of heating, insufficient medical care, and poor ventilation (Abadian, 1999; TRC, 2012). Added to this were various forms of mistreatment, ranging from public humiliation to physical abuse and, in many cases, sexual violence.

The cumulative effects of this violence led to what the Truth and Reconciliation Commission (2015) describes as cultural genocide. More than 3,200 child deaths have been documented in connection with residential schools, attributed to illnesses contracted there, mistreatment, escape attempts, or suicides (Abadian, 1999; TRC, 2015; Legacy of Hope Foundation, 2009). This process of forced assimilation, combined with the violence experienced in residential schools, left deep marks within families and communities, giving rise to what is now referred to as intergenerational trauma, an array of psychological, social, and cultural wounds transmitted across generations (Bombay et al., 2014 as cited in Lafrenaye-Dugas et al, 2023; Gone, 2013).



Image : La Gazette de la Mauricie — Gabrielle Vachon-Laurent, « Traumatisme des pensionnats autochtones et crainte des services publics »

These events left a lasting mark on subsequent generations, influencing in particular their conceptions of sexuality. The colonial system contributed to imposing a repressive and guilt-laden view of sexuality among Inuit. In residential schools, sexuality was simultaneously controlled, denied, and, paradoxically, often instrumentalized for purposes of power abuse and sexual violence. These dynamics of domination were internalized by many survivors and transmitted over time, contributing to the normalization of certain abusive behaviors and to the perpetuation of social norms marked by gender inequality and silence surrounding sexuality (Hylton, 2003).

According to Tavva (2017), these unresolved wounds favored the reproduction of relational patterns dominated by rigid masculine roles, cycles of violence, and coping strategies that were sometimes harmful, such as alcohol or drug use. The impacts continue to be felt within family and emotional dynamics, weakening social bonds in a culture where the extended family remains central (Kral, 2016).



Image: CSSS des Nationalités Pluralistes (NQL)

Then, the gradual sedentarization of Inuit in the 1950s, following the effects of colonialism, also led to major upheavals. Formerly nomadic, the Nunavummiut were required to adopt a sedentary lifestyle in housing planned by the state (Brière & Laugrand, 2017). Although Elders today acknowledge the material comfort associated with this new form of housing, several authors emphasize that these dwellings were designed according to Western cultural norms, conveying more individualistic values (Dawson, 1997, 2006). This cultural dissonance between housing structure and Inuit community values may have contributed to heightened social tensions, as well as the weakening of certain structures of authority or cultural transmission (Brière & Laugrand, 2017; Dawson, 1997, 2006).

OVERCROWDING AND ITS IMPACTS ON WELL-BEING AND SEXUAL HEALTH

The shift to a sedentary lifestyle profoundly transformed the organization of domestic space in Nunavik, leading to significant overcrowding in households. It is common for several people to share the same bedroom, and for common areas, such as the kitchen or living room, to be rearranged at night using a simple mattress placed on the floor (Brière & Laugrand, 2017). The distribution of space is primarily determined by age and family status, placing young people, often positioned lower in the household hierarchy, in situations where access to privacy is limited.

Gender, by contrast, is rarely taken into account in the spatial organization of homes (Brière & Laugrand, 2017; Saladin d'Anglure, 1973). Yet, although this organization may appear neutral at first glance, it can produce unequal experiences depending on gender identity. Saladin d'Anglure (1973) notes that the degree of privacy within households varies depending on interpersonal relationships, generational

differences, and the presence or absence of women. This suggests that even when gender is not an explicit criterion in the allocation of space, women, and particularly young girls, may find themselves in unequal situations due to their position within family and community structures.

Brière and Laugrand (2017) also observe a growing value placed on individual privacy among the Nunavummiut, yet generalized overcrowding remains a major obstacle to achieving it. These living conditions can have repercussions on the health, safety, and psychosexual development of youth, particularly in a context where the boundaries between private and shared spaces are often blurred.

CULTURAL AND SOCIAL SPECIFICITIES OF NUNAVIK

The fundamental values of Inuit societies are grounded in harmony with the environment, individual empowerment, cooperation, the search for consensus, service to others, contribution to the common good, as well as ingenuity and creativity (Tavva, 2017). These principles highlight the importance of mutual aid, family, and community, which occupy a central place in the lives of Nunavummiut. The family unit, in particular, is seen as essential to individual survival and well-being (Arnakak, 2006; Pauktuutit Inuit Women of Canada, 2006). It constitutes the main source of influence on mental and emotional health, which encourages young people to turn to their families when expressing their needs (Kral, 2016).

Furthermore, the notion of kinship plays a structuring role in Inuit social organization. It is not limited to biological ties, but also includes relationships of alliance, adoption, friendship, partnership, as well as those based on name-sharing, a practice highly valued in northern communities (Bennet & Rowley, 2004; Emdal-Navne, 2008; Kral et al., 2011; Nuttall, 1992; Haviland et al., 2010). Absolon (2010) even asserts that, for Inuit, all people are interconnected. This relational worldview encourages the adoption of a holistic approach in health interventions, integrating the entire kinship network, as it exerts a direct influence, both positive and negative, on the overall health of individuals (Cargo et al., 2003; Morin & Lafourture, 2008).



Image : Nunatsiaq News, "Matteq, other Inuit traditions at heart of Kuujuaq celebration"

This conception of well-being is embodied notably in healing circles, a therapeutic approach rooted in Inuit community practices. These circles aim to restore interpersonal and community relationships, which are considered essential to health. According to this perspective, social disorders stem largely from weakened social ties, hence the importance placed on communication, listening, and mutual support (Morin & Lafortune, 2008).

In addition, Inuit maintain a deep connection with their land. Camps, streets, places of oral transmission, and memory-laden sites constitute major identity and emotional landmarks (Joliet et al., 2021). Living on the land is not only a matter of connection to the environment but also represents a source of resilience and healing, particularly for youth (Kral, 2016).

Finally, spirituality is also at the heart of Inuit well-being. A survey conducted in the 14 communities of Nunavik reveals that 83% of respondents consider spiritual values to play an important role in their lives (RRSSN, 2020). This spirituality shapes their representations of the human being, perceived as composed of three distinct dimensions: the body, the soul, and the name (Bennet & Rowley, 2004). The name given to a child establishes a symbolic link with others and with the community; without it, the child would not be considered fully human (Bennet & Rowley, 2004; Qaujigiartit Health Research Centre, 2012).

CULTURAL SAFETY OF NUNAVUMMIUT

Given the cultural, historical, and territorial specificities of Nunavik, it is essential to integrate the notions of cultural safety and cultural humility both in this review and in the development of sexuality education programs intended for Inuit communities.

Cultural safety is defined as the subjective experience of feeling safe when accessing health services, particularly in the absence of racism, stigma, or discrimination (Public Health Agency of Canada, 2023). It can only be determined by individuals themselves, based on their perceptions and lived experiences.

Cultural humility, on the other hand, refers to the attitude adopted by health or education practitioners to foster such safety. It involves becoming aware of one's own biases, privileges, and limitations, as well as committing to questioning power dynamics in order to build relationships based on respect, trust, and reciprocity (Public Health Agency of Canada, 2023). Integrating these principles aims to create an environment in which Inuit feel acknowledged, respected, and safe, and where access to services occurs in an equitable, secure, and non-judgmental manner.

In sum, the populations of Nunavik possess a profound cultural uniqueness, distinct from that of southern populations, which influences all aspects of their lives. Understanding their cultural and perceptual

references and tailoring interventions accordingly is an essential condition for responding adequately and ethically to their needs (Auclair & Sappa, 2012; Bird, 2011). Conversely, ignoring this distinctiveness or neglecting it in the design of sexuality education programs risks reproducing dynamics of stigma, discrimination, and racism. This could exacerbate the historically rooted mistrust that many Inuit hold toward institutions, thus constituting a major barrier to the accessibility and effectiveness of health services (Prentice et al., 2011).



SEXUAL HEALTH AND SEXUALITY AMONG ADOLESCENTS

CULTURAL EVOLUTION OF SEXUALITY AMONG INUIT

Historically, sexuality and its various dimensions were approached openly, humorously, and even spiritually within Inuit populations of Nunavik. It was expressed through various artistic forms, such as music, stories, and performances (Harper, 2012; Kappiannaq, 2000; Vorano, 2008). In community-based performing arts, several elements with sexual connotations could be recognized. Certain Inuit legends described sexual relations with animal spirits, while the Uajeerneq dance, for example, used makeup with colors and shapes symbolizing genital organs (Healey, 2015).

However, with colonization, several cultural expressions, such as throat singing and drum dancing, were prohibited. These practices were perceived by missionaries as expressing a sensuality or bodily freedom deemed incompatible with the Christian values imposed at the time (Laugrand & Oosten, 2010, as cited in Healey, G. K., 2015). Their prohibition marked a significant cultural rupture, contributing to the emergence, in several northern communities, of a repressive approach toward sexuality.

Although a resurgence of these cultural expressions is observed today, sexuality remains a delicate subject to address for many Nunavummiut (Healey, 2015; Laugrand & Oosten, 2010). Depending on the regions of Nunavik, the ways of addressing sexuality and sexual health vary based on locally transmitted knowledge and specific developments in each area (Pauktuutit Inuit Women of Canada, 2022).

PORTRAIT OF SEXUALITY AMONG ADOLESCENTS IN NUNAVIK

Research on the sexuality of Inuit adolescents highlights certain particularities in their experiences, including an earlier initiation to sexual activity than what is observed in other regions of Québec (Devries & Free, 2011; First Nations Center, 2005; Laghdir & Courteau, 2011; Reading, 2009). According to a study conducted among youth aged 16 to 30 in Nunavik, 14% reported a first consensual sexual experience before age 14, and about 40% between ages 14 and 15. By comparison, available data for youth in southern Québec indicate that only 5% are sexually active at that age (Lambert et al., 2017). Moreover, a survey by the First Nations of Quebec and Labrador Health and Social Services Commission (CSSSPNQL) reports that the average age of first sexual intercourse is 13.4 for boys and 13.6 for girls in Nunavik (Laghdir & Courteau, 2011), compared with 16.5 in the Canadian population in general (Rotterman, 2005). These data, although epidemiologically important, must be approached with sensitivity. They should never be used to judge or pathologize young people's experiences but rather to better understand the social, historical, and structural realities shaping their sexual trajectories. Recognizing this complexity is essential for developing respectful interventions grounded in community knowledge and responsive to needs expressed by youth themselves.

In addition, several studies indicate that the context in which sexual life begins among adolescents in Nunavik may include factors that increase vulnerability regarding sexual health. An early entry into sexuality, combined with inconsistent condom use, relationships with multiple partners, or substance use, may expose some youth to greater risks (Laghdir & Courteau, 2011; Reading, 2009). Shercliff and colleagues (2007), for example, observed an association between earlier sexual initiation and less frequent condom use. These findings highlight the essential role of adapted sexuality education in supporting adolescents in developing decision-making skills and preventing risk behaviors (Kirby et al., 2007; Shercliff et al., 2007).

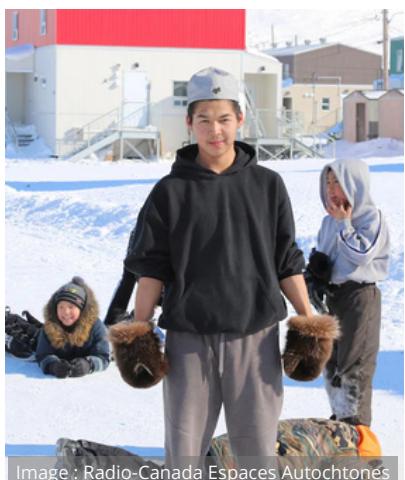


Image : Radio-Canada Espaces Autochtones

These date, [...] should never be used to judge or pathologize young people's experiences but rather to better understand the social, historical, and structural realities shaping their sexual trajectories.

Sexual-health literacy plays a central role in preventive behaviors adopted by adolescents in Nunavik. Studies show that when youth have access to clear, relevant, and culturally adapted information, they are more likely to use condoms, particularly in the context of casual relationships or when the partner's consent or fidelity is not clearly established (Miller et al., 2006; Moisan et al., 2023). However, as in other regions, condom use tends to decrease in relationships perceived as stable and based on mutual trust. Some data also indicate that, among many youth in Nunavik, the decision to use a condom is sometimes influenced mainly by the partner, reducing their sense of personal control over their sexual health (Moisan et al., 2023). This dynamic underscores the importance of strengthening adolescents' decision-making autonomy regarding sexuality, by fostering relationship environments where communication, respect, and equity are encouraged (Jaccard, 2009, as cited in Moisan and al., 2022).

SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS

The prevalence of sexually transmitted and blood-borne infections (STBBIs) is significantly higher in the northern regions of Québec (Law et al., 2008). An epidemiological report published in 2012 indicated that the rates of chlamydia and gonococcal infections among Inuit were between 9% and 73% higher than those of Québec (Gouvernement du Québec, 2013). Rivette and Plaziac (2016) note that these rates may reach up to 20 times the provincial average. Young adults are the group most at risk of contracting an STBBI, as confirmed by several studies (Da Ros & Schmitt, 2008). In this regard, the Nunavik Regional Board of Health and Social Services (RRSSS, 2020) reports that 10% of the region's youth aged 16 to 30 have already received a chlamydia diagnosis.



The current situation raises major public-health concerns. An STBBI diagnosis indicates that an individual's sexual health may have been compromised (Da Ros & Schmitt, 2008). Gagnon (2010) also notes that these infections can lead to serious consequences, including fertility problems, and that they represent one of the leading causes of disease worldwide. These findings underscore the importance of strengthening sexuality education from a preventive perspective, in order to reduce transmission risks and promote positive and sustainable sexual health.

Adoun and colleagues (2013) establish a link between high infection rates and inconsistent condom use reported in certain Nunavik communities. Giles (2014) also mentions unsafe injection-drug use as a

significant transmission vector. The consumption of psychoactive substances, particularly alcohol or drugs, is also identified as a factor likely to negatively influence decision-making regarding sexual protection (Roberts & Cahill, 2008; Seal et al., 1997; Shrier et al., 2001).

Furthermore, Pauktuutit Inuit Women of Canada (2022) highlights that colonial history has contributed to a lack of access to information regarding STBBI prevention, while reinforcing persistent myths and stigma surrounding these infections in some communities. This colonial memory, combined with the geographical and social realities of the North, continues to affect the transmission of sexual-health knowledge.

To address this situation, several courses of action have been proposed. These include improving access to testing services, reinforcing confidentiality of services offered, combating stigma related to STBBIs, and supporting changes in social norms through culturally relevant awareness campaigns. Addressing factors that increase vulnerability—such as violence and sexual coercion, could also reduce risks associated with sexual encounters occurring under the influence or with unknown partners (Pauktuutit Inuit Women of Canada, 2022).

TOWARD AN INTEGRATED AND CULTURALLY ADAPTED APPROACH TO SEXUAL HEALTH

To conclude this first section, it is essential to emphasize that the sexual health of Nunavik communities must be approached through a holistic lens. It relies on several interrelated conditions: access to reliable and culturally relevant information on sexuality, availability of adapted health services, a clear understanding of risks, and a social environment that actively supports the sexual well-being of individuals, taking into account their specific social determinants (WHO, 2010).

In light of the data presented, it is evident that Inuit communities face significant needs in sexual health. This concern is even more pressing considering that, despite sexuality education being included in Québec's mandatory school curriculum, many young people in Nunavik do not have equitable access to it. In this regard, Pauktuutit Inuit Women of Canada (2022) recommends strengthening sexuality education in northern regions, not only to improve young people's knowledge but also to reduce risk factors and foster the development of their self-efficacy regarding sexual health.



IDENTITY

At Nunavik, identity is constructed at the intersection of individual, cultural, and community dimensions specific to Inuit communities. In this context, sexual and gender identity also develops under the influence of traditions, current social realities, and colonial heritage.



UNDERSTANDING IDENTITY CONSTRUCTION

Identity must be understood as a multidimensional concept closely linked to individuals' overall health. It includes several spheres, such as individual, cultural, and community identity, as well as sexual and gender identity (RRSSS, 2020). Generally, identity can be seen as a dynamic process of self-construction, grounded in ongoing negotiation between lived experiences, social interactions, and internal and external contexts.

Individual identity develops over time, influenced by personal events, introspective reflection, and comparisons with others (RRSSS, 2020). Cultural and community identity refers to a sense of belonging rooted in the history, practices, values, and knowledge specific to Inuit culture. It reflects a person's rootedness within their community and contributes to strengthening social bonds. Finally, sexual and gender identity refers to the multiple ways individuals recognize and define themselves in terms of sexual orientation, gender identity, and gender expression, including people from LGBTQ+ communities (RRSSS, 2020).

SEXUAL AND GENDER DIVERSITY: REALITIES IN NUNAVIK

Inuit belonging to sexual and gender diversity (LGBTQ+) are not immune to stigma or discrimination within northern communities. As a result of this marginalization, many choose not to openly express their identity, which increases their vulnerability within their own community (RRSSS, 2020). According to Corosky and Blystad (2016), intolerance toward sexual and gender diversity in some Inuit communities is largely a consequence of colonization, particularly through the imposition of Christian moral norms transmitted by the Catholic Church.

Ristock and colleagues (2011) note that young people belonging to sexual and gender diversity are particularly exposed to various forms of violence, including physical and sexual abuse. To reduce inequalities and exclusion experienced by these youth, the authors recommend that professionals working in Inuit communities adopt an approach that is both culturally informed and inclusive of gender- and sexuality-related issues. This includes implementing educational activities aimed at deconstructing prejudices and combating homophobia.

VIOLENCE

Violence represents a significant issue in several Inuit communities and profoundly influences the quality of affective and interpersonal relationships. In this context, it becomes essential to pay particular attention to the issue of violence within sexuality education intended for youth. When culturally and socially adapted, such education can play a key role in preventing violence, promoting healthy and equitable relationships, and supporting the development of affective and communication skills necessary to build respectful relationships.

FORMS AND CONTEXTS OF VIOLENCE IN NUNAVIK

The literature identifies several forms of violence present in Inuit communities, grouped into four main categories: structural violence, linked to assimilation policies and colonial systems; institutional violence, which manifests in interactions with public services; family and interpersonal violence; and finally, lateral violence, referring to acts of violence between members of the same community or social group (Piedboeuf & Lévesque, 2019). These forms of violence are not mutually exclusive; they frequently intersect and tend to occur as recurring dynamics. A violent act, whatever it may be, rarely exists in isolation. It may be accompanied by other types of maltreatment and may repeat over time (García-Moreno et al., 2005). Intimate partner violence, in particular, may take the form of physical assaults, psychological violence, sexual coercion, including non-consensual intercourse, or behaviors of control and domination (García-Moreno et al., 2005).

These various expressions of violence often fall within a complex transgenerational cycle, rooted in the consequences of colonialism, the traumas experienced in residential schools, forced sedentarization, and the difficult living conditions that characterize several northern villages (Piedboeuf & Lévesque, 2019). Some data indicate a gradual increase in violence within families and communities in Nunavik (Anctil, 2008). Individuals exposed to multiple forms of institutional or family violence, particularly in the context of residential schools, may develop increased vulnerability to reproducing these dynamics in the absence of support or healing (Mill et al., 2011). This contributes to maintaining a self-reinforcing cycle in which early exposure to violence increases the risk of normalizing it, experiencing it again, or reproducing it in adulthood (Billson, 2006).

A violent act, whatever it may be, rarely exists in isolation. It may be accompanied by other types of maltreatment and may repeat over time.

VULNERABILITY OF INUIT YOUTH TO VIOLENCE

Recent research conducted with more than 1,000 Nunavummiut highlights a concerning reality: 77.6% of respondents reported having been exposed to at least one form of adversity during childhood (Lafrenaye-Dugas et al., 2024). These adversities encompass a wide range of situations likely to compromise children's physical, emotional, or social development. They include physical, psychological, and sexual violence; neglect (whether physical or emotional); as well as exposure to unstable or high-risk family environments. More specifically, these may involve witnessing intimate partner violence, living with an adult experiencing mental-health difficulties or addictions, or having a family member who attempted suicide or was incarcerated (Centers for Disease Control and Prevention, 2022).

As observed in cycles of violence, these experiences rarely occur in isolation. Lafrenaye-Dugas and colleagues (2024) report that youth in Nunavik accumulate an average of 2.9 types of adversity before adulthood. This repeated and multidimensional exposure to stressors during early childhood constitutes a major determinant of vulnerability, with long-lasting implications for development.

[...] youth in Nunavik accumulate an average of 2.9 types of adversity before adulthood.

AGGRAVATING FACTORS AND STRUCTURAL VULNERABILITIES

Scientific literature highlights several triggering and aggravating factors of violence, among which substance abuse plays a central role. Alcohol and drug consumption is known to exacerbate family tensions, increase economic stressors, and intensify the risks of violence within households (Billson, 2006). However, beyond these immediate factors, violence is often rooted in unequal power dynamics. According to Billson (2006), domestic violence may be triggered by behaviors perceived as transgressive in patriarchal contexts, for example, when a woman expresses disagreement, asserts her autonomy, or when a male partner experiences feelings of jealousy.

Furthermore, deficient communication in relationships can facilitate the expression of emotions such as anger, fear, doubt, or guilt in the form of violent behaviors. This dynamic contributes to the establishment of a climate of fear in which women and children see their freedom and safety compromised (Billson, 2006).

Certain forms of violence and domination also stem from precarious living conditions. Ratnam and Myers (2000) emphasize that in contexts marked by economic and social insecurity, sexual relations may sometimes occur within a survival logic. For instance, a woman may accept a sexual encounter in exchange for a place to sleep, or engage in unprotected sexual relations with visitors from the South in hopes of escaping poverty or violence.

Historically, Inuit values were based on gender equality, cooperation, and the absence of social

hierarchy. However, the imposition of colonial cultural models disrupted these principles, introducing patriarchal norms and an unequal distribution of power between men and women (Billson, 2006; Blanc, 2012). This transformation contributed to establishing the male figure as dominant within households, with direct consequences for the social position, autonomy, and well-being of Inuit women.

In this perspective, Corosky and Blystad (2016) highlight that many Inuit women continue to face limited decision-making power over key aspects of their lives, including safety, health, relationships, and material living conditions. These observations underscore the need to strengthen women's agency by addressing the structural determinants of violence and the gender inequalities that sustain it.

IMPACTS OF VIOLENCE ON OVERALL HEALTH

Victims of violence may suffer numerous consequences affecting their physical, mental, and emotional well-being. According to Health Canada (2002, as cited in Billson, 2006), direct consequences include physical injuries, miscarriages, and severe mental-health disorders. Dickson (2006) adds that these victims are also more vulnerable to substance use, psychological trauma, as well as parental and family difficulties. Furthermore, a study conducted by Gagnon (2010) indicates that women who have experienced violence are more likely to adopt risky sexual behaviors. With regard to mental health specifically, research has shown that Inuit women, who are often the most affected by maltreatment, suffer severe psychological distress, low self-esteem, recurring anger, and a lack of control in their sexual relationships (Ratnam & Myers, 2000; Wahab & Olson, 2004).

Violence, in all its forms, generates profound consequences on the physical, psychological, and emotional well-being of those who experience it. According to Health Canada (2002, as cited in Billson, 2006), direct consequences may include physical injuries, miscarriages, as well as the development of severe mental-health disorders. Dickson (2006) notes that such trauma may also increase vulnerability to substance use, parental difficulties, and widespread family instability.

Finally, it is important to emphasize that violence experienced in Nunavik, often under-reported due to cultural taboos, fear of judgment, or lack of accessible resources, reflects a structural reality requiring sustained attention. Recognizing these issues calls for the implementation of culturally safe prevention and intervention strategies grounded in a holistic perspective. Strengthening community resources, promoting equity in relationships, and supporting survivors are essential levers to break cycles of violence and foster environments conducive to healing and well-being for Inuit youth.



SEXUAL ABUSE

Continuing the goal of gaining a comprehensive understanding of the educational needs related to sexuality among adolescents in Nunavik, it is important to address the reality of sexual violence experienced by Inuit. However, it remains essential to recognize that issues related to sexuality, particularly sexual assault, are often surrounded by taboos, silence, and discomfort within many communities (Morin & Lafortune, 2008). This dynamic aligns with the previously mentioned repressive approach and may contribute to under-reporting or incomplete representation of data presented in the scientific literature.

VICTIMS OF SEXUAL OFFENSES

Available data on the prevalence of sexual violence in Nunavik remain limited and mostly date back to the 2000s. A survey conducted in 2004 in the region revealed that one in three Inuit had been the victim of at least one sexual assault during childhood, and one in five as an adult (Lavoie et al., 2007; Pouliot, 2021). These figures reflect the concerning magnitude of this issue in northern communities.

The scientific literature also indicates that Inuit women are particularly exposed to such violence. They are proportionally more likely to experience sexual assault than non-Indigenous women (Wahab & Olson, 2004). Piedboeuf and Lévesque (2019) report that Indigenous women are 25 times more likely to be assaulted by an intimate partner. More specifically, it is estimated that one in two Inuit women (52%) experienced sexual assault during childhood, and one in four in adulthood. Among Inuit men, available data suggest that approximately one in five (22%) were sexually assaulted in childhood, and one in eight in adulthood (Corosky & Blystad, 2016; Pouliot, 2021).

Available data also show that girls aged 7 to 13 or 14 (depending on sources) constitute the most vulnerable group to sexual assault, highlighting the need for early and adapted prevention measures (Kuptana, 1991; NTTA, 1990, cited in Morin & Lafortune, 2004). Most of these assaults are reported to occur in the family home, a context that increases the risk of child sexual abuse, including fondling or inducement to inappropriate sexual behaviors (Groupe de recherche et d'interventions psychosociales en milieu autochtone, 2005; Dion et al., 2016a).

These statistics highlight a deeply rooted but likely incomplete reality. Silence surrounding sexual violence remains very present. Many Inuit survivors prefer not to disclose their experience due to fear of judgment, social consequences, or to avoid exposing their loved ones. In some situations, victims choose anonymity or complete non-disclosure (Morin & Lafortune, 2008). A RRSSS (2020) survey underscores that a strong sense of self-confidence is often required to report such violence, reinforcing the idea that reported rates are likely underestimated.

PERPETRATORS OF SEXUAL VIOLENCE AND RELATIONAL DYNAMICS

With regard to perpetrators of sexual violence (PSV), they are, in most cases, men from the victim's immediate environment, such as intimate partners, family members (fathers, grandfathers, uncles, cousins), or close acquaintances (Groupe de recherche et d'interventions psychosociales en milieu autochtone, 2005). A study conducted by Dion and colleagues (2016a) indicates that in reported cases of sexual assault, the perpetrator is, in 33.6% of cases, an intimate partner; in 31.9%, a family member; in 26.2%, an acquaintance; and in 33%, a stranger. These numbers reveal that the majority of assaults occur within a context of relational proximity.

This proximity considerably complicates victims'

trajectories. Some choose to leave their community to distance themselves from their aggressor and attempt to rebuild in a less threatening environment (Joliet et al., 2021). Others, however, may face difficulties doing so, particularly due to geographical isolation, strong family ties, or a lack of adapted resources.

These observations highlight the importance of acknowledging the community-based and relational dimension of sexual violence in Nunavik. It is crucial to develop prevention, protection, and support approaches that take these dynamics into account while ensuring safe, accessible, and culturally relevant support for victims.

CORRECTIONAL SETTINGS AND THE OVERREPRESENTATION OF INUIT

Members of Indigenous Peoples, including Nunavimmiut, are significantly overrepresented in correctional systems. An analysis conducted in 2020–2021 shows that Indigenous men are incarcerated at a rate 8.2 times higher than non-Indigenous men, while Indigenous women are incarcerated 15.4 times more frequently than their non-Indigenous counterparts (Statistics Canada, 2023). This overrepresentation is widely recognized as a direct and persistent consequence of colonialism (Hylton, 2003).

Specific data on Inuit sexual offenders (AVS) who are incarcerated remain limited, but a study by Correctional Service Canada (2017) indicates that 47% of incarcerated Inuit offenders were convicted of sexual offences, and 29% of homicide. Among



all Inuit men incarcerated or supervised in the community, 36% were serving a sentence related to a sexual crime. These figures illustrate a concerning reality regarding sexual criminality in the North.

Other research confirms these findings. Morin and Lafortune (2004) report that sexual offenders in the Nunavik region are often young men under the age of 24, living in contexts marked by multiple vulnerabilities. Correctional Service Canada (2017) also observes that many incarcerated Indigenous men experienced early school dropout. These realities are part of a set of well-documented risk factors, including social inequities, substance use, unemployment, early justice involvement, and the influence of high-risk peers (Hylton, 2003).

These observations highlight the urgency of addressing sexual violence not only as a legal issue, but as a social, educational, and preventive concern. Providing young Inuit with culturally relevant sexuality education, focused on consent, personal boundaries, and healthy relationships, represents an essential way to prevent the reproduction of violent behaviours and to strengthen individual and collective capacity to build safe communities.

TEEN PREGNANCIES

CURRENT SITUATION AND CULTURAL PERCEPTIONS

Teen pregnancies are particularly common in Inuit communities. Approximately 31% of young Inuit women aged 16 to 20 have already experienced at least one pregnancy (Moisan et al., 2021), compared with 5% of young women of the same age in Québec (Lambert et al., 2017). This difference illustrate a distinct reproductive dynamic in the North, where early parenthood holds a unique cultural significance.

[...] becoming a mother is a way of affirming their social role, gaining recognition within their community, and expressing their commitment to cultural values.

Motherhood is deeply valued in Inuit communities. Births are welcomed as blessings and represent a strong expression of cultural and community belonging (Pauktuutit Inuit Women of Canada, 2006; Moisan et al., 2021). For many adolescent girls, becoming a mother is a way of affirming their social role, gaining recognition within their community, and expressing their commitment to cultural values (Eni & Phillips-Beck, 2013). This appreciation of motherhood may coexist with an awareness of the challenges associated with early parenthood: some adolescents note that having a child at 15 or 16 can feel "too soon," even though some are already experiencing a second or third pregnancy (Moisan et al., 2023).

Some young mothers report that pregnancy helped them develop greater maturity, improve their self-esteem, or adopt a healthier lifestyle, for instance, by reducing substance use (Archibald, 2004; Afable-Munsuz et al., 2006). Family support, particularly when adolescents continue to live with their parents, is also described as a key protective factor.

PSYCHOSOCIAL CHALLENGES, CONTEXTUAL FACTORS, AND CONTRACEPTION

Early pregnancies occur within a social environment shaped by various social determinants of health. Overcrowding, lack of privacy, financial insecurity, systemic discrimination, and limited access to sexual education and healthcare are all factors that can influence the sexual and reproductive trajectories of young people (Maticka-Tyndale, 2008; Tavva, 2017).

In this context, contraception is rarely used consistently. Although contraceptive methods are available in local health centers, their use remains limited, often due to a lack of information, reluctance to consult professionals for intimate matters, or concerns about confidentiality (Moisan et al., 2023; Archibald, 2004). Several young mothers report never having received contraception-related information from their families (Moisan et al., 2023).

In addition to these obstacles, ambivalence toward pregnancy is common. Moisan and colleagues (2023) distinguish between indifference, the absence of concern about becoming pregnant, and ambivalence, which reflects an internal conflict between contradictory desires. This ambivalence, influenced by culture, personal experiences, and social norms, may lead to hesitation in clearly expressing intentions, particularly concerning contraceptive use (Moisan et al., 2022; Santelli et al., 2003). It is more frequently observed among young women with no prior motherhood experience, those involved in multiple relationships, or those who have experienced violence (Patel et al., 2015). As young women grow older and have more children, their level of ambivalence tends to decrease (McQuillan et al., 2011).

Irregular use of contraceptives is often attributed to forgetfulness, side effects, or physical discomfort. The most common methods include condoms, oral contraceptive pills, the Depo-Provera injection, and emergency contraception (Moisan et al., 2023). Beyond these technical or emotional barriers, some young women may intentionally refuse contraception because they perceive motherhood as a pathway to social recognition or stability.

In this sense, some adolescents may view motherhood as an adaptive strategy within a system of limited resources. For example, access to social housing in Nunavik is partially based on a point system in which having children is a priority criterion (Société d'habitation du Québec, 2014). In a context where the majority of Inuit live in social housing (Therrien & Duhaime, 2018), having a child can increase the likelihood of obtaining stable housing, making pregnancy a potential resource rather than a vulnerability (Adelson, 2005; Riva et al., 2020).

Within this framework, customary adoption also plays an important role. Deeply rooted in Inuit tradition, it operates within a collective logic in which a child may be entrusted to other community members without severing ties with biological parents. This culturally valued practice helps maintain family solidarity and supports the young mother (Decaluwe et al., 2016; Archibald, 2004). Rather than a risk factor, customary adoption can thus be understood as a culturally grounded mechanism for managing births, one that is protective, structuring, and embedded in community dynamics.

CULTURALLY ADAPTED INTERVENTIONS FOR INUIT COMMUNITIES

Several scientific articles offer insights to guide the development of sexuality education programs tailored to the realities of Inuit adolescents, particularly regarding the prevention of early pregnancies. Numerous studies emphasize the importance of integrating the partner's attitude and involvement into interventions, as an inclusive approach encourages healthier and more responsible sexual behaviours (Miller et al., 2017).

Archibald (2004) highlights the relevance of reaching young people within their own environments by offering, for example, group sessions in rehabilitation centres, group homes, or community spaces. She also suggests using symbolic incentives, such as providing food, to encourage participation and engagement. Schools remain strategic settings for implementing sexuality education and awareness activities, provided they are accessible and culturally appropriate.

However, it is essential that these educational initiatives be firmly rooted in Inuit culture and in the specific realities of Nunavimmiut. In this regard, Archibald (2004) recommends adopting innovative approaches that value the knowledge of Elders, positive community role models, and culturally meaningful forms of expression found in northern communities. She also stresses the importance of fostering a respectful, inclusive, and open learning environment, where humour can play a central role in encouraging participation and dialogue.



MENTAL HEALTH

The psychological well-being of Inuit is profoundly affected by their often difficult living conditions. According to Kral (2016), the traumatic legacy linked to colonial history is a determining factor in the deterioration of mental health among Nunavimmiut. Colonialism, by disrupting traditional social, cultural, and family structures, has generated major repercussions such as depression, substance abuse, and post-traumatic stress disorder (Kral, 2016).

Today, populations in the North continue to face numerous social problems that directly influence their mental health. Among the most concerning are sexual abuse, violence, physical and psychological neglect, and various family stressors such as psychoactive substance use or the incarceration of a loved one. These realities, well documented in the literature, are recognized for their cumulative and long-lasting effects on psychological development and overall well-being.

Individuals exposed to one or more of these risk factors are more likely to develop mental,

physical, sexual, and economic health difficulties. These issues are now considered major public-health concerns (Haahr-Pedersen et al., 2020, as cited in Lafrenaye and al. 2023; Norman et al., 2012; Widom et al., 2014), highlighting the scope and complexity of the challenges Inuit populations face in terms of mental health.



SUICIDE RATES AND MENTAL HEALTH ISSUES IN NUNAVIK

According to Statistics Canada (2019, cited in Fabienne et al., 2021), the suicide rate among Inuit is nine times higher than that of the rest of the Canadian population, confirming the severity of the mental-health crisis affecting these communities. Tjepkema and colleagues (2019) add that the life expectancy of Inuit is reduced by 8.4 years, due in part to the violence experienced and inequities in health—a striking statistic that illustrates the close link between adverse social conditions and psychological distress. Globally, Inuit present one of the highest suicide rates in the world (Bjerregaard

et al., 2004; Boothroyd et al., 2001; Hicks & Bjerregaard, 2006; Navaneelan, 2012; World Health Organization, 2011).

Numerous social and historical factors contribute to this phenomenon. Forced sedentarization, cultural assimilation imposed by colonialism, persistent marginalization, geographic isolation, and limited personal and professional opportunities have profoundly transformed Inuit ways of life and weakened community bonds (Bombay et al., 2011; Elias et al., 2012; Evans-Campbell et al., 2012; Gray, 1998; Hicks & Bjerregaard, 2006; Kirmayer et al., 1998; Leineweber & Arensman, 2003; Lessard et al., 2008).

[...] the promotion of traditional knowledge, and youth participation in cultural and community activities are recognized for reducing the risk of suicidal behavior

Among Inuit youth, several determinants significantly increase suicide vulnerability: depression, substance use, experiences of violence, post-traumatic stress symptoms, and knowing one or more people who have died by suicide (Kral, 2016). Conversely, several culturally anchored prevention strategies have proven effective. The development of suicide-prevention programs adapted to Inuit culture, the promotion of traditional knowledge,

and youth participation in cultural and community activities are recognized for reducing the risk of suicidal behavior (Advisory Group on Suicide Prevention, 2003; Henderson et al., 2005; Kirmayer et al., 2009; Middlebrook et al., 2001; Smye & Mussell, 2001). Other individual protective factors also contribute to reducing risk: liking school and succeeding academically, maintaining positive emotional health, having strong family relationships, or receiving mental-health support within the family (Howard-Pitney et al., 1992 as cited in Fraser et al. 2015; Kirmayer et al., 1996; Borowsky et al., 1999).

OBSTACLES TO ACCESSING MENTAL HEALTH CARE

Research shows that despite the intensity of the distress experienced, the majority of Nunavimmiut do not seek formal mental health support (RRSSSN, 2020). Several negative emotions, such as shame, fear, or frustration, hinder the request for help and contribute to social isolation. Individuals fear being judged, stigmatized, or labeled because they use mental health services. This mistrust is reinforced by the perception of a lack of adapted services in the region and by previous negative experiences with health institutions, which decreases confidence in the available resources (RRSSSN, 2020).

Furthermore, Joncas and Roy (2015) highlight the presence of a paternalistic relationship in interactions between health professionals and Inuit patients. This power dynamic contributes to a feeling of inferiority and dependence among users, hindering their autonomy and ability to act on their own health. As a result, many Nunavimmiut tend to delegate responsibility for their well-being to the State, which increases disengagement and a sense of powerlessness (Joncas and Roy, 2015). These findings illustrate the importance of integrating the principles of cultural safety and cultural humility into intervention practices and health policies.

INTERVENTION PATHWAYS AND COMMUNITY APPROACHES

Despite these obstacles, recent studies highlight a growing openness among northern communities to address mental health issues collectively and destigmatize them. A survey conducted across the 14 villages of Nunavik reveals that many residents want emotional distress and its causes to be more openly discussed and acknowledged within their community (RRSSSN, 2020). Participants also express a strong interest in community initiatives that promote communication, mutual support, and social bonding.

In this perspective, Kral (2016) recommends developing community assistance programs focused on strengthening family and social bonds, rather than relying on intervention models imported from the South. Gone (2013) supports a similar approach, advocating collaboration with community members and recognizing that the psychological distress of Nunavimmiut stems from unresolved intergenerational grief and historical trauma linked to colonialism. According to him, it is essential to integrate identity and cultural dimensions into mental health services in order to promote a healing process rooted in Inuit values, traditions, and practices.



Image : Gouvernement du Québec, 2025.

PSYCHOSOCIAL NEEDS

The data presented thus far illustrate the diversity of social and health challenges faced by Nunavimmiut. Whether it involves early sexual activity marked by risk behaviors, sexual health weakened by the prevalence of sexually transmitted and blood-borne infections, situations of violence, sexual abuse, early pregnancies, or difficulties related to mental health, these realities reflect the multitude of interrelated issues that influence the well-being of communities in Nunavik.



Image : Mountain Life Media, 2022.

IMPROVING ACCESS TO RELEVANT SEXUAL HEALTH INFORMATION

Among the needs identified, one of the most important for Inuit adolescents concerns access to clear, reliable, and culturally appropriate information on sexual health. The needs assessment reveals that the availability of complete and adapted information from a young age leads to positive outcomes across several dimensions of affective and sexual life. A better understanding of sexuality not only supports the acquisition of knowledge but also helps young people reflect on topics such as pregnancy, sexually transmitted and blood-borne infections (STBBIs), contraception, beliefs, and behaviors associated with sexuality.

This need is consistent with the objective of the present project, which is the creation and implementation of a sexuality education program specifically adapted for Inuit adolescents, based on community values, knowledge, and priorities. According to the Public Health Agency of Canada (2008), sexual health education aims to "provide individuals with the information, motivation, and behavioral skills necessary to improve sexual health and reduce negative sexual health outcomes." In this sense, making information accessible and relevant to Inuit youth directly contributes to promoting their overall well-being.

To achieve this goal, it is essential to adopt a participatory and engaging approach in which young people are actively involved at every stage of the process. Such participation encourages the expression of their perspectives and ensures that the content offered truly meets their needs and those of the communities supporting them (Public Health Agency of Canada, 2008; Giles, 2014). Finally, the literature highlights the importance of grounding sexual health education programs in Inuit culture and traditions, integrating a holistic vision of health and well-being (Giles, 2014; Morin & Lafourture, 2008). Such an approach, respectful of local values, not only strengthens the relevance of interventions but also supports the intergenerational transmission of cultural knowledge and practices.

STRENGTHENING INTERGENERATIONAL AND COMMUNITY COMMUNICATION

Another need highlighted in the scientific literature concerns the opportunity for adolescents in Nunavik to engage freely with community members about their questions, concerns, and experiences related to affective and sexual life. The needs assessment emphasizes the importance young people place on their kinship networks and community relationships, as well as the positive effects of open and supportive discussions on sexuality within families.



Encouraging the participation of Elders, who hold a central role in transmitting cultural values and knowledge, would promote both intergenerational dialogue and the dissemination of information on sexual and reproductive health, in alignment with traditional Inuit learning processes (Archibald, 2004; Healey, 2008; Healey, 2014; Healey, 2016; Healey & Tagak, 2014). Parental involvement also plays a key role: their daily presence and support make them essential actors in sharing information and promoting their children's well-being (Healey, 2014).

This need for communication is deeply rooted in the fundamental values of Nunavimmiut, who place family and community at the heart of collective life, valuing reciprocity, mutual aid, and contribution to the common good (Arnakak, 2006; Tavva, 2017).

Sexuality education aligns with this dynamic: by creating safe spaces conducive to listening, dialogue, and sharing, it helps normalize discussions on sexuality and strengthen family and community bonds.

PROMOTING SEXUAL HEALTH THROUGH A COMMUNITY-BASED AND CULTURALLY ADAPTED APPROACH

Beyond these two priority needs, this analysis also highlights other important dimensions for Inuit adolescents. A sexuality education program adapted to their reality could address these needs by improving access to clear information and by supporting communication between youth, their families, and the community. By doing so, such initiatives would help promote positive sexuality, healthy affective relationships, and a community environment where sexual health is recognized as an essential component of collective well-being (World Health Organization, 2010). In addition, they would contribute to reducing the taboos surrounding sexuality and facilitating access to sexual health care.

THE NEEDS AND PERSPECTIVES OF SEXUAL HEALTH WORKERS IN NUNAVIK

As part of this literature review, an exploratory online survey was conducted using the Qualtrics platform with 11 workers operating in various Nunavik communities. The link to the questionnaire was shared with multiple contacts active in the region, with an invitation to forward it to colleagues who might contribute. Responses were collected between February 28, 2025, and May 22, 2025. This survey aimed to better understand perceptions of needs, challenges, and levers related to sexuality education for Inuit adolescents. Although exploratory, the results provide valuable insight into frontline realities and the conditions required for a successful program adapted to the northern context.

MAIN CHALLENGES FACED BY INUIT ADOLESCENTS

Respondents largely agree that all typical issues related to sexual health (contraception, sexually transmitted and blood-borne infections (STBBIs), menstrual hygiene, sexual violence) are present without exception in the communities.

Several cross-cutting elements emerge:



PERSISTENCE OF TABOOS

sexuality remains a topic rarely discussed, and often avoided, both within families and in the community.



LACK OF SEXUAL EDUCATION

most respondents mention widespread misunderstanding of concepts related to sexuality, contraception, and consent.



NORMALIZATION OF CERTAIN FORMS OF SEXUAL VIOLENCE AND CONTROL

many respondents note that youth often perceive certain violent or possessive relational patterns as normal.



RELATIONAL ISSUES

jealousy, attachment, emotional regulation, and intimate partner violence are frequently mentioned.

In sum, workers describe a combination of misinformation, cultural taboos, and relational vulnerabilities that complicate the sexual health of young people.

ESSENTIAL TOPICS TO ADDRESS FOR HEALTHY AND RESPECTFUL SEXUALITY



Workers identify several priority themes to include in programs:

Consent and respect for oneself and others

(mentioned by almost all respondents);

Contraception and STBBI prevention;

Sexual violence and healthy relationships

(including jealousy, manipulation, emotional regulation, conflict management);

Age-appropriate early education

(including good touch/bad touch concepts in primary school) ;

Normalizing discussions on sexuality and recognizing personal choices.

Workers emphasize the importance of dismantling taboos and providing clear, supportive, and accessible information from a young age.

PROGRAMS AND TOOLS CURRENTLY AVAILABLE

Most respondents report knowing no structured sexuality education program specifically adapted to Inuit communities.

The few references mentioned include::

- **Good Touch, Bad Touch**, a program focused on preventing child sexual abuse, useful but limited to very young children ;
- **Nalligiutiniq**, a sexology program offered in correctional settings ;
- **Lanterne Awacic**, a program designed for First Nations, suggested as a model potentially adaptable to the Inuit context.

This lack of adapted resources reinforces the need to develop culturally relevant and accessible material for adolescents.

OBSTACLES TO IMPLEMENTING EDUCATIONAL PROGRAMS

The obstacles identified are structural, cultural, and organizational:

- **Persistent taboos** and repressive views of sexuality, often rooted in colonial religious influence ;
- **Lack of Inuit workers** and high staff turnover ;
- **Linguistic and cultural barriers** hindering understanding and trust ;
- **Underfunding** and insufficient human resources ;
- **Mistrust or opposition** from certain school boards or community leaders fearing that discussing sexuality may encourage early sexual activity.

These findings highlight the importance of a co-construction approach with local partners, respecting the values and rhythms of each community.

INTEGRATING INUIT KNOWLEDGE AND CULTURE INTO PROGRAMS



Workers are unanimous: the success of a sexuality education program depends on direct involvement of Inuit in its creation and delivery.

Suggested approaches include:

- **Co-construction** with Inuit workers, ideally co-facilitated with non-Inuit partners ;
- **Visual, illustrated, and playful** content reflecting Inuit realities and faces ;
- **Translation** of key terms into Inuktitut ;
- **Humorous and interactive approaches** (quizzes, games, group discussions) ;
- **Community anchoring**, involving leaders, Elders, or youth ambassadors engaged in sexual health education.

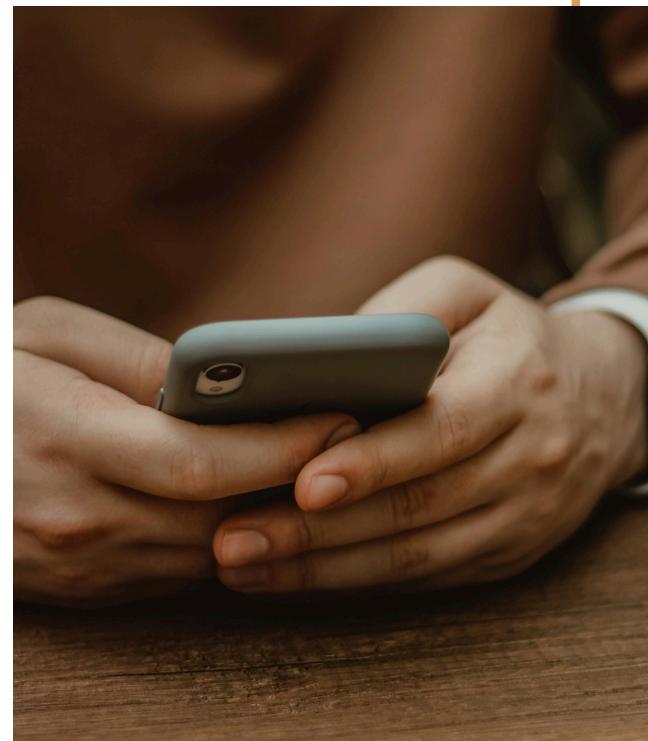
Workers emphasize the need for a respectful, participatory approach grounded in culture rather than importing models from the South.

EFFECTIVE COMMUNICATION METHODS

Social media (Facebook, Instagram, WhatsApp) are cited as the most widely used platforms by youth, while community radio and in-person gatherings remain preferred methods for reaching the broader population.

Workers also recommend:

- Visual and oral tools (images, pictograms, educational dolls);
- Group meetings encouraging the sharing of experiences;
- Simple, concrete, bilingual (Inuktitut-French) materials.



COMMUNITY ACTORS AND ALLIES

Individuals identified as potential allies in developing or implementing a program include:

- teachers,
- sexual health nurses,
- social workers and youth protection/justice workers (DPJ, LSJPA),
- justice committees, youth councils, and community committees,
- and certain locally recognized individuals known for their involvement.

Respondents also recommend openly inviting participation from interested community members via local media (e.g., community radio).

SUMMARY

The responses show strong consensus on the need for a sexuality education program culturally adapted to Nunavik. Workers highlight both major challenges (taboos, lack of resources, cultural barriers) and the collective desire to provide Inuit youth with safe, supportive learning environments. They emphasize that Inuit participation at all stages, development, facilitation, and evaluation, is essential to ensuring program success and acceptability.

RESILIENCE

Mills and Schuford (2003) argue that a "healthy and resilient attitude is innate to all human beings and can be harnessed and revitalized as a basis for well-being and positive mental health by the community" (p. 87). This perspective highlights the capacity of each individual and each community to draw upon their own resources to overcome challenges. In the context of Nunavik, it underscores the need to recognize and value Inuit resilience as a foundation for developing community health and sexuality education programs.

DEFINING RESILIENCE: CONCEPTUAL FRAMEWORK

Resilience is a multifaceted concept whose meaning varies depending on cultural contexts and disciplinary approaches. Generally, it is understood as a dynamic and interactive process based on a set of individual, social, and environmental resources (Fleming & Ledogar, 2008a; Liebenberg, 2020; Masten, 2014a). However, several Indigenous Peoples, including Inuit, view resilience through a more collective, relational, and developmental lens, in which an individual's strength also derives from that of their community (Allen et al., 2020; Fleming & Ledogar, 2008b; Luthar, 2006; Luthar & Cicchetti, 2000; National Aboriginal Health Organization, 2006, 2011). Kirmayer and colleagues (2011) propose an integrated view of resilience, describing it both as a characteristic of identity and as a process of transformation at the personal and collective levels.

RESILIENCE WITHIN INUIT COMMUNITIES

Following the needs analysis highlighting the realities faced by adolescents in Nunavik, it is clear that they have developed a strong capacity to adapt to their living conditions, various stressors, and intergenerational trauma. Nevertheless, Inuit resilience goes far beyond adaptive abilities alone (Fleming & Ledogar, 2008b). Nunavimmiut demonstrate remarkable resilience supported by diverse factors, both individual and collective, that enable them to confront the many adversities they encounter (Fleming & Ledogar, 2008a). The literature identifies three major protective factors that strengthen this resilience.

[...] Inuit, view resilience through a more collective, relational, and developmental lens, in which an individual's strength also derives from that of their community.

The needs analysis presented earlier shows that despite the social, health-related, and historical challenges they face, adolescents and other members of Inuit communities consistently exhibit significant adaptability and perseverance. This resilience is not simply a matter of endurance; it is rooted in a series of cultural, community-based, and environmental protective factors (Fleming & Ledogar, 2008b). The literature identifies three key protective factors that help reinforce this resilience.

First, the preservation and transmission of cultural knowledge constitute an essential pillar of resilience. Inuit demonstrate collective strength by keeping alive their traditions, language, social structures, and spiritual practices despite the persistent effects of colonialism and assimilation policies (Chandler & Lalonde, 1998; Fleming & Ledogar, 2008a, 2008b; Rudin, 2005; Smith, 1999). This cultural continuity fosters social cohesion and strengthens the sense of belonging, two central components of collective health and well-being.

Second, community solidarity plays a crucial role in resilience processes. Mutual support, interpersonal relationships, and values of cooperation represent fundamental levers of Inuit collective strength, consistent with the community values described previously (Ambler, 2003; HeavyRunner & Marshall, 2003; Strand & Peacock, 2003).

Finally, the deep relationship with the land represents another essential dimension of Inuit resilience. The spiritual, cultural, and material connection to the land, ancestors, and spirits forms a holistic vision of well-being in which individuals, communities, and the environment are inseparable (Akearok, 2023; Kirmayer et al., 2009; Baskin, 2016; Linklater, 2014). This interdependence nurtures a sense of continuity, meaning, and cultural safety that supports mental health and overall well-being.

RESILIENCE AS A DRIVER OF COLLECTIVE TRANSFORMATION

Thus, despite the needs and challenges identified in this analysis, Inuit communities demonstrate strong resilience rooted in their culture, community ties, and relationship to the land. Recognizing this collective strength is essential for any intervention or co-construction of programs.

By placing resilience at the heart of a sexuality education project, it becomes possible to build on existing strengths, support young people's autonomy, and promote a vision of sexual health that is positive, inclusive, and culturally grounded. In this way, Inuit resilience becomes a foundation for developing initiatives, together with communities, that reflect their values and priorities.



Image : CSSSPNQL

CONCLUSION

In summary, this literature review aimed to analyze the educational needs related to sexuality among adolescents in Nunavik, in order to guide the design of a sexuality education program adapted to the cultural, linguistic, and social realities of Inuit youth aged 12 to 17. This project seeks to promote a healthy and respectful understanding of sexuality and to support the development of balanced affective relationships.

The relevance of such a project has been clearly demonstrated throughout this comprehensive review. Young people in Nunavik remain significantly underserved in matters of education and sexual health care (Maticka-Tyndale, 2008), despite the obligations set out in the Education Act and the health inequities recognized by the Public Health Agency of Canada (2023). These findings call for improved access to educational and preventive resources adapted to the northern context.

Several themes related to sexual health, sexuality, identity, violence, abuse, early pregnancies, and mental health among Inuit were explored, highlighting a diversity of needs specific to adolescents in Nunavik. Two priority needs were identified: first, access to clear and culturally relevant information on sexual health; second, the opportunity to discuss affective and intimate matters openly within the community.

Nunavik workers consulted through an exploratory survey conducted between February and May 2025 fully echo these findings. They emphasize the urgency of breaking taboos surrounding sexuality, the lack of adapted programs, and the structural obstacles that limit school-based interventions (lack of staff, language barriers, low attendance, high turnover, cultural taboos). Their testimonies point to the need to implement educational initiatives in community settings, such as youth centers, family centers, or other local spaces, to reach adolescents who attend school irregularly or not at all. These environments offer inclusive and trustworthy spaces for discussing sexuality in a flexible, participatory, and locally grounded way.

Finally, beyond the needs and challenges documented, this review highlights the profound resilience of Inuit communities. Their collective strength, rooted in culture, intergenerational ties, and the relationship to the land, forms an essential foundation for building meaningful and sustainable interventions. Drawing on these strengths, the proposed sexuality education project can promote well-being, strengthen the autonomy of youth, and honor community knowledge from a preventive, culturally grounded, and empowering perspective.

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