Tradition and Culture:

An Important Determinant of Inuit Women's Health

Gwen K. Healey, MSc, Arctic Health Research Network

Lynn M. Meadows, PhD, Departments of Community Health Sciences and Family Medicine, Faculty of Medicine, University of Calgary

ABSTRACT

This exploratory qualitative study used a case study method to explore Inuit women's perspectives on their health and well-being. Data were gathered using face-to-face interviews from a purposive sample of women in one Nunavut community who self-identified as Inuit. Data analysis and interpretation were guided by an established approach in qualitative research called "immersion/crystallization." Various strategies, including methods of verification and validition, were employed to ensure the scientific rigour and reliability of the study's findings. The mechanisms through which culture and tradition affected women's perceptions of health and well-being were clearly illustrated and clearly significant to the interview subjects. Women used examples of teenage pregnancy and parenting issues to illustrate traditional practices in Nunavut communities and their significance in an increasingly non-traditional society. Women stressed the importance of speaking Inuktitut and teaching it to their children. Many associated their ability to speak Inuktitut with their ties to Inuit traditions. Women described the grief experienced from loss of culture leading to problems related to identity, social inclusion and wellness. Culture and traditional knowledge were identified as key determinants of health for Canadian Inuit women. This study provides important information to inform and guide health promotion and illness prevention planning. The study will also help decision-makers and health professionals address some of the health issues affecting Inuit women by providing them with some insight into Inuit women's local and contemporary circumstances. The results of this work can support local efforts to identify priorities for policy and program development relevant to Inuit women's specific needs. Finally, the relevance of insight gained through the health perspectives of Inuit women in Nunavut deserves further investigation in relation to other Arctic regions, both in Canada and in the larger circumpolar community.

KEY WORDS

Canadian Inuit, women's health, determinants of health, culture, acculturation

INTRODUCTION

s with other Indigenous groups in Canada, Inuit of northern Canada have experienced a major shift in their way-of-living and traditional practices over the last several decades (Inuit Tapiriit Kanatami, 2005)—a process that continues today. For Inuit, this transition has

been extremely rapid (over the he last five to seven decades) compared to the centuries-long process among other Canadian Indigenous Peoples.

Indigenous women in Canada have, for many centuries, faced social, political and cultural changes that have



negatively affected their health, cultural identity, social structures and traditional values (Carroll & Benoit, 2001). Inuit women in Canada continue to experience greater health disparities than the general female population in Canada. Research and anecdotal evidence have documented serious health issues related to Inuit women's reproductive and sexual health, such as high rates of sexually transmitted infections and challenging circumstances surrounding childbirth among Inuit women (Archibald, 2004). Wellness, suicide and stress are also significant issues for Inuit women as compared to non-Inuit women (Lavallee & Bourgault, 2000). Food security and accessibility is an issue for all northerners, however, it is a particular concern for Inuit women, who often have sole responsibility for children and, therefore, have many mouths to feed (Aylward, J., Executive Director, Qulliit Nunavut Status of Women Council, personal communication, October 2005). Alcohol and substance abuse and exposure to violent situations endanger the health and safety of Inuit women of all ages in Nunavut (Aylward). While there is a growing body of evidence that documents health disparities, there remains an urgent need to better understand the mechanisms through which the social determinants of health influence the range of health outcomes affecting Inuit women.

BACKGROUND

Determinants of Health

The determinants of health are personal, social, economic and/or environmental factors that determine the health status of individuals or populations (World Health Organization, 2006). Health Canada's determinants of health include early childhood development, biology and genetic endowment, physical and social environments, income and social status, employment and working conditions, gender, culture, social support, health services and personal health practices and coping skills (Public Health Agency of Canada, 2005). These health determinants affect populations through micro- (interpersonal), meso-(societal) and macro-levels (system-wide) of influence.

In a workshop held in Nunavut in March 2005, representatives from a variety of fields related to health, well-being, policy, and Inuit culture in Nunavut met to discuss the determinants of health for the Nunavut population. They identified the following health determinants as influencing health specifically in Nunavut: acculturation/self-determination; education; quality of early life; productivity; income and its distribution; food security; health care services; social safety net; housing; and environment (Nunavut Department of Health and Social Services, 2005). While there is overlap between the Health Canada determinants and some of those identified for Nunavut, it is also clear that contingencies such as remote location, way of life and changes in tradition must be acknowledged in exploring the mechanisms through which the determinants of health affect Inuit women's health.

Culture and Acculturation

Culture is the complex pattern of human behaviour that includes thought, speech, action and artefacts, and is transmitted from generation to generation through learning (Merriam-Webster Medical Dictionary, 2002). It includes the customary beliefs, social forms and material traits of an ethnic, religious or social group. Discussions of Inuit culture are often enveloped in discussions of the concept of acculturation. Acculturation has different meanings according to specific contexts. In a Nunavut context, it refers to replacement of the traits of one culture with those of another, such as happened to many Indigenous peoples around the globe during the process of colonization. Acculturation occurs when a community undergoes a transition from a traditional society to a modern, industrialized society (Nunavut Department of Health and Social Services, 2005).

Inuit in Nunavut have undergone an enormous transition over the past 50-100 years (Inuit Tapiriit Kanatami, 2005). Many feel that this stress has had a negative impact on health. For example, Nunavut has four official languages: English, French and two Inuit languages, Inuktitut and Inuinnaqtun. There are many Inuit elders who are unilingual in Inuktitut or Inuinnaqtun and many younger people who are unilingual in English. Therefore, the three groups cannot easily communicate with each other. The Nunavut Department of Health and Social Services' (NDH&SS) report entitled Social Determinants of Health in Nunavut (2005) argues that when acculturation leads to loss of language, unilingual Inuit are marginalized, causing lowself-esteem, frustration and loss of traditional knowledge. Loss of language also has an impact on education (a key social determinant of health), as some Inuit are not fully literate in English or Inuktitut.

Inuit women face numerous challenges and unique circumstances that contribute to their overall health outcomes, however, literature examining the processes through which the determinants of health affect these outcomes is sparse. No research to date has been conducted on Inuit women's perspectives about how the determinants of health affect their day-to-day well-being. The original



research presented here provides insight into one health determinant—that of tradition and culture—through the voices of Inuit women.

METHODOLOGY

The study gathered data from a group of self-identified Inuit women through individual interviews. Such qualitative research allows the researcher to explore the perspectives of the population of interest, and to explore local causality, supporting a process that seeks to search inductively for understanding and meaning (Denzin & Lincoln, 2003 Crabtree & Miller, 1999). The processes of recruitment, data collection and data analysis were iterative, meaning that new pariticipants were being added to the study even after the analysis was being done on the initial data. This process allowed later interviewers to follow up or probe issues that were raised in early interviews (Crabtree & Miller, 2004). Issues of rigour were addressed using the work of Meadows and Morse (2001), including processes of verification and validation. Community involvement was essential in the construct and implementation of this research project, and the research topic and study design were finalized only after consultation with various community and government representatives in Nunavut. The study received ethical approval and scientific review and licensing from both the Conjoint Health Research Ethics Board at the University of Calgary and the Nunavut Research Institute. Informed consent was received from all participants before data collection was initiated.

Purposive sampling (Kuzel, 1999) was used to identify a group of Inuit women from the community in which the study was done. Data were collected using face-to-face, indepth interviews. The in-depth interview is an ideal method of data collection when the research focus is narrow, the respondents are relatively homogeneous and the respondents' context is already known (Nunkoosing, 2005). An interview guide was used to ask women about their day-to-day lives and factors that they perceived affected the health and well-being of themselves and other women in their community. Interviews were audio recorded with permission and transcribed verbatim. Participants were recruited and interviewed until data reached saturation-that is, until no new information was being shared (Meadows, Verdi and Crabtree, 2003). During the interviews, participants were asked to comment on the various issues that affect their health (e.g., the broader determinants of health). In particular, the participants were asked to comment on how they believe these issues contributed to their well-being

and impacted their daily lives. The participants were then asked to comment on what aspects of their health they believe could be improved and how this might be achieved. They were also asked the same questions for women in the community in general.

Data were analysed using the "immersion/ crystallization" technique, an established approach in qualitative research (Borkan, 1999). The process involves immersion in the data through reading, rereading, coding and memoing, reflection, and drawing together the patterns, contingencies and contexts of topics and themes in the data. Rigour was addressed through various techniques from verification (strategies internal to the inquiry such as study design, bracketing and methodological cohesion) to validation (within project evaluation such as including more than one coder, vigorous discussion of identified themes, audit trail) and validity (also known as trustworthiness), all of which were judged externally (Meadows & Morse, 2001). Other components of these techniques included an extensive literature review, sampling strategy and inter-rater reliability (how closely participant's responses agreed with or differed from each other) (Meadows & Morse, 2001; Morse & Richards, 2002).

RESULTS

Data derived from nine individual in-depth interviews with Inuit women from Nunavut are presented here. Women discussed their health in terms of mental, emotional, spiritual and physical health, illustrating both the positive and negative influences on their health and well-being. They talked about the strains that they, and other women in their community, experience as mothers, grandmothers, spouses, students and career women. They also discussed the physical and emotional burdens that these issues can bring. In all of the interviews, women discussed their health concerns in terms of gender roles, traditional beliefs, values, education and knowledge.

Participants

All nine women interviewed for this study were recruited in one community in Nunavut and self-identified as Inuit. Each participant had at least one Inuk parent. Women were born in a variety of Nunavut communities, including Rankin Inlet, Arctic Bay, Kimmirut, Igloolik, Pangnirtung, and Iqaluit (see map), and had moved to their current community for school, work opportunities or to live with family. Women ranged in age from 27 to 51 and came from a variety of family groups and educational backgrounds.



Tradition and culture

Culture was discussed by the participants in terms of shared practices, beliefs and language. Women discussed an array of topics in the context of tradition and culture, including teen pregnancy, healthy (unhealthy) pregnancy, birthing practices and traditional midwifery, and custom adoption.

TEEN PREGNANCY, PARENTING, BIRTHING PRACTICES AND TRADITIONAL MIDWIFERY:

Women described the recent changes they have observed or experienced in communities with regards to pregnancy and childbirth. Some women expressed concern for Inuit women engaging in unhealthy lifestyle behaviours while pregnant and the potential effects that may have on the unborn child:

A lot of women I see, when they're pregnant, they smoke, they do drugs . . . they're eating, but I don't know if they're eating the healthiest meals and types of foods Because, in turn, that affects the baby, and now we're seeing a lot of babies who are born premature or have a heart murmur or have some sort of asthma or breathing problems. (study participant, interview, August 2005)

Young women spoke about teenage pregnancy among young Inuit women in the context of cultural tradition. Those participants felt that teenage pregnancy was accepted in the community and that it was not seen as a negative repercussion for a young woman to drop out of school to have a child.

This is something I think about ... [teenagers] having kids but not being able to care for them Because either they're very young or maybe they didn't have strong parenting either. Or they don't mind having kids because they know other people have kids and they know that someone else is going to care for them anyway, so the direct responsibility isn't on them But it's like having babies is not a bad thing There's no real [deterrent]. (study participant, interview, October 2005)

Several participants said that there was a need to talk about teenage pregnancy in communities and in families, suggesting that open dialgoue would encourage community response and engagment in prevention activities. They felt that the traditional practice of addressing issues as a community was disappearing.

Women in Nunavut, we have to really start looking at

our reproductive and sexual health. I think this is really a big, important issue, and I'm not just talking about STDs and teenage pregnancy We have to start talking publicly It's something that really has to be discussed in the community and in families. Let's talk about having sex too early. Let's talk about STDs. Let's talk about pregnancies and ... abortion [Talking about sexual health] says a lot about personal respect .. . and I just think that it's just a really big area that we've allowed to kind of run away from us, and [we] have to take that back. (study participant, interview, August 2005)

Midwifery was presented by women as a credible option to help women deliver their children in their home communities instead of being flown to one of a handful of major centres for delivery.

I hope in the future they will have midwifery programs, so these women can have their children at home They can make a whole lot of difference to the families. Like I say, birth rate is kind of still high and having to fly back and forth, and being away from your family for one whole month, and the kids are suffering, even the lady is too stressed out being here worrying about her kids, her husband I hope they'll have that program some day. So the women can have their children in their home communities. (study participant, interview, August 2005)

CUSTOM ADOPTION: In traditional custom adoption, Inuit families give a child to a family member, such as an aunt and uncle or grandparents. The tradition is generally perceived to provide children with the best possible home. In the study group, older women were more likely than younger women to discuss issues related to reproductive and sexual health in terms of custom adoption and personal experiences with the tradition. Generally, however, women talked about custom adoption as a positive tradition that ensured children were well taken care of and raised in good homes. There are, however, some exceptions to this rule. One of our participants described being treated "like a black sheep" in her adopted family. While she acknowledged the importance of the custom (and said she had adopted children into her own family), she stated that if children are situated with the wrong family, there could be negative consequences to their overall wellness. Some women felt that the custom adoption tradition was being abused today as a means to deal with teenage pregnancies.



National Aboriginal Health Organization (NAHO) Organisation nationale de la santé autochtone (ONSA) bရှငြ مدلاف المراجع (محمل المحمل المحمل

Positive images and health influences

When prompted to discuss some positive aspects of women's health, participants mentioned the importance of using beautiful imagery of the land and water in disseminating health messages, and said messages with a positive approach to health promotion activities were important. Women not only identified problems, but also suggested solutions.

We sometimes concentrate on the negative side of things. When we see a beautiful flower, we feel better even though we may be depressed When you go out in the sunshine and see beautiful flowers, beautiful people, beautiful things, you feel better In our traditional saying, "If we dwell on negative aspects of certain things, then these negative things come alive, and they become being." So the moral is not to let that happen. Let's concentrate on the positive things so that the positive things can grow and come alive. (study participant, interview, October 2005)

Participants suggested that a positive approach to health was better for one's confidence and sense of self. They said that people are far more likely to pay attention to positive messages than messages that are hurtful or that imply blame.

Some women referred to family planning and the availability of contraceptives as positive health resources that existed for women in the community. They felt, however, that many women in Nunavut did not take adantage of these resources or chose not to use them. The participants did not understand why this was often the case.

Identity and the "old ways"

Identity was tied to notions of culture for the women interviewed. Women felt they were caught between wanting to respect their cultural traditions and awareness that they live in a changing world where formal education, gainful employment and growing communities have changed the way of life for Nunavummiut.

What I've been realizing a lot is that for Nunavut, or for any part of the Arctic, it's a cultural shock. Things are going so fast, like this is like a rat race to us. Now, back then [it] wasn't a rat race. It was like the ... community used to mingle more There used to be more activities There's [a] lack of communication between elders and the younger generation and when we listen to our parents talking about how it was back then, I say "Wow." It makes me want to be in that life and see, actually see it myself. (study participant, interview, August 2005) Some Inuit women are facing internal struggles to figure out where they belong and how they can be true to the two cultures (Inuit and non-Inuit) that are coming together in Nunavut. In some cases, the tension between the cultures comes from having one parent who is Inuk and another who is non-Inuk. In other cases, the tension is brought out by the growing population of non-Inuit in the territory or the fact that many Inuit today have more education and travel experiences in the South.

Knowing your culture, it'll affect your health mentally and knowing who you are. And if you know who you are, then . . . you'll have more confidence in yourself I know with me, I went [away for high school] . . . which I'm happy about, but . . . I had a lot of struggles in finding out who I am I'd say I'm an Inuk, but I'm living in a Qallunaat [white person] world. Where does that leave me? Am I betraying my Inuk culture or what am I doing? I had a lot of personal struggles [in the course of] finding out who I really am. (study participant, interview, August 2005)

Women also strongly associated the ability to speak Inuktitut with the strength of their cultural identity. Oftentimes, language skills were considered a measure of the extent to which they "are an Inuk."

I knew how to speak Inuktitut but ... not really good, so that really affected my confidence in being considered an Inuk I felt kind of stupid for not being able to speak Inuktitut ... and kind of shy. Younger people ... they don't really know their language. They do, but they don't really know how to speak it properly in full sentences and it does affect them I've seen many teenagers trying to speak and then they get frustrated and give up and just start speaking English and ... that has a real impact because they're considered Inuk but can't speak the language I'm supposed to be Inuk and I can't speak my language fully. It kind of, I kind of got lost. (study participant, interview, August 2005)

Women acknowledged the importance passing on teachings of the "old ways," including teachings about hunting, sewing and traditional activities. They said that these traditions are not being passed on from elders to the younger generation. They described how this lack of knowledge sharing leaves a feeling of disconnect among the younger generation. While some women felt very strongly about this issue, others felt that relying on some old ways



would be akin to taking steps backwards. Those women who wanted to move beyond the old ways felt that some progress and positive changes had been made regarding gender roles in families, women's participation in the work force and the treatment of issues such as sexual abuse in society. They felt that going back to the old ways would run counter to these advancements.

DISCUSSION

The goal of the study discussed in this article was to examine the mechanisms through which certain determinants of health affect the health and well-being of Inuit women in Nunavut. Culture and acculturation were discussed as important factors playing a role in Inuit women's health. The nine Inuit women who participated in this study valued traditional practices and talked about them in the context of their own health as well as the health and well-being of women in the community. Participants used stories and examples of reproductive and sexual health issues to illustrate points about the importance of traditional practices related to childbirth and child-rearing in Nunavut communities. Midwifery, traditional knowledge and traditional approaches to perinatal care are important and already existing tools for Inuit women to draw upon for their health, however, these tools may not be used to their full advantage or may not be universally shared in all communities.

Communication

Women associated the ability to speak Inuktitut with their ties to cultural traditions, including sharing stories and history, ways of hunting and preserving food, and sewing and making parkas. Women also described the importance of having learned Inuktitut and teaching it to their children. Participants felt that many young people who do not speak Inuktitut are left feeling excluded or separate. Some women discussed the traditional practice of custom adoption and how the practice has impacted them both as children and as parents. They highlighted how losing language and traditional practices may lead to significant problems related to identity, social inclusion and wellness, as well as people turning to addictive substances to cope. Participants described what they felt were both the positive and negative aspects of cultural traditions and how these traditions affect the health of Inuit women in Nunavut. They described a feeling of disconnection from their community with the loss of specific cultural traditions, and a sense of encouragement and progress with respect to how other issues are now

addressed in society. In their stories and discussions, women illustrated a perspective beyond that of individuals, and incorporated a broad range of determinants of health and well-being in the territory.

A recent book, *Uqalurait: An Oral History of Nunavut* (Bennet & Rowley, 2004), compiled the thoughts and memories of elders from across Nunavut to document traditional Inuit customs, values and knowledge. In the introduction to this book, Irniq and Serkoak (2004) argue that relatively recent events (within the last 60 years) in the history of Canadian Inuit, such as the resettlement program, formal schooling and wage employment, have badly damaged the chain of communication for the transmission of traditional knowledge. This idea is supported by the women in this study who commented that traditional knowledge and values are not being learned or passed on and described their disappointment with not knowing enough about their own culture.

The potential loss of cultural traditions has been recognized by many in Nunavut. Several means to preserve them have been implemented by different governing bodies. In an effort to protect Nunavut's languages, Inuktitut (the Indigenous language of the Eastern Arctic) and Inuinnaqtun (the Indigenous language of western Nunavut) were named official languages of Nunavut when the territory was created in 1999. Publications, print materials and other educational handouts used in the territory were produced in English, French, Inuktitut and Inuinnaqtun. In an effort to document important aspects of Inuit life and traditions, the Nunavut Arctic College conducted and published a series of interviews with elders across Nunavut (Therrien & Laugrand, 2001). The interviews included discussions on traditional medicine, traditional justice, spirituality, shamanism, traditional health, wellness and the history of Inuit. In order to ensure these valuable stories are shared with Nunavummiut, these documents are disseminated free of charge by the Nunavut Arctic College library and are available on college's Web site (http://www.nac.nu.ca/main. htm).

In addition, with the signing of the Nunavut Land Claims Agreement in 1993, the Government of Nunavut adopted the principles of Inuit Qaujimajatuqangit (traditional knowledge) to help ensure that Inuit societal values would serve to guide the way the government delivered its programs and services. The results of this study support these and other on-going measures that help to ensure that Inuit ways and traditions will be protected and shared in Nunavut communities. Transformations mandated or supported by these new laws or policies take time to be



put into common practice and incorporated into everyday life and culture.

Midwifery

Traditional midwifery and childbirth were important topics of discussion in the study. Women expressed concern for women or mothers who have to leave their community to give birth, often leaving their partner, family and children behind. In a study of the perspectives of community health nurses in Nunavut, nurses identified four primary reasons women were reluctant to leave their communities to give birth, including: women were unable to bring a birthing coach, their partner or children with them; women were not given a choice as to where they could deliver; women did not receive prenatal teaching, support or recreation in the weeks prior to their delivery; and, women felt isolated while away from their homes and families (Roberts & Gerber, 2003). One program that aims to address these concerns is a new maternity care worker and midwifery program that began at the Nunavut Arctic College in the fall of 2006, based in Rankin Inlet, NU (see map). Graduates will become maternity care workers and/or licensed midwives and will be located at the birthing centre in Rankin Inlet, NU, and potentially other Nunavut communities in the future (Shouldice, M., Director, Kivalliq Campus, Nunavut Artic College, personal communication, April 2005). The influx of maternity car workers in northern communities will provide an opportunity, over time, for a comparison of current and future service delivery, as well as a comparison of the various experiences of mothers (including those who were forced to travel south to give birth and those who were able to remain in their communities).

Language and Identity

Women in this study identified loss of traditional practices and language as affecting their well-being and that of their community. McMillan (1996) describes a sense of belonging as an essential element of experiencing a "sense of community." This is echoed in this study of Inuit women who found that by not speaking in Inuktitut, they did not belong to the community and questioned where, or to what community, they belonged. In a Canadian study of 152 school children and 88 adults in two Nunavut communities, Dorais and Sammons (2000) examined how language behaviour may be understood as an expression of Inuit identity. Between 1995 and 1996, the authors engaged Inuktitut-speaking students and community members to conduct interviews with community participants. The authors found that English was viewed to be more useful than Inuktitut, as it paved the way to better employment and opened a window on the wider world. However Inuktitut was generally perceived as essential in defining Inuit identity (Dorais & Sammons, 2000). In previous research from the Greenland Population Health Study, researchers found that language was a very important part of the identity of the Inuit participants in the study (Bjerregaard & Curtis, 2002). Language, identity and well-being are strongly interconnected, particularly so in Nunavut.

CONCLUSION

This research is among the first of its kind to examine the mechanisms through which health determinants, such as culture and acculturation, impact the day-to-day lives of Inuit women in Canada. Furthermore, this research project examined these issues among a group of women in contemporary Inuit society who lived through the dramatic changes that Inuit underwent during the last few decades. What has been made more explicit through this study is the considerable role that Inuit tradition and culture plays in the lives of women,

The knowledge generated by this study provides an important base of information and suggests the need for relevant policy and programming initiatives in Nunavut. This study also adds to the growing body of research on Inuit health in Canada. It is important to note, however, that further community-driven research addressing local health needs is required to improve the health of Nunavut communities. This study was undertaken after a consultation with a number of community groups where Inuit women's health was identified as a priority research issue. Future research should likewise consult with the community, especially during the development of research questions and studies. Further research could investigate some of the issues raised by women in this study, such as the connection between traditional customs, language and identity. Further research is also required to explore in more depth some of the other social determinants of health in Nunavut communities.

ACKNOWLEDGEMENTS

We are very grateful to the women who contributed their time and shared their stories for this research project. Special thanks also to the local community and territorial organizations that supported this work both in principle and financially: Canadian North Airlines, Qikiqtani Inuit Association, Nunavut Department of Health and Social



Services, and the Qulliit Nunavut Status of Women Council.

This work is part of a larger Inuit women's health research project supported by the Canadian Institutes of Health Research.

REFERENCES

Archibald, L. (2004). Teenage pregnancy in Inuit communities: Issues and perspectives. Pauktuutit Inuit Women's Association. Retrieved February 14 2007, from http://www.pauktuutit.ca/ programs_e.asp

Bennet, J., & Rowley, S. (2004). Uqalurait: An oral history of Nunavut. Montreal: McGill-Queen's University Press.

- Bjerregaard, P., & Curtis, T. (2002). Cultural change and mental health in Greenland: The association of childhood conditions, language, and urbanization with mental health and suicidal thoughts among the Inuit of Greenland (the Greenland Population Study). *Social Science and Medicine*, *54*, 33–48.
- Borkan, J. (1999). Immersion/crystallization. In B. Crabtree & W. Miller (Eds.), *Doing qualitative research* (2nd ed., pp. 179–194). Thousand Oaks, CA: Sage Publications.
- Carroll, D., & Benoit, C. (2001). Aboriginal midwifery in Canada: Blending traditional and modern forms. *Canadian Women's Health Network Magazine*, 4(3). Retrieved May 2005, from http://www.cwhn.ca/network-reseau/4-3/4-3pg2.html
- Crabtree, B., & Miller, W. (Eds.). (1999). *Doing qualitative research*. (2nd ed.,). Thousand Oaks, CA: Sage Publications.
- Crabtree, B., & Miller, W. (2004). Methods: Qualitative. In R. Jones et al. (Eds.), *Oxford textbook of primary medical care* (pp. 507-511). Oxford: Oxford University Press.
- Denzin, N. K., & Lincoln, Y. S. (Eds). (2003). *Strategies of qualitative enquiry*. (2nd ed). Thousand Oaks, CA: Sage Publications.
- Dorais, J.-L., & Sammons, S. (2000). Discourse and identity in the Baffin Region. *Arctic Anthropology*, *37*, 92-110.
- Inuit Tapiriit Kanatami (ITK). (2005). *Meeting of two worlds*. Retrieved February 14, 2007, from http://www.itk.ca/5000year-heritage/two-worlds.php

- Irniq P., & Serkoak D. (2004). Introduction. In Bennet, J. & Rowley, S. (Ed.). (2004). Uqalurait: An oral history of Nunavut. xxv-xxix Montreal: McGill-Queen's University Press.
- Kuzel, A.J. (1999). Sampling in qualitative inquiry. In B. Crabtree & W. Miller (Eds.), *Doing qualitative research* (2nd ed., pp. 33-36). Thousand Oaks, CA: Sage Publications.
- Lavallee, C., & Bourgault, C. (2000). The health of Cree, Inuit and Southern Quebec women: Similarities and differences. *Canadian Journal of Public Health*, *91*, 212–216.
- McMillan, D.W. (1996). Sense of community. Journal of Community Psychology, 24, 315–325.
- Meadows, L.M., Verdi, A.J., & Crabtree, B.F. (2003). Keeping up appearances: Using qualitative knowledge to enhance knowledge of dental practice. *Journal of Dental Education*, 67, 981–90.
- Meadows, L. M., & Morse, J. M. (2001). Constructing evidence within the qualitative project. In J.M. Morse, J.M. Swanson, & A. Kuzel (Eds.). *The nature of qualitative evidence* (pp. 187–200). Thousand Oaks, CA: Sage Publications.
- Merriam-Webster Medical Desk Dictionary. (2002). (2nd ed). New York, NY: Thomson Delmar Learning.
- Morse, J. M., & Richards, L. (2002). *Readme first for a user's guide to qualitative methods*. Thousand Oaks, CA: Sage Publications Inc.
- Nunavut Department of Health and Social Services. (2005). Social determinants of health in Nunavut. (Workshop report, March 8–10, pp. 1-27). Iqaluit, NU: Government of Nunavut.
- Nunkoosing, K. (2005). The problem with interviews. *Qualitative Health Research*, 15(5), 698-706.
- Public Health Agency of Canada. (2005). *What determines health?* Ottawa: Health Canada. Retrieved May 13, 2005, from http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants
- Roberts, A., & Gerber, L. (2003). Report on nursing perspectives on public health programming in Nunavut. Iqaluit, NU: Department of Health and Social Services, Government of Nunavut.



- Therrien, M., & Laugrand, F. (Eds). (2001). Volume 5: Perspectives on traditional health. *Interviewing Inuit elders: The series*. Iqaluit, NU: Nunavut Arctic College.
- Thurston, W.E., & Meadows, L.M. (2004). Embodied minds, restless spirits: Mid-life rural women speak of their health. *Women & Health*, 39, 97–112.
- World Health Organization. (2006). *The determinants of health*. Geneva, SW: Author. Retrieved May 25, 2006 from http:// www.who.int/hia/evidence/doh/en/

END NOTES

1. For the purposes of this study, women's health is defined as mental and emotional health, physical health, and social wellbeing. When health is defined as mental, physical and social wellbeing, and not merely the absence of disease and infirmity, cultural and social practices become critical contributing factors to health (Arctic Council, 2004).

2. Obstetric evacuation is a mandatory practice in most Nunavut communities except for Iqaluit, where there is a hospital, and Rankin Inlet, where a low-risk delivery birthing centre is located.

3. Inuktitut word meaning "people of Nunavut."

4. Inuit is the Inuktitut word for "people." Inuk is the singular form meaning "person."

