
Tradition and Culture: An Important Determinant of Inuit Women's Health

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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 validation, 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

As 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 the 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



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 participants were being added to the study even after the analysis was being done on the initial data. This process allowed later interviewees 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, in-depth 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.



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 advantage 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



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 Arctic College, personal communication, April 2005). The influx of maternity care 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.

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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/5000-year-heritage/two-worlds.php>
- Inriq 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.



