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ᑭᓄᓐᓂᓐ 2017

INUIT MEN'S HEALTH - TRANSVERSAL REPORT

QANUILIRPITAA? 2017

Nunavik Inuit Health Survey



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RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES
NUNAVIK REGIONAL BOARD OF HEALTH
SOCIAUX DU NUNAVIK AND SOCIAL SERVICES



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**Pôle d'expertise et de recherche
EN SANTÉ ET BIEN-ÊTRE
DES HOMMES**

QANUILIRPITAA? 2017 HEALTH SURVEY

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In memory of Audrey Flemming and Linda Shipaluk.

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1 BACKGROUND OF THE QANUILIRPITAA? 2017 NUNAVIK HEALTH SURVEY

The *Qanuilirpitaa?* 2017 Health Survey is a major population health survey conducted in Nunavik that involved the collection, analysis and dissemination of information on the health status of Nunavimmiut. The last health survey conducted prior to it in Nunavik dated from 2004. Since then, no other surveys providing updated information on the health of this population had been carried out. Thus, in February 2014, the Board of Directors of the Nunavik Regional Board of Health and Social Services (NRBHSS) unanimously adopted a resolution to conduct a new health survey in all 14 Nunavik communities, in support of the Strategic Regional Plan.

The general objective of the 2017 health survey was to provide an up-to-date portrait of the health status of Nunavimmiut. It was also aimed at assessing trends and following up on the health and health determinants of adult participants since 2004, as well as evaluating the health status of Nunavik youth. This health survey has strived to move beyond traditional survey approaches so as to nurture the research capabilities and skills of Inuit and support the development and empowerment of communities.

Qanuilirpitaa? 2017 included four different components: 1) an adult component to document the mental and physical health status of adults in 2017 and follow up on the adult cohort of 2004; 2) a youth component to establish a new cohort of Nunavimmiut aged 16 to 30 years old and to document their mental and physical health status; 3) a community component to establish the health profiles and assets of communities in a participatory research approach; and 4) a community mobilization project aimed at mobilizing communities and fostering their development.

This health survey relied on a high degree of partnership within Nunavik (Nunavik Regional Board of Health and Social Services (NRBHSS), Makivik Corporation, Kativik Regional Government (KRG), Kativik Iisarniliriniq (KI), Avataq Cultural Institute, Qarjuit Youth Council, Inuulitsivik Health Centre, Ungava Tulattavik Health Centre), as well as

between Nunavik, the Institut national de santé publique du Québec (INSPQ) and academic researchers from three Canadian universities: Université Laval, McGill University and Trent University. This approach followed the OCAP principles of Ownership, Control, Access and Possession (First Nations Information Governance Centre, 2007).¹ It also emphasized the following values and principles: empowerment and self-determination, respect, value, relevance and usefulness, trust, transparency, engagement, scientific rigour and a realistic approach.

TARGET POPULATION

The survey target population was all permanent Nunavik residents aged 16 years and over. Persons living full time in public institutions were not included in the survey. The most up-to-date beneficiaries register of all Inuit living in Nunavik, provided by the Makivik Corporation in spring 2017, was used to construct the main survey frame. According to this register, the population of Nunavik was 12 488 inhabitants spread out in 14 communities. This register allowed respondents to be selected on the basis of age, sex and coast of residence (Hudson coast and Ungava coast).

SURVEY FRAME

The survey used a stratified proportional model to select respondents. Stratification was conducted based on communities and age groups, given that one of the main objectives of the survey was to provide estimates for two subpopulations aged, respectively, 16 to 30 years and 31 years and over. In order to obtain precise estimates, the targeted sample size was 1 000 respondents in each age group. Assuming a 50% response rate, nearly 4 000 people were required to obtain the necessary sample size.

1. OCAP® is a registered trademark of the First Nations Information Governance Centre (FNIGC).

From this pool, the number of individuals recruited from each community was proportionate to population size and took into account the number of days that the survey team would remain in each community – a situation that imposed constraints on the number of participants that could be seen. Within each stratum, participants were randomly selected from the beneficiaries register. However, the individuals from the 2004 cohort, all 31 years old and over (representing approximately 700 individuals), were automatically included in the initial sample.

DATA COLLECTION

Data were collected from August 19, 2017 to October 5, 2017 in the 14 villages. The villages were reached by the *Amundsen*, a Canadian Coast Guard Icebreaker, and participants were invited on board the ship for data collection purposes.

Two recruitment teams travelled from one community to another before the ship's arrival. An Inuk assistant in each community helped: identify, contact and transport (if necessary) each participant; inform participants about the sampling and study procedures; obtain informed consent from participants (video) and fill in the identification sheet and sociodemographic questionnaire.

Data collection procedures for the survey included questionnaires, as well as clinical measurements. The survey duration was about four hours for each wave of participants, including their transportation to and from the ship. Unfortunately, this time frame was sometimes insufficient to complete the data collection process. This survey received ethical approval by the Comité d'éthique de la recherche du Centre Hospitalier Universitaire de Québec – Université Laval.

Aboard the ship, the survey questionnaires were administered by interviewers, many of whom were Inuit. Face-to-face interviews were conducted using a computer assisted interviewing tool. If there were problems with the laptop connections, paper-form questionnaires were filled out. The questionnaires were administered in Inuktitut, English or French, according to the preference of the

participants. Interviewers received training in administering the questionnaires prior to the start of the survey. The questionnaires were divided into five blocks: psychosocial interview (blocks 1 and 3), physical health and food security interview (block 2), food frequency questionnaire (block 4), and sociodemographic interview (block 5).

The survey also included a clinical component, with tests to document aspects of physical health, sampling of biological specimens (such as blood, oropharyngeal swabs, urine, stool, and vaginal swabs), spirometry, and an oral clinical exam. These sessions were supervised by a team comprised of nurses, respiratory therapists, dentists, dental hygienists and assistants, and laboratory technicians.

PARTICIPATION

There were a total of 1 326 participants, including 574 Nunavimmiut aged 16 to 30 years old and 752 Nunavimmiut aged 31 years and over, for total response rates of 30.7% and 41.5%, respectively. The participants' distribution between the two coasts (Ungava and Hudson) was similar. The distribution of men and women was unequal, with twice as many women (873) than men (453) participating in the survey. If the results obtained from this sample are to be inferred to the target population, survey weights must be used.

Overall, as compared to the 2004 survey, the response rate (i.e., the rate of participants over the total number of individuals on the sampling list) was lower than expected, especially among young people. This includes the refusal rate and especially a low contact rate. Several reasons might explain the low response rate, including the short time period available to contact individuals prior to the ship's arrival in the community and non-contact due to people being outside of the community or on the land. Nevertheless, among the individuals that were contacted (n = 1 661), the participation rate was satisfactory with an internal participation rate of 79.7%. More details on the collection, processing and analysis of the data are given in the Methodological Report (Hamel, Hamel et Gagnon, 2020).

2 INTRODUCTION

This document follows from a thematic report on the health of Inuit men entitled *Men's Perceptions of Gender Roles* (Tremblay, Roy, Ayotte, Bélanger & Bonneau, 2021). That report explored three dimensions of these roles: perceptions of male gender roles, being a successful man and relationships with children and partners.

In addition to preparing a thematic report, we felt that it would be useful to do a transversal analysis of the characteristics of Nunavimmiut men based on various considerations related to their health and well-being in order to obtain a more general portrait of their situation. The results of this analysis are the focus of the present report. The challenge faced in drafting a transversal report is to make a rigorous selection of the themes to be explored and the indicators to be used so that the report will not be too long. Given the wide range of themes available, the criteria used to select them are very important. Six themes were selected for this report: Inuit culture and spirituality; health and well-being; social support and cohesion; drug, alcohol and Internet use; victimization; and help seeking. These themes were chosen based on the following criteria: a) their links to the previous report on Nunavik men (*Men's Perceptions of Gender*

Roles, Tremblay et al., 2021), particularly with regard to questions of identity; b) their relevance regarding the social and health problems most often reported in documents on men and Indigenous people²; c) the availability of information; d) links with other thematic reports in the *Qanuillirpita? 2017 Health Survey, How are we now?* for analysis purposes.

The proposed transversal analysis was intended to highlight certain social rationales that might emerge for each theme from two different sources. The first source concerned the personal characteristics associated with Nunavimmiut men, such as age, sex, income, education, employment status, marital status, community size and coast of residence (Hudson coast and Ungava coast). The second source concerned comparisons between Nunavimmiut men and male Quebecers as a whole using public data to bring out similarities and differences between the two groups of men where possible.

The social rationales expected to emerge from the data included those related to gender-based differences, generational relations, socioeconomic issues, households and the feeling of belonging to a community.

2. In particular: Bergeron, O. Richer, F. & Duguay, I., 2018; Public Inquiry Commission on relations between Indigenous Peoples and certain public services (2019); Royal Commission on Aboriginal Peoples (1996); Dorais & Edmund, 2001; Hervé (2015); Tran & Lévesque (2019) and documents dealing specifically with the situation of men in Québec, including Roy et al. (2014); Roy et al. (2017); and Tremblay et al. (2015).

3 METHODOLOGICAL ASPECTS

This report presents the results of a secondary analysis conducted with the database generated by the survey *Qanuilirpitaa? 2017, How are we now?*, dealing specifically with Nunavimmiut men.

A portrait of Nunavimmiut men was drawn for each of the six themes selected, on the basis of simple frequencies of specific answers to the various questions in the questionnaire, the data underwent statistical analyses according to seven personal characteristics of Nunavimmiut men: age group (16 to 30/31 to 54/55 years and over), marital status (single/married or common law/separated, divorced or widowed), education (elementary school or less/secondary school not completed/secondary school or higher), employment (employed/not employed), annual personal income (less than \$20 000/\$20 000 or more), community size (large, 1 000 inhabitants or more/small, < 1 000 inhabitants)

and coast (Hudson: Kuujjuarapik, Umiujaq, Inukjuak, Puvirnituq, Akulivik, Ivujivik and Salluit/Ungava: Kangiqsujuaq, Quaqtaq, Kangirsuk, Aupaluk, Tasiujaq, Kuujuaq and Kangiqsualujuaq).

In addition, these results were compared with those of surveys on Québec men and those contained in the reports selected for *Qanuilirpitaa? 2017, How are we now?*, which made a distinction between the findings for Nunavimmiut men and those for Nunavimmiut women. The comparisons were made using identical questions. Any differences noted were highlighted. Identifying similarities and differences between these two social groups makes it possible to put the portrait of Nunavimmiut men into context.

Table 1 presents the different indicators used for doing bivariate analyses of the six themes selected.

Table 1 Indicators for transversal analysis

Inuit culture and spirituality	Inuit culture 4 statements asking about the importance of cultural identity	"I believe that sharing is an important Inuit value" "I am proud to be an Inuk" "The fact that I am an Inuk is an important part of my identity" "To express myself in Inuktitut is an important part of my identity" Likert scale: 1-Strongly agree to 5-Strongly disagree; Comparisons: strongly agree and agree vs. other
	Spirituality 1 statement asking about the importance of spirituality	"Do spiritual values play an important role in your life?" Likert scale: 1-Yes, 2-No; Comparisons: Yes vs. No
Health and well-being	Perceived health 1 question	"In general, would you say your health is:" Likert scale: 1-Excellent to 5-Poor; Comparisons: excellent, very good and good vs. other
	Non-intentional injury 1 question	"In the past 12 months, did you have any injuries that resulted in limitations of your usual activities?" Likert scale: 1-Yes, 2-No; Comparisons: Yes vs. No
	Well-being 2 questions	"How satisfied are you with your life in general?" Likert scale: 1-Very satisfied to 5 - Very dissatisfied; Comparisons: very satisfied and satisfied vs. other
		"During the past week, how often have you felt this way? I felt depressed" Likert scale: 1-All of the time to 4-Rarely or none of the time; Comparisons: all or most of the time vs. other Depressive symptoms during the week preceding the survey were documented using the CES-D-10 depression scale with the standardized cut-off of 10 out of 30 to identify people with clinically significant symptoms.
	3 statements asking about satisfaction with one's self ³	"On the whole, I am satisfied with myself" "At times I think I am no good at all" "I certainly feel useless at times" Likert scale: 1-Usually to 4-Never; Comparisons: usually and sometimes vs. other
2 questions on suicide	"In the past 12 months, have you thought seriously about committing suicide?" "In the past 12 months, have you attempted suicide?"	

3. These three statements are not part of an index, which explains the limits placed on the interpretation of the results for generalization purposes.

Social support and cohesion	Social support 6 questions	<p>“How often do you find that you have someone to have a good time with?”</p> <p>“How often do you have someone to talk to if you feel troubled or for some reason need emotional support?”</p> <p>“How often do you have someone you can count on when you need advice?”</p> <p>“How often do you have someone you can count on to listen to you when you need to talk?”</p> <p>“How often do you have someone to take you to the doctor or another health professional if you need it?”</p> <p>“How often do you have someone who shows you love and affection?”</p> <p>Likert scale: 1-All of the time to 4-Rarely or none of the time; Comparisons: all or most of the time vs. other</p>
	Social cohesion 4 statements asking about the importance of social cohesion	<p>“There is a feeling of togetherness or closeness in this community”</p> <p>“People in this community help others”</p> <p>“People in this community can be trusted”</p> <p>“I feel like I belong in this community”</p> <p>Likert scale: 1-Strongly agree to 5-Strongly disagree; Comparisons: strongly agree and agree vs. other</p>
Drug, alcohol and Internet use	Alcohol 2 questions	<p>“In the past 12 months, how often did you drink alcoholic beverages?”</p> <p>Likert scale: 1 - Daily or almost daily to 6 - Never; Comparisons: daily or almost daily to once to 3 times a month vs. other</p> <p>“In the past 12 months, how often have you had 5 or more drinks in a row/on one occasion (same evening, same party, etc.)?”</p> <p>Likert scale: 1 - More than once a week to 6 - Never; Comparisons: more than once a week to once a month vs. other</p>
	Drugs 4 questions	<p>“In the past 12 months, have you used or tried weed, pot, marijuana, grass, or hashish?”</p> <p>Likert scale: 1-Never to 8 - Daily or almost daily; Comparisons: 2 or 3 times a month and more often vs. other</p> <p>“In your lifetime, have you tried to get high by sniffing glue, gasoline, propane, or any other solvent?”</p> <p>“In the past 12 months, have you used or tried prescribed or over-the-counter medications in excess of the directions and any non-medical use such as Valium, Ativan, Xanax, Ritalin, Concerta, Dilaudid, Codeine, Oxycontin or Purple drank?”</p> <p>“In the past 12 months, have you used or tried hard drugs (cocaine, ecstasy, amphetamine/methamphetamines, hallucinogens, heroin and injection drugs)?”</p> <p>Likert scale: 1-Yes, 2-No; Comparisons: Yes vs. No</p>
	Internet 4 statements asking about potential problematic Internet use	<p>“I use the Internet more than I ought to”</p> <p>“I usually stay on the Internet longer than I had planned”</p> <p>“Even though there are times when I would like to, I can't cut down on my use of the Internet”</p> <p>“My use of the Internet sometimes seems beyond my control”</p> <p>Likert scale: 1-Strongly agree to 5-Strongly disagree; Comparisons: strongly agree and agree vs. other</p>

Victimization	<p>Adverse experience during childhood</p> <p>5 questions asking about adverse experience during childhood</p>	<p>“Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you or act in a way that made you afraid that you might be physically hurt?”</p> <p>“Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you or ever hit you so hard that you had marks or were injured?”</p> <p>“Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way or attempt or actually have oral, anal or vaginal intercourse with you?”</p> <p>“Did you often or very often feel that no one in your family loved you or thought you were important or special or your family didn’t look out for each other, feel close to each other or support each other?”</p> <p>“Did you often or very often feel that you didn’t have enough to eat, had to wear dirty clothes and had no one to protect you or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?”</p> <p>Likert scale: 1-Yes, 2-No; Comparisons: Yes vs. No</p>
	<p>Adverse experience during adulthood</p> <p>6 statements asking about adverse experience during adulthood</p>	<p>“Pushed, shaken or struck lightly”</p> <p>“Kicked, struck with a fist or object”</p> <p>“Thrown against furniture, into walls, down stairs or similar”</p> <p>“Strangulation attempt, assault with a knife or firearm”</p> <p>“Other form of violence”</p> <p>“Any form of forced or attempted forced sexual activity”</p> <p>Likert scale: 1-Yes, 2-No; Comparisons: Yes vs. No</p>
Help seeking	<p>7 statements asking about help seeking</p>	<p>“When I have a health problem, I prefer not talk about it to anyone”</p> <p>“I have confidence in health services”</p> <p>“I have confidence in social services”</p> <p>“I am aware of the resources to help solve my health problems”</p> <p>“I am shy or ashamed to talk about my health problems”</p> <p>“Health services are sensitive to Inuit [women’s]/[men’s] realities”</p> <p>“Social services are sensitive to Inuit [women’s]/[men’s] realities”</p> <p>Likert scale: 1-Strongly agree to 5-Strongly disagree; Comparisons: strongly agree and agree vs other</p>

LIMITATIONS

Only bivariate analyses were performed to describe associations with several indicators. These analyses did not take into account possible confounding or interaction effects. Consequently, they should be interpreted with caution. Furthermore, certain data that could have been useful for completing the portrait of Nunavimmiut men were not available in the files transmitted. This was the case of information on perpetrated violence and the relationship of Nunavimmiut men with the justice system.⁴ What is more, the size of the sample for certain questions did not always allow statistically representative results to be obtained. The phenomenon of respondents' social desirability may also have played a role in some questions, especially those on how respondents represented or assessed themselves. On another level, particularly mental and physical health, we chose a synthetic indicator for transversal analysis purposes (perceived health status) because of the large amount of data available and in order to obtain a better overall understanding of the links between health and the other survey variables. This practice is commonly used in publications, including those of the Institut de la statistique du Québec. Lastly, drawing comparisons between public data on Québec men and the results contained in this report was sometimes limited by the fact that the wording of questions varied, with the result that systematic comparisons could not be made. In general, however, we believe that the various limits encountered did not change the trends identified in the report.

STATISTICAL TESTS AND ACCURACY OF ESTIMATES

Comparison tests were performed with a global chi-square test for categorical variables to find out if any proportion was different across categories. In the presence of a significant result ($p < 0.05$), two-by-two comparisons were performed to further identify statistically significant differences between categories. These tests involved the construction of a Wald statistic based on the difference between the logit transformations of the estimated proportions. The text focuses mostly on statistically significant differences at the 5% threshold; clinically important similarities or differences are also reported. Significant differences between categories are denoted in the tables and figures using superscripts. Coefficients of variation (CV) represent the accuracy of an estimate. Estimates with a CV with values lower than 15% are deemed reliable. Estimates with a CV between 15% and 25% show high sampling variability, meaning that the estimates are less reliable; such estimates are accompanied by an asterisk * and should be interpreted with caution. Estimates with a CV greater than 25% are unreliable; they are accompanied by a double asterisk ** and are presented for information purposes only. An estimate generated with fewer than five observations is replaced by NP (data not presented) to prevent identification of participants.

4. Very little information is available on this aspect. Moreover, there was only one mention of a gender-based difference in the survey material: it concerned the fact that going to court created more problems at work and in school for men than for women (40.5% vs. 13.8%).

4 RESULTS

The following portrait presents the main observations derived from the statistical analyses for Nunavimmiut men aged 16 and over, according to the six themes selected. For each theme, it provides a brief simple frequency synthesis as well as the highlights of the bivariate analyses based on the seven personal characteristics selected. The emphasis in the text is on significant results; however, statistically non-significant results are reported when deemed useful. Where possible, comparisons are made between Nunavimmiut men and women, and between Nunavimmiut men and Québec men.

4.1 INUIT CULTURE AND SPIRITUALITY

Through their answers, Nunavimmiut men expressed their strong attachment to Inuit culture and identity. Various questions were asked in order to highlight the predominance of aspects pertaining to culture and identity for Nunavimmiut men. In fact, the degree to which they agreed with the following statements often surpassed 90% (Table 2).

Table 2 Proportion of Nunavimmiut men according to their degree of agreement (% strongly agree or agree) with the statements related to their culture and Inuit identity, by age group, men aged 16 years and over, Nunavik, 2017⁵

Cultural identity ("Strongly agree" or "agree")	16-20 (%)	21-30 (%)	31-54 (%)	55+ (%)	Total (%)
I believe that sharing is an important Inuit value	91.1	NP	NP	NP	96.4
I am proud to be an Inuk	94.2	NP	NP	NP	98.4
Going on the land is an important part of my life	91.1	NP	96.2	95.3	95.1
The fact that I am an Inuk is an important part of my identity	86.2	93.7	NP	NP	94.7
To express myself in Inuktitut is an important part of my identity	84.4 ^{2,3}	92.7	97.1	95.1	93.3

2 Statistically different result from that for 31-54 year olds.

3 Statistically different result from that for Nunavimmiut men aged 55 years and over.

5. All respondents were JBNQA beneficiaries; few identified as non-Inuit.

Generally speaking, there was a very high level of agreement on identity issues among Nunavimmiut men regardless of their age. However, a difference could be observed among 16 to 20 year olds who, even though they approved of the statements in very high proportions, did not approve of them to the same extent as older Nunavimmiut. No significant differences were observed geographically, based on the size of communities or the two existing coastal regions.

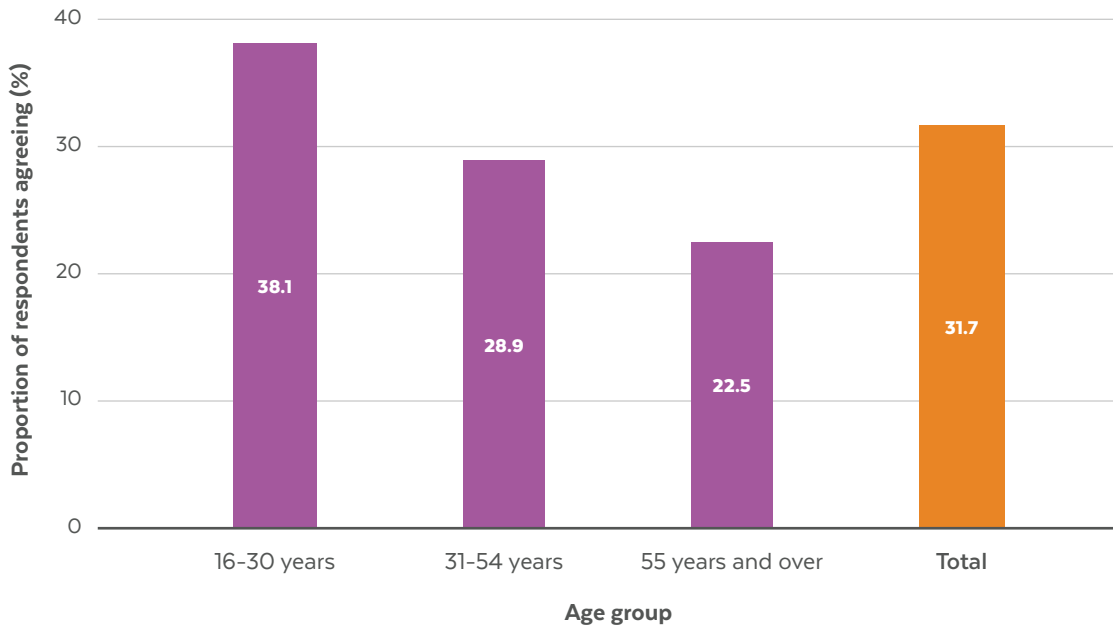
For 8 out of 10 men (80.0%), spiritual values played an important role in their life. This was observed in a larger proportion of older Nunavimmiut, i.e., 55 and over age group, compared to those aged 30 years and under (96.0% vs. 69.2%) (Muckle, Fletcher et al., 2020 - Figure 1 and Table F). It was also observed to a greater extent among men who had not completed elementary school

compared to those who had attended secondary school or higher (92.6% vs. 78.4%; data not shown). A slightly higher proportion of Nunavimmiut women than men reported that spiritual values played an important role in their life (85.0% vs. 80.0%; data not shown) (Muckle, Fletcher et al., 2020).

4.2 HEALTH AND WELL-BEING

In general, Nunavimmiut men were satisfied with their health. Nearly three quarters (73.2%) considered it to be “excellent” to “good”, while 6.8% described it as “poor” (data not shown).

Figure 1 Proportion of Nunavimmiut men who considered their health as excellent or very good (%), by age group, men aged 16 years and over, Nunavik, 2017



The younger Nunavimmiut were, the more they considered themselves to be in better health. There was a very marked difference between Nunavimmiut men aged 16 to 30 years of age and those aged 31 and over. In fact, 38.1% of Nunavimmiut men aged 30 and under described their health as “excellent” to “very good”, compared to 26.5% of men over 30 (data not shown). No significant differences were observed for the six other personal characteristics selected.

The proportion of Nunavimmiut who were satisfied with their health (“excellent” to “very good”) was higher among men than women (31.7% vs. 23.7%; data not shown), particularly among 16 to 30 year olds (38.1% vs. 24.7%) (Muckle, Fraser et al., 2020)⁶. A comparison of these findings with public data on Québec men revealed major differences. For example, slightly less than one third (31.7%)

of Nunavimmiut men considered their health to be “excellent” to “very good” compared to 57.4% of Québec men (Camirand et al., 2016).

In the previous 12 months, 22.9% of Nunavimmiut men reported having had one or more non-intentional injuries that limited their normal activities. This was more often the case of men aged 21 to 30, i.e., one third (33.8%), who reported having sustained one or more injuries. In addition, Nunavimmiut living on the Ungava coast reported in larger numbers than those living on the Hudson coast having had one or more injuries (27.7% vs. 17.9%). In all age groups under 55, the proportion of men who reported one or more injuries was always higher than the proportion of Nunavimmiut women, particularly among those aged 16 to 30 (30.2% vs. 17.2%) (Beaulieu et al., 2020).

Table 3 Proportion of Nunavimmiut men with non-intentional injuries

	Injured in the past 12 months
Age group	
16-20	25.6 ^{*3}
21-30	33.8 ^{*2,3}
31-54	19.2 [*]
55+	12.7 ^{**}
Coast	
Hudson	17.9 ^{*1}
Ungava	27.7
Education	
Secondary school not completed	25.4
Secondary school or higher	17.7 [*]

1 Statistically different result from that for the other category(ies).

2 Statistically different result from that for 31-54 year olds.

3 Statistically different result from that for Nunavimmiut aged 55 years and over.

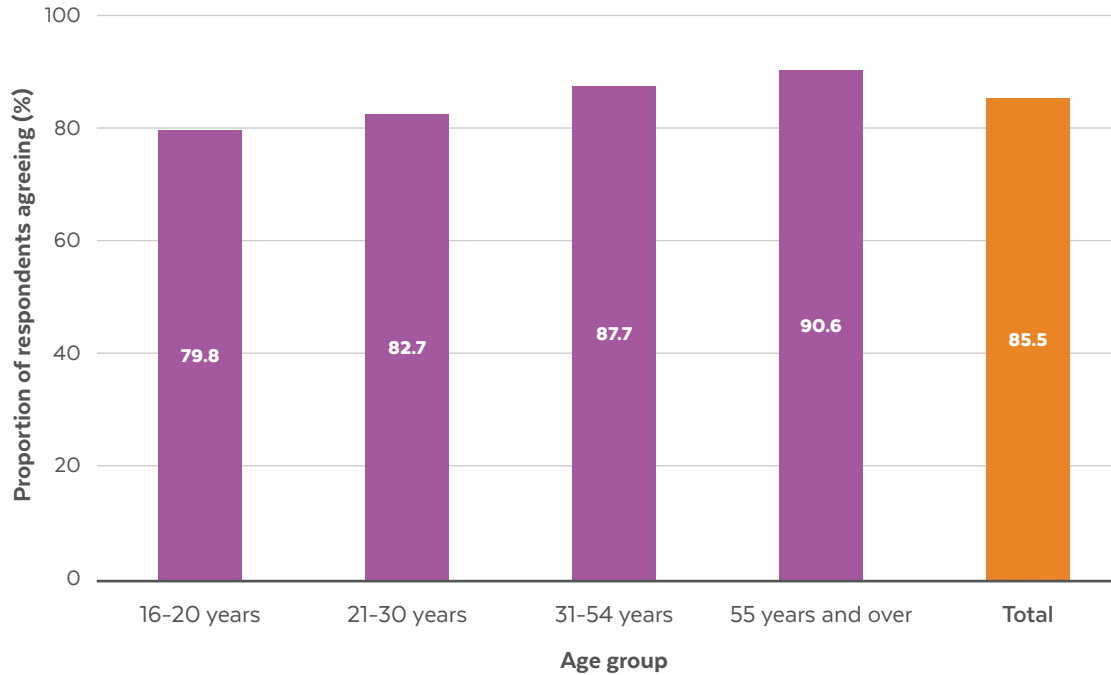
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

6. The responses options are “excellent”, “very good”, “good”, “fair” or “poor”.

In general, Nunavimmiut men reported being satisfied with their life (86%); one quarter (26%) said that they were “very satisfied”.

Figure 2 Proportion of Nunavimmiut men who were very satisfied or satisfied with life in general (%), by age group, men aged 16 years and over, Nunavik, 2017



Nearly 9 out of 10 men said that they were “satisfied” or “very satisfied” with their life. A minority (3.2%) reported being “dissatisfied” (data not shown). A higher proportion of married men and men living in a couple said that they were more satisfied with their life than other ones (satisfaction rate of 92.5% vs. 77.6%; data not shown). In addition, older Nunavimmiut said that they were “more satisfied” with their life than younger Nunavimmiut were. The difference was observed between those in the 16 to 30 age group, i.e., 81.9%, and those aged 31 and over, i.e., 88.9% (data not shown). No significant differences were observed geographically, based on the size of communities or the two coastal regions.

In all age groups, a slightly higher proportion of Nunavimmiut men than women said that they were “satisfied” or “very satisfied” with their life (Muckle, Fraser et al., 2020).

In all age groups, the percentage of Nunavimmiut men who reported high self-esteem was greater than that

among Nunavimmiut women (30% vs. 22%). The greatest difference was observed among 16 to 30 year olds (25% of young men vs. 14% of young women) (Muckle, Fraser, Desrochers-Couture et al., 2020).

In all, 15.1% of Nunavimmiut men reported that they had felt depressed in the past week. This question made it possible to obtain highly significant results from a statistical standpoint for each of the seven characteristics selected (see Table 4). The age groups with the highest proportion of men reporting having felt more “depressed” in the past week were: 16 to 30 year olds (19.4% vs 9.9% of Nunavimmiut men aged 31 and over; data not shown), those with a lower level of education (15.4%), those with a low income (18.6%), those who were not employed (19.9%) and, lastly, those who were not living in a couple (18.6%). The proportion of Nunavimmiut in all of these categories combined, was double that for other Nunavimmiut. Geographically, it can be noted that Nunavimmiut men residing in small communities were more likely to feel depressed (data not shown).

Table 4 Proportion of Nunavimmiut men who felt depressed during the past week (% all of the time or most of the time) by age group, coast, marital status, education, employment, income and community size, men aged 16 years and over, Nunavik, 2017

	Felt depressed (%)
Total	13.6
Age group	
16-20	17.9*
21-30	22.1* ²
31-54	11.2**
55+	NP
Coast	
Hudson	15.4*
Ungava	11.2*
Marital status	
Married or common law	9.0* ¹
Single, separated, divorced or widowed	18.9*
Education	
Secondary school not completed or less	15.3
Secondary school or higher	9.4**
Employment (in the past 12 months)	
Employed	13.0
Not employed	17.1**
Income	
Less than \$20 000	18.7* ¹
\$20 000 or more	9.1*
Community size	
Small	16.3*
Large	11.6*

¹ Statistically different result from that for the other category(ies).

² Statistically different result from that for 31-54 year olds.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

NP This value is not displayed since some categories have less than 5 respondents.

These results reflect at least two logical links, one based on age and the other on socioeconomic status. They are aligned with public data on mental health (Camirand et al., 2016) and demonstrate the close link between having depressive symptoms and being young, less educated, unemployed or having a low income.

The following table sheds light on Nunavimmiut men with significant clinical symptoms of depression, according to different social categories. Based on these results, age, socioeconomic status and community size seem to be factors that cause the prevalence of depression to vary substantially.

Table 5 Proportion of Nunavimmiut men with clinically significant depressive symptoms on the CES-D-10 scale (%) during the week preceding the survey, by age group, marital status, education, employment, income, community size and coast, population aged 16 years and over, Nunavik, 2017

	% of Nunavimmiut men with clinically significant depressive symptoms on the CES-D-10 scale
Age group	
16-30	42.6 ¹
31-54	28.7
55+	22.6*
Marital status	
Married or common law	29.3
Single, separated, divorced or widowed	38.9
Education	
Elementary school or less	48.3* ¹
Secondary school not completed	33.8
Secondary school or higher	28.5*
Employment (in the past 12 months)	
Employed	29.9 ¹
Not employed	41.0
Income	
Less than \$20 000	40.7 ¹
\$20 000 or more	27.8
Community size	
Small	40.3 ¹
Large	28.7
Coast	
Hudson	34.4
Ungava	31.2
Total	33.7

¹ Statistically different result from that for the other category(ies).

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

The results shown in this table are very similar to those presented in the previous one (Table 4) and to those obtained in the study by Muckle, Fraser et al. (2020) on mental health and wellness in the categories affected. On average, the proportions for young men aged 16 to 30 (42.6%), those with a lower level of education (48.3% for those who had attended only elementary school), those with a lower income (40.7% for those earning less than \$20 000 a year), those who were not employed (41.0%) and those living in small communities (40.3%) were, on average, one and a half times higher than for the others.

In general, the proportion of Nunavimmiut men with clinical symptoms of depression was less than that for women (33.7% vs. 43.6%). This gender-based trend can also be observed in population-based studies in Québec (Baraldi et al., 2015; Statistique Canada, 2016). However, the scope is not at all the same. Despite the differences in comparison periods and in the variable itself, it is important to note that in Québec, in 2012, 9.3% of men reported having had a depressive episode in their lifetime (15.0% of

women) whereas in the present study slightly more than one third of Nunavimmiut men said that they had had clinical symptoms of depression in the week prior to answering the survey.

In the previous 12 months, slightly more than one Nunavimmiut man out of 10 (11.2%) said that they had seriously contemplated suicide and 3.9% reported having attempted suicide. The proportion of Nunavimmiut men in the youngest age group (16 to 30 years) who reported having suicide ideation was higher than that in the oldest age group; this trend was particularly pronounced among 21 to 30 year olds, for whom the rate reached 26.7%. This was also the case for Nunavimmiut men who were not married or not living in a couple compared to those who were (19.1% vs. 7.1%). The rates reported for men who had attempted suicide at least once in their lifetime were higher among young Nunavimmiut aged 21 to 30 and lower among Nunavimmiut men aged 55 and over (respectively, 36.4% and 14.3%; data not shown).

Table 6 Proportion of Nunavimmiut men aged 16 years and over who had reported suicide ideation or attempts in the past 12 months, Nunavik 2017

	Total	Age group		
		16-30	31-54	55+
Suicide ideation	11.2*	20.5 ^{*2}	5.9**	NP
Suicide attempt	3.9**	7.4**	NP	NP

² Statistically different result from that for 31-54 year olds.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

NP This value is not displayed since some categories have less than 5 respondents.

In the past 12 months, the proportion of Nunavimmiut men who had had suicidal thoughts was slightly lower than that for Nunavimmiut women, i.e., 11.2% vs. 14.7%, and the proportion of Nunavimmiut men who reported having attempted suicide was twice as low, i.e., 3.9% vs. 7.2% (Muckle, Fraser et al., 2020). The data for Nunavimmiut

men indicate proportions that were much higher than those for Québec men. Indeed, 2.6% of Québec men said that they had seriously thought about committing suicide in the past 12 months and 0.3% said that they had attempted suicide (Camirand, Traoré & Baulne, 2016).

4.3 SOCIAL SUPPORT AND COHESION

This section covers two aspects: social support and social cohesion. Participants were presented with five statements on social support. The proportion of Nunavimmiut men who answered “All of the time” or “Most of the time” are shown in the following table:

Table 7 Proportion of Nunavimmiut men according to the answers (% all of the time or most of the time) given to the questions on their social support, by community size, men aged 16 years and over, Nunavik, 2017

Social support	Small community (%)	Large community (%)	Total (%)
How often do you find that you have someone to have a good time with?	62.1	66.7	64.7
How often do you have someone to talk to if you feel troubled or for some reason need emotional support?	34.7	42.5	39.2
How often do you have someone you can count on when you need advice?	39.5 ¹	51.8	46.5
How often do you have someone you can count on to listen to you when you need to talk?	42.3	46.6	44.8
How often do you have someone to take you to the doctor or another health professional if you need it?	35.1	39.3	37.5
How often do you have someone who shows you love and affection?	65.4	72.0	69.2

1 Statistically different result from that for the other category(ies).

Younger Nunavimmiut men (aged 16 to 30) reported more frequently and in larger numbers having “someone to have a good time with” than those aged 31 and over (74.5% vs. 56.4%). In Table 7, it can be noted that those living in small communities reported in smaller proportion than those living in large communities that they had someone to talk to if they felt troubled or needed emotional support for some reason (34.7% vs. 42.5%); they also reported in smaller numbers that they had someone they could count on when they needed advice (39.5% vs. 51.8%). Compared to other Nunavimmiut men, more of those living in a couple reported that they had someone who showed them love and affection all of the time or most of the time (81.5% vs. 55.1%). This was the case of Nunavimmiut men who were employed (74.1%) compared to those in the other categories (60.7%). According to the results presented in the report by Muckle, Fletcher et al. (2020) entitled *Sociocultural Determinants of Health and Wellness*, more Nunavimmiut women than men reported receiving social support in the community.⁷

7. Following the order of the statements in Table 7, the proportions of Nunavimmiut women were: 70.5%, 55.0%, 54.6%, 56.3%, 39.7% and 76.2% (Muckle, Fletcher et al., 2020).

As regards social cohesion, it appeared to be fairly strong based on the degree to which the men said they agreed with the statements in the following table:

Table 8 Proportion of Nunavimmiut men according to their degree of agreement (% strongly agree or agree) with the statements on social cohesion, by community size, men aged 16 years and over, Nunavik, 2017

Social cohesion	Small community (%)	Large community (%)	Total (%)
There is a feeling of togetherness or closeness in this community	72.6	66.8	69.2
People in this community help others	84.0	85.5	84.9
People in this community can be trusted	71.0 ¹	57.6	63.4
I feel like I belong in this community	89.3	89.1	89.2

¹ Statistically different result from that for the other category(ies).

Fewer Nunavimmiut men who had completed secondary school or higher agreed with the statements “There is a feeling of togetherness or closeness in this community” and “People in this community can be trusted”. More of those living in small communities than those living in large ones agreed with the statement pertaining to trust (71.0% vs. 57.6%). Lastly, a greater proportion of older men, especially those aged 55 and over (97.4%), agreed with the statement “I feel like I belong in this community” compared to men aged 16 to 54 (87.3%). Similarly, more men living in a couple than those in the other categories reported that they agreed with this statement (92.0% vs. 85.4%). The degree to which Nunavimmiut men agreed with these four statements was higher than that for Nunavimmiut women⁸ (Muckle, Fletcher et al., 2020).

8. Following the order of the statements in Table 8, the proportions of Nunavimmiut women were: 54.6%, 77.5%, 49.5%, and 86.1% (Muckle, Fletcher et al., 2020).

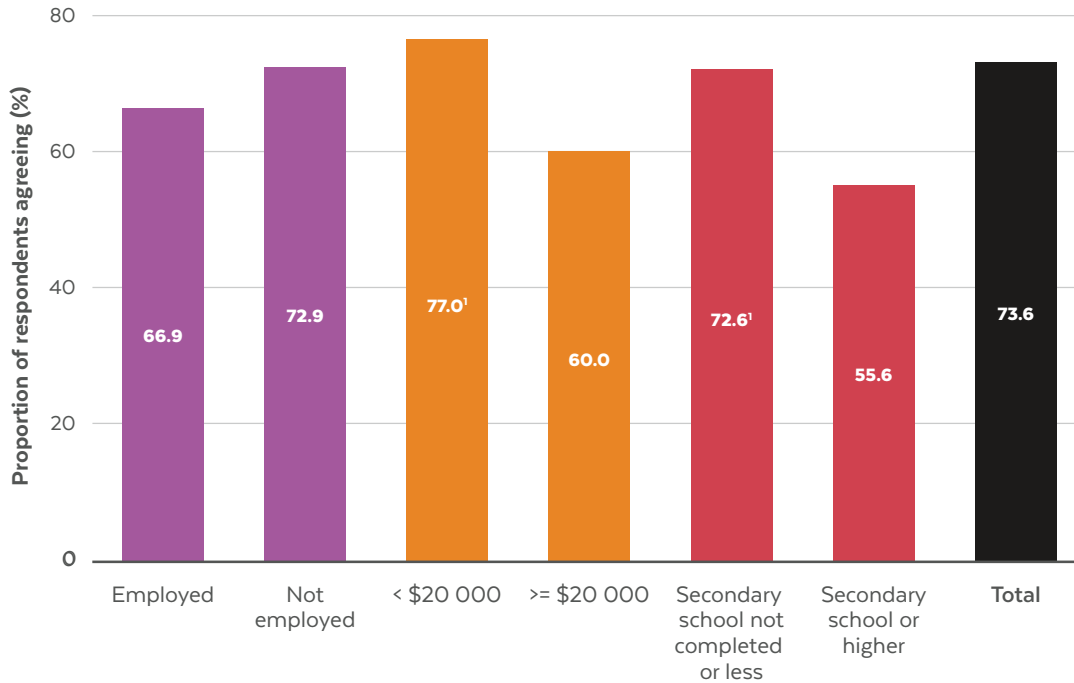
4.4 DRUG, ALCOHOL AND INTERNET USE

This section deals with drug, alcohol and Internet use.

4.4.1 Drug use

Three questions made it possible to paint a portrait of drug use by Nunavimmiut men, excluding hard drugs. The first question concerned the use of cannabis, also known as weed, pot, marijuana, grass, or hashish.

Figure 3 Proportion of Nunavimmiut men who had used cannabis products on at least one occasion by employment, income and education, in the past 12 months, men aged 16 years and over, Nunavik, 2017



¹ Statistically different result from that for the other category(ies).

In all, 73.6% of Nunavimmiut men reported having used one of these drugs at least once in the past 12 months (data not shown, Bélanger et al., 2020). Larger proportions of these men had a lower level of education, an income of less than \$20 000 and no job. Taken together, these three variables point to an association between socioeconomic status and drug use.

Overall, 53.2% of Nunavimmiut women said that they had used these substances in the past 12 months. More specifically, 37.4% of Nunavimmiut men and 25.9% of Nunavimmiut women said that they had used them daily, while 56.7% Nunavimmiut men compared to 39.1% of Nunavimmiut women said that they had used them two to three times a month or more (Bélanger et al., 2020). A

comparison with Québec men (Camirand et al., 2016) pointed to much more widespread use of these substances among Nunavimmiut men in the past 12 months.

Slightly more than one third of Nunavimmiut men (36.1%) answered “Yes” to the second question: “In your lifetime, have you tried to get high by sniffing glue, gasoline, propane, or any other solvent? “. A larger proportion of Nunavimmiut men aged 31 and over reported having sniffed these substances compared to men aged 16 to 30 (51.7% vs. 25.3%). A larger proportion of Nunavimmiut men than women had sniffed solvents in their lifetime (36.1% vs. 22.4%) (Bélanger et al., 2020). The other personal characteristics were not statistically associated with solvent abuse.

Regarding the use of hard drugs, 15.3% of Nunavimmiut men reported having used these substances in the past 12 months. Over that period, the prevalence of use was as follows for the following two categories of drugs: cocaine (7.3%) and amphetamine/methamphetamines (4.1%)⁹ (Table 9).

Table 9 Proportion of Nunavimmiut men who had used or tried cocaine and amphetamine/methamphetamines in the past 12 months, by age group, coast and employment, men aged 16 years and over, Nunavik, 2017¹⁰

	Hard drugs	
	Cocaine	Amphetamine/ methamphetamines
Total	7.3*	4.1**
Age group		
16-20	8.9**	NP
21-30	12.4**	8.6**
31-54	6.3**	3.3**
55+	NP	NP
Coast		
Hudson	4.8**	NP
Ungava	11.1* ¹	NP
Employment		
Employed	8.7*	NP
Not employed	NP	NP

1 Statistically different result from that for the other category(ies).

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

NP This value is not displayed since some categories have less than 5 respondents.

Caution must be exercised in interpreting the results shown in the table for the aspects studied, given the small percentages obtained for certain statements. Nevertheless, certain trends stand out more clearly. In particular, the younger the Nunavimmiut men were, the higher was their frequency of cocaine and amphetamine use, especially among 21 to 30 year olds. In addition, more men living on the Ungava coast reported using hard drugs compared to those living on the Hudson coast.

Nunavimmiut men reported using hard drugs 1.5 times more than Nunavimmiut women in the past twelve months (15.3% vs 9.6%) (Bélanger et al., 2020). Compared to the situation among Québec men, the prevalence of hard drug use among Nunavimmiut men was, on average, three times higher based on a limited number of hard drug categories (Camirand, Traoré & Baulne, 2016). Therefore, this comparison can serve only as a guide.

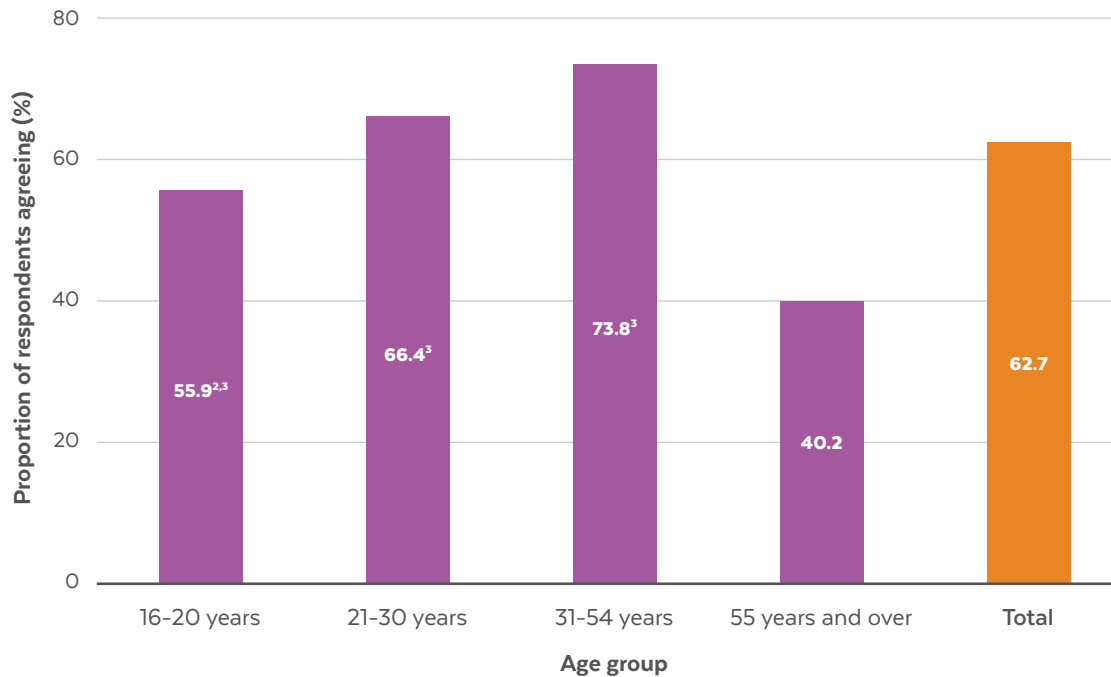
9. The results for the other categories (ecstasy, hallucinogens, heroin and injection drugs) were not significant given the small size of the samples that responded by saying that they had used those substances.

10. These data must be interpreted very carefully due to the fact that the phenomenon of social desirability and the illicit nature of hard drugs may have led to a degree of under-reporting in the survey.

4.4.2 Alcohol use

In the last 12 months, 86.1% of Nunavimmiut men reported drinking alcohol at least once and 13.9% said that they did not drink any. Roughly 6 men out of 10 (62.7%) said that they drank alcohol every day¹¹ or up to three times a month.

Figure 4 Proportion of Nunavimmiut men who had drunk alcoholic beverages (% daily or almost daily to once to 3 times a month) in the past 12 months, by age group, men aged 16 years and over, Nunavik, 2017



2 Statistically different result from that for 31-54 year olds.

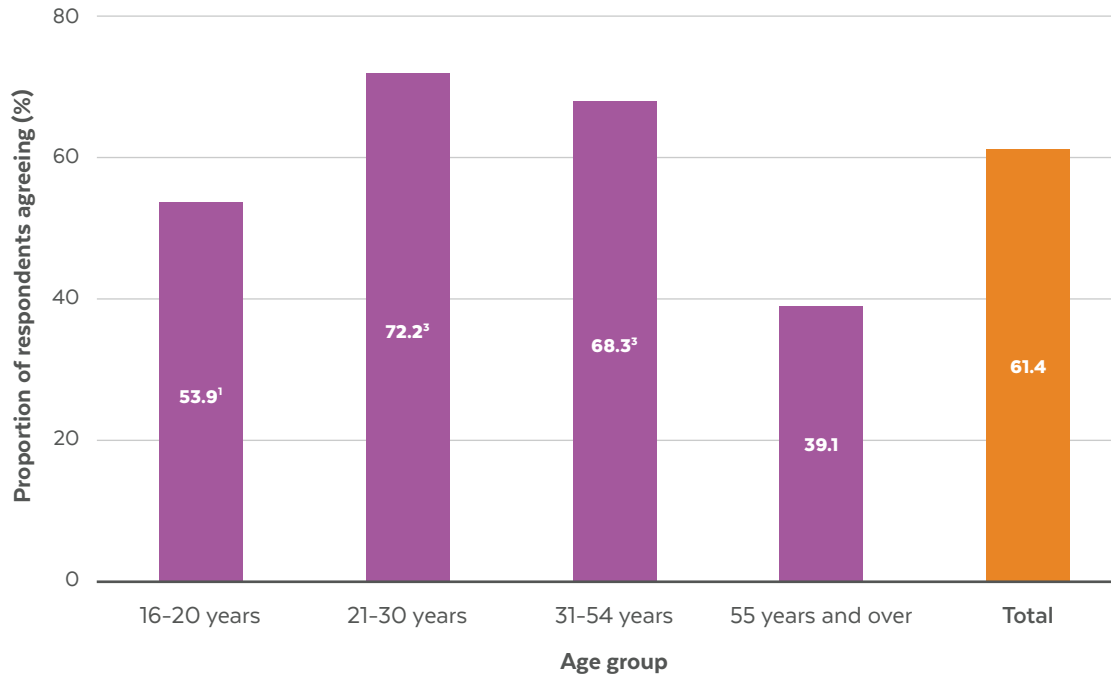
3 Statistically different result from that for Nunavimmiut men aged 55 years and over.

Differences were observed according to age, employment and coast. The proportion of Nunavimmiut men who reported drinking alcohol every day or up to three times a month increased with age until 31 to 54 years (75.6%) and then decreased among those aged 55 and over (40.3%). More Nunavimmiut men who had a job reported drinking than men who were not employed (68.3% vs. 51.4%). Lastly, a slightly higher proportion of Nunavimmiut men living on the Ungava coast drank alcohol compared with those on the Hudson coast (67.8% vs. 59.0%; data not shown). As for Nunavimmiut women, 20.5% said that they had not drunk alcohol over the study period compared to 13.9% of men (Bélanger, Muckle, Courtemanche & Poliakova, 2020).

In all, 61.4% of Nunavimmiut men reported “binge drinking”, i.e., having had 5 or more drinks on a single occasion at least once a month, in the previous 12 months. Close to one third (31.8%) reported binge drinking at least once a week or more.

11. One drink per day corresponds to the answer “daily or almost daily”.

Figure 5 Proportion of Nunavimmiut men who had drunk 5 or more drinks (% more than once a week to once a month) in a row/on one occasion in the past 12 months, by age group, men aged 16 years and over, Nunavik, 2017



1 Statistically different result from that for the other category(ies).

3 Statistically different result from that for Nunavimmiut men aged 55 years and over.

With regard to alcohol use in general, more or less the same age groups reported binge drinking in larger proportions. For example, on the basis of age, a larger proportion of 21 to 54 year olds (69.4%) reported binge drinking, whereas the proportion aged 55 and over was twice as low (39.1%). In addition, the proportion of Nunavimmiut men who reported binge drinking was higher among those who were employed than among those who were not employed (66.8% vs. 48.0%). The proportion of binge drinking among Nunavimmiut men (61.4%) was twice that reported by Québec men (30.8%) (Joubert & Baraldi, 2016).

4.4.3 Internet use

The last part of this section deals with perceptions about the Internet and its impacts. Approximately 8 men out of 10 reported using Internet (77.5%) (Bélanger et al., 2021). The respondents were presented with four statements:

Table 10 Proportion of Nunavimmiut men according to their perception of their Internet use (strongly agree or agree) by age group and education, men aged 16 years and over, Nunavik, 2017

Perception of Internet use	Age 16-30 (%)	Age 31+ (%)	Total (%)
I use the Internet more than I ought to	57.7	44.6	51.2
I usually stay on the Internet longer than I had planned	52.1	35.1	43.8
Even though there are times when I would like to, I can't cut down on my use of the Internet	44.6	27.6	36.3
My use of the Internet sometimes seems beyond my control	35.1	24.2	29.7

Generally speaking, a larger proportion of Nunavimmiut men aged 30 years and under and on the job market reported that they agreed to a greater extent with these statements, contrary to those who had a lower level of education) and those who were married or living in a couple (data not shown). No significant differences were observed geographically, based on the size of communities or the two existing coastal regions.

The number of Nunavimmiut women who used the Internet was higher than the number of Nunavimmiut men. On average, the proportion who agreed or strongly agreed with each of the statements in Table 10 was 47.1% compared to 40.3% for Nunavimmiut men (Bélanger et al., 2021). Moreover, according to Statistics Canada (2017), there were few gender-based differences in Internet use compared with the Canadian population. In 2012, 80.2% of men and 79.9% of women used the Internet at least once a day (Statistics Canada, 2017).

4.5 VICTIMIZATION

Various questions revealed a portrait of the forms of violence experienced by Nunavimmiut men prior to their 18th birthday or during adulthood. Nunavimmiut men reported having experienced various forms of physical, psychological and sexual violence when they were minors (Table 11).

Table 11 Proportion of Nunavimmiut men who had suffered physical, psychological or sexual violence prior to their 18th birthday, by marital status and education, men aged 18 years and over, Nunavik, 2017

Victimization prior to their 18th birthday	Marital status		Education		Total (%)
	Married or common law (%)	Single, separated, divorced or widowed (%)	Secondary school not completed or less (%)	Secondary school or higher (%)	
Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you or act in a way that made you afraid that you might be physically hurt?	26.4 ¹	41.0	30.1	38.5	29.1
Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you or ever hit you so hard that you had marks or were injured?	18.5 ¹	29.8	24.3	22.0*	21.4*
Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way or attempt or actually have oral, anal or vaginal intercourse with you?	12.9*	19.1*	14.3	18.6*	15.4*
Did you often or very often feel that no one in your family loved you or thought you were important or special or your family didn’t look out for each other, feel close to each other or support each other?	17.8* ¹	30.6	24.9	18.5*	20.7*
Did you often or very often feel that you didn’t have enough to eat, had to wear dirty clothes and had no one to protect you or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	14.6* ¹	24.5*	19.4	18.2*	18.5

¹ Statistically different result from that for the other category(ies).

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

A smaller proportion of Nunavimmiut men living in a couple reported being the victim of at least one form of violence in their childhood compared to Nunavimmiut men who were single, separated, divorced or widowed (48.0% vs. 67.2%). Proportionally speaking, more men aged 18 to 30 reported having experienced at least one form of physical or psychological violence in childhood (63.9% vs. 50.8%, among those aged 31 and over). A larger proportion of men aged 31 years and over reported having experienced sexual violence when they were minors (17.9% vs. 11.5%, for others); this was also the case of those who had completed secondary school or higher (18.6% vs. 14.3%). It should be noted that Nunavimmiut men earning less than \$20 000 a year were those who reported the most frequently that they had not been loved or considered by their family (29.0% vs. 18.5%). No significant differences were observed geographically, based on the size of communities or the two coastal regions.

According to the report by Muckle et al. (2021), more Nunavimmiut women than Nunavimmiut men reported having experienced one form of bullying when they were young (34% vs. 22%) as well as sexual violence before their 18th birthday (35% vs. 15%).

Table 12 Proportion of Nunavimmiut men who had suffered physical, psychological or sexual violence in adulthood, by age group and education, men aged 18 years and over, Nunavik, 2017

Victimization in adulthood	Age group		Education			Total (%)
	Age 18-20 (%)	Age 21+ (%)	Elementary school or less (%)	Secondary school not completed (%)	Secondary school or higher (%)	
Pushed, shaken or struck lightly	25.2**	35.8	10.0** ¹	35.2	45.1	34.6
Kicked, struck with a fist or object	30.5*	40.1	20.5** ⁴	42.9	43.7	39.8
Thrown against furniture, into walls, down stairs or similar	14.5**	14.2*	NP	14.7*	16.7*	14.6
Strangulation attempt, assault with a knife or firearm	13.3**	16.8	NP	14.4*	24.2*	14.9
Other form of violence	13.8**	20.3*	NP	23.0	20.1*	17.5
Any form of forced or attempted forced sexual activity	NP	7.7*	NP	7.3*	8.7**	7.4

¹ Statistically different result from that for the other category(ies).

⁴ Significantly different result from that for people who had attended but not completed secondary school.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

NP This value is not displayed since some categories have less than 5 respondents.

Table 12 paints a portrait of physical, psychological and sexual violence during adulthood. The proportion of Nunavimmiut men aged 21 and over who reported having experienced non-sexual violence since the age of 18 was higher than that for Nunavimmiut men aged 18 to 20 (43.6% vs. 54.3%). When asked more specifically about sexual violence, the proportion of Nunavimmiut men who said that they had been subjected to such violence was highest as of 31 years and over (9.5% vs 4.4% among 18 to 30 year olds).

4.6 HELP SEEKING

Overall, men seemed to have a good relationship with health and social services. This is reflected by the degree to which they agreed with the statements in Table 13:

Table 13 Proportion of Nunavimmiut men according to their degree of agreement (strongly agree or agree), with the statements related to their perception of social and health services, by age group and education, men aged 16 years and over, Nunavik, 2017

Perception of social and health services	Age group		Education			Total (%)
	Age 16-20 (%)	Age 21+ (%)	Elementary school or less (%)	Secondary school not completed (%)	Secondary school completed or higher (%)	
When I have a health problem, I prefer not talk about it to anyone	52.8	42.5	66.2 ⁵	47.2 ⁵	29.6*	44.4
I have confidence in health services	64.4 ¹	84.3	87.8	80.1	80.2	80.7
I have confidence in social services	47.2 ¹	66.9	87.0 ¹	65.5	49.8	63.2
I am aware of the resources to help solve my health problems	69.0 ¹	85.7	82.0	82.8	83.0	82.6
I am shy or ashamed to talk about my health problems	34.6*	31.6	45.4*	32.7	25.0*	32.2
Health services are sensitive to Inuit men’s realities	53.4	57.8	78.7 ⁵	59.4 ⁵	43.5 ¹	56.9
Social services are sensitive to Inuit men’s realities	56.3	53.3	76.8 ¹	55.8	40.4	53.8

¹ Statistically different result from that for the other category(ies).

⁵ Statistically different result from that for the “secondary school or higher” category.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

The proportion of Nunavimmiut men aged 16 to 20 who reported having confidence in health and social services was smaller than for their older coparts (21 years and over, 64.4% vs. 84.3%). Similarly, fewer men aged 16 to 20 are aware of the services that could help solve their health problems (69.0% vs. 85.7%). Furthermore, those aged 21 and over were more likely to not talk to others about their problems (42.5% vs. 52.8%). Nunavimmiut men with a lower level education (elementary school or less) reported in larger numbers than those with a higher level of education they had confidence in social services (87.0% vs. 65.5% for those who had attended secondary school and 49.8% for those who completed secondary school) and considered that health and social services were sensitive to Inuit men's realities (76.8% vs. 55.8% for those who had attended secondary school and 40.4% for those who completed secondary school). However, a larger proportion of men in that category reported keeping their health problems to themselves (64.5% vs. 39.1%). With regard to income, a larger proportion of Nunavimmiut men with an income of less than \$20 000 compared to those with an income of \$20 000 or more reported being reticent to talk about their health problems to others (36.4% vs 27.8%). In addition, they considered that social services were sensitive to Inuit men's realities (53.5% vs.

48.3%). Lastly, more men in larger communities than in smaller ones reported keeping their health problems to themselves (52.8% vs. 38.3%).

Eight out of 10 Nunavimmiut men (81.2%) were of the opinion that "Inuit men need more health services adapted to them". In the past 12 months, 27.0% of men had participated "in activities to promote healing or wellness". These activities were carried out with a medical or psychological professional such as a nurse, a doctor or a social worker, an Elder, a natural helper or healer, a healing circle or a church-related group.

In general, a slightly larger proportion of Nunavimmiut women than men participated to a limited extent in activities to promote healing and wellness in their community (respectively, 33.2% vs. 27.0%). In proportions similar to those of Nunavimmiut men, they considered that health services (56.3% vs. 56.9% of men) and social services (51.6% vs. 53.8% of men) were sensitive to Inuit realities and they were just as well informed as Nunavimmiut men of the resources available to help them solve their health problems (79.9% vs. 82.6% of men) (Muckle, Fletcher et al., 2020).



5 DISCUSSION

What can be derived from this portrait of Nunavimmiut men? To answer this question, we will first present the personal characteristics of the men who seemed to provide the best overall portrait based on the six categories chosen for this study. We will then describe the general trends that have emerged from the material as a whole. Given the importance of the health theme in this study, factors closely associated with it are highlighted. Lastly, avenues for reflection and research are proposed.

5.1 A DISTINCT PORTRAIT DEPENDING ON THE PERSONAL CHARACTERISTICS OF NUNAVIMMIUT MEN

The seven personal characteristics of Nunavimmiut men studied in this report¹² paint different portraits depending on certain social affiliations. Of all the personal characteristics selected, age was the one that produced the most divergent results, and it was the only factor found in each of the six themes selected. Basically, compared to older Nunavimmiut men, a smaller proportion of young Nunavimmiut men attached importance to spiritual values or considered themselves to be in good or excellent physical health (even though they reported more non-intentional injuries). They also reported in fewer numbers being satisfied with their life in general. More young Nunavimmiut men reported having low self-esteem, feeling depressed, having clinical symptoms of depression, and expressing suicidal thoughts. A smaller proportion also displayed strong resilience. A larger number of Nunavimmiut men reported using hard drugs, but fewer reported using alcohol. A larger proportion used the Internet, reported being subjected to physical and psychological violence

before their 18th birthday, and generally kept their distance from services, even though their social needs profile was clearer than that of their elders.¹³

A second category of personal characteristics displayed significant relationships, but to a lesser extent than the age factor. Compared to other Nunavimmiut men, a larger proportion of those who were married or living in a couple said that they were satisfied with their life in general, while fewer said that they were depressed or had suicidal thoughts. As well, more men who were married or living in a couple mentioned their resilience in the face of problems, and fewer of them used the Internet or reported being subjected to violence of any form prior to their 18th birthday. Lastly, more of them expressed a strong sense of belonging to their community. Therefore, living in a couple may be a major protective factor, particularly with regard to physical and mental health, as shown by population-based data from Québec (Camirand et al. 2016).

Two socioeconomic factors, namely, education and income, also conditioned certain associations. In general, Nunavimmiut men with a lower level of education and a low income were more likely to keep their problems to themselves, feel depressed, have depressive symptoms and use cannabis. More specifically, more of those with more limited education reported attaching importance to spiritual values, while fewer said that they had experienced forms of violence before their 18th birthday or during adulthood. In addition, fewer of them used the Internet.

Lastly, certain differences can be observed geographically. A limited number of statistical associations were identified on the basis of coast. The proportion of Nunavimmiut men in Ungava who had sustained non-intentional injuries and had used hard drugs and large amounts of alcohol on a single occasion was greater than that of Nunavimmiut men on the Hudson coast.

12. Age, marital status, education, employment, annual personal income, community size and coastal region.

13. Only statistical associations with a $P < 0.01$ or a $P < 0.001$ were used to obtain these bivariate analysis results by age group.

With regard to community size, a higher proportion of Nunavimmiut men living in large communities as opposed to small ones reported being able to count on support in the community, while a smaller proportion reported feeling depressed and having clinical symptoms of depression. These observations must be interpreted with caution. More in-depth study is needed before generalizations can be made. The number of indicators is too small to draw definitive conclusions.

5.2 GENERAL TRENDS

First of all, the results reveal that Inuit culture is very present among Nunavimmiut men and it is important to their identity. A remarkable continuity can be observed in that regard across generations. Regardless of the age group concerned and the statements proposed, 90% or more of the Nunavimmiut we interviewed reported being attached to their culture.

With regard to spiritual values, two thirds, i.e., 68% of the younger Nunavimmiut we interviewed (aged 30 and under), revealed that these values played an important role in their life. However, 96% of men aged 55 and over clearly attached greater importance to them.

These findings point to a certain cross-generational continuity when it comes to Inuit culture and identity. That being said, caution must be exercised in interpreting these results given that Inuit identity is a social construct that evolves according to what Dorais and Edmund (2001) have called “the requirements of history and life in society”. This comment takes on major importance when we consider that in the previous report, *Men’s Perceptions of Gender Roles* (Tremblay et al., 2021), Nunavimmiut men were divided regarding the difficulty of being a Nunavimmiut man in today’s world.¹⁴

Lastly, it is interesting to note the existence of a certain social cohesion in the Nunavimmiut’s answers to questions related to identity and those related to community life. For example, 84% of the Nunavimmiut surveyed considered that “People in this community help others” (“social support and cohesion” theme) and 97% said “I believe that sharing is an important Inuit value” (“Inuit culture and spirituality” theme). This example is typical of a deeply rooted historical tradition among Inuit communities, for whom the practice of mutual aid is “one of the values that constitutes Inuit identity” (Hervé, 2015). In addition, Nunavimmiut men attach tremendous

importance to hunting (RCIP, 2000). In fact, 95% of the Nunavimmiut in our study agreed with the statement “Going on the land is an important part of my life” and two-thirds (66%) said that they strongly agreed with it.

According to these results, community life clearly acts as an anchor in the daily life of Nunavimmiut men and their values. This is reflected by, for example, the extent to which the men we surveyed agreed with the following three statements: “There is a feeling of togetherness or closeness in this community” (69%), “People in this community help others” (85%) and “I feel like I belong in this community” (89%). As well, most of the Nunavimmiut we interviewed reported having someone in the community who showed them love and affection (69%). Our study also revealed a relatively good confidence level in health services (79% of Nunavimmiut men), with 62% also having confidence in social services. Lastly, 58% reported that health services “are sensitive to Inuit men’s realities”, while 53% said the same thing about social services.

Fewer Nunavimmiut men than Nunavimmiut women reported having social support in their community and being aware of the resources available to help them in their community. These findings echo those usually reported in population-based data (Roy et al., 2017). As for Nunavimmiut’s relationship to help and services, a comparison with Québec men (Tremblay et al., 2015) identified a few similarities, even though this exercise was not systematic since the questions were not formulated in the same way. That being said, in the case of both Nunavimmiut and Québec men, a significant number, especially those with a lower level of education and a low income, wanted to keep their problems to themselves. In addition, according to various indicators, younger Nunavimmiut kept their distance from services. Thirdly, the Nunavimmiut men we interviewed seemed to have more confidence in health services than in social services. Lastly, they considered services to be sensitive to men’s realities in proportions similar to those of Québec men, i.e., nearly 6 out of 10.

In revisiting Durkheim’s theory of social integration (Steiner, 1999), we found in our material on Nunavimmiut men the three vectors of integration into a group or a community identified by that author, namely, 1) individuals have frequent interactions (domestic society); 2) they have identical interests (religious society, in this case spiritual society, as well as hunting, fishing and land use); and 3) they share common goals (political society, in this case the Inuit community (Morin, 2008).

14. “In fact, about 37% agreed that it is hard to be an Inuk man in today’s world, 34% disagreed where as 30% neither agreed, nor disagreed” (Tremblay et al., 2021, p.6).

A second general trend that has emerged from our study is related to Nunavimmiut’s physical and mental health. The results highlight the fact that most of the Nunavimmiut we surveyed considered themselves to be in good physical health and to be satisfied with their life. In addition, generally speaking, they reported being satisfied with themselves (roughly 9 out of 10 Nunavimmiut). Lastly, resilience was shown to be a very common response by the Nunavimmiut we interviewed in the face of adversity (from 67% to 80% depending on the statements proposed). A gender-based comparison showed that Nunavimmiut men were slightly more satisfied than Nunavimmiut women with their physical health and their life in general; they also reported better self-esteem (Muckle, Fraser et al., 2020).

However, two important caveats should be mentioned in connection with this general trend. The first is related to the fact that in our study the results for Nunavimmiut men’s perception of being in good health were much lower than those for Québec men and that the reported frequency of injuries placing limitations on normal activities was much higher than that reported by Québec men (Camirand et al., 2016). The second caveat concerns the grey areas in the mental health and wellness of Nunavimmiut men. These areas are related to substance use and reported suicide ideation and attempts. With regard to substance use, more than 6 out of 10 Nunavimmiut (61.8%) interviewed reported abusing alcohol at least once a month in the previous 12 months, while three quarters (74%) said that they had used weed, pot, marijuana, grass, or hashish and that more than one third had done so every day (36%). Lastly, on average, hard drug use seems to be three times higher among Nunavimmiut men than Québec men (Camirand et al., 2016; Joubert & Baraldi, 2016).

It should be noted that in our survey alcohol and drug use was more prevalent among Nunavimmiut men than among Nunavimmiut women, especially among heavy users. In fact, the difference was often double. A similar gender-based portrait emerged from public data on Québec (Joubert & Baraldi, 2016). A number of studies underscore the importance of male socialization as a factor that explains the gender-based differences observed in substance use (Roy et al., 2014; Tremblay et al., 2022). In particular, “avoidance and affect blunting symptoms”, which predict alcohol use (Dugal et al., 2012); a feeling of being invincible, which can lead people to take undue risks especially with regard to their use patterns (Bizot et al., 2013); and the use of alcohol as a strategy for coping with stress (Bordeleau et al., 2010) all appear to be typical male predictors of substance use.

It should also be noted that in the 12 months prior to our survey the rate of suicide attempts was 13 times higher among Nunavimmiut men than Québec men and the rate

of suicide ideation was four times higher (Camirand et al., 2016). These findings put the portrait of Nunavimmiut men’s physical and mental health into perspective.

The third trend concerns violence experienced. With regard to victimization, 15% to 30% of the Nunavimmiut we interviewed reported, based on the statements proposed, having been subjected to some form of physical or psychological violence or mistreatment when they were minors (the proportion could reach close to 40% in adulthood), and 25% said that they had been a victim of sexual assault prior to their 18th birthday. The rate of sexual violence in the population of Nunavik was slightly higher than in Québec’s population as a whole (Hébert et al., 2009). Compared to the situation in Canada, the rate of physical and psychological violence and mistreatment prior to adulthood was also slightly higher in the population of Nunavik (Bigras et al., 2016). The proportions of the male and female population of Nunavik having been subjected to sexual violence in adulthood was similar to that recorded among the population of Québec (Therriault et al., 2020), while the proportions having experienced some form of physical violence in adulthood was higher than in the Canadian population (Perreault & Brennan, 2010).

In the present study, it can be seen that the more limited the education of Nunavimmiut men was (especially in the group that had completed elementary school or less), the less they reported having experienced some form of violence, be it prior to their 18th birthday or during adulthood. However, the present study does not identify or understand the factors involved in the differences observed according to education.

5.3 REFLECTION AND FURTHER RESEARCH

Three research avenues can be identified based on the findings of this study. First of all, according to the results obtained, it is interesting to note how resilient Nunavimmiut men are despite being faced with major adversity factors. To explain this phenomenon, the study identified three factors associated with strong resilience: being older, having a higher level of education and being married or living in a couple. However, even though these factors are interesting, they alone cannot provide a more global understanding of the situation. It would definitely be useful from the standpoint of knowledge development, intervention and prevention to undertake a study that could shed more light on this question.

The second research avenue would involve examining the links between violence experienced and the perception of health in order to better understand and explain the possible relationship between the two. To that end, it would be interesting to compare the situation of Nunavimmiut men with that of Québec men so as to explore the differences and similarities observed, with a view to interpreting and explaining the relationship between violence experienced and health. It would also be useful to examine violence experienced in a conjugal setting. It should be noted that our survey invited only women to answer the questions on this theme. Exploring this second avenue would be all the more important given that other studies have stressed the importance of analyzing the different realities of conjugal violence in Indigenous settings, including the study by Brassard and Spielvogel (2018).

The third research avenue would consist in studying the “community of residence” factor when interpreting the results. In this study, the links with this factor were rather weak. Is that because the variables selected (community size and coast) were too general to produce differences in the results? This is one possible hypothesis. A more detailed analysis aimed at considering results by community (14) could shed additional light by creating new results-based categories, particularly from the perspective of the geographical availability of resources. Such an exercise could be advantageous for practice settings in that it could enable them to develop more targeted interventions from a geographical standpoint.

6 CONCLUSION

The goal of this report was to provide a portrait of the health of men in Nunavik who responded to the survey *Qanuilirpitaa?*, *How are we now?* 2017. Six themes had been selected for the study: Inuit culture and spirituality; health and well-being; social support and cohesion; drug, alcohol and Internet use; victimization; and help seeking. This transversal approach produced a more global picture of the health and wellness of these men and their relationship with help and services. The present report follows from a previous one on Nunavimmiut men's perceptions of gender roles.

This study has highlighted a number of major strengths, including the importance of community life in the daily life of Nunavimmiut men. Community life is a key factor in the results. In particular, the link with certain indicators related to mutual aid and to contacts between people in the community, coupled with the importance attached to Inuit identity and values, provide a favourable backdrop to community life within communities. This strength is all the more interesting given the continuity observed with respect to Inuit identity across generations.

However, certain groups are at risk and deserve special attention. In fact, young Nunavimmiut men are at the top of the list. They have a number of major risk factors, particularly in regard to mental health, hard drug use, and

psychological and physical violence suffered, and yet they keep their distance from available services. In addition, Nunavimmiut men who are disadvantaged to a greater extent from a socioeconomic standpoint (low income, lower level of education, and not employed) are at risk on a number of indicators similar to those identified for young Nunavimmiut men. Lastly, Nunavimmiut men who are dependent on the use of substances, whether hard drugs or large amounts of alcohol, are also affected by various risk factors. This list is not complete. However, based on our results, these three groups of Nunavimmiut men stand out when it comes to health and wellness risks.

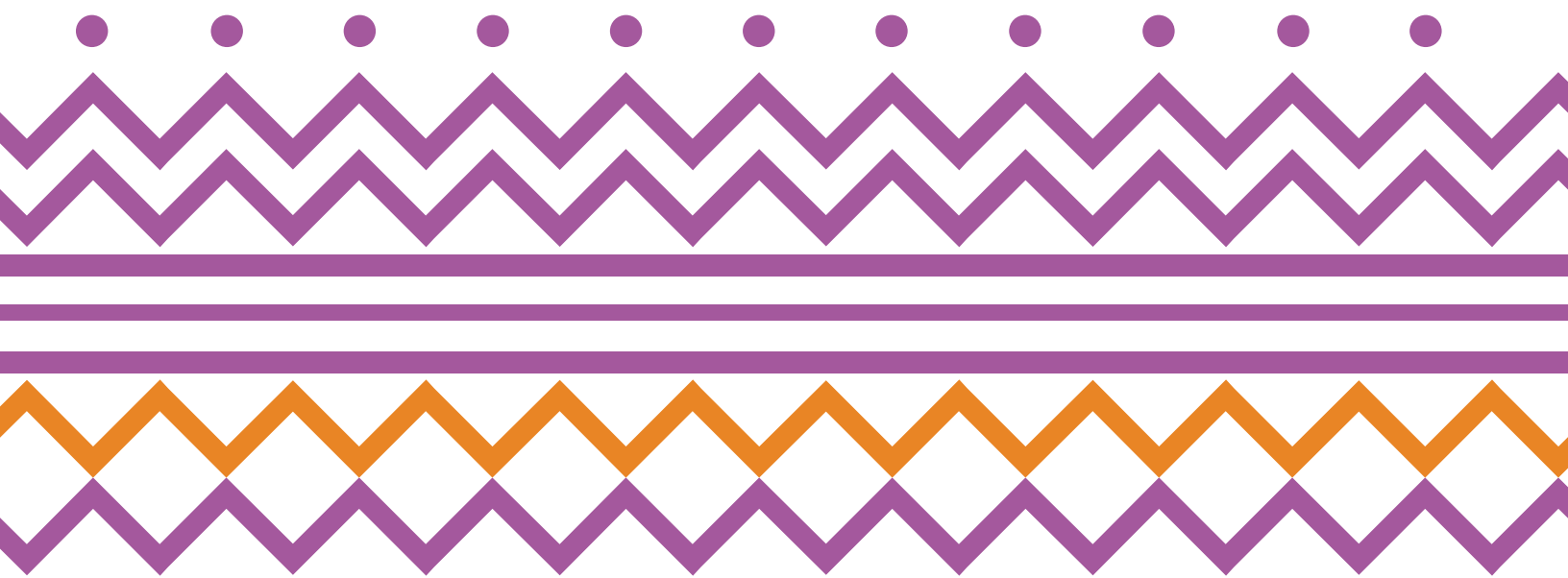
Lastly, differences and similarities were observed between the portrait of Nunavimmiut men and that of Nunavimmiut women and between the portrait of Nunavimmiut men and Québec men. Substantial differences between Nunavimmiut men and Québec men could be identified even though it was not always possible to make direct comparisons due to variations in the different studies (time frame, formulation of questions, indicators used, etc.).

This report aims to contribute to a better understanding of Nunavimmiut men's realities, with a view to identifying possible courses of action and improving services to communities as well as to developing scientific knowledge.

REFERENCES

- Baraldi, R., Joubert, K. & Bordeleau, M. (2015).** *Portrait statistique de la santé mentale des Québécois. Résultats de l'Enquête sur la santé dans les collectivités canadiennes – Santé mentale 2012.* Québec : Institut de la statistique du Québec.
- Beaulieu, E., Bélanger, R.E., Poliakova, N. et al. (2020).** *Unintentional Injuries. Qanuilirpitaa?2017. Nunavik Inuit Health Survey.* Nunavik Regional Board of Health and Social Services & Institut national de santé publique du Québec.
- Bélanger, R.E., Muckle, G., Courtemanche, Y. et al. (2021).** *Gambling, Internet and Media Use. Qanuilirpitaa?2017. Nunavik Inuit Health Survey.* Nunavik Regional Board of Health and Social Services & Institut national de santé publique du Québec.
- Bélanger, R., Muckle, G., Courtemanche, Y. & Poliakova, N. (2020).** *Substance use. Qanuilirpitaa?2017. Nunavik Inuit Health Survey.* Nunavik Regional Board of Health and Social Services & Institut national de santé publique du Québec.
- Bergeron, O., Richer, F. & Duguay, I. (2018).** La violence vécue en milieu autochtone. Dans Laforest, J., Maurice, P. et Bouchard, L. M. (dir.). *Rapport québécois sur la violence et la santé* (pp. 281-313). Montréal : Institut national de santé publique du Québec.
- Bigras, N., Daspe, M. È., Godbout, N., Briere, J., & Sabourin, S. (2017).** Cumulative childhood trauma and adult sexual satisfaction: Mediation by affect dysregulation and sexual anxiety in men and women. *Journal of Sex & Marital Therapy*, 43(4), 377-396.
- Bizot, D., Viens, P.-A. & Moisan, F. (2013).** *La santé des hommes. Les connaître pour mieux intervenir.* Saguenay : Université du Québec à Chicoutimi.
- Bordeleau, M., Dumitru, V. & Plante, N. (2010).** *Santé mentale et bien-être des adultes québécois : un aperçu à partir de quelques indicateurs-clés. Enquête sur la santé dans les collectivités canadiennes (cycle 1.2).* Portrait chiffré. Québec : Institut de la statistique du Québec.
- Brassard, R. & Spielvogel, M. (2018).** *Espoirs à l'épreuve de la souffrance. Paroles d'hommes autochtones sur la violence conjugale et familiale.* Québec : Presses de l'Université du Québec (cool. Problèmes sociaux et interventions sociales).
- Bujold, L. (2006).** *La mort habitée : le suicide chez les jeunes Inuit du Nunavik.* Thèse de doctorat, Département d'anthropologie, Faculté des sciences sociales. Québec : Université Laval.
- Camirand, H., Traoré, I. & Baulne, J. (2016).** *L'Enquête québécoise sur la santé de la population, 2014-2015 : pour en savoir plus sur la santé des Québécois. Résultats de la deuxième édition.* Québec : Institut de la statistique du Québec.
- Commission d'enquête sur les relations entre les Autochtones et certains services publics : écoute, réconciliation et progrès. (2019).** *Rapport final.* Québec : Gouvernement du Québec.
- Commission royale sur les Peuples autochtones. (1996).** *Rapport de la Commission royale sur les Peuples autochtones.* Ottawa : Gouvernement du Canada.
- Dorais, L.-J. & Edmund, E. (2001).** Identités Inuit/ Inuit Identities. *Études/Inuit/Studies*, 25 (1/2) 9-35.
- Dugal, N., Guay, S., Boyer, R., Lesage, A., Bleau, P. & Séguin, M. (2012).** Consommer pour oublier : Une étude de la consommation d'alcool et de drogues des étudiants suite à la fusillade de Dawson. *Revue Canadienne de Psychiatrie*, 57 (4) 245-253.
- Joubert, K. & Baraldi, R. (2016).** *La santé des Québécois : 25 indicateurs pour en suivre l'évolution de 2007 à 2014. Résultats de l'Enquête sur la santé dans les collectivités canadiennes.* Québec : Institut de la statistique du Québec.
- Hébert, M., Tourigny, M., Cyr, M., McDuff, P., & Joly, J. (2009).** Prevalence of childhood sexual abuse and timing of disclosure in a representative sample of adults from Quebec. *The Canadian Journal of Psychiatry*, 54(9), 631-636.
- Hervé, C. (2015).** *Le pouvoir vient d'ailleurs. Leadership et coopération chez les Inuits du Nunavik.* Québec : Presses de l'Université Laval.
- Morin, A. (2008).** *Intégration sociale et problèmes sociaux chez les Inuits du Nunavut. Stratégies des Nunavumiuts à l'égard des possibilités et contraintes de la vie contemporaine.* Thèse de doctorat, Département de sociologie, Faculté des sciences sociales. Québec : Université Laval.
- Muckle, G., Fraser, S., Desrochers-Couture, M. et al. (2020).** *Mental Health and Wellness. Qanuilirpitaa?2017. Nunavik Inuit Health Survey.* Nunavik Regional Board of Health and Social Services & Institut national de santé publique du Québec.

- Muckle, G., Fletcher, C., Riva, M. et al. (2020).** *Sociocultural Determinants of Health and Wellness. Qanuilirpitaa?2017. Nunavik Inuit Health Survey.* Nunavik Regional Board of Health and Social Services & Institut national de santé publique du Québec.
- Muckle, G., Bélanger, R. Lafrenaye-Dugas, A.-J. et al. (2021).** *Interpersonal Violence and Community Safety. Qanuilirpitaa?2017. Nunavik Inuit Health Survey.* Nunavik Regional Board of Health and Social Services & Institut national de santé publique du Québec.
- Perreault, S., & Brennan, S. (2010).** Criminal victimization in Canada, 2009. Statistics Canada, Juristat, 30(2), Catalogue no. 85-002-X201000211340. Retrieved from <https://www150.statcan.gc.ca/n1/pub/85-002-x/2010002/article/11340-eng.pdf>.
- Réseau canadien sur le patrimoine. (2020).** *Culture inuite.* Ottawa : Gouvernement du Canada. <https://www.canada.ca/fr/reseau-information-patrimoine.html>.
- Roy, J., Tremblay, G. Guilmette, D. Bizot, D., Dupéré, S. & J. Houle, J. (2014).** *Perceptions des hommes québécois de leurs besoins psychosociaux et de santé ainsi que de leur rapport aux services – Méta-synthèse.* Québec : Masculinités et Société.
- Roy, J. & Tremblay, G., Cazale, L., Cloutier, R. & Lebeau, A. (2017).** *Les hommes au Québec. Un portrait social et de santé.* Québec : Les Presses de l'Université Laval.
- Statistique Canada. (2001).** *Estime de soi, selon le sexe, population ≠ domicile de 12 ans et plus, Canada et provinces, 1994-1995.* Ottawa : Gouvernement du Canada, tableau No 82-221-XIF au catalogue.
- Statistique Canada. (2016).** *Enquête sur la santé dans les collectivités canadiennes (ESCC), volet Santé mentale, 2012, tableau 105-1101.* Ottawa : Gouvernement du Canada.
- Statistique Canada. (2017).** *Utilisation d'Internet selon la fréquence, le groupe d'âge et le sexe.* Ottawa. Gouvernement du Canada, tableau 27-10-0018-01.
- Steiner, P. (1999).** Intégration. Dans *Dictionnaire de sociologie* (p. 288). Paris : Le Robert/Le Seuil.
- Therriault, C., Bigras, N., Hébert, M., & Godbout, N. (2020).** All involved in the recovery: disclosure and social reactions following sexual victimization. *Journal of Aggression, Maltreatment & Trauma, 29(6), 661-679.*
- Tran, N. & Lévesque, L. (2019).** *Le suicide chez les Inuit du Nunavik.* Commission d'enquête sur les relations entre les Autochtones et certains services publics : écoute, réconciliation et progrès. Québec : Gouvernement du Québec.
- Tremblay, G., Roy, J., de Montigny, F., Séguin, M., Villeneuve, P., Roy, B. Sirois-Marcil, J. & Emond, D. (2015).** *Où en sont les hommes québécois en 2014. ? Sondage sur les rôles sociaux, les valeurs et sur le rapport des hommes québécois aux services.* Québec : Masculinités et Société.
- Tremblay, G., Roy, J. Ayotte, P. & R. Bélanger, R. (2021).** *Men's Perceptions of Gender Role. Qanuilirpitaa?2017. Nunavik Inuit Health Survey.* Nunavik Regional Board of Health and Social Services & Institut national de santé publique du Québec.
- Tremblay, G., Déry, F. & Roy, J. (2022).** La santé des hommes : état de situation. Dans Deslauriers, J.-M., Tremblay, G., Dufault-Genest, S, Blanchette, D & Desgagnés, J-Y (dir). *Regards sur les hommes et les masculinités : comprendre et intervenir* (2^e édition). Québec : PUL.



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