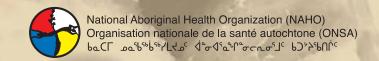








INUIT MEN TALKING ABOUT HEALTH



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Inuit Tuttarvingat (formerly known as the Ajunnginiq Centre)

The Inuit Tuttarvingat of the National Aboriginal Health Organization shall promote practices that will restore a healthy Inuit lifestyle and improve the health status of Inuit, through research and research dissemination, education and awareness, human resource development, and sharing information on Inuit-specific health policies and practices.

The Inuit Tuttarvingat's five main areas of focus are to:

- Improve and promote Inuit health through knowledge-based activities;
- Promote understanding of the health issues affecting Inuit;
- Facilitate and promote research and develop research partnerships;
- Foster participation of Inuit in the delivery of health care; and,
- Affirm and protect Inuit traditional healing practices.

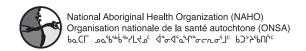
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Summary

In 2002, the Inuit Tuttarvingat* of the National Aboriginal Health Organization held a series of community workshops in Inuit regions to gather residents' ideas about health and health-related needs. At every workshop, participants stated their concern that Inuit men were not getting the help they needed. Those concerns sparked this present study, which interviewed 19 Inuit men across the country about their needs and views on health. We hope that this study will give a stronger voice to Inuit men, and will contribute to discussions about how health and social programs can be adapted to better serve them.

Inuit communities have faced huge cultural transitions in the space of just two generations. While these transitions have affected both men and women, many commentators feel that the traditional male skills were less easily transferable to the "modern" way of life. The changes have left Inuit men feeling powerless, lost, and unsure of their place in the family and community. Their level of

distress is reflected in a series of depressing statistics, from low school completion rates to high rates of incarceration and suicide. Yet services specifically oriented to male needs have lagged behind those for women.

It is against this backdrop that the men in this study described their problems and needs, and offered their suggestions for improving the situation. The men discussed some of the major factors that underlie health — like education, income, and use of health care — and also described their experience and perceptions of the personal and family problems that Inuit men face.

Factors that Underlie Health

Education affects health both directly and indirectly. Few of the men in this study had completed high school, although many had since taken other courses. Despite this, they said they had enjoyed the social aspects of school, and the challenge that school offered. The participants felt that Inuit need both

^{*} At the time of this research project, the Inuit-specific centre at the National Aboriginal Health Organization was known as the Ajunnginiq Centre. In October 2008, the Ajunnginiq Centre changed its name to Inuit Tuttarvingat.

traditional and western knowledge, and suggested many ways to make school more attractive to young males. Of these, the most common involved incorporating traditional skills into schooling, adopting innovative teaching methods, and offering training in trades and other "masculine" activities.

Most of the participants had been unemployed at some time, and they agreed on the distress that this causes. Jobs were seen as essential not just for financial security but also for a feeling of accomplishment and contribution. As such, any job was valued; but those that allowed their holder to revive/strengthen traditional ways or otherwise make a contribution to community life were seen as especially appealing.

Health care seemed to be an issue, with fully half of the participants saying that they would not consult a doctor when ill. Participants also felt that less information is available on men's health issues than on women's. Using audio-visual formats for health information was recommended as a good way to reach Inuit men.

Personal and Family Problems

Participants acknowledged that problems like anger, jealousy and alcohol abuse were common in their communities. Men cope with personal problems in different ways: about half would turn to family and friends for help, while others would seek professional care. However – except perhaps for alcohol problems - many of the men were very unsure where they could find professional help. Suicide and violence were topics that received particular attention. The men's proposals for reducing youth suicide rates often involved strengthening social ties, with suggestions for closer families, better communication, and provision of role models for youth from troubled families. Violence was acknowledged to be commonplace and often linked to alcohol use, which in turn was seen as stemming from a loss of identity.

A common thread running through all the discussions was that many of the problems Inuit men face are the result of a loss of culture and a feeling of uncertainty about their role within their families and communities. What is most needed, our informants asserted, is a stronger feeling of identity, of belonging, and of pride in Inuit culture and heritage.



We hope that this document will help to fill a gap by giving a stronger voice to Inuit men and their issues, and will contribute to discussions about how health and social programs can better serve Inuit men.



Introduction

In 2002, the Inuit Tuttarvingat (formerly known as the Ajunnginiq Centre) of the National Aboriginal Health Organization held a series of community workshops in all four Inuit regions of Canada. A total of 49 communities in Nunavut, the Inuvialuit Settlement Region (Northwest Territories), Nunavik (northern Quebec), and Nunatsiavut (Labrador) participated. The purpose of these meetings was to gather community members' ideas and opinions about health and health-related needs.*

At every workshop, participants stated that men's needs require more attention. They identified a wide range of men's health issues: mental health problems like low self-esteem, depression and suicide; emotional problems like anger, jealousy and difficulty expressing feelings; addictions to smoking, alcohol, and gambling; and experiences of mental, physical and sexual abuse. They spoke of low education and employment levels, a lack of services for men, a loss of traditional skills and knowledge, and major changes in men's roles as sons,

fathers and husbands. And they voiced their concern that Inuit men are not getting the help they need to cope with these problems.¹

Those concerns sparked the present study, which interviewed Inuit men in all four regions about their needs. This text begins by describing what Inuit men told us about some of the factors that have major impacts on health - education, employment, physical activity, and access to health services. It then focuses on the personal and family problems that Inuit men face as they adapt to their changing roles, with a particular focus on the problems of suicide and violence. In each case, we describe the men's experience of the problem, their thoughts about its causes and their suggestions for improving the situation. We hope that this document will help to fill a gap by giving a stronger voice to Inuit men and their issues, and will contribute to discussions about how health and social programs can better serve Inuit men.

^{*} At the time of this research project, the Inuit-specific centre at the National Aboriginal Health Organization was known as the Ajunnginiq Centre. In October 2008, the Ajunnginiq Centre changed its name to Inuit Tuttarvingat.

"We need each other to start dealing with our problems and I think that's the message that we should really try and get out there. It's 'we need each other to start helping ourselves and our families and our communities.' If we start helping ourselves, it leads to helping your family and also leads to helping your community..." (Nunavik participant)





Background: Cultural Change and Health Problems

Inuit men have higher rates of suicide, incarceration, violent behaviour, substance abuse, and other wellness problems than other men in Canada. They may also have problems of unemployment and low rates of formal education. These problems — and the underlying stressors that help create them — affect their physical and emotional health. Increasingly, public forums, reports, newspaper articles, and organizations are recognizing that attention must be paid to the root causes of mental, emotional and physical wellness problems among Inuit men, so that health and social services can better address men's needs.

Massive Cultural Change in Just Two Generations

The change that Inuit men are experiencing from their traditional roles to their roles in modern society is an important factor in their overall wellness. Arctic life has changed drastically in just two generations. The grandfathers of today's working-age men lived almost entirely off the land. Working hand-in-hand with their wives, they provided the necessities to feed, clothe and educate their children. Traditionally, men built the homes, handled all the transportation, helped with birthing and sick children, had excellent land skills, and were an integral part of the family.¹³ However, since the 1950s, southern forms of government, southern approaches to justice and new religions have altered traditional community and family relations. These days, says the organization Nunavut Wellness, men only experience empowerment when they are engaged in land-based activities.13 For many men, adapting to the new social structure has been traumatic.

Compounding the problem, many of today's adult men attended church-run residential schools as children, and while this was a positive experience for some, others experienced isolation, abuse and neglect. All students faced a lack of appreciation from teachers and administrators for their culture and language. The Ilisaqsivik Centre in Clyde River, Nunavut, which developed a men's

healing program, states, "the most significant cultural change has occurred for the men in Nunavut, rather than for women... Support groups of all kinds have sprung up [for women]... Men, however, are only just beginning their healing journey."¹³

A Disconnect Between Traditional and "Modern" Skills

Some people have suggested that Inuit women's traditional skills were more easily transferable to modern life than men's. In an interview for an article on "Why Inuit men are falling behind," Abraham Tagalik and Archie Angnakak discuss how differences in men's and women's traditional communication styles and skills, expectations and roles may have prepared women to adapt more rapidly to the needs of modern life. They suggest that girls are usually put to work on household chores, and therefore develop skills in setting priorities and coping with problems, while boys are not asked to contribute to the household. Further, some of the traditional skills that boys learn as hunters directly conflict with those needed for the modern-day workplace or classroom:

My whole generation went through this.... We were expected to ask questions in school. And then, when we got out of school, when we go out on the land with mom and dad, we're expected to keep our mouths shut and learn by watching, so we couldn't ask.¹¹

In the same vein, elders have pointed to differences in men's opportunities to develop interpersonal skills and relationships. For example, in discussing suicide prevention and resilience, one group of elders noted,

Previously men did not have to relate in larger groups as they were out hunting, and perhaps girls had learned how to live in groups better. The move to living in settlements and communities meant men were constantly exposed to more complex relationships in their new environment yet they lacked previous experience in this regard. On the other hand, women had historically functioned in groups, and may have developed a broader range of coping skills and strategies which aided them in adapting to newer, complicated and busier circumstances.3

The Need to Provide More Services for Inuit Men

That Inuit men are experiencing extreme distress is shown in their high suicide rates. Eighty-three per cent of Inuit suicides are by men, and almost all of these take place before the age of 30.6 In Nunavut, the suicide rate among Inuit males age 15–19 was 45 times the comparable rate for Canadian teens (817 per 100,000 over the years 1999-2003, compared to 18.2 per 100,000 for Canadian teens in 1998).7 The gap at older ages was less marked, but

still large, with Inuit rates far higher than the Canadian average for all ages up to 45 years.

Based on these and other statistics, the Canadian Mental Health Association's Northwest Territories division (2006) states that men's mental health is in crisis. Yet despite this, little attention has been paid to men's health and wellness needs, 12 and the existing services are not always well adapted to the needs of Inuit men. Asked about services to help men heal, staff and inmates at the Fenbrook Centre Violent Sexual Offender program listed some of the problems that Inuit offenders face:

- Literacy and language gaps that can make it difficult for offenders to understand what is being said in counselling and education programs.
- Low educational levels that make it difficult to find employment after prisoners are released.
- A lack of programs and intensive community support systems for offenders.
- A shortage of community-based correctional services in the North, resulting in men having to attend programs in Ottawa or Montreal, where they are isolated from family and community life.

Beyond these obvious problems, there may be others having to do with the way that services are currently structured. In informal discussions, some service providers and community members state that men tend not to seek help or information, and that existing opportunities, services and programs do not 'hook' men. For example, men may begin educational programs or support groups but they tend to drop out before completion. This suggests a need to adapt programs to be more relevant and useful to male clients.

Since men's and women's lives are inextricably linked, helping men to heal will benefit both men and women. This is particularly true with respect to family violence. In its report on violence and abuse prevention, Pauktuutit Inuit Women of Canada discusses the reasons why some individuals develop the anger and despair that leads to abuse and violence. These reasons include a lack of opportunities, low self-esteem, financial stresses, a sense of having no control over one's own life, and a lack of positive role models. Recognizing that reducing violence towards women means addressing these root causes of ill-health for men, Pauktuutit has developed follow-up projects that incorporate men's ideas and involvement. Such projects are a first step in answering the question posed in one letter to the Editor of Nunatsiaq News:

"What help exists in communities to assist Inuit men in their daunting struggle to bridge the Inuit traditional and modern lifestyle, especially when they cave in under the stress of it all?" 9



The purpose of the community visits was to engage local Inuit men in the project.



How We Did the Research

The Inuit Tuttarvingat's project on Inuit men's health needs began in January 2007. The project involved a series of interviews (by telephone or face-to-face), using a questionnaire to guide the discussion. The questions focused on education, employment, physical activity, health services, and men's mental and emotional wellness.

Finding Participants for the Project

The Inuit Tuttarvingat created Inuktitut-English public service announcements to publicize the project on the four regional northern CBC radio stations, Inuit community radio stations, and on local television advertisement channels. These announcements were an open call to Inuit men interested in voicing their opinions on their health issues and needs. Men aged 18 and older who responded were asked to participate in an interview. Unfortunately, response to these announcements was low, and resulted in only three men being interviewed. Project staff

decided to add to the total by arranging face-to-face interviews in several northern communities. A male staff member visited four communities between February and April 2007:

- Inuvik, Northwest Territories: February 11–15, 2007
- Kuujjuaq, Nunavik: February 19–21, 2007
- Baker Lake, Nunavut: March 9–16, 2007
- Happy Valley-Goose Bay and Hopedale, Labrador: March 26–April 2, 2007.

The purpose of the community visits was to engage local Inuit men in the project. A number of methods were used to make contact with potential interviewees. In Inuvik and Kuujjuaq, the Inuit Tuttarvingat contacted local men's groups, Aurora College, regional Inuit organizations, youth organizations, and the Inuvik residential school counselling centre. In Baker Lake, interviews were carried out at the National Inuit Elders and Youth Summit. In Happy Valley-Goose Bay, a participant was recruited through local contacts. Interviews were conducted in the location of the respondent's choice, and in either English or Inuktitut.

Besides these interviews, the original plan called for two focus groups: one with wardens and inmates enrolled in the *Tupiq* program at the Fenbrook Institution in Gravenhurst (Ontario), and another with urban Inuit attending Ottawa's Tungasuvvingat Inuit Mamisarvik Healing Centre. In practice, time did not permit a focus group at Fenbrook Institute, but some discussions were held with warders and inmates. Few men responded to the invitation to attend a focus group at the Mamisarvik Centre, so in the end only one urban participant from Ottawa was interviewed.

Conducting the Interviews

The interviewer began by describing the project and the protocols for protecting respondents' privacy. A consent form was read to the participants (in either English or Inuktitut).* People participating in face-to-face interviews signed the consent form; those being interviewed by telephone gave

verbal consent. Personal interviews and some of the telephone interviews were recorded on a digital recorder; in a few situations where recording was not possible because of technical problems, the interviewer wrote down the participant's answers.

The interviews covered general physical health and mental wellness, as well as education and employment. A questionnaire provided a broad framework for the interview, and participants were encouraged to elaborate on their own personal experiences and opinions. When necessary, the interviewer asked additional questions to clarify responses and gather relevant information.

About the Participants

A total of 20 people[†] were interviewed for this report. Their ages varied widely: some had grown up following traditional ways, while others represented the perspective of the younger generation. Representation from three of the four regions was fairly equal. The interviewees included:

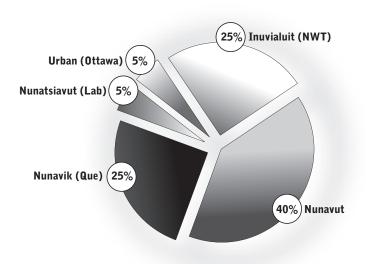
- One person from Labrador (Happy Valley-Goose Bay).
- Five people from Nunavik (Kuujjuaq).
- Eight people from Nunavut.

^{*} Copies of the consent form and the interview questionnaire are included in Appendix 1 and 2.

[†] This total includes 19 men, and one woman who believed it was important that the project also include women's input. Her responses have been used only in the general description, and not in the results by theme presented later in this paper.

- Five people from the Inuvialuit Settlement Area.
- One person from Ottawa.

REGIONAL REPRESENTATION

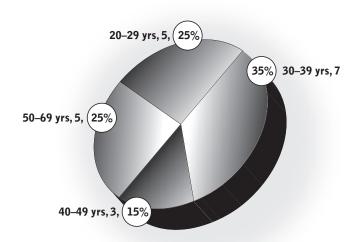


Through these interviews, Inuit men from different regions, age groups and employment and educational backgrounds provided their ideas on men's health needs and gaps. Their responses are presented in the next five sections, which examine:

- Education.
- Employment.
- Physical activity.
- Use of health services.
- Personal and family problems.

The Discussion section at the end summarizes the results and identifies some of the common themes.

AGES OF PARTICIPANTS



"Without being educated in both Inuit and White ways, they can't be successful. They need to be knowledgeable in Inuit culture





Views on Some of the Factors that Affect Health

Education

Without being educated in both Inuit and White ways, they can't be successful. They need to be knowledgeable in Inuit culture and be educated to be successful. (Nunavut participant)

Education has very large effects on health — both direct (e.g., through knowledge of how to maintain health) and indirect (because it influences things like income, occupation and self-esteem). We were fortunate to interview Inuit men with varied educational backgrounds: some had completed their schooling (secondary or post-secondary); some were currently attending school; and others had not completed their formal education.

EDUCATION LEVELS OF RESPONDENTS

Of the 19 men we talked to, only eight (42 per cent) had finished high school, while three

(16 per cent) were still in school. They offered many different reasons for not completing school, ranging from seeing other successful drop-outs, to thinking they knew everything, to personal problems and feeling they were stupid or didn't fit in. Some went to work instead, while one man explained that his father didn't want him to move away from the community so he could attend high school. Many of the men had since furthered their education by taking additional programs or training.

COMPLETED SECONDARY SCHOOL

	NUMBER	PER CENT
Yes	5	26%
No	11	58%
Still attending	3	16%
Total respondents	19	100%

ADDITIONAL COURSES, PROGRAMS, OR TRAINING

	NUMBER	PER CENT
Yes	13	81%
No	3	19%
Total response**	16	100%

^{**} A few respondents did not answer this question.

ENCOURAGING MEN TO STAY IN SCHOOL

What would make school better for guys is to create and encourage more understanding of education and the purpose of the education. Encourage students to ask why they are being taught what they are being taught, as opposed to more traditional learning in northern schools. (Urban participant)

Most of the men we talked to said they had enjoyed their schooling. Many had enjoyed the chances to socialize at school or during extracurricular activities, and mentioned caring teachers, friends and positive influences. Some also spoke of interesting courses, feeling challenged and having a chance to learn more about the world. In contrast, those who described their school experience as bad spoke of having poor teachers and little support, feeling bored and not trying hard enough.

WAS SCHOOL A GOOD EXPERIENCE?

	NUMBER	PER CENT
Good	15	79%
Not good	3	16%
Did not attend school	1	5%
Total response	19	100%

What might encourage more boys and men to stay in school? The respondents offered many different suggestions:

 Offer better education overall, and make it more challenging for students, through innovative post-secondary programs like the Nunavut Sivuniksavut training for high school graduates.

- Introduce programs which connect men to their heritage, help them build pride in themselves and incorporate contemporary western knowledge.
- Teach contemporary skills in relationships and family planning, along with traditional skills of responsibility, independence and discipline.
- Gear programs towards boys'/men's interests like politics, etc.
- Provide relevant programs and pretrades courses, such as carpentry, heavy mechanics and outdoor work.
- Expose students to a variety of careers, not just trades.
- Reduce restrictions and pre-requisites for post-secondary education.
- Encourage parents to support education and improve home life.
- Emphasize the benefits of education, physical fitness and staying in school.
- Teach responsibility, the value of hard work: at present, free funding for postsecondary education is taken for granted.

The theme of "challenge" ran through descriptions of what participants had enjoyed and what they felt was needed to encourage today's youth to stay in school. As one participant put it,

They need to be challenged.... We sell our kids short way too much. We don't challenge them enough. Because English or French is the second or third language of the child, the teachers or the people who are in the system tend to think OK, we've got to go soft on these kids because it's not their first language. But if you prepare a child at an early age like in kindergarten and Grade 1 and 2, you challenge them enough, I think their coping skills will be a lot stronger later on and they will be able to find ways to deal with whatever issues they might have at a later age; in teenage years and high school. (Nunavik participant)

Employment

This is why I started to teach about our culture and traditions. Since we got our own government and their emphasis was on using Inuit culture and traditions, this is what I have been working on, to teach our ways. It is not until you learn and understand your culture and complete your education, will you be able to get a job. (Nunavut participant)

UNEMPLOYMENT AND DISTRESS

Employment and occupation have a profound influence on both physical and mental health. Most of the men interviewed (14 out of 19, or 74 per cent) had been unemployed at some

point in their lives; only five had never been out of work. All agreed that not having work created very negative emotions. The men spoke of feeling unhappy with themselves, stressed and worried about being able to provide for their families. While unemployed, they felt worthless and discouraged, and many said they were angry or embarrassed about their situation. Several noted that unemployment can leave men with no sense of direction, and lead to them turning to negative habits. Some even said that friends of theirs had committed suicide because they could not find a job.

People without work I think start to lose purpose in life, become aimless, directionless, frustrated when they are not able to provide the things that they want to provide to those that they care about. When the people that they care about are suddenly in need of help but they don't have the resources or the ability to provide that help, maybe leading to a sense of helplessness. So I think it leads to all sorts of negative impacts. (Nunavut participant)

TYPES OF WORK AND SATISFACTION WITH WORK

The respondents' employment experiences ranged from jobs in manual labour, municipal services, and government, to traditional, land-based occupations. The jobs mentioned included boat builder, cook, truck driver, wildlife officer, store clerk, administrative assistant, communications director, computer technician, translator, corrections officer,

police officer, counsellor, recreation coordinator, youth co-ordinator, lands/cultural program teacher, and subsistence hunter.

Most of the men we talked to enjoyed their work. Employment provided them with a steady income and financial security, feelings of accomplishment, and the opportunity to enhance their skills and help others. The men who were working in cultural programs or those that required them to be on the land noted that they particularly enjoyed the opportunity to teach traditional ways, promote the Inuit culture and pass their skills on to others.

In general, the respondents saw manual labour, land-based jobs and public service positions as good occupations for Inuit men. Jobs that involve contributing to the community were seen as valuable. Thus, jobs in tradition and culture were valued as making a contribution, while a career in politics was seen as a positive way to provide leadership. Traditional, seasonal and outdoor jobs were seen as giving men the opportunity to enjoy the land while gaining work experience. Asked if they would prefer a different occupation, many of the men wished for jobs that incorporated Inuit culture (e.g., Inuktitut translator, caribou harvester, culturally-based counsellor). One respondent took a more pragmatic view: he suggested that while some jobs are better than others, the important thing is for a man to have a job - any job that allows him to be productive and useful.

The men were also asked about the types of work they would not like to do. Understandably, low-paying and low-status jobs like janitor or cashier were not popular. Some respondents also indicated a dislike for jobs that involve conflict, and office or political jobs that are distanced from people.

Physical Activity

Physical activity enhances health, and is more directly under people's control than factors such as employment. Judging by the responses to this study, Inuit men are involved in a variety of team and individual sports in their communities. Although two of the men did no physical activity, the others listed many active pastimes:

- Group sports such as hockey (floor/ice), basketball, softball, and karate (9 participants).
- Solo sports such as walking, swimming, hiking, and working out (9 participants).
- Outdoor activities like snowmobiling, hunting or working in the shed (8 participants).

Participants suggested several ways to encourage Inuit men to be more physically active. One proposal was to introduce group activities such as hunting and fishing, so that men who do not have access to hunting equipment can get out on the land. Participants also suggested holding more community activities, social events and tournaments — and scheduling them outside of business hours so that they do not conflict with other commitments. Finally, they recommended publicizing the benefits of

physical activity, and the health effects of inactivity, through teaching and advertisements.

Use of Health Care and **Health Information**

The interviews also asked when and why men consult a health-care worker, and how comfortable they are with seeking care. In addition, the respondents provided ideas about the best ways to make health information available to Inuit men.

USE OF HEALTH SERVICES

Men don't always go to doctors because they are embarrassed or feel that they don't need help. It is not until their loved ones tell them to go, that they seek medical attention.

(Nunavik participant)

I've a family of my own and I stopped a long time ago thinking about myself. But there are a lot of people... that just don't think that way and they'd rather just get sick rather than go for help. There is pride and stubbornness. I know a few instances, especially with heart conditions and knowing that they have to slow down and change their way of life. There are a lot of them out there that just don't want to do stuff like that.

(Inuvialuit participant)

Only half of the men we talked to (9 out of 19) said they always go to see a nurse or doctor when they are sick. They were even less likely to see a health-care provider for suspected illnesses and minor complaints. Only 1 in 4 men (26 per cent) would go to the health clinic for preventive care or early treatment. Three of the interviewees had not been to see a doctor, for any reason, for as long as they could remember.

SEEK MEDICAL ATTENTION WHEN SICK

	NUMBER	PER CENT
Yes	9	47%
No	10	53%
Total Respondents	19	100%

SEEK MEDICAL ATTENTION WHEN THEY MIGHT BE SICK

	NUMBER	PER CENT
Yes	5	26%
Sometimes	1	6%
No	13	68%
Total Respondents	19	100%

Despite this, the men were able to list the types of health problems for which they would consult a doctor. The list included chronic conditions such as:

- Heart, cardiovascular problems.
- · Back problems.
- Problems with bones, joints, pain from arthritis.
- Migraine headaches.

It also included more minor ailments such as:

- Toothache.
- · Infected cuts.
- Abdominal problems.
- Age-related ailments.
- Hearing problems.
- · Flu and colds.

Younger participants tended to name mainly minor health problems, while older respondents mentioned more chronic or serious health problems. Perhaps because they have chronic conditions that require monitoring, older respondents were also more likely to make repeated visits to their health-care provider.

LEVEL OF COMFORT WITH HEALTH SERVICES

Most of the men interviewed (73 per cent) felt comfortable visiting a heath-care provider, but the remaining 27 per cent said they felt awkward.

COMFORTABLE WITH MEDICAL VISIT

	NUMBER	PER CENT
Comfortable	14	73%
Awkward	5	27%
Total respondents	19	100%

The participants who felt awkward or uncomfortable attributed this to long wait times, communication or language problems, and cultural differences. Seeing a female health-care provider caused discomfort in some situations.

The quality of health care also affected people's comfort with the services. One participant specifically stated that the high staff turnover and inconsistency of health care in the North contributed to his lack of comfort. This person, like many others in the North, believed that some health practitioners come to their communities to make a lot of money in a short time with no intention of staying. Another man thought that health-care staff might be too busy to take the patient's concerns seriously:

It's hard to say, especially in small communities, you get sick and you go up to the health centre and all they give you is Tylenol® and say come back the next day or next week and in the meantime you might be really sick. It's frustrating because you don't have the people taking the time to see what is really wrong. There could be a number of different reasons they aren't taking their time: they are not well trained, they are lazy, or just for the money, stuff like that.

(Inuvialuit participant)

THE NEED FOR MORE HEALTH INFORMATION

I had postpartum depression when my baby was born. It's not just women; I had it even worse. My partner was proud with herself and her family, but not with me. A mother can be very harsh with her husband. There should be information and help for guys about childbirth, babies, child care, baby blues — that stuff should be given to men too; men should have a chance to learn about that, not just women.

(Nunavut participant)

A number of men said they lack information on the health issues that concern them. There seems to be quite a lot of health information available for women but not as much for men. Men felt it only fair to have health information in the same abundance and in the same public spaces as women's health issues.

Often, the respondents did not know where to find the relevant information on men's health and did not know what types of health problems they might be susceptible to. The men in this study wanted more information on physical health problems such as:

- Heart and cardiovascular problems.
- Cancer (lung, prostate and all types of cancer were mentioned).

- Diabetes.
- Emphysema.
- Stroke.
- Addictions.
- Effects of smoking.
- Hearing problems.

Of these topics, cardiovascular diseases and cancer were considered the most important.

What are the best ways to reach Inuit men with health information? The participants had a number of ideas on this topic. It seems clear that Inuit men prefer to see and hear, rather than read about, health issues. The most favoured methods were television, radio, pamphlets, posters, and the internet; other methods, like newspaper ads, workshops, or public presentations, were less often mentioned. One individual suggested that blanket media campaigns on radio and television of the type recently used by this person's regional government to encourage high voter turnout in elections - are a viable method for placing important health information before Inuit men. In such ways, men could acquire information on health issues without drawing attention to themselves as they would if they sought out information or picked up a brochure from a health centre.



"I think all the visible problems that we see are a result of a much deeper problem that men have. You can have an alcohol problem, a drug problem, a jealousy problem, low self-esteem problem. You can be violent, there are so many problems out there that we can see. However, much is related to a deeper problem. A deeper problem of separation, alienation, intimidation, neglect kind of. Men have deep problems like that, lacking feeling of involvement, loss of identity, loss of control." (Nunavik participant)



Views on Personal and Family Problems

Housing is probably the single biggest problem creating issues in our regions in the North. Housing, singlehandedly... 10 people in a four-bedroom house with little kids running around screaming all the time with no privacy or you don't have your own space. At whatever cost it is, if we provide every single family that needs a house, a house,... our problems would be a lot easier to solve. Because even if a certain project or program is done properly... the person who went through that program and did really well and they are gung ho and think they are going to be okay now, but because their housing situation hasn't changed they are just going to go back to square one. (Nunavik participant)

Participants were asked to talk about the personal and family problems that create stress in their lives and affect their mental wellness.

Although a difficult subject at times, the men in the study were able to share some of their problems and give us insight into the personal and family problems they have faced themselves or seen in others. In their descriptions, many of the problems were tied to a loss of identity, low self-esteem, feelings of loss of control over their lives, and other forms of stress. Often, these personal problems were interconnected.

Coping with Personal Problems

The personal problems that were mentioned most frequently were jealousy, anger, unemployment, and alcoholism (with the alcohol problems attributed to underlying issues such as anger). Most respondents talked of jealousy on the part of their spouses, that is, female jealousy toward the male partner, but there were also examples of their own jealous tendencies. Participants also mentioned inability to manage anger as a common problem, and cited concerns about a lack of anger-management programs.

EXPERIENCE OF PERSONAL PROBLEMS

PROBLEM	NUMBER	PER CENT*
Jealousy	9	47%
Anger	6	32%
Unemployment	5	26%
Alcoholism	4	21%
Lack of communication	3	16%
Stress	2	11%
Loss of identity	2	11%
Other issues	1	5%

^{*}Respondents could name more than one problem

These Inuit men deal with personal problems in a variety of ways:

- Talk about it with friends/ talk to someone/talk to family.
- Let it out, swear, or cry.
- Stay social, try not to be alone.
- Pray.
- Think about the problem.
- Swallow it up.
- Go out on the land/snowmobiling/camping.

Many men hesitate to seek professional help for their problems, because of concerns about privacy, unfamiliarity with the counsellor or the counselling method, and lack of trust. About half the respondents indicated that they would turn to a professional, while the others preferred to get help from family or friends, or to deal with their problems alone by trying to forget them, thinking them through, or going out on the land. Older men with established relationships often said they

would seek help for family problems from their partner first, and turn to a professional if that did not work. Some of the younger respondents said they would be reluctant even to turn to someone close for help.

Nonetheless, certain situations — especially family problems — would prompt men to actively seek out help. The men said they would seek help to deal with:

- Family problems.
- Loss of friend or family.
- Feelings of being overwhelmed.
- Unemployment.
- Physical illnesses that they couldn't deal with by themselves.
- Communication problems.

SOURCES OF HELP FOR PERSONAL PROBLEMS

... Men today need help because their lives have changed. They no longer follow a traditional lifestyle and I talk and visit with imprisoned men about that.... We used to have a men's circle, but because of funding problems, we no longer have a men's group. (Nunavut participant)

Although men were aware that there is help for personal and family problems in their community, they were often unsure precisely where to find this help. Social services was the most frequently-named possibility, while men living in communities with a men's program or psychologist would go to these sources. Other suggestions included the health centre, the church or a helpline. Some men appeared deeply confused about where to turn for help, offering suggestions such as the police station, the "drunk tank," or the local women's shelter.

The answers were somewhat more specific when people were asked about alcohol problems. For these kinds of problems, AA groups and treatment centres were the most frequently-mentioned options, followed by churches and social service departments.

COMMUNITY HELP FOR ADDICTIONS

	NUMBER	PER CENT*
Alcoholics Anonymous	8	42%
Rehab centre	6	32%
Church groups	4	21%
Social services	4	21%
Counselling	3	16%
Men's group/program	2	11%
RCMP/ by-law	2	11%
Health centre / hospital	2	11%
Alcohol education committee	1	5%
Women's group home	1	5%
Crisis line	1	5%
Don't know any sources	1	5%

^{*}Respondents could name more than one source of help.

WILLINGNESS TO SEEK COUNSELLING

When asked, most of the men (82 per cent) said that they would be willing to seek help from a counsellor. In fact, about two thirds of the men had seen a counsellor at some point in their lives, and most of them (73 per cent) had found the sessions useful. Those unwilling to visit a counsellor cited concerns about privacy and not wanting to talk to a stranger.

SEEKING HELP FROM A COUNSELLOR

		YES	N0	TOTAL*
Would you go to	NUMBER •	14	3	17
a counsellor?	%▶	82%	18%	100%

^{*} A few participants did not answer these questions.

SEEKING HELP FROM A COUNSELLOR

		YES	N0	TOTAL*
Have you ever been	NUMBER •	11	5	16
to a counsellor?	%▶	69%	31%	100%

^{*} A few participants did not answer these questions.

SEEKING HELP FROM A COUNSELLOR

		YES	N0	TOTAL*
Was the counsellor	NUMBER •	8	3	11
helpful?	%▶	73%	27%	100%

^{*} A few participants did not answer these questions.

Suicide

The issue of the high suicide rate among young Inuit men was discussed, and respondents were asked for their ideas about how suicide might be prevented. Participants commented that the high unemployment rate in the North adds to the difficulties that young men face. They felt that more job creation, and reduced use of alcohol and drugs, would improve the situation. They also advocated more funding for suicide-prevention programs, better education on suicide, more effective training for front-line workers, and programs that encourage a return to traditional values.

In terms of individual actions, many respondents suggested that more communication with friends or family is needed to promote mental health and reduce the number of

suicides. This could include talking to friends or family when you notice a change in their attitude, or approaching people who seem to be at risk.

All told, the men suggested a wide range of approaches to reducing suicide, including:

- Promoting more communication with family and friends.
- Being more open.
- Bringing families closer together through counselling on well-being.
- Using role models to promote pride and encourage success.
- Providing mentors at the school level to increase motivation and build self-esteem and self-sufficiency.
- Introducing more extracurricular activities such as athletics or hunting.

Violence

Violence and anger were other topics discussed with our Inuit male interviewees. The men agreed that violence is a widespread problem, and that it is not an appropriate way to deal with issues.

UNDERLYING CAUSES OF VIOLENCE

It was apparent in talking with the men that they see a need for a place to go to receive help and guidance in dealing with personal issues. What is most repeated in the North is that Inuit men have lost their sense of identity and this is causing many of the problems in Inuit society. The respondents listed the following reasons why many Inuit men are violent:

- They have few resources, in terms of finances and food.
- They live in overcrowded housing.
- They have lost their culture.
- They learned the behaviour by seeing violence in their own home.
- They are affected by negative experiences from early childhood.
- Violence is their way of dealing with other problems like addictions or fear.
- Violence is the only way they know to express their feelings.

The respondents acknowledged that many men in their communities have grown up with violence and tolerate it as an acceptable reaction to anger. As a participant from the Inuvialuit Settlement Region said,

They've seen it before, so they figure it's okay. That's another thing for education. People have to be taught that it's not okay to hit someone.... It's wrong and somebody has to go up to them and literally tell them that it is wrong. Just because your parents did it doesn't give you the right to do

it. I've seen it. I've seen it for years and years. People hit people. Especially wives, they beat up their wife and the next day it's like nothing because that's what they grew up with. You learn what you see: that it's pretty well okay. (Inuvialuit participant)

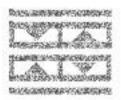
POSSIBLE SOLUTIONS TO VIOLENCE

Participants also provided some ideas for helping men be less violent. Suggestions included:

- Encouraging abusers to acknowledge the pain they have caused and apologize.
- Increasing their sense of pride.
- Keeping them busy.
- Educating them about anger management, forgiveness and ways to deal with fears/problems.
- Providing counselling and addictions treatment.
- Providing more employment opportunities.
- Teaching men to submit to a higher power (religion).

More broadly, one interviewee suggested that Inuit men need help dealing with the changing role of the man in the family, and that this guidance should be based on traditional knowledge:

How do you fix these problems of violence?... I say 'follow Inuit culture and traditions.' I have a place just out of town, where people come to visit me and I give advice and talk about our traditions, how to follow them. That is what I do." (Nunavut participant)



Discussion



There has been a recent emphasis on gender-specific medicine – the understanding that because of differences in biology, social roles and awareness, men and women may require different approaches to health care. The concept has its roots in the recognition that medicine, which has often been based on studies of male biology, must take into account that women's symptoms, treatments, reactions, etc. may be different from men's.

The other side of this is that men, too, need health services adapted to their unique needs.

The fact that few services exist to really help Inuit men was the initial spark for this research. Inuit communities voiced their concerns that Inuit men were not getting the services needed for their emotional and social problems, and that it wasn't until they were incarcerated that they received the help that they were seeking.

The results from this study underline the need for approaches to physical health care and emotional wellness that are male-specific.

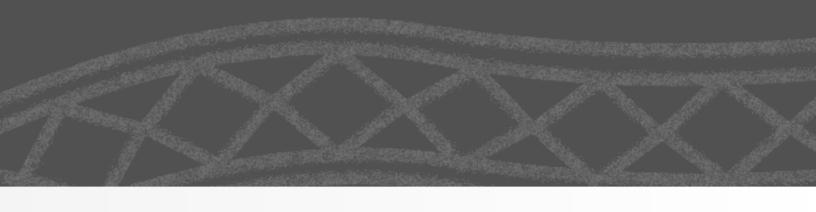
Education

We need to get across to our young people, students, how hard life used to be. How Inuit had to cope without our modern conveniences, houses, skidoos and equipment... Our culture is very resilient, you had to be resilient in order to survive. You always had to fight against the environment, the hardships, the starvation and find tools, create tools in order just to survive and I think that's something that we don't teach our kids enough.... They need to be challenged more in education, to make them more resilient academically...

(Nunavik participant)

GENDER GAPS IN EDUCATION

We know that education plays an important role in people's overall health and wellness.² For example, those with higher education are able to access more health information and understand it better; and higher levels of education can lead to increased employment opportunities, which can lead to higher incomes, better self-esteem and other benefits. Yet we also know that in many Inuit communities, high school dropout rates are



high, and that they are higher for men than for women.⁴ Reports for Alaska and for Nunavut suggest that most post-secondary students are women (often women returning in their late twenties or thirties to complete their education).^{8,10}

Employment levels are directly related to education. For example, the Government of Nunavut employs nearly two women for every man. 10 This can be linked to the number of women in Nunavut participating in post-secondary education. It is obvious, then, that to fix the disparities in employment between Inuit men and women, we need to improve opportunities for continued education. Perhaps if more Inuit men complete their schooling, this will improve their overall inclusion in a productive Inuit society.

MAKING EDUCATION RELEVANT FOR INUIT MEN

... All men are different, if we don't learn about our own culture and traditions; it's not until we know who we are, can we be successful at other things. Hunting, was and is who we are... we are so much a part of our environment. If we make people happy doing what comes natural, we will be much happier as a whole.

If you teach men the proper way to be hunters, we will be happy.

(Nunavik participant)

Students' experiences in school and the teaching methods to which they are exposed are important factors in education. Some studies suggest that having teachers from the south, with a different culture and background, can make it difficult for youth to learn.4 The interviews provided some specific suggestions to make school a better experience for Inuit men. The men we talked to repeatedly mentioned culturally relevant programs and training in trades as ways to make secondary school more attractive to young males. Trades programs, although not necessarily linked with traditional activities, may provide Inuit men with access to more "manly" employment opportunities. These suggestions are consistent with those made in past studies, such as Thomas Berger's report on education in Nunavut. Berger's report mentioned frequent requests for more training in trades, and described the successful use of traditional activities – like kayak-building, carving and jewellery-making – to increase Inuit students' interest.5

More broadly, participants repeatedly emphasized the need for educational programs to

challenge students; this was seen as a key factor in motivating Inuit males to stay in school. Some interviewees also emphasized the need for contemporary knowledge in combination with traditional approaches and content in the education system. This modern knowledge is important if Inuit men wish to continue to post-secondary studies and have access to a wider variety of employment opportunities.⁴

Employment

Like education, employment is a factor in people's overall health and well-being. Being able to provide food, housing and other necessities for yourself and your family leads to better physical and mental health. Yet the wage economy is very new to the North: recent generations of men are the first to depend on wages to support their families, in addition to traditional food gathering. This transition has been a hard one for many, especially since the unemployment rate and the cost of living in the North are both very high.

The participants' comments support the view that, in the modern North, having a job is important for a man's self-esteem and sense of identity. All of our interviewees were currently employed, except for the students and one retiree. They noted repeatedly that they enjoyed working because it gave them a sense of self-worth and a feeling that they were contributing to their families. Although not all of them occupied jobs that rewarded

them with status, high income, or the ability to "make a difference," they nonetheless found it essential that a job make them feel productive and useful in some way.

Access to Health Services and Health Information

To provide effective health services for men, we need to take a careful look at their health concerns, risk factors and favoured means of communication. Many respondents in this study were dissatisfied about their lack of access to health services — a common problem in northern communities. They talked of their concerns about health-care professionals not having a good awareness of Inuit culture and practices, especially as they relate to health and wellness. More and better access to culturally sensitive health services is key to improving health, according to the men who participated in this project.

Men also need gender-specific information on health topics that affect them. The health-information materials available in Inuit communities are not always targeted to men's health issues, nor do they always 'hook' men.

Access to information on male-specific health conditions was clearly important to the men we spoke with. Participants said that they needed more information on conditions such as heart disease, stroke, diabetes, and cancers — particularly lung and prostate cancers.

They wanted this information to be easily available, and as abundant as the information about women's health issues.

Personal and Family Problems

Past research has found that the erosion of Inuit culture — caused by the imposition of different cultural and social values — has had a negative effect on Inuit men. Seltzer¹⁴ attributes the increase in mental illness among Inuit males to the significant cultural changes they have witnessed. The damage to the Inuk male identity may lead to low self-esteem, negative self image and other symptoms of ill health. Trying to cope with these psychological difficulties can lead Inuit to substance abuse and violence.

Consistent with Seltzer's research, the men we talked to described having experienced a variety of emotional difficulties, including jealousy, anger, feelings of loss of control, and stress. The most frequently mentioned cause of these emotional problems was their loss of culture. Our respondents also made the link between men's emotional problems and other factors such as addictions, physical and emotional abuse during childhood, and crowded housing.

All the men, regardless of age, emphasized the importance of creating a stronger male cultural identity through men's groups or land excursions. This, they said, could significantly boost Inuit men's sense of pride.

They also said that traditional skills teach independence, responsibility and discipline — qualities important in other aspects of life.

The results of the study indicate that Inuit men are ready and willing to look for help, when they are aware of their problems. Of the 19 interviewees, 17 had in fact sought help through counselling. The difficulty is that there often is little help available to them. What is also very apparent from our interviews is that men often do not know where to seek the help they need for personal and family problems. This point came through clearly when respondents were asked where they could go for help: some of the men said that they would turn to sources such as the police, the "drunk tank," or a women's shelter for help with their emotional problems.

Conclusion

The process of finding Inuit men who were willing to talk candidly about their physical, emotional and mental wellness was at times difficult. Ultimately, the men who did take part gave us valuable perspectives on a topic that is not often explored. The Inuit Tuttarvingat is very grateful to these individuals who took time out of their busy schedules at work, school, and their lives to take part in something that would surely benefit others.

Inuit men have many things to tell us. The insights from these 19 Inuit men were powerful — from their experiences in the education system and the wage economy, to their acute awareness of problems within the health-care system, to their needs in terms of mental well-being. Through this report, the Inuit Tuttarvingat is sharing the information these men have provided with other Inuit men, communities and organizations, as well as with researchers and decision-makers.

Education, as explained by both youth participants and elders, is important for Inuit men to be able to function in today's society. The men suggested making changes to the type of schooling provided to boys, to

include both traditional and western material and also to introduce innovative teaching methods. The common theme was to provide a more challenging educational experience, which might enlighten Inuit youth and motivate them to stay in school.

Employment and education were closely linked in the discussions. The men we interviewed knew that completing high school is necessary to getting a job. Providing a more challenging education would encourage more Inuit men to complete school, and this in turn would increase the number of employed Inuit men. As long as Inuit men have the means to provide for their families, it will instill in them a sense of pride and a sense of belonging.

We have learned that often Inuit men are reluctant to seek out medical help for their problems. They also feel that health information is less available for men than for women, and are particularly interested in having information on cardiovascular disease and cancer. This information must be specific to men – to 'hook' their interest – and should be distributed through local radio and television, posters, brochures and other means in order to effectively reach them.



Mental wellness was an important topic that arose in these interviews. Many of the men understood that there are common issues that need to be dealt with such as anger management, substance abuse, communication, and family life. What was very clear from our interviews is that Inuit men don't always know how to deal with these problems, or lack the resources to do so, even though they are willing to participate in counselling or programs, if they are available.

The themes of culture and tradition permeated all of these interviews, recurring in the discussions of all aspects of men's lives and health. Time and again, our informants emphasized that many of the problems Inuit men face are the result of a loss of culture and a feeling of uncertainty about their role within their families and communities. What is most needed, the men urged, is a stronger feeling of identity, of belonging, and of pride in their Inuit culture and heritage.

Men need a voice. They have important things to say and contributions to make.

Through the Inuit Tuttarvingat's community workshops and regional visits, Inuit voiced their concerns about the lack of help available to Inuit men. The people at the Inuit Tuttarvingat hope that by providing this information on the men's experiences, stories and opinions, they have given a stronger voice to Inuit men and their issues.

We need the opportunity, more chances, to share and say what is on our mind. Not just through research, but through men's groups; this would be better and it would help us too.
(Nunatsiavut participant)

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Appendix 1: Interview Guide

Men seem to have many problems, and in many communities, Inuit are saying that there isn't enough help for men, that we need to help men. We'd like your ideas about what's happening with men and what's needed for men.

Generally, v	we'd l	ike to	know	what	you	have	to s	say	about:
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- What kinds of problems are men having?
- Why do you think these problems are happening?
- What do men need today, so that these problems don't happen?

Some of the specific things we're interested in are:

PHYSICAL HEALTH ISSUES: Are there health issues that worry you?				
What kinds of physical activities do you dosports, on-land, etc.?				
If none or not much: Why not (e.g., don't feel like it, nothing available)?				
For those men who don't do much physical activity, what might be the best way to get them more physically active?				
For what kinds of health problems would you go to a doctor or the health centre?				
How do you feel when you do go to the doctorcomfortable, awkward?				
If not comfortable: Why not? What would make you feel more comfortable?				

Are there times you are ill, or think you may be ill, but you don't get it checked out?					
If so why not?					
There are all kinds of physical health problems that affect men sexually-transmitted diseases cancersprostate cancer affects only men, for example heart problems, and so on. What kinds					
of health problems would you like more information about?					
What would be the best ways to get health information to men?					
HELP WITH PROBLEMS:					
What kinds of problems do guys have? [For example: relationships, not enough health					
information, anger, jealousy, no work]					
In your community, what kind of help is available for guys who have problems?					
When you have problems, what do you do?					
In what kind of situations would you ask someone for help?					
Who would you ask for help? Why?					
Who wouldn't you ask for help?					
Would you ever go to a counsellor?					
[If not]: Why not?					
Have you ever gone to a counsellor?					
[If yes]: Was the counsellor helpful? Why or why not?					

Too many young Inuit men commit suicide.
Why do you think this happens?
What do you think would be helpful in preventing suicides?
Too often, people get angry with each other and that leads to violence men violent with women, or guys violent with each other. Why do you think that happens?
What do you think would help men not be violent?
If people have alcohol and drug problems in your community, what kind of help is available for them?
[If there is nothing available]: What do you think would be helpful?
[If something is available]: If you had a drug or alcohol problem yourself, would you go to this service? Why or why not?
EDUCATION NEEDS:
Have you finished high school?
If no: Why did you drop out?
Have you taken any courses or programs at college or some other training?
Did you finish?
If not: Why not?

How was school for you?			
If generally good: What made it good?			
If not good: Why not?			
What might make school a better experience for guys?			
What kind of education or training programs are good ones for men? Why?			
WORK:			
What kind of work have you done/are you doing?			
[If no job]: How do you feel about that?			
[If had/does have a job]: How do you feel about your work? Why?			
What kind of work would you like to do if you had choices? Why?			
What kind of jobs would you not do? Why?			
What kind of work is available for men in your community?			
What kinds of jobs do you think would be good for men? Why?			
Tell us from your experience, how do guys feel if they don't have work?			

Appendix 2: Consent Form

MEN'S NEEDS PROJECT

Interviewer:

National Aboriginal Health Organization, Ajunnginiq Centre* 220 Laurier Ave W., Ottawa, ON K1P 5Z9

Inuit want to improve the health and wellness of community members. Many problems involve and affect men – health services, family problems, suicide, violence and abuse, drugs and alcohol, low levels of education and employment, and so on. But communities have also said that there are not enough services and programs that help men. The Ajunnginiq Centre would like men's experiences and ideas about:

- what you think the most important problems are;
- why problems happen; and
- what is needed to make things better.

The stories you tell us will be part of a report by the Ajunnginiq Centre, which will be printed and also posted on our Internet website. We hope this report will be useful when communities and governments are planning for services and programs.

The interviews will be done in person or by phone. They will be recorded on tape so that we will have your exact words. Your name will not be used – no one will know whose stories these are.

If you are willing to tell us your ideas, we ask you to give your permission by reading the section below and signing your name.

- The purpose of the project has been fully explained to me. I understand the purpose and agree to be interviewed.
- I understand that my name or any other identifying information (for example, what community I live in) will not be made known to anyone except the interviewer.
- I understand that the interviews will be audiotaped. The tape will be heard only by the interviewer and his research partners at the Ajunnginiq Centre. The tapes will be destroyed after they have been written up.
- I understand that I will have a chance to read my words before they are made public, to make sure that the report is accurate.
- I understand that I can change my mind and not be part of this project. I understand that anything I have said at any time will not be used if I don't want it used.
- I understand that the ideas and information I talk about will be written up and included in a report that will be printed as well as posted on the Ajunnginiq Centre website. I understand that my words will therefore be seen by many people.

Name (print)	Signature		
WITNESS SIGNATURE	DATE		

^{*} At the time of this research project, the Inuit-specific centre at the National Aboriginal Health Organization was known as the Ajunnginiq Centre. In October 2008, the Ajunnginiq Centre changed its name to Inuit Tuttarvingat.