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Qanuippitaa?
HOW ARE WE?

SOCIO-DEMOGRAPHIC PORTRAIT



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Qanuippitaa?
HOW ARE WE?

SOCIO-DEMOGRAPHIC
PORTRAIT

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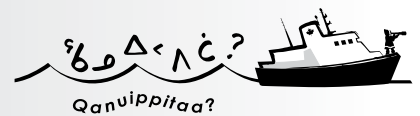
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BACKGROUND OF THE NUNAVIK INUIT HEALTH SURVEY

The monitoring of population health and its determinants is essential for the development of effective health prevention and promotion programs. More specifically, monitoring must provide an overall picture of a population's health, verify health trends and how health indicators vary over distance and time, detect emerging problems, identify priority problems, and develop possible health programs and services that meet the needs of the population studied.

The extensive survey conducted by Santé Québec in Nunavik in 1992 provided information on the health status of the Nunavik population (Santé Québec, 1994). The survey showed that health patterns of the population were in transition and reflected important lifestyle changes. Effectively, the Inuit population has undergone profound sociocultural, economic, and environmental changes over the last few decades. The Inuit have changed their living habits as contact with more southerly regions of Quebec increased. A sedentary lifestyle, the switch to a cash-based domestic economy, the modernization of living conditions and the increasing availability and accessibility of goods and foodstuffs imported from southern regions have contributed to these changes. These observations suggest the need for periodic monitoring of health endpoints of Nunavik Inuit to prevent the negative impact of risk factor emergence and lifestyle changes on subsequent morbidity and mortality from major chronic diseases.

In 2003, the Nunavik Regional Board of Health and Social Services (NRBHSS) decided to organize an extensive health survey in Nunavik in order to verify the evolution of health status and risk factors in the population. The NRBHSS and the Ministère de la Santé et des Services sociaux (MSSS) du Québec entrusted the Institut national de santé publique du Québec (INSPQ) with planning, administering and coordinating the survey. The INSPQ prepared the survey in close collaboration with the Unité de recherche en santé publique (URSP) of the Centre hospitalier universitaire de Québec (CHUQ) for the scientific and logistical component of the survey. The Institut de la statistique du Québec (ISQ) participated in methodology development, in particular the survey design.

The general aim of the survey was to gather social and health information on a set of themes including various health indicators, physical measurements, and social, environmental and living conditions, thus permitting a thorough update of the health and well-being profile of the

Inuit population of Nunavik. The survey was designed to permit a comparison of the 2004 trends with those observed in 1992. Data collected in 2004 also allowed researchers to compare the Inuit to other Quebecers.

Target population

The health survey was conducted among the Inuit population of Nunavik from August 27 to October 1, 2004. According to the 2001 Canadian census, the fourteen communities of Nunavik have a total of 9632 inhabitants, 91% of whom identified themselves as Inuit. The target population of the survey was permanent residents of Nunavik, excluding residents of collective dwellings and households in which there were no Inuit aged 18 years old or older.

Data collection

Data collection was performed on the Canadian Coast Guard Ship Amundsen, thanks to a grant obtained from the Canadian Foundation for Innovation (CFI) and the Network of Centres of Excellence of Canada (ArcticNet). The ship visited the fourteen villages of Nunavik, which are coastal villages. The study was based on self-administered and interviewer-completed questionnaires. The study also involved physical and biological measurements including clinical tests. The survey was approved by the Comité d'éthique de la recherche de l'Université Laval (CERUL) and the Comité d'éthique de santé publique du Québec (CESP). Participation was voluntary and participants were asked to give their written consent before completing interviews and clinical tests. A total of 677 private Inuit households were visited by interviewers who met the household respondents to complete the identification chart and the household questionnaire. A respondent was defined as an Inuit adult able to provide information regarding every member of the household. The identification chart allowed demographic information to be collected on every member of the household. The household questionnaire served to collect information on housing, environment, nutrition and certain health indicators especially regarding young children.

All individuals aged 15 or older belonging to the same household were invited to meet survey staff a few days later, on a Canadian Coast Guard ship, to respond to an interviewer-completed questionnaire (individual questionnaire) as well as a self-administered confidential questionnaire. Participants from 18 to 74 years of age were also asked to complete a food frequency questionnaire and

a 24-hour dietary recall, and to participate in a clinical session. The individual questionnaire aimed to collect general health information on subjects such as health perceptions, women's health, living habits and social support. The confidential questionnaire dealt with more sensitive issues such as suicide, drugs, violence and sexuality. During the clinical session, participants were invited to answer a nurse-completed questionnaire regarding their health status. Then, participants had a blood sample taken and physical measurements were performed including a hearing test, anthropometric measurements, an oral glucose tolerance test (excluding diabetics) and toenail sampling. Women from 35 to 74 years of age were invited to have a bone densitometry test. Finally, participants aged 40 to 74 could have, after consenting, an arteriosclerosis screening test as well as a continuous measure of cardiac rhythm for a two-hour period.

Survey sampling and participation

The survey used a stratified random sampling of private Inuit households. The community was the only stratification variable used. This stratification allowed a standard representation of the target population. Among the 677 households visited by the interviewers, 521 agreed to participate in the survey. The household response rate is thus 77.8%. The individual response rates are obtained by multiplying the household participating rate by the individual collaboration rate since the household and individual instruments were administered in sequence. The collaboration rate corresponds to the proportion of eligible individuals who agreed to participate among the 521 participating households. In this survey, about two thirds of individuals accepted to participate for a response rate in the area of 50% for most of the collection instruments used in the survey. A total of 1056 individuals signed a consent form and had at least one test or completed one questionnaire. Among them, 1006 individuals answered the individual questionnaire, 969 answered the confidential questionnaire, 925 participated in the clinical session, 821 had a hearing test, 778 answered the food frequency questionnaire, 664 answered the 24-hour dietary recall, 282 had an arteriosclerosis test, 211 had a continuous measure of their cardiac rhythm for a two-hour period and 207 had a bone densitometry test. More details on the data processing are given in the Methodological Report.

INTRODUCTION¹

The main objective of this report is to outline the demographic and social characteristics of the Inuit population who participated in the 2004 Nunavik Inuit Health Survey. Socio-demographic factors are of major significance in determining a population's health. These factors may be interpreted as risk or protective factors in relation to various diseases and should be taken into consideration in planning health services.

This theme paper begins by presenting a description of the survey sample and goes on to consider the Inuit's mode of living, including factors such as household composition, adoption and marital status. It then addresses topics related to economic status: education, individual income, occupation and job status. In addition, the subject of personal perceptions of one's own health status is also included in the last section of the paper.

METHODOLOGICAL ASPECTS

The results presented in this paper come from the survey's identification chart and household and individual questionnaires. Demographic information and household composition were derived from questions 3 to 7 of the identification chart. Section 6 of the household questionnaire (questions 12 to 14) was used to determine occupation and adoption status. Social and economic information on adults – marital status, education level, personal income and job status – was obtained from section 13 of the individual questionnaire (questions 55 to 62). Finally, question 1 of the individual questionnaire provided information on the respondent's perception of his/her health status.

Results are presented according to various age groups and compared by sex or region depending on the relevance. Comparisons of the samples with the 1992 Santé Québec survey group or with the population of the province of Quebec are made when relevant.

Data on the Quebec population used in this report was taken from the 2001 Canadian Census (ISQ, 2005) and also from the Statistics Canada Canadian Community Health

¹ For ease of readability, the expression "Inuit" is used throughout the theme paper to define the population under study even though a small percentage of individuals surveyed identified themselves as non-Inuit. Refer to "Background of the Health Survey" for further details regarding the definition of the target population.

Survey (CCHS) Cycle 2.1 (Statistics Canada, 2003). Population projections for 2004 based upon the 2001 Canadian Census were used when available. The 1992 Santé Québec survey was used for trend analysis. Statistical analysis involved comparisons with other socio-demographic characteristics derived from the survey as well as comparisons with other survey databases. No statistical test was used to compare data from the census. Survey proportions were compared using a chi-square test corrected for design effect. Measurements from other surveys were compared using generalized multinomial logistic models adjusted for age and survey design. The Wald chi-square statistic with Satterthwaite correction for degrees of freedom (Aguirre-Torres, 1994) was used for this model. Further details on the statistical analysis are given in the Methodological Report.

Accuracy of estimates

The data used in this module come from a sample and are thus subject to a certain degree of error. The coefficient of variation (CV) has been used to quantify the accuracy of estimates and the Statistics Canada scale was used to qualify the accuracy of estimates. The presence of an “E” footnote next to an estimate indicates a marginal estimate (CV between 16.6% and 33.3%). Estimates with unreliable levels of accuracy (CV > 33.3%) are not presented and have been replaced by the letter “F”.

Scope and limitations of the data

Since many Inuit regularly move from one house to another, it was decided not to ask about household income but rather to concentrate on individual income. In 1992, personal income could not be analyzed because 52% of respondents did not answer (Santé Québec, 1994). The main reason was not due to reticence on the part of participants, but because they did not know what their income was. Therefore, special measures were undertaken in the current survey to maximize the response rate to this question. The idea was to orient participants by first asking them to list all their sources of income and then to estimate their income. This strategy reduced the non-response rate to 15%. Although it is still somewhat high, the results are presented in this report but must be interpreted with caution.

No formal classification of the labour force has been conducted for this survey. The employment rate presented in this report is based on a single question on current job

status and cannot be compared with data published by Statistics Canada.

In terms of the education variable, it is important to specify that the choice of answers for post-secondary training were not well adapted to the context of the survey’s target population. The answers given for this category reveal that there was likely confusion during data collection between training that requires a post-secondary diploma and training that does not (e.g. driver’s license, fishing license, etc). Therefore, the number of people with post-secondary education was likely overestimated.

RESULTS

Demographics

The target population of the survey is mainly Inuit. The 521 participating households comprise 2550 individuals, with 99% of them Inuit. The Nunavik territory has been divided in two regions because place of residence could influence life habits. The Hudson coast includes the villages of Kuujjuarapik, Umiujaq, Inukjuak, Puvirnituk, Akulivik, Ivujivik and Salluit while the Ungava coast includes Kangiqsujaq, Quaataq, Kangirsuk, Aupaluk, Tasiujaq, Kuujjuaq and Kangiqsualujjuaq. Fifty-seven percent of the participants reside in the seven villages located on the Hudson coast and 43% live in the seven communities of the Ungava coast. This is in accordance with the regional population’s distribution.

Nunavik’s Inuit population is markedly younger than that of the rest of the province (Table A1, Appendix). The proportion of Inuit under the age of 15 is more than double that in southern Quebec. Conversely, only 4% of Inuit are aged 65 and over. Moreover, Inuit women fertility is clearly higher than that of Quebec women. The ratio of children aged 0-4 years per women aged 15 to 44 years for this survey is 0.61 compared to 0.24 in the rest of the province.

The ratio of males to females in Canada generally works out to about 1.05 at birth and then declines with age as result of higher male mortality rates. In this survey, the males to females ratio found is 1.05 whereas for Quebec the ratio is 0.97 (Table A1, Appendix).

Household composition

The household composition of Nunavik Inuit is very different from that in the rest of Quebec. The average size

of Nunavik households is almost double. Over half of them (54%) contain five or more people, while the proportion for the province of Quebec in 2001 was only 6%. Multiple family households², which barely exist at the provincial level, represent 31% of Nunavik households (Table A1, Appendix). Single parent families constitute 30% of Inuit households compared to 9% in the province (Figure A1, Appendix). On the other hand, Nunavik has fewer households with people living alone or with a spouse and no children; non-family households with other people as joint tenants does not exist among the Inuit.

There are also differences between Hudson and Ungava communities. Hudson households are more crowded with an average of 5.2 persons per household and with 40% of households being home to multiple families, compared to 4.2 and 23% respectively for Ungava.

Adoption

The proportion of adopted children aged 17 and under is 29%. Among adopted children, 65% are living with two parents while 33% are living with a single mother. If we consider that generally speaking, people have their children before the age of 40, more than half (57%) of Inuit women who adopt are aged 39 years or under at the time of the child's birth, whereas among men, that proportion is 39%. One in four men is over the age of 50 when he adopts a child (Figure A2, Appendix). The average age at adoption for the adoptive mother and father are respectively 38 and 43 years old.

Marital status

Close to six out of ten respondents (59%) aged 18 and over live with another person as part of a couple, while 33% are single and 8% widowed, separated or divorced. These proportions are basically the same as those observed in the 1992 survey whose results were 61%, 29%, and 9%, respectively. Of those living with a partner, 47% of Inuit are in a common law relationship, compared to 30% for the province of Quebec (Statistics Canada, 2003).

Education

Among Inuit aged 15 and over, 21% have an elementary school education or less, 57% have some secondary school

education, and 22% have obtained a secondary school diploma or above. There are no statistically significant differences between the sexes or by region but education is strongly related to age. Table A2 (Appendix) indicates that younger people have a higher level of education than their elders. These results were expected since the establishment of a formal education system in Nunavik is relatively recent. Accordingly, the level of education has substantially risen since 1992. The level of education reported in the 1992 survey for the same three categories displayed in Table A2 (Appendix) was 36%, 47%, and 17%, respectively. More interestingly, a positive trend is observed for the 18-29 age group, with 27% having completed secondary school in 2004 while the proportion in 1992 was 19%. Note that 72% of individuals aged 15-29 plan to continue their education in the future. Nevertheless, the educational level among Inuit is still substantially lower than that of residents in the rest of Quebec. Census data indicate that a total of 68% of Quebecers have a secondary school diploma.

Source of income

A majority of Inuit (60%) get their income from wages and salaries. The remainder of the population is divided almost equally according to various other sources of income, such as self-employment, government support programs, maternity support, old age security and any source of income. As expected, women get more child support benefits than men (Table A3, Appendix). Furthermore, some variations were noticed between areas of residence: Hudson residents are more likely to have no source of income (11% vs. 5%).

Personal income

Nearly six out of ten persons (58%) estimated their personal annual income before taxes and other deductions as below \$20 000. Approximately one-quarter (23%) of participants evaluated their income between \$20 000 and \$39 999; 19% reported having earned \$40 000 or more; and 4% reported their earnings at \$60 000 or more. Table A4 (Appendix) indicates that income is strongly associated with age. There are also significant variations observed by sex and area of residence. Men (22%) and people living along the Ungava coast (23%) have declared income over \$40 000 in a greater proportion than women (15%) and Hudson residents (15%) respectively.

The non-response rate observed for this variable is somewhat high at 15%. At 27%, the 15-19 age group non-

² The definition of family is based upon the concept of census family used by Statistics Canada.

response rate was substantially higher than the other age groups. Since young people generally have a lower income, it is likely that the less than \$20 000 category is underestimated.

It is difficult to find an adequate comparison figure with the rest of Quebec for personal income. The best measurement available is the personal income during the year 2000, obtained from the 2001 Canadian Census. For the categories displayed in Table A4 (Appendix), the distribution for the Quebec population is 51%, 28% and 20% respectively, which indicates a slightly higher personal income for the rest of the province than for Nunavik residents. However, the gap observed between the Quebec and Nunavik populations is probably larger since the measure for Quebec does not account for inflation between 2000 and 2004.

Occupation

The Inuit's main occupation during the two weeks prior to the survey reflects the predominantly young population, with a majority of participants at school or under school age (Table A5, Appendix). Among adults, the principal occupation is work. More individuals report having worked in the Ungava coast, whereas a greater proportion of Hudson participants spend time on the land or keeping house.

Job status

Survey results reveal that 70% of participants aged 15 and over were employed at the time of the study. Among those who worked, only two thirds (67%) had a full-time job indicating a significant proportion of people with a precarious job status. Job status varies strongly according to educational level (Table A6, Appendix). People who had completed secondary school were more likely to be employed than those with less than secondary school education (83% vs. 66%). Moreover, a greater proportion of people with a higher education had full-time jobs (73% vs. 62%). As is the case with the findings on occupation, the employment rate was higher on the Ungava coast at 75% compared to 67% in the Hudson area. There is also significant improvement compared to the 1992 survey results where the employment rate was estimated at only 53%.

Perception of health status

There are no variations observed between the sexes or by regions in terms of perceptions of personal health status among Nunavik Inuit but the perception of a good health status tends to decrease with age. The proportion of people over 45 years old that perceived themselves in fair or poor health is more than double than their younger counterparts (54% vs. 26%).

However, there are notable differences between the Inuit of Nunavik and the population elsewhere in Quebec (Figure A3, Appendix). Only 22% of Inuit consider themselves in excellent or very good health compared to 57% in Quebec. The differences are more or less of the same magnitude across all age groups (data not shown).

DISCUSSION AND CONCLUSION

The demographic profile of the Inuit living in Nunavik diverges tremendously from that of the population in the rest of Quebec. Nunavik residents are predominantly young with different housing arrangements. Households are much larger with many multiple family households because of a high birth rate and a shortage of residences. The demographic pattern is closer to that of other Aboriginal communities in the North. The Inuit of Nunavut and the Cree of James Bay have similar demographic patterns, although the Cree are more educated (Bobbet, 2007; Department of Justice Canada, 2002).

The majority of adults live as a couple. However, marital status is probably a less effective way to measure mode of living among the Inuit than it is in southern populations. As previously mentioned, most Inuit are living in households with other family members and very few live alone, regardless of their marital status.

The observed adoption rate, which appears very high when compared to the rest of Quebec, is consistent with the age-old Inuit tradition of custom adoptions. Custom adoption is specific to aboriginal peoples and is defined as a privately arranged adoption between two families. Such an adoption is legal even if there are no social workers or lawyers involved. Biological parents and adoptive parents complete a form agreeing to release and receive the child. This form is then ratified by the land holding President and the mayor of the community. Most adoptive families in Nunavik comply with this process (personal communication: Kaudjak Padlayat, Makivik Corporation).

The relationship between area of residence and the occupation during the two weeks prior to the survey appears to suggest that traditional activities occupy a greater place in the daily lives of the Inuit living along the Hudson coast. This can be explained by the fact that the village of Kuujjuaq, Nunavik's administrative centre, is located on the Ungava coast and therefore attracts more jobs.

The remoteness of the Nunavik region increases the transportation costs of goods and services and results in a high cost of living. In addition, Inuit have extremely low incomes and a significant proportion of them have a precarious job status. We might thus hypothesize that Inuit have an ongoing constant with their basic needs and that poverty has a negative influence on their health status. It is well known that although many health-related expenses are covered by health insurance, there is still a relationship between health and income.

Even though some improvement has been noted, the level of education observed is significantly lower than that of the general population. The relationship observed between education and job status proves that a higher level of education leads to higher paid and better quality jobs. The significant proportion of young adults who wish to continue their education in the future suggests that more effort should be made to offer courses for adults with flexible scheduling.

Perception of personal health status is a very good indicator of a population's overall health status. It is considered valid and reliable because of its correlation with other indicators measuring specific health traits such as mortality rate, activity limitation, number of health problems, mental health, etc. (Levasseur, 2000). There is also a link between this indicator and individual health-related behaviour, such as smoking or sedentariness. The survey found that Inuit have a much poorer overall appreciation of their health status than do other Quebecers. Even though that finding is cause for serious concern, it does not necessarily mean that the differences between the two groups are as large as the surveys estimate. Definitions of health vary among cultural groups. Hence, perception of personal health status may be influenced by one's cultural experience.

The Nunavik territory is a remote area characterized by a high proportion of young people and with a tendency for large and multi-family households. Moreover, Inuit have little formal education and have limited opportunities for higher-paying jobs. However, a positive trend has been

noted among the Inuit since the previous survey; with employment and level of education on the rise. The 2004 Nunavik Inuit Health Survey will lead to a better understanding of the mode of living of this population in transition and an improvement in their living conditions and their health.

KEY ISSUES

- ↪ The Inuit population in Nunavik is characterized by a high proportion of young people and a tendency for large and multi-family households. Forty percent of Inuit are under the age of 15. The average size of Nunavik households is 4.7 which is almost double that in the rest of Quebec. Multiple family households represent 31% of Nunavik households.
- ↪ The observed adoption rate of 29%, which appears very high when compared to that of the rest of Quebec, is consistent with the age-old Inuit tradition of custom adoption, defined as a privately arranged adoption.
- ↪ The relationship between region and the occupation during the two weeks prior to the survey suggests that traditional activities occupy a greater place in the daily lives of the Inuit living along the Hudson coast.
- ↪ The level of education observed among Nunavik Inuit is significantly lower than that of the southern Quebec population. Inuit have little formal education and have limited opportunities for higher-paying jobs; they have extremely low incomes and a significant proportion of them have a precarious job status. However, a positive trend has been noted among the Inuit since the previous survey, with employment and level of education on the rise.
- ↪ The Inuit have a much poorer overall appreciation of their health status than do other Quebecers. Only 22% of Inuit consider themselves in excellent or very good health compared to 57% in Quebec. It should be noted that definitions of health vary among cultural groups and that perception of personal health status may be influenced by one's cultural experience.

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APPENDIX

Table A1

Demographic comparison of Nunavik Inuit and Quebec populations, 2004

Characteristics	Population	
	Nunavik	Quebec
Median age (years)	19.0	39.0
Percentage under 15 years	39.9	16.9
Percentage over 65 years	4.0	13.6
Ratio males/females (*100)	105.0	97.4
Average number of persons per household	4.7	2.4
Multiple family households	31.4	0.8

Note: the definition of family is based upon the concept of census family used by Statistics Canada.

Sources: Nunavik Inuit Health Survey 2004.

Population projections for 2004 based upon Statistics Canada 2001 Canadian Census (ISQ, 2005).

Statistics Canada web site.

Table A2

Level of education by age group (%), population aged 15 and over, Nunavik, 2004

Education level	Age group				Total
	15-19 years	20-29 years	30-44 years	45 years +	
Elementary school completed or less	7.9 ^E	3.5 ^E	12.8	65.9	21.3
Secondary school not completed	83.5	66.6	58.5	19.4	56.5
Secondary school completed or higher	8.7 ^E	29.9	28.7	14.7	22.2

P-value < 0.0001.

E Interpret with caution.

Source: Nunavik Inuit Health Survey 2004.

Table A3

Main source of personal income by sex (%), population aged 15 and over, Nunavik, 2004

Source of income	Men	Women	Total
Wages and salaries	62.0	57.1	59.7
Self-employment	10.9	5.2 ^E	8.2
Government support programs	8.9	8.1	8.5
Old age security	6.2	6.9	6.5
Maternity or spousal support	F	11.1	5.9
Other	2.1 ^E	3.7 ^E	2.9 ^E
None	8.9	7.7	8.3

Self-employment: Includes hunter support program, carver, sewer, home daycare, participation on committees.

Government support programs: Includes employment insurance, welfare, worker's compensation, disability income.

Old age security: Includes Canada or Quebec pension plan, retirement pensions, guaranteed income supplement.

Maternity or spousal support: Includes maternity leave, preventive leave, child tax benefit, child custody support, spousal support.

Other: Includes family support tax benefits, scholarships, sick leave.

E Interpret with caution.

F Unreliable estimate.

Source: Nunavik Inuit Health Survey 2004.

Table A4

Estimate of total gross personal income in the past 12 months by age group (%), population aged 15 and over, Nunavik, 2004

Income	Age group			Total
	15-24 years	25-44 years	45 years +	
Less than \$20 000	85.5	46.2	46.9	58.0
\$20 000-\$39 999	11.5 ^E	30.3	24.7	23.4
\$40 000 and over	3.0 ^E	24.7	28.4	18.6

^a There is a potential bias for this question due to a non-response rate of 15%.

P-value < 0.0001.

E Interpret with caution.

Source: Nunavik Inuit Health Survey 2004.

Table A5

Main occupation over the past two weeks by region (%), members of Inuit households, Nunavik, 2004.

Main occupation	Coastal region		Total
	Hudson	Ungava	
School or under school age	45.2	46.0	45.5
Work	27.9	34.2	30.6
Keeping house	10.4	6.2	8.6
On the land	5.6	2.8 ^E	4.4
Other ^a	11.0	10.6	10.9

^a Other: not working, holidays, retired or other.

P-value < 0.0001.

^E Interpret with caution.

Source: Nunavik Inuit Health Survey 2004.

Table A6

Job status by level of education (%), population aged 15 and over, Nunavik, 2004

Job status	Education level		Total
	Secondary school not completed or less	Secondary school completed or higher	
Work, full-time	41.2	65.6	47.0
Work, part-time	24.9	17.6	23.0
Other ^a	33.9	16.8	30.0

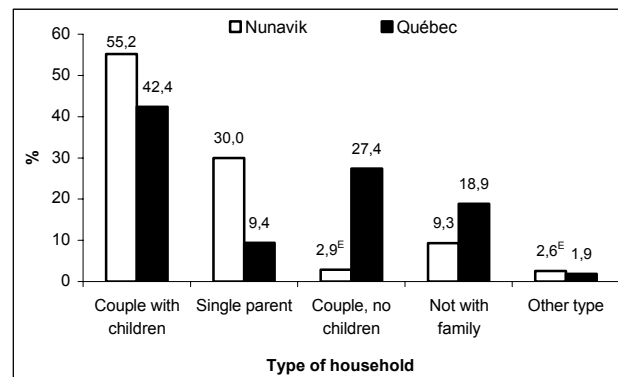
^a Other: hunter support program, housework, retired or on pension, unemployment insurance, social welfare, student or other.

P-value < 0.0001.

Source: Nunavik Inuit Health Survey 2004.

Figure A1

Household composition (%), Nunavik Inuit 2004 compared to the rest of Quebec 2003



Couple with children: Couple with children living at home (grown-up or not); household may also include other people.

Single parent: Single parent living with children of any age (grown-up or not); household may also include other people.

Couple no children: Couple with no children; household may or may not include others.

Not with family: Person living alone or with others who are not related to him/her.

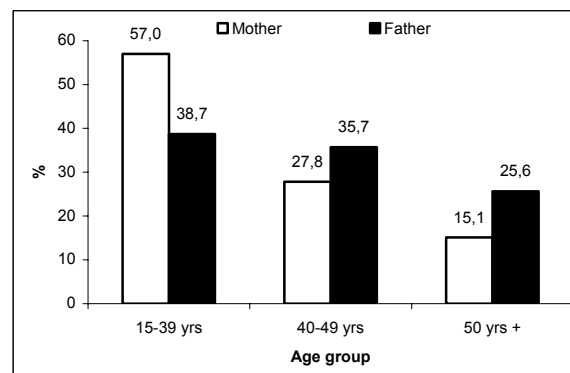
Other type: None of the above, mostly people related to each other but not as spouse or children (brothers, sisters, cousins, uncles, aunts, etc.).

^E Interpret with caution.

Sources: Nunavik Inuit Health Survey 2004 and CCHS 2003.

Figure A2

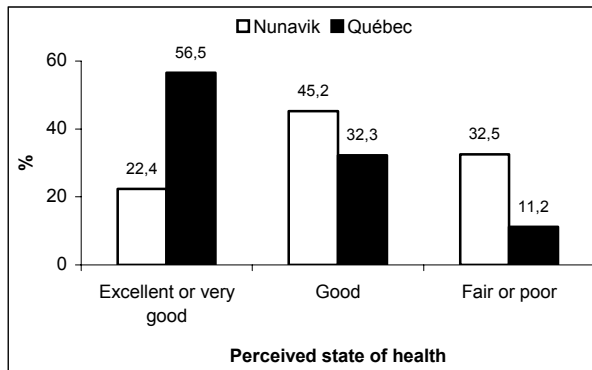
Age of adoptive parents when the adopted child was born (%), members of Inuit households, Nunavik, 2004



Source: Nunavik Inuit Health Survey 2004.

Figure A3

Perception of personal health status (%), population aged 15 and over, Nunavik Inuit 2004 and the rest of Quebec 2003



P-value < 0.0001.

Sources: Nunavik Inuit Health Survey 2004 and CCHS 2003.

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Qanuippitaa?

HOW ARE WE?

