



Nutrition and Food Consumption among the Inuit of Nunavik

Over the last decade, significant changes in food consumption patterns have occurred in the traditional Inuit diet, especially since communication and transportation with southern regions were improved. Similar situations have been observed among other Aboriginal populations and it seems that Aboriginal people are vulnerable to nutritional inadequacy and are facing significant increases in nutrition-related health problems. Improving health outcomes for the Inuit population is a priority for public health and addressing this priority involves the surveillance of dietary intakes, nutritional status, dietary attitudes and behaviours, as well as food security. The Nunavik Inuit Health Survey conducted in 2004 allowed for the collection of reliable and up-to-date information about the Inuit diet and for the verification of changes in consumption patterns over the last decade.

In 1992, the Santé Québec health survey revealed that the contribution of country foods to energy intake reached 21% among Inuit adults. In 2004, this percentage was lower, amounting to 16% for the entire adult population. As observed in 1992, country foods contributed more to the Inuit diet among older Inuit than among young people, whereas store-bought foods contributed more to the diet of younger Inuit. The consumption frequency of country meats was also lower in 2004 than in 1992. During the year before the survey, fish and seafood was consumed nearly three times a week and caribou nearly two times per week. Wildfowl and marine mammal meat were consumed on average once a week. Nearly 88% of household respondents reported getting country foods from the community freezer; 75% did so occasionally and 13% did so often.

Results of the 2004 survey also revealed that nutrient intakes including protein, and most vitamins and minerals were acceptable for more than half of the Inuit adults on the day before the survey. Moreover, the consumption of marine country foods provided significant amounts of omega-3 fatty acids. However, intakes of some vitamins and minerals, such as vitamins A, C and D, calcium and dietary fibre, were particularly low among the Inuit adult population. These low nutrient intakes reflect the low consumption of milk products, fruits and vegetables and whole-grain cereal products in Nunavik. Consumption of these foods was not significantly improved as compared with 1992. At the same time, the consumption of sweet foods and drinks was higher in 2004 than in 1992. In particular, sweet beverages such as sodas and fruit drinks were the most significant sources of carbohydrates the day before the interview and the consumption of sweet beverages was much higher among young people. Finally, food insecurity appears to be a major problem for several Inuit households. In 2004, nearly one person in four declared having lacked food during the month before the survey.

In view of results observed in 2004 regarding the Inuit diet, the main recommendation to improve this diet is the preservation or increase in country food consumption. It provides the Inuit with several advantages, including societal well-being, cultural identity, economic value and health. In particular, Inuit are likely protected from cardiovascular diseases due to a high intake of omega-3 fatty acids, which are supplied by marine country foods (fish and seafood, marine mammals).

>>>

The Inuit should also increase their consumption of healthy store-bought foods such as fruits and vegetables, whole-grain cereal products and milk products which can reduce the risk of some chronic diseases. In contrast, the intake of sweet foods must be reduced since they increase the risk of obesity and diabetes. Finally, the Inuit should be educated about healthy store-bought food choices and store-bought food should be offered to the Inuit at low cost in order to reduce the food insecurity in Nunavik households.

AUTHOR

> Carole Blanchet
Unité Connaissance-surveillance
Direction Planification, recherche et innovation
Institut national de santé publique du Québec

STATISTICAL ANALYSES

> Louis Rochette
Unité Connaissance-surveillance
Direction Planification, recherche et innovation
Institut national de santé publique du Québec

The complete text of this document is available on the INSPQ's Web site at www.inspq.qc.ca