

Our Health Counts Thunder Bay

An inclusive community-driven health survey for Indigenous peoples of Thunder Bay

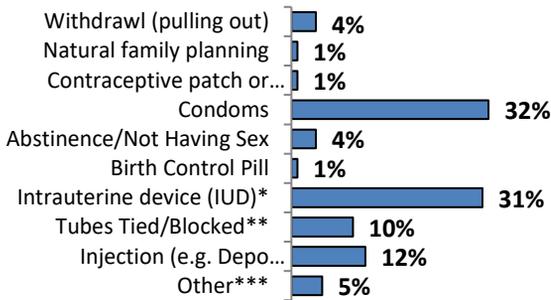
Reproductive and Sexual Health

Reproductive, maternal, and infant health outcomes are important measures of overall population health. Despite this importance, there are big gaps in population based reproductive, maternal and infant health information for Indigenous peoples in Canada.¹ The intergenerational transmission of health promoting birthing and parenting knowledge and practices are a core part of many Indigenous knowledge systems.² This knowledge and practice was negatively impacted by colonial policies such as the Indian act, residential schools, forced sterilization and the outlawing of Indigenous midwifery.³ Revitalization is a key part of advancing Indigenous infant, maternal, and family health. Community-led health services and the resurgence of Indigenous midwifery across Turtle Island are actively engaged in ensuring that our mothers and babies are once again nurtured and supported.

Contraception

44% of Indigenous peoples in Thunder Bay identifying as women, trans, and other, 15 to 49 years, were taking some form of contraception to keep from getting pregnant.

Types of contraception



*IUD includes Mirena, ParaGard;

**Tubes tied: female sterilization, Essur, Adiana

***Other includes contraceptive patch, vasectomy, withdrawal

Reasons for not doing anything for birth control:

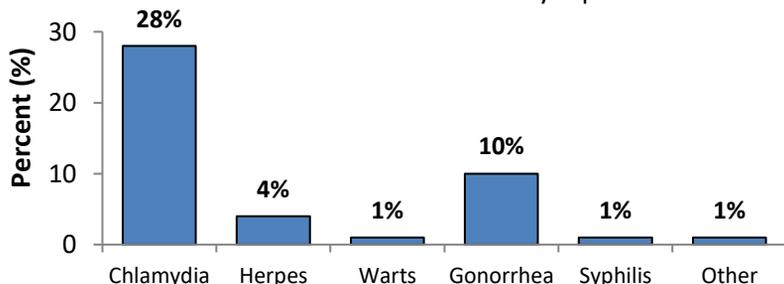


27% of Indigenous adults believed fertility services serving Indigenous people are inadequate.

Sexually Transmitted Infections

31% of Indigenous adults have been diagnosed or treated for a sexually transmitted infection (STI) in their lifetime.

Chlamydia and Gonorrhea were the most commonly reported STIs.



35% of Indigenous adults believe sexual health and welling resources are inadequate.

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Reproductive and Sexual Health

Prenatal And Birthing Care

30% of Indigenous adults in Thunder Bay believed reproductive health and pregnancy services are inadequate.

71%

71% of Indigenous women, trans, and other in Thunder Bay that gave birth in the past 5 years had their first prenatal visit at 0-12 weeks.

18%

18% had their first visit at 13-26 weeks.

5%

5% had their first visit at 27-40 weeks or did not receive any prenatal care during their most recent pregnancy.

In comparison, **94.9%** of women in Canada had their first prenatal care visit at 13 weeks or earlier.⁵

Indigenous mothers (includes women/trans/other) in Thunder Bay who experienced discrimination from a healthcare professional were **2.2 times** more likely to not receive prenatal care as early as they wanted.

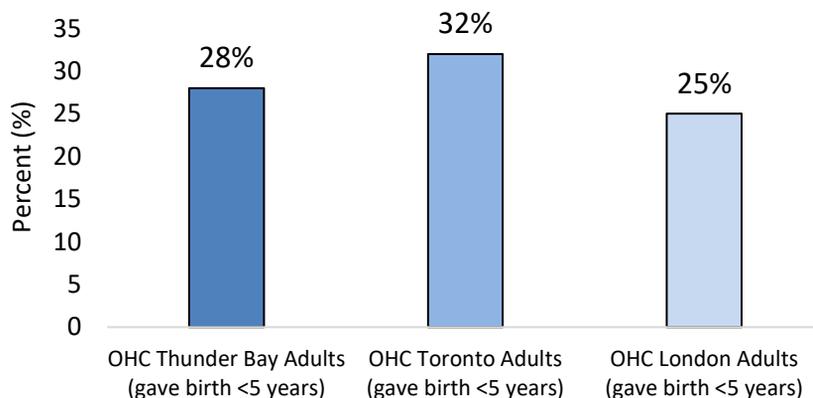
86% of Indigenous people identifying as women, trans, and other that gave birth in the past 5 years indicated that the prenatal care provider they used was their preferred choice.

1 in 5 (20%) indicated not receiving prenatal care as early as they wanted.

20% of Indigenous adults in Thunder Bay believed services for Indigenous mothers are inadequate.

Midwifery Care

A low rate of Indigenous people that gave birth in the past 5 years used a midwife as their prenatal care provider in Thunder Bay compared to women in OHC Toronto.



A majority (96%) of women/trans/other that had a midwife as their prenatal care provider said it was their preferred prenatal care provider.

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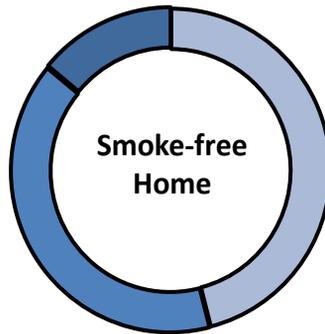
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Reproductive and Sexual Health

Womb As First Environment

12% of Indigenous children's mothers (includes women, trans, and other) in Thunder Bay experienced Gestational Diabetes during their pregnancy.

In comparison, **7%** of mothers that gave birth in Ontario experienced Gestational Diabetes.⁷



- Yes, completely smoke-free
- Yes, smoke outside
- No

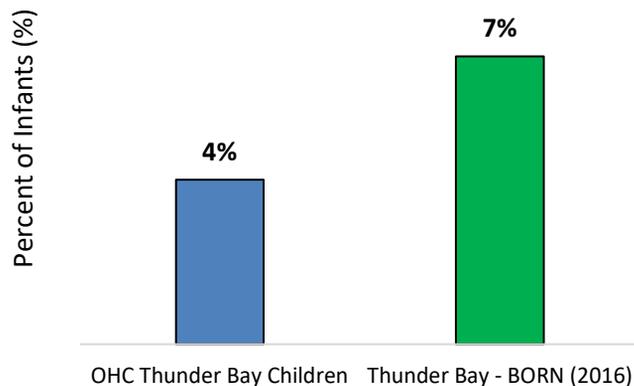
85% of Indigenous mothers (includes women, trans, and other) had a smoke-free home during their pregnancy.

Birth Story

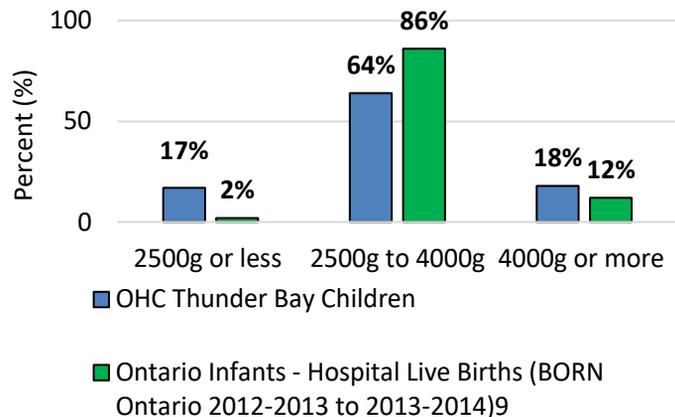
4% of Indigenous infants in Thunder Bay were born premature (born before 37 weeks).

7% of infants in Thunder Bay were born premature⁸

Preterm Birth (<37 weeks)



Birth Weight

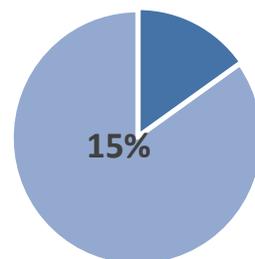


Indigenous infants born in Thunder Bay were 8X more likely to be underweight compared to infants born in Ontario.*

* Note these differences indicate a trend only

Teenage Pregnancy

A higher percentage of Indigenous women, trans, and other in Thunder Bay who gave birth in the past 5 years were teenagers (15-19 years).



OHC Thunder Bay Women/Trans/Other

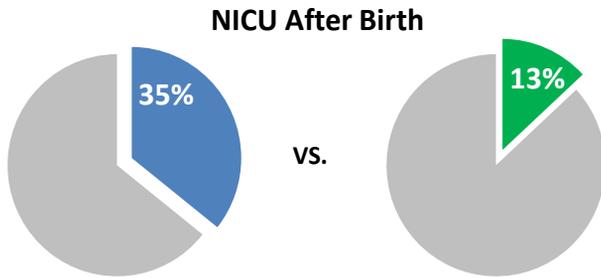
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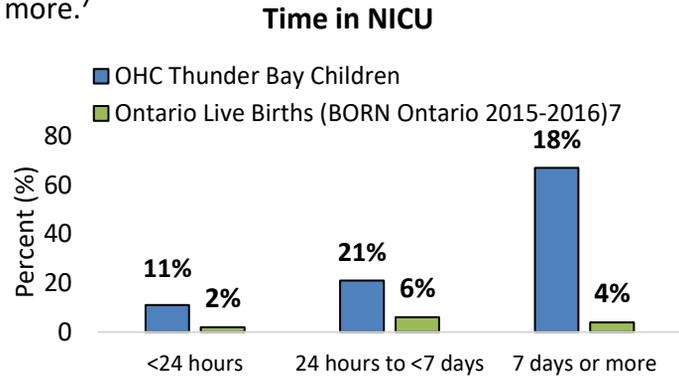
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Neonatal Intensive Care Unit

Over 1 in 3 (35%) Indigenous children in Thunder Bay were admitted to the neonatal intensive care unit (NICU) immediately after birth. This is higher than the **13%** of live births in Ontario admitted to the NICU.⁷



18% of Indigenous children were in the NICU for 7 days or more. In comparison, **4%** of live births in Ontario newborns were in the NICU for 7 days or more.⁷



Breastfeeding/Chestfeeding

Chestfeeding is increasingly being used to refer to breastfeeding. It is a more inclusive word that provides another term for breastfeeding for people that do not identify as women.

85% of Indigenous women, trans, and other that gave birth in the past 5 years breastfed their most recent child.

This is slightly lower than the **89%** of women in Canada.¹¹

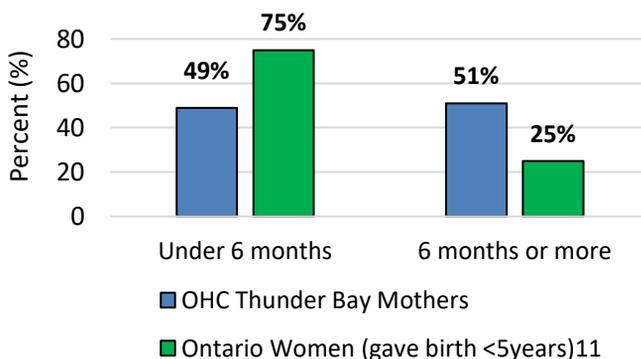
71% of Indigenous children in Thunder Bay were breastfed.

The main reasons Indigenous mothers (includes women/trans/other) in Thunder Bay did not breastfeed:

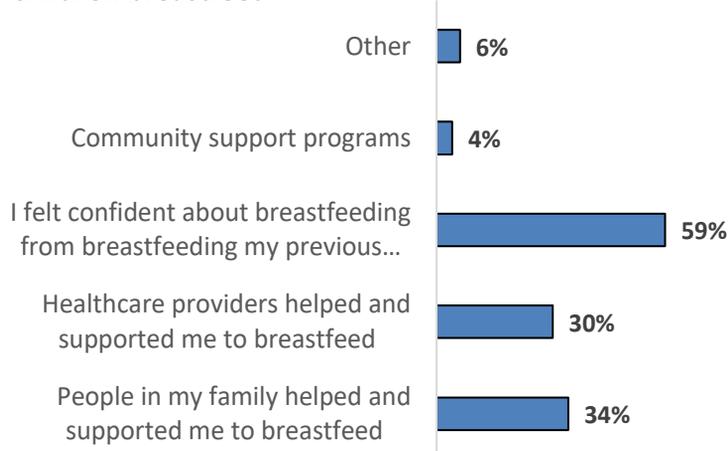
- Bottle feeding easier
- Formula as good as breast milk
- Medical condition of mother

51% of birth parents (mother/other) of Indigenous children in Thunder Bay breastfed their most recent child exclusively for 6 months or more compared to **25%** of mothers in Ontario.¹¹

Exclusive Breastfeeding



Factors that helped birth parents of Indigenous children breastfeed:



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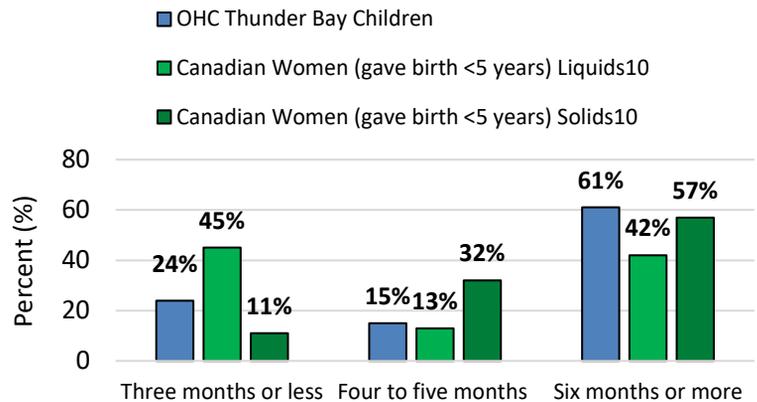
Reproductive and Sexual Health

Introduction of Solid/Liquid Foods

60% of birth parents of Indigenous children in Thunder Bay added solid or liquid food to their child's diet at 6 months or later.



The recommended age for the introduction of solid or liquid food for breastfed infants is 6 months.¹⁰



The main reasons mothers (includes women/trans/other) stopped breastfeeding:

- Believed the child was ready for solid foods
- Did not have enough breast milk
- Had difficulties with breastfeeding (e.g. sore nipples, mastitis)

The main reasons liquid/solid food was added to the baby's diet:

- Believed the child was ready for solid foods
- Did not have enough breast milk
- Had difficulties with breastfeeding (e.g. sore nipples, mastitis)

Policy Implications

TRC Call to Action 23¹²: We call upon all levels of government to provide cultural safety training for all healthcare professionals.

MMIWG Report Calls to Justice 3.1¹³: We call upon all governments to ensure that the rights to health and wellness of Indigenous Peoples, and specifically of Indigenous women, girls, and 2SLGBTQQIA people, are recognized and protected on an equitable basis.

MMIWG Report Calls to Justice 7.1¹³: We call upon all governments and health service providers to recognize that Indigenous Peoples – First Nations, Inuit, and Métis, including 2SLGBTQQIA people – are the experts in caring for and healing themselves, and that health and wellness services are most effective when they are designed and delivered by the Indigenous Peoples they are supposed to serve, in a manner consistent with and grounded in the practices, world views, cultures, languages, and values of the diverse Inuit, Métis, and First Nations communities they serve.

Definitions	Indigenous women/trans/other: persons 15 to 44 years self-identifying as Indigenous, such as First Nations, Métis, Inuit or other Indigenous nations, living or using services in the City of Thunder Bay; Indigenous mothers: Indigenous women/trans/other that have given birth in the past 5 years; Indigenous children: persons 1 to 14 years self-identified as Indigenous by their parent or guardian, such as First Nations, Métis, Inuit or other Indigenous nations, living or using services in the City of Thunder Bay.
Sources	Firestone et al. (2014); 2. Anderson (2011); 3. Allan & Smylie (2015); 4. Statistics Canada (2013); 5. PHAC (2009); 6. Dunn et al. (2011); 7. BORN Information System (2016); 8. Public Health Ontario (2016); 9. BORN Ontario Annual Report (2015); 10. Gionet (2013)
Citation	Brar, R., McConkey, S., Shields, T., Muir, N. M., Hardy, M., & Smylie, J. (2020). Our Health Counts Thunder Bay: Reproductive and sexual health [Fact sheet].

Population based estimates were created using respondent driven sampling (see Project Overview and Methods Factsheet)

Our Health Counts: Community health assessment by the people, for the people



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ANISHNAWBE
MUSHKIKI
COMMUNITY HEALTH & WELLNESS



Ontario
Ministry of
HEALTH AND
LONG-TERM CARE

Our Health Counts Thunder Bay

Reproductive and Sexual Health Reference

Our Health Counts Thunder Bay is an inclusive community-based health survey for Indigenous peoples of Thunder Bay and is part of the largest Indigenous population health study in Canada.

Participants were selected using respondent-driven sampling, a statistical method which uses social networks in the community to recruit Indigenous people living in the city.

Survey Question	RDS Prevalence Estimate (95% Confidence Interval)
Are you or your partner/husband/boyfriend doing anything to keep from getting pregnant?	
Yes	43.9% (33.6, 54.2)
No	54.6% (44.1, 65.7)
What kind of birth control are you or your partner using now to keep from getting pregnant?	
Birth control pill	1.5% (0.0, 6.0)
Condoms	32.2% (16.7, 47.6)
Injection (Depo Provera)	11.9% (3.1, 20.6)
Contraceptive implant (Implanon)	-
Contraceptive patch (OrthoEvra) or vaginal ring (Nuvaring)	0.7% (0.0, 3.0)
Intrauterine Device (Mirena or ParaGard)	31.0% (16.2, 45.8)
Tubes tied or blocked	9.7% (2.8, 16.7)
Natural family planning	0.9% (0.0, 4.8)
Withdrawal (pulling out)	3.8% (1.7, 6.0)
Not having sex (abstinence)	3.9% (0.0, 10.6)
Other (includes contraceptive patch, vasectomy, withdrawal)	4.7% (0.0, 10.5)
Do you think there are adequate resources serving Indigenous people in Thunder Bay for fertility services?	
Yes	17.9% (13.2, 22.5)
No	26.6% (21.2, 32.0)
Don't know	55.6% (49.2, 61.9)
Have you ever been diagnosed and/or treated for a sexually transmitted infection (STI)?	
Yes	31.0% (25.0, 37.0)
No	69.0% (63.0, 75.0)
Have you ever been diagnosed and/or treated for any of the following STIs?	
Chlamydia	28.2% (22.4, 34.0)
Gonorrhea	9.6% (6.1, 13.1)
Genital warts	1.3% (0.0, 3.3)
Syphilis	1.4% (0.0, 2.8)
Herpes	4.0% (1.6, 6.4)
Other	1.5% (0.2, 2.8)



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Our Health Counts Thunder Bay

Reproductive and Sexual Health Reference

Survey Question	RDS Prevalence Estimate (95% Confidence Interval)
Do you think there are adequate resources serving Indigenous people in Thunder Bay addressing sexual health and wellbeing?	
Yes	37.1% (30.9, 43.2)
No	35.0% (28.9, 41.2)
Don't know	27.9% (21.8, 34.1)
Do you think there are adequate resources serving Indigenous people in Thunder Bay addressing reproductive health and pregnancy services?	
Yes	30.1% (24.3, 35.9)
No	25.2% (20.0, 30.5)
Don't know	44.6% (38.0, 51.1)
How many weeks pregnant with your child were you when you had your first visit for prenatal care?	
0-12 weeks	71.0% (55.3, 86.7)
13-26 weeks	18.0% (4.4, 31.6)
27-40 weeks or no prenatal care	4.7% (0.0, 9.5)
Do you think there are adequate resources serving Indigenous mothers in Thunder Bay?	
Yes	57.3% (50.7, 63.9)
No	19.5% (14.2, 24.8)
Don't know	23.2% (17.1, 29.3)
Was your prenatal care provider, your preferred prenatal care provider?	
Yes	85.9% (71.4, 1.0)
No	12.6% (0.0, 26.5)
Did you receive prenatal care as early as you wanted?	
Yes	79.6% (64.2, 94.9)
No	20.4% (5.0, 35.8)



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Reproductive and Sexual Health Reference

Survey Question	RDS Prevalence Estimate (95% Confidence Interval)
Did you experience diabetes during your pregnancy (i.e. Gestational diabetes, pre-existing Type II Diabetes)?	
Yes	12.0% (0.7, 23.3)
No	88.0% (76.7, 99.3)
During your pregnancy with your child, did you live in a smoke-free home?	
Yes, completely smoke free	46.3% (31.6, 61.0)
Yes, smoke outside	39.6% (26.8, 52.5)
No	
Do you know how many weeks you (or partner/spouse/child's birth mother) were/was into the pregnancy when you child was born?	
Born before 37 weeks	4.1% (1.3, 7.0)
Born 37 weeks or later	95.9% (93.0, 98.8)
Immediately after birth, was your child admitted to an intensive care unit?	
Yes	34.8% (22.5, 47.1)
No	63.2% (50.9, 75.5)
How long was your child in the intensive care of special care unit?	
Less than 24 hours	10.9% (0.0, 23.8)
1 day to less than 7 days	20.7% (7.6, 33.7)
7 days or more	67.4% (48.7, 86.1)
How much did your child weigh at birth in grams?	
2500g or less	17.4% (10.1, 24.7)
2500g to 4000g	64.4% (53.5, 75.4)
4000g or more	18.2% (8.9, 27.5)
How old were you when your child was born?	
15-19 years	15.2% (5.8, 24.7)
20 years or older	84.8% (75.3, 94.2)
For your last baby, did you breastfeed or try to breastfeed your baby, even if only for a short time? (asked to Indigenous women/trans/other 15-44 years)	
Yes	85.1% (73.2, 97.0)
No	14.9% (3.0, 26.9)
Did you breastfeed or try to breastfeed your child even if only for a short time? (asked to birth parent of Indigenous children)	
Yes	70.9% (58.7, 83.1)
No	29.1% (16.9, 41.3)



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Reproductive and Sexual Health Reference

Survey Question	RDS Prevalence Estimate (95% Confidence Interval)
How old was your child when you stopped breastfeeding?	
Less than 6 months	48.8% (30.9, 66.7)
6 months or older	51.2% (33.3, 69.1)
What helped or made it possible for you to be able to breastfeed your child?	
People in my family helped and supported me to breastfeed	34.3% (19.6, 49.0)
Healthcare providers helped and supported me to breastfeed	29.7% (16.2, 43.2)
I felt confident about breastfeeding from breastfeeding my previous child/children	59.4% (42.3, 76.6)
Community support programs	4.0% (0.0, 11.7)
Other	5.5% (1.3, 9.7)
How old was your child when you first added any other liquids (e.g. milk, formula, water, teas, herbal mixtures) or solid foods to the baby's feed?	
Three months or less	24.3% (10.6, 38.0)
Four or five months	15.0% (7.1, 22.8)
6 months or more	60.7% (45.5, 75.9)



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