Social and Economic Well-Being:
A First Nations Gender-Balanced Analysis

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FNIGC is a First Nations-led organization committed to gathering and disseminating data that reflects the diversity of life in the 634 First Nations reserve and Northern communities across the country. It has a mandate to oversee data collection on First Nations reserves and Northern communities, and envisions that every First Nation will achieve data sovereignty in alignment with its distinct worldview.

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Executive Summary

While all First Nations in Canada have unique histories and cultures, gender equality and diversity were generally accepted as cultural norms prior to European contact; gender roles for women, men, Two-Spirit, and other gender-diverse individuals were often distinct but complementary and egalitarian. With colonization, the widespread imposition of European cultural and religious patriarchal practices undermined these traditional identities and roles, introducing gender inequities and reinforcing a gender binary[1] of male and female.

Conceptualized within this Western lens, gender-based analysis does not sufficiently consider gender diversity, cultural perspectives, and historical context to be comprehensive and meaningful for First Nations. Instead, this report employs a First Nations Gender-Balanced Analysis (FNGBA) to better understand the conditions and experiences among First Nations male, female, and Two-Spirit populations living on reserves and in Northern communities across Canada as a step towards restoring the traditional gender balance.

Informed by a review of existing literature, the data analyzed for this research was drawn from the First Nations Information Governance Centre's (FNIGC's) First Nations Regional Health Survey Phase 3 (RHS Phase 3) national dataset and from engagements with Knowledge Holders and Subject Matter Experts (SMEs) on gender issues in First Nations communities. Use of this mixed-methods approach allowed for the quantitative findings (bivariate descriptive statistics) to be validated, critiqued, and contextualized with qualitative information from the engagements, providing a more in-depth understanding of gender disparities among First Nations people and their diverse life experiences.

With the aim of examining indicators that touched on a wide range of well-being and social determinant factors, while investigating selected topic areas relevant to gender issues, four overarching themes were selected: Demographic and Socioeconomic; Well-being; Health Care Access; and Language and Culture. Estimates from indicators in each of these topic areas were analyzed for cisgender[2] females, cisgender males, and Two-Spirit or transgender individuals in youth (age 15–17) and adult (age 18+) age groups. Upon presentation of preliminary findings to Knowledge Holders and SMEs through a series of interviews, these experts provided input and interpretation based on their formal expertise and lived experiences.

Engagement participants—selected to achieve balance in gender identity and geography where possible—found that some of the RHS Phase 3 data findings aligned with their knowledge and experiences in First Nations communities more than others. Their insights supplemented the interpretation of the statistics by providing possible explanations for the data as well as recommendations for future analyses to improve accuracy and comprehensiveness. Selected key findings from the quantitative and qualitative analyses are summarized below.

Analyses of the literature and research results in combination revealed that cisgender males, cisgender females, and Two-Spirit or transgender individuals experience disproportionate yet distinct inequities in economic and social well-being factors and that intersectionality[3] must be considered in any research involving gender and First Nations people. Colonialism, with the forced disconnection from language, culture, and land that it inflicted in various ways, was identified as a root cause. At the same time, there is hope that movement toward revival of these connections will help restore well-being and balance for all gender identities.

This report and its findings provide a valuable national portrait of gender inequities in First Nations communities, particularly for Two-Spirit or transgender individuals who are virtually invisible in most national

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[1]   Referring to the social construct of gender as classified in two distinct, opposite forms of masculine or feminine.

[2]   Cisgender refers to a person whose gender identity corresponds with the biological sex they had or were assigned at birth.

[3]   A theoretical framework which recognizes that marginalization and discrimination within social categorizations such as race, gender, class, ability, etc. are often interconnected and overlapping for groups and individuals and posits that inequities in one of these dimensions cannot be sufficiently analyzed without consideration of the others.

datasets. It is important to note that some discrepancies were found between certain RHS Phase 3 findings and Knowledge Holders' experiences that warrant further investigation. However, whether the goal is to build upon or critically examine this report's findings, recommendations for future research include more in-depth analyses such as geographic refinement, regression modelling, and additional relevant indicators within each focus area, and working with First Nations Knowledge Holders and SMEs to ensure RHS and other survey data are valid and appropriately contextualized in their presentation.

Key Findings

+ Between four and six percent of First Nations people aged 15 and older identify as Two-Spirit or transgender.

+ A significantly higher proportion of Two-Spirit or transgender adults (68%) had some post-secondary or higher education compared to cisgender females (55%), who in turn had a higher proportion with this level of education compared to cisgender males (48%).

+ When asked if they experienced struggles with each of six basic living requirements (food, transportation, utilities, clothing, shelter, and childcare), cisgender females reported a higher average number of struggles (1.4) compared to Two-Spirit or transgender adults (1.3) and cisgender males (1.1).

+ Among youth and adults, a higher proportion of cisgender males (58% among both) felt wholistically balanced[4] compared to their cisgender female (41% among youth and 53% among adults) and Two-Spirit or transgender counterparts (42% among youth and 50% among adults).

+ A significantly higher proportion of Two-Spirit or transgender adults (73%) experienced stress in their lives most days compared to cisgender female adults (59%), a higher proportion of which experienced stress most days compared to cisgender male adults (47%).

+ Eight in ten cisgender youth and adults reported a strong sense of belonging to their local community, a feeling reported by significantly lower proportions of Two-Spirit or transgender youth (52%) and adults (63%).

+ In the past year, cisgender females reported experiencing the most barriers (2.7 out of 15 possible barriers) to receiving health care compared to other gender identity groups: on average, cisgender males experienced 2.0

barriers, while Two-Spirit or transgender adults experienced 1.0[E,5] barriers. These barriers may include long waiting lists, inadequate care, unavailability of health care professionals, and lack of Non-Insured Health Benefits (NIHB) coverage, among others.

+ Among those who were interested in traditional medicines, a significantly higher proportion of Two-Spirit or transgender adults (87%) had no difficulties accessing them when compared to cisgender males (64%), who in turn experienced no difficulties in a significantly higher proportion compared to cisgender females (57%). Among all adults, the most common difficulties in accessing traditional medicines included not knowing enough about them or where to get them.

+ Significantly higher proportions of Two-Spirit or transgender adults (62%) and youth (23%[E]) reported understanding their First Nations language at an intermediate-to-fluent level compared to cisgender males (37% among adults and 9% among youth) and cisgender females (38% among adults and 9% among youth).

Notable insights from the engagements with Knowledge Holders and SMEs include the following:

+ Traditional gender roles and identities among First Nations peoples have been impacted by ongoing colonization.

+ Cisgender males have encountered a loss of identity as a result of colonization and imposed patriarchy.

+ Lived experiences of Two-Spirit and gender-diverse individuals indicate a livelihood wrought with discrimination, safety concerns, poverty, and other challenges.

+ National-level statistics are unable to reflect the considerable variance on many indicators that exists between regions, subregions, and individual communities.

+ First Nations women have been disenfranchised[6] as a result of colonization. First Nations women still often experience discrimination, a lack of safety, and poor social services in their communities.

+ Connection to culture is imperative for healing and overall strengthening of personal, social, and economic well-being.

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[4]   A composite indicator derived from variables indicating self-reported balance in four areas: physical, mental, emotional, and spiritual balance.

[5]   [E] indicates high sampling variability, interpret with caution.

[6]   In this context, disenfranchisement refers to the ways in which First Nations women have been deprived of their basic human rights and subject to oppression and violence following colonization.

Introduction

While it is important to acknowledge that cultural background and histories are diverse among First Nations, gender equality was generally a non-issue in First Nations prior to contact with European settlers (Stirbys, 2008). Women, men and Two-Spirit individuals were valued and held important roles and responsibilities within the community, and a diversity of genders was accepted in First Nations culture (Stirbys, 2008).

Colonization, however, has played a significant and unfortunate role in upsetting the traditional balance between genders in First Nations communities. Gender-biased policies, programs, and legislation were created, and a Western gender binary of male and female was imposed, undermining traditional identities and roles resulting in lasting socio-economic gender inequities in First Nations communities. (Assembly of First Nations, 2009; Native Women's Association of Canada, 2007; Stirbys, 2008).

A culturally-relevant First Nations Gender-Balanced Analysis (FNGBA) provides a lens through which the shared and unique experiences of First Nations people can be understood, while considering holism and the interconnection between culture and gender, as well as historical context, including the legacy of colonization and historical trauma, in the analysis and interpretation of data (Assembly of First Nations, 2009). The lack of research pertaining to gender-diverse First Nations persons—

particularly those living on reserves—constitutes a systemic barrier to obtaining accurate and complete information about the socio-economic conditions and health outcomes for this population. This report aims to help fill that gap while providing a basis for more targeted, in-depth studies on the variety of topics covered.

Therefore, the objective of this report is to present a FNGBA of factors linked to social determinants of health and well-being among First Nations men, women, and Two-Spirit or transgender individuals living on reserves and in Northern communities in Canada. This report also aims to provide the groundwork for policy development that will effectively contribute to improving their overall social, cultural, and economic well-being. More specifically, the quantitative analysis will use data from the First Nations Information Governance Centre's (FNIGC's) First Nations Regional Health Survey Phase 3 (RHS Phase 3) to examine how gender intersects with employment, education, food security, mental health, community safety, access to health care and health care services, and connection to culture. A complementary qualitative component that engaged Knowledge Holders and Subject Matter Experts (SMEs) on gender issues and culture in First Nations communities was also conducted, in order to ensure that the analysis findings appropriately reflect the data needs and lived experiences of First Nations people.

Literature Review

First Nations Gender-Balanced Analysis

As the following section outlines the history and development of gender-based analysis, it is important to keep in mind that early conceptions of this methodology are almost entirely based on the binary opposition of male and female identifiers. Going forward, this literature review endeavors to examine sources that include individuals who identify beyond the female-male binary.

Early considerations of gender at the political level are outlined in the Status of Women Canada's 1996 publication titled *Gender-Based Analysis: A Guide to Policy Making* which rationalizes the need for gender-based analysis as a tool that "is integral to the development of policies, programs and legislation" (p.5) to improve the social livelihood of women. The report defines gender-based analysis (GBA) as:

> A process that assesses the differential impact of proposed and/or existing policies, programs and legislation on women and men. It makes it possible for policy to be undertaken with an appreciation of gender differences, of the nature of relationships between women and men and of their different social realities, life expectations and economic circumstances. It is a tool for understanding social processes and for responding with informed and equitable options. (Status of Women Canada, 1996, p. 4)

Moreover, "it compares how and why women and men are affected by policy issues. Gender-based analysis challenges the assumption that everyone is affected by policies, programs and legislation in the same way" (Status of Women Canada, 1996, p. 4). Early conceptions of GBA recognize how policies influence women and men differently and acts as a governing resource for improving political impacts on each gender. The Standing Committee on the Status of Women note that there are certain areas of vulnerability that impact women more than their male counterparts. Their report from 2005 notes that "women in Canada continue to earn less than men, to experience higher levels of poverty, and to be disproportionately affected by domestic violence. The inequalities are even more marked for certain groups in Canada, such as Aboriginal women"

(Standing Committee on the Status of Women, 2005, p. 1). For Status of Women Canada nearly two decades ago, GBA was a reaction to male-dominated politics which were previously draped in patriarchal discourse and leadership. As a response to such exclusivity, GBA was implemented as a necessary methodology for policy development.

The previous report by the Standing Committee on the Status of Women (2005) urges for strategies to implement gender equality in the governing bodies at the federal level via Gender-Based Analysis. The concept of "gender mainstreaming" is a broader process of implementing gender equality transparently and effectively in policy and governance. According to McNutt (2010), gender-mainstreaming encourages the normalization of gender equality within policy development and in a nation's governing framework. Under the umbrella of gender-mainstreaming is gender-based analysis, which functions as a working part of the greater goal. With an equality-driven government, there is an opportunity to obtain representation for First Nations people in these arenas. Furthermore, we can recognize the systemically immobilizing structures that deny leadership based on not only sex, but also culture and the complexities derived from such an intersection of marginalization.

McNutt (2010) provides a brief overview of the evolution of "gender equality policy agenda" noting that it evolved from a focus on "improving women's basic human, political, and economic social rights" (p. 60) to "today, [where] the goal is to identify structural inequalities that disadvantage and exclude women" (p. 6). Although the evolution of federal policy and the proposed forward movement of women in Canada is notable, it is important to call attention to the unsettling reality that First Nations women face in this country. Indigenous women are more likely to face domestic violence and poverty (Stirbys, 2008, p. 139), in addition to being met with barriers to health care and education more than their non-Indigenous counterparts. In many First Nations communities, access to housing, food, childcare, and education are extensively limited. While strides have been made to improve the lives of and social mobility of women in Canada, First Nations women are particularly vulnerable and often do not have their basic human needs met in contemporary Canada, despite efforts to target such

inequalities in the last three decades. Culturally relevant gender-based analysis began to gain recognition as a strategy to address the intersection of gender and culture with its acknowledgement that the history and trajectory of gender inequalities cannot be understood without cultural considerations (Native Women's Association of Canada, 2007).

Further, Stirbys (2008) calls attention to the widely adopted GBA model implemented by the federal government. She questions whether the model that is supposed to address gender-based inequities will "do more harm than good when policies are not relevant to their life experience and circumstances" (Stirbys, 2008, p. 138). She acknowledges that the "federal government lacks an understanding of the differential impacts that colonization has had on First Nations people, as demonstrated by its own contradictory policies and legislation to the detriment of First Nations people and culture" (Stirbys, 2008, p. 138). Stirbys' criticism of the current GBA structure is relevant to this report's research as it supports the need for culturally relevant models for research completion, analysis, and policy development.

In discussing the disproportionately high inequalities experienced by Indigenous women in Canada, Stirbys makes note of the lack of funding and governmental support "to conduct research in order to integrate the analysis developed in Aboriginal communities" (Stirbys, 2008, p. 139). The erasure, or lack of attention to such needs, draws attention to the significant gaps in research on gender inequalities relevant to First Nations communities. Furthermore, the current structure of gender-based analysis is derived from a colonial historical context and a European worldview, whereby women have historically been placed into submissive non-leadership roles. As such, Stirbys (2008) argues that "GBA as it stands as a Western paradigm…may not be appropriate to ensure the re-balancing of roles between First Nations men and women" (p. 140). The legacy of colonial violence is reinforced by the imposition of Western worldviews onto First Nations people when GBA methodologies, developed from such a colonial framework, are imposed on First Nations people.

Stirbys (2008) points out a key difference in worldviews in stating that "Western society is trying to achieve something they have never achieved (equality), whereas First Nations (Aboriginal) societies are attempting to reclaim their egalitarian ways and undo damage done by colonizers" (p. 140). We can see, for example, the Western-based nature of current GBA practices "that do not incorporate

a First Nations cultural context" (Stirbys, 2008, p. 143). Stirbys (2008) points out that "the word 'gender' only takes in the western worldview that has a meaning of male/female only" (p. 143). Excluded from this worldview are the multiplicity of genders historically accepted in First Nations culture (Stirbys, 2008). The foundational beliefs of First Nations culture fundamentally brush against the hegemonic discourse of Western patriarchy, thus making GBA methodologies irrelevant, and in itself, a mechanism of colonial discourse if not adapted accordingly.

With this context presented, Stirbys (2008) suggests that GBA methodologies would be "more meaningful to First Nations if it is considered a *Gender Balancing Analysis* or a *Re-balancing* initiative" (p. 140). Using gender-balanced analysis instead of gender-based analysis is an idea that has been adopted by governmental and non-governmental organizations who are "in the process of developing their own culturally-affirming approaches" (Stirbys, 2008, p. 143). The following discussion will examine such approaches to better support this report's research process and ensure that culturally sensitive data analysis is being carried out attentively.

The Native Women's Association of Canada (NWAC) recognized "the need for implementing a Culturally Relevant Gender Based Analysis (CRGBA) on all legislative, policy, and program development" (NWAC, 2007, p. 3). More specifically, their document emphasizes the "individual and collective rights, needs and issues" (p. 5) of Indigenous women. NWAC addresses the need for comprehensive research and an expansion on literature as it relates to the particular analysis of Indigenous women. However, their report builds on previous Western paradigms of the male-female binary and falls short of thoroughly acknowledging First Nations culture in its organic form and diverse gender perspectives.

While NWAC (2007) acknowledges the complex intersections of marginalization by pointing to the reality that "Aboriginal women…suffer not only from gendered discrimination, but racism and other forms of oppression" and that "Aboriginal Two-Spirited women also suffer from discrimination based on their sexual orientation" (p. 6), their analysis does not extend much beyond this brief acknowledgement. The authors suggest that "a Culturally Relevant Gender Based Analysis (CRGBA) must be a central element of socio-economic and political policy development" (p. 6), but there is more work to do in this arena to include multiple intersections of marginalization.

While the CRGBA model is hopeful for the inclusion and progression of Indigenous women, the model is still predominantly based on the Western paradigm of men and women, and excludes the very culture of balance that the model intends to guide forward. NWAC's contributions to the discussion on a CRGBA are useful for organizing strategies as they relate to specific areas of data collection and analysis for First Nations women. Their report is a crucial document for researchers attempting to break down gender barriers in the field and throughout the research process; however, the model could benefit from enhancement of inclusivity in the application of CRGBA. Nevertheless, the report's proposed CRGBA, with some adaptations, is a palpable guiding framework for this report's research.

The Assembly of First Nations' (AFN's) 2009 report on gender balancing echoes Stirbys (2008) in challenging the widely accepted concept of gender-based analysis and the Western gender binary this literature review has critiqued. AFN advocates for "re-balancing gender roles, renewing our traditions and languages, and strengthening families and communities" (AFN, 2009, p. 25). AFN produces a culturally affirming framework as "a critical teaching and decision-making tool to assist [First Nations] in remembering, restoring and renewing the life-giving ways of our ancestors which included balance of vital roles of men and women that once made our families strong and our [N]ations vibrant" (AFN, 2009, p. 25). Central to AFN's model of gender-balancing is the deep-rooted and full encompassment of First Nations culture within their framework and challenging "dichotomous language of gender as only male and female" (AFN, 2009, p. 30). The structure presented in AFN's report is not only inclusive of First Nations culture, but also inclusive of gender diversity and the unique roles of every individual in a community (AFN, 2009, p. 30). Their gender-balanced analysis framework calls on Henry Skywater (Birdtail Sioux Dakota Nation) who states that "there wasn't a word for 'gender' in the Dakota language, and that the people were defined by their roles and responsibilities" (AFN, 2009, p. 30). Skywater also discusses the significant and sacred role of "the 'Winkte' [who] was half man, half woman" (p. 30) as a gifted being and a counsellor within communities (AFN, 2009). Skywater's alternate understanding of a person's roles and responsibilities allows us to consider gender from an alternative perspective that moves beyond the widely accepted, Eurocentric male-female gender binary. Moreover, the inclusion of a Two-Spirit identity opens the possibility of diversifying analyses to include individuals who do not identify as male or female.

The paradigms described above provide the opportunity to approach gender equality and gender-based analysis from a culturally relevant First Nations gender-balanced perspective. It is not feasible to respond to social and economic disparities without first acknowledging the unique needs of First Nations people. Beyond that, it would be a systemic failure to impose the same colonial approach to gender equality that ultimately clashes with First Nations traditional culture and gender-balanced structure. A First Nations Gender-Balanced Analysis approach that is gender-inclusive and culturally responsive is the ideal model for this research.

First Nations Gender Issues

Diversity of Traditional Gender Roles

Prior to arrival of European explorers, First Nations in Canada followed the belief that there was a gender spectrum encompassing a minimum of three genders and sometimes more (Barker, 2017; Hunt, 2016, 2018). They understood their responsibilities based on gendered and sexed land-based epistemologies that influenced their cultural practices, governance, laws, and sociocultural relationships (Barker, 2017). First Nations cultures historically existed as independent nations within North America. As such, it is critical to acknowledge that their distinct cultures, histories, perspectives, and identities cannot be generalized as one single nation. Indigenous scholars are pushing to reclaim their systems of Indigenous gender identities by challenging biased accounts of historical and anthropological documentation, and studies that suppressed and continue to oppress Indigenous knowledges (Acoose, 1992; Barker, 2017; Bernard, 2016, 2018; Campbell, 1982; Maracle, 1996; Smith, 1999).

The majority of Indigenous knowledge relative to gender is found within languages, teachings, ceremonies, relations to the land, and other cultural practices that are not published within existing literature (Driskell, Finley, Gilley, & Morgensen, 2011; Hunt, 2016, 2018). First Nations scholar Sarah Hunt (Kwagu'ł) notes that, "some Indigenous communities have held on to culturally-specific knowledge about diverse gender roles and sexual identities which emerge within their broad cultural practices and worldviews" (Hunt, 2016, p. 9). However, it remains that the Eurocentric designations of female-male gender binaries were both foreign and disruptive to First Nations communities in Canada. Knowledge of diversity is a cornerstone for respecting the unique needs of First Nations people in the era of relearning traditional culture and in the pursuit of equality and wellness.

Exploring the unique and distinct diversities that build Indigenous societies, individually and collectively, allows us to unlearn harmful Western gender binary ideologies, and support diversity beyond the governing colonial discourse. The process of unlearning Westernized ideologies and categorization on gender encourages accurate depictions of Indigenous knowledges, worldviews, and histories (Hunt, 2016, 2018) to be accurately represented and utilized in the policy making and program development processes.

Colonial Impact on Indigenous Gendered Identities

Historically, colonial ideologies, systems, and laws imposed their gendered and racialized categorization upon Indigenous societies (Barker, 2008, 2017; Hunt, 2016, 2018). The *Indian Act* was legislated in 1876 establishing "patrilineality as the criterion for determining Indian status, including the rights of Indians to participate in band government, have access to band services and programs, and live on the reserves" (Barker, 2008, p. 259). Therefore, First Nations women became disenfranchised through marriage to a non-status male, and subsequently, their children and generations to come also were disenfranchised. The aim of the *Indian Act* was to assimilate First Nations into mainstream Canadian society with "the eventual and total dissolution of band governments, with the implementation of gendered power relations among men and women at its core" (Hunt, 2018, p. 24). Such categorizations were also carried out on First Nations children by the Residential School system.

Sarah Hunt explains how Indigenous children were differentiated by gender:

> Individual accounts of residential school students clearly show the gender uniforms as one colonizing tool—boys had their hair cut short, girls wore bobs and bangs, and they were physically separated from one another in the schools, kept in different dorms in order to ingrain distinct gender roles into them. (Hunt, 2007, p. 44, as cited in Hunt, 2018, p. 24)

Generations of First Nations children who survived the Residential School system became indoctrinated within colonial and imperial gendered ideologies and roles, which replaced traditional gender roles and identities, thereby resulting in the silencing of governing principles and beliefs of First Nations people. Hunt further explains that this caused a loss of Traditional Knowledge on how "men and women related to one another, and the spiritual, ceremonial, and cultural significance of what it means to be a 'man' or a 'woman' or a 'Two-Spirit' within broader cultural systems"

(Hunt, 2018, p. 25).

The imposition of patriarchy on First Nations people and communities had further impacts beyond upsetting the societal balance and eroding the sacred role of women. One example is the outright erasure of transgender, Two-Spirit, and other gender-diverse individuals imposed by the *Indian Act*, and the impacts of such exclusion by strict categorization (Hunt, 2016, 2018). Although there has been work done to address the inequality between status and non-status First Nations women, the same is not yet true for transgender, Two-Spirit, and other gender-diverse First Nations individuals. Identifying beyond the widely accepted male-female binary presents challenges for gender-diverse individuals when it comes to accessing Indian Status and Treaty Rights and accessing resources to support basic needs and wellness.

The cycle of racially gendered and sexualized images and narratives of Indigenous womanhood, Indigenous manhood, and Two-Spirithood "reenacts Indigenous people's lack of knowledge and power over their own culture and identity in an inherently imperialist and colonialist world" (Barker, 2017, p. ii). Imperial and colonial worldviews assume that Indigenous conceptions of gender roles and identities are authentically from the past and do not exist within contemporary society (Barker, 2017; Hunt, 2018). This assumption leads to an erasure of their existence in contemporary culture.

The denial of the tangible histories, cultures, and belief systems also rejects the lived realities of First Nations people. Their existences are simply not acknowledged (or are under acknowledged) and scarcely applied into policy, sociocultural systems, governance, and programs (Barker, 2017; Brotman, Ryan, Jalbert, & Rowe, 2002; Hunt, 2016, 2018). It is critical to question, then, how a system, policy, or program can benefit First Nations people if it does not resonate, nor speak to their lived realities. Despite widespread reinforcement of "Western gender and sexual norms, Indigenous people have continued to live and embody non-binary expressions of gender and sexuality and to resist assimilative strategies" (Hunt, 2016, p. 9).

Factors Hindering Well-Being

The reliance on government collected data, which are primarily quantitative survey studies, has produced limitations on understanding accurate lived realities of Indigenous peoples in Canada (Barker, 2017; Hunt 2016, 2018). As Hunt (2016) points out,

Two-Spirit, transgender, and genderqueer[7] people remain invisible within the gender-based analyses utilized by the national and provincial organizations that represent Aboriginal peoples across Canada. (p. 12)

The implementation of Western binary gender categorizations and statistics means that current analyses fail to authentically examine the lived realities of First Nations people and leave out members of the demographic. In other words, an understanding of the experiences of First Nations people living in their communities, reserves, visiting or living in cities is not accurately captured (Harris, 2015). Additionally, the scarcity of research on Two-Spirit, transgender, and other gender-diverse individuals speaks to the systemic invisibility that is "further entrenched through…the categorical omission of transgender, transsexual, and other gender non-conforming Two-Spirit people" (Hunt, 2016, p. 12).

Gender inequality is documented as a key influence on social determinants of health and well-being, especially for Indigenous peoples (CCSDH, 2008; Harris, 2015; Hunt, 2016, 2018). The colonial legacy of intergenerational trauma forced upon Indigenous populations across Canada continues to disproportionately impact their socioeconomic status, while contributing to higher rates of substance misuse and addictions, interactions with various forms of violence, lack of education and employment attainment, and increased likelihood of interactions with the criminal justice system (Hunt, 2016, 2018; Smith, 2005). Over a decade has passed since the release of the Royal Commission on Aboriginal Peoples (RCAP), where one of the main recommendations called for "governments and organizations [to] collaborate in carrying out a comprehensive action plan on Aboriginal health and social conditions" (RCAP, 1996, p. 214). This recommendation, however, largely overlooks the need to actively support Two-Spirit, transgender, and other gender-diverse individuals on the road to social wellness and improving access to health care. Therefore, to gain a better understanding of the social determinants of health and well-being, it is important to acknowledge and examine the diverse gender disparities between Indigenous women, men, Two-Spirit, transgender, and other gender-diverse individuals.

Indigenous Women, Men and Gender Disparities

As previously noted, the widespread implications of patriarchy are long-standing and prevalent today, and this Eurocentric model continues to adversely impact First Nations people. Contemporary gender disparities are both prevalent and alarming in Canada. Stemming from ongoing colonial practices, Indigenous men and women each face a rigorous set of barriers and challenges when it comes to sustainability, and social and economic health and well-being. For example, Indigenous women experience intersecting forms of violence based on their race and gender (Smith, 2005): The Native Women's Association of Canada (NWAC) recalls that Indigenous women are more likely to experience more severe forms of family violence than their non-Indigenous counterparts (NWAC, 2010).

A discussion of Indigenous women and violence must acknowledge the extensive number of missing and murdered Indigenous women and girls in Canada. Perhaps one of the largest and most daunting of disparities faced by First Nations women in Canada is the lack of investigation into missing and murdered Indigenous women, the mislabelling of their disappearances, and the lack of safety they are afforded in their daily lives. The disproportionately high numbers indicate that Indigenous women are targets for violence (NWAC, 2010). Such high levels of violence are a violation of safety and human rights.

In addition to staggering numbers of violence perpetrated against Indigenous women, health and access to health care continues to be a disparity. Indigenous women in Canada "carry a disproportionate burden of poor health. Aboriginal women have lower life expectancy, elevated morbidity rates, and elevated suicide rates in comparison to non-Aboriginal women" (Bourassa, McKay-McNabb, & Hampton, 2004, p. 23). In addition, First Nations women are also more likely to suffer from chronic diseases such as diabetes and have limited access to adequate health care (Bourassa, McKay-McNabb, & Hampton, 2004). Geographical challenges, as well as a damaged sense of self-worth and self-confidence (because of colonial ideations), and lack of education surrounding health care continue to disproportionately impact Indigenous women in comparison to non-Indigenous women (Bourassa, McKay-McNabb, & Hampton, 2004).

The 2018 RHS Phase 3 report speaks to the challenges of accessing health care for First Nations individuals in rural and remote, or special access communities, noting a recognized "negative correlation between perceived health-care quality and community remoteness" (FNIGC, 2018b, p. 32). Furthermore, the RHS report reviews a 2015 report

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[7] Refers to a person who does not identify with conventional gender distinctions but identifies with neither, both, or a combination of male and female genders.

by the Office of the Auditor General of Canada, which indicates that "the health care being provided in more remote First Nations communities was not adequately serving the needs of those constituents" (FNIGC, 2018b, p. 32). The RHS report also evaluates access to health care services and includes some gendered statistics for First Nations people living on reserves and in Northern communities. For example, females are generally more likely than males to have had diagnostic or preventative health care tests: significantly higher proportions of female adults have had cholesterol tests, eye exams, blood-pressure tests, blood-sugar tests, and complete physical examinations compared to male adults (FNIGC, 2018b).

Indigenous women face significant challenges when it comes to accessing other basic human rights besides safety and health care. These needs include access to clean water, safe housing, education, and employment. For example, Indigenous people are overrepresented among the homeless population throughout Canada with Indigenous women being especially vulnerable to homelessness (Groening, Bonnycastle, C., Bonnycastle, M., Nixon, & Hughes, 2019). Moreover, access to affordable, healthy foods is restricted in rural and remote communities, as it is in urban areas. Additionally, Indigenous women are more likely to experience poverty-level conditions; as such, affordability is a barrier to food security (NWAC, 2018).

In terms of employment, while the numbers of employed First Nations women are lower across the board, the Canadian government believes that a silver lining exists in the data that shows a fairly healthy rate of employment for Indigenous women who earn high school diplomas. A 2012 report by Aboriginal Affairs and Northern Development Canada indicates that completion of high school is strongly linked to Aboriginal women's economic advancement, concluding that this level of educational attainment "is an effective way to enhance their success in the formal economy, especially for First Nations women living on-reserve" (Aboriginal Affairs and Northern Development Canada, 2012, p.4). The suggestion is that education helps, but there is little said about traditional or culture-based forms of education in this publication, merely just Westernized methods of education.

RHS Phase 3 data seems to reflect this link between education and employment for First Nations women living on reserves and in Northern communities, who tend to have more formal education than their male counterparts: Compared to males (36.8%), significantly lower proportions of females (30.7%) had less than a high school education, while higher proportions (9.8%) had a university education compared to males (5.4%) (FNIGC, 2018a)[8]. At the same time, females have a lower unemployment rate (24.2%) compared to males (38.0%)—i.e., of those women who are available to work, a higher proportion is employed compared to men. However, females also have a lower labour force participation rate (65.8%) compared to males (73.6%), meaning that lower proportions of women are working or available to work (FNIGC, 2018a); this unavailability may be due to caregiving responsibilities, attending school, retirement, disability, or other reasons.

It is beyond the scope of this literature review to produce an exhaustive list of social and economic barriers that First Nations women face regularly. However, the above outlines some key concerns about First Nations women in relation to gendered disparities that are prominent in contemporary society. It is worth noting that research is often outdated or incomplete when it comes to specifically understanding social and economic issues as it pertains to First Nations women. The issues of safety, violence, poverty, and access to health care are disconcerting gender disparities that are worth attention and, as such, have been reviewed in this analysis.

While financial and political resources have been granted (even if inadequately) for the support of First Nations women through government and non-government organizations, it is important to recognize the precarious state of First Nations men who are also facing widespread gender disparities in Canada. Colonial trauma and historical violence, as well as the imposition of patriarchy and the disenfranchisement of First Nations women, have left First Nations men disconnected from their history, their inherent values and traditional teachings, and the gender-balanced nature of First Nations personhood. For example, compared to their non-Indigenous counterparts, Indigenous men experience higher rates of incarceration (Statistics Canada, 2017), suicide (Khan, 2008), and substance misuse (Newbold, 1998).

In reviewing these statistics, it is evident there is a pattern that insinuates a certain kind of unwellness in the way of mental health for First Nations men. The social construct of patriarchal masculinity often rejects emotive expression and thus, the path to healing is a complex,

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[8]   Note: The RHS Phase 3 report did not incorporate data analysis by gender identity; therefore, it does not include statistics for Two-Spirit or transgender individuals.

lonely process. Waldram (2014) explains how "history provides a framework for understanding abuse, violence and criminality, because this is not the 'natural' disposition of Aboriginal people" (p. 371). Furthermore, he chronicles the difficulty of First Nations inmates as "disclosure is not their strong suit, and they have learned over many years the importance of keeping one's own counsel as a means of remaining safe" (Waldram, 2014, p. 372). Waldram's view, however, can extend beyond the scope of inmates and be applied to an understanding of healing processes for First Nations men in general. While it would be remiss to fail to acknowledge that First Nations women face similar disparities in contemporary society, it is noteworthy to point out that First Nations men lack mental health supports for healing, which continually hinders their emotional and social wellness and overall well-being.

Two-Spirit and Gender-Diverse Individuals

The term Two-Spirit "refers to a person who identifies as having both a masculine and a feminine spirit" (University of Toronto Dalla Lana School of Public Health & Centre for Addiction and Mental Health, 2020, para. 1). The term encompasses a broad range of gender and spiritual identities and sexual orientations among First Nations in Canada (Hunt, 2016; University of Toronto Dalla Lana School of Public Health & Centre for Addiction and Mental Health, 2020). While different First Nations languages have their own terms to describe the identities or roles of gender-diverse persons, the Anishinaabemowin term *niizh manidoowag*, meaning "two spirits," inspired the widespread adoption of "Two-Spirit" as an identifier among Indigenous people in North America in the 1990s (University of Toronto Dalla Lana School of Public Health & Centre for Addiction and Mental Health, 2020).

In 2012, the United Nations held its first human rights panel discussion on violence against individuals based on gender identity and sexual orientation. The overarching recommendations are concerned with addressing homophobia, acknowledging same sex partnerships, and providing transgender individuals with equal pathways to basic human rights and needs (UN, 2012). However, in the context of First Nations Two-Spirit, transgender, and gender-diverse individuals, Hunt (2016) states the problematic nature of achieving safe pathways to basic human needs is due to "Two-Spirit people [being] largely overlooked in Aboriginal health literature" (p.4). Furthermore, Two-Spirit and other gender-diverse Indigenous individuals experience higher rates of poverty, unemployment, and homelessness than non-Indigenous LGBTQ2S+ populations (Ristock, Zoccole, & Passante,

2010; Scheim, Jackson, James, Sharp Dopler, Pyne, & Bauer, 2013; Taylor, 2009). There is a need to further examine the barriers that Two-Spirit, and gender-diverse individuals face through a lens that considers intersectionality and social determinants of health and well-being.

The various forms of violence that Two-Spirit individuals experience manifest as physical, verbal, emotional, and spiritual abuse, where these forms of violence are increasingly targeting female Two-Spirit individuals, compared to male Two-Spirit individuals. Two-Spirit females encounter everyday violence that "is compounded by the lack of sex reassignment, gender affirming and other health services" (Hunt, 2016, p. 16). Researchers note that, despite changing attitudes towards diverse sexual orientations and gender identities over the years, "homophobia remains as a societal and health issue" (Zoccole, Ristock, Barlow, & Seto, 2005, p.31). Research also indicates that Two-Spirit, transgender, and other gender-diverse Indigenous individuals experience high rates of sexual violence, domestic violence, and harassment (Ristock et al., 2010; Ristock, Zoccole, & Potskin, 2011; Scheim et al., 2013). Moreover, Hunt (2016) states that "research with Two-Spirit people in Canadian cities has found that many feel they cannot fully be themselves and cannot access adequate health services in smaller communities" (p. 13). Consequently, Two-Spirit individuals move to other communities or cities to seek services and more inclusive communities to escape targeted violence.

Additionally, HIV/AIDS is documented as a key overarching concern for Two-Spirit, transgender, and other diverse gender Indigenous individuals (Bauer, Travers, Scanlon, & Coleman, 2012; Hunt, 2016, 2018; Monette et al., 2011; National Aboriginal Health Organization, 2012; Public Health Agency of Canada [PHAC], 2014; Taylor, 2009). Alarmingly, statistics show that First Nations youth comprised 46.5% of all Human Immunodeficiency Virus (HIV) positive youth in Canada in 2009, whereas in 2011 the representation was 34.3% (PHAC, 2014). It is reported that Indigenous youth and men have an HIV infection rate 3.5 times higher than their counterparts in non-Indigenous populations (Monette, Albert, & Waalen, 2001; PHAC, 2014), resulting in higher frequency of HIV testing among Two-Spirit people compared to non-Indigenous LGBTQ populations (Bauer et al., 2012). However, Two-Spirit and other gender-diverse Indigenous individuals report experiencing discrimination and racism while trying to access health care services that

resulted in avoidance in seeking medical care and supports (Brotman, Ryan, Jalbert, & Rowe, 2002; Monette, Albert, & Waalen, 2001; Ristock, et al., 2011; Teengs & Travers, 2006). Further, 61% of Two-Spirit individuals reported that at least one of their health concerns was not taken care of nor given attention (Scheim et al., 2013).

Summary

Two-Spirit, transgender, and gender-diverse Indigenous individuals are often portrayed as a vulnerable demographic due to the barriers and challenges within their mobility to access adequate services and supports to meet their basic human needs. Hunt (2016) recommends that there needs to be strong ongoing advocacy and education on Two-Spirit, transgender, and gender-diverse individuals to inform policy development, and to build understanding on their lived realities.

It is apparent that cisgender[9] males and cisgender females also experience varying forms of gender imbalances and disparities. This literature review highlights the overrepresentation of poverty in First Nation communities, violence against First Nations women, disproportionate suicide rates among First Nation cisgender males, and various barriers that impact access to health care. However, in an attempt to establish a strengths-based approach to health and well-being, and in consideration of the recurring assertion in the literature that many contemporary gender-based inequalities are a result of forced disconnection from traditional ways and culture, we look to "the emerging evidence base for 'culture as treatment'" (Barker, Goodman, & DeBeck, 2017, p. 3). Though primarily focused on mental health and suicide, this work "emphasize[s] the significance of interconnectedness in healing, alongside the revitalization of traditional values to reclaim community wellness" (Barker et al., 2017, p. 2). As a strength-based concept toward well-being, "culture as treatment" is a common theme that emerges in the literature.

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9   Cisgender refers to a person whose gender identity corresponds with the sex they had or were assigned at birth.

Methods

Overview

This report uses quantitative and qualitative methods to conduct a gender-balanced examination of issues relating to First Nations' social, economic, physical, and mental well-being, as well as language and cultural factors. The quantitative component includes a descriptive analysis of indicators relevant to these topics, while the complementary qualitative component engaged Knowledge Holders and SMEs on gender issues and culture in First Nations communities in order to ensure that the quantitative analysis findings appropriately reflect the data needs and lived experiences of First Nations people.

In aiming to move closer to a truly gender-balanced analysis, this report examines indicators by three gender identity groups, including cisgender males and females and those who identify as Two-Spirit or transgender. At the same time, FNIGC recognizes that limitations of the RHS survey questionnaire and sample size prevent a fully inclusive analysis of all gender identities among First Nations individuals.

Quantitative Analysis

The quantitative component of this report is based on descriptive analyses of data from the FNIGC's Adult and Youth components of the Regional Health Survey Phase 3. The RHS Phase 3 is a cross-sectional survey of First Nations living on First Nations reserves and in Northern communities across Canada. The surveys are designed to collect information that is representative of on-reserve First Nations populations in all provinces and territories (except Nunavut). The data collection for RHS Phase 3 was conducted between March 2015 and December 2016. Surveys were typically self-administered in the home using customized computer-assisted personal interviewing (CAPI) software on laptop computers, although fieldworkers were present to assist or translate as needed.

The sampling frame for RHS Phase 3 was based on 2014 Indigenous and Northern Affairs Canada (INAC) Indian Registry counts of those living on reserves or on Crown land. According to these counts, there were 630 communities and nearly 467,800 people living on reserves and in Northern First Nations communities. The sample design used complex sampling that incorporated a two-stage sampling strategy. The first stage involved the selection of communities to participate in the survey. First Nations communities were stratified by region, sub-region, and community size. The size of communities was determined by community population and were categorized into small (fewer than 300 people), medium (300 to 1,500 people), or large (more than 1,500 people) communities. Large communities were automatically included in the sample, while medium and small communities were randomly selected with equal probability within their respective strata. Communities with a population of less than 75 were not included in the survey. The second stage of the sampling process pertained to the random selection of individuals within eight age and sex groups in each community in the national sample. Community members were identified using band membership lists. Individual responses were then weighted using the INAC Indian Registry counts to reflect the representation of the population (FNIGC, 2018b, p. 13).[10]

The RHS Phase 3 achieved a 78.1% response rate, surveying 23,764 individuals in 253 communities in total. The final datasets included 4,968 surveys from youth (12 to 17 years old) and 12,137 surveys from adults (18 years and older), representing 47,918 youth and 282,129 adults in the population, respectively. Adult and youth surveys had separate questionnaires with several items in common but certain questions were unique to each. Since the question "Do you identify as being Two-Spirited/Trans-gender?" was asked only of adults and youth age 15 and older, only a subset of the youth sample (those aged 15–17 years old) was analyzed for this report.

IBM SPSS[11] version 26 was used for all analyses. Proportions of categorical variables were estimated according to three derived gender categories. Estimates were weighted and 95% confidence intervals were calculated using the SPSS Complex Samples Module. The weights and specifications of the complex stratified sample of the RHS Phase 3 were programmed into the module to produce appropriate design-based variance estimates. For statistical reliability, the estimates with a coefficient of

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[10] For more information about the RHS Phase 3 data and methods, please see pages 5–14 in FNIGC, 2018a at https://fnigc.ca/wp-content/uploads/2020/09/713c8fd606a8eeb021debc927332938d_FNIGC-RHS-Phase-III-Report1-FINAL-VERSION-Dec.2018.pdf

[11] SPSS Statistics is a software package used for interactive, or batched, statistical analysis.

variation (CV) between 16.6% and 33.3% reflect moderate to high sampling variability and were noted with an 'E' to advise cautious interpretation. The estimates with a coefficient of variation (CV) greater than 33.3%, reflecting extreme sampling variability, or cell counts less than five, were suppressed (denoted by an 'F' within tables). In some instances, estimates are suppressed to avoid residual disclosure, which is deduction of suppressed estimates in the table based on available information (i.e., where estimates sum to 100% and a single suppressed estimate can be calculated by subtracting available estimates from this total). These are also noted with an 'F'.

The difference between groups or categories is considered statistically significant if the 95% confidence intervals for each estimate do not overlap. Where confidence intervals do overlap, differences in estimates may still be present; however, they are not to be interpreted as statistically significant. Not all of the survey respondents answered all questions. In this report, those who reported "Don't know" or "Refused" are excluded from the estimate's calculation.

Variables

Variables for analysis were selected based on relevance and knowledge gaps as revealed by the literature review, principles of strengths-based research, and guidance from Tamara Kwe, an Indigenous-based research organization with demonstrated expertise in Indigenous gender issues. The objective was to examine indicators that touched on a wide range of well-being and social determinant factors, while delving deeper into investigating selected topic areas particularly relevant to gender issues.

Responses to the biological sex question, "Are you male or female?" and the gender identity question, "Do you identify as being Two-Spirited/Trans-gender?" were combined to derive a three-category gender identity variable. The categories include cisgender male, cisgender female, and Two-Spirit or transgender. This independent variable was cross-tabulated with each dependent variable (described in Appendix A) in order to present population proportion estimates for each of their outcomes. The inclusion of the derived gender identity variable in all analyses meant that all individuals who refused to answer or did not know the answer to that question (6.2% of adult respondents and 8.7% of eligible youth respondents) were excluded from analysis. Thus, a bias may be introduced if there is a correlation between missing a response for this variable and certain outcomes for other variables.

Dependent variables fell into four broad topic areas. *Demographic and Socioeconomic* factors provide a picture of each gender identity group and their key social determinants, and *Well-being* encompasses selected health, mental wellness, community, and interpersonal factors. As one of the main focus areas, *Health Care Access* examines most of the RHS variables on the use, quality, difficulties, and access of health care services in First Nations communities, and First Nations *Language and Culture*, the other main focus area, includes a number of variables about ability and involvement in First Nations language, traditional activities, and cultural events.

Detailed information on each dependent variable and its analysis is provided in Appendix A.

Qualitative Engagements and Analysis

The qualitative portion of this research was conducted in February of 2020. The literature review was completed prior to the commencement of qualitative engagements to analyze findings and to determine areas of interest for qualitative engagements. Assessing information from previously gathered quantitative data influenced the research questions. This data allowed for analysis of alignment between lived experiences and the quantitative findings. The final portion of this research project consisted of separately analyzing both types of data. Comparison of quantitative and qualitative data allows for validation of statistical analyses, while also capturing the context of lived experiences of First Nations people and obtaining a more direct understanding of gender disparities and their diverse life experiences.

Guided by elements of an Indigenous belief system, a modified grounded theory method that uses a systematic inductive approach to theory development (Kovach, 2009) was employed. The nature of mixed method research is for the qualitative data to build from quantitative results. The objective of this strategy of grounded theory is to construct middle-ground theories directly from the quantitative and qualitative parallel data analysis. The qualitative data was hand coded using the participants' answers which were directly about the quantitative dataset; therefore, a creative or complex code system was not needed. Interview questions were extracted from the key findings indicated in the quantitative dataset, and thematically organized in the following categories: employment/education, food security, health and mental health, community safety, and health care.

Limitations of Methodology

While conducting mixed methodology research can be both thorough and insightful, there are limitations of utilizing this method. Mixed-methods research can be complex due to the extensive nature of planning and conducting engagements that vary based on participants. It can be labour intensive to coordinate a multidisciplinary team of

researchers who are comfortable and open-minded when exploring analyses and results, and to gather the resources necessary to conduct a single study. Most mixed-methods research projects require an extended period of time for completion if quantitative data is not readily available for interpretation. Moreover, flexibility with processes and methodology create a challenge when replicating studies if methods and analyses are not clearly laid out.

Recruitment and Sample

FNIGC provided guidance on recruiting participants through their networks via telephone and emails. To ensure nation-wide representation, Knowledge Holders and SMEs from across Canada were invited to participate. Knowledge Holders and SMEs for this project included individuals with formal expertise, lived experience, or a combination of the two on the topic of gender issues in First Nations communities. Furthermore, in an effort to incorporate gender inclusiveness in the qualitative component, Two-Spirit and gender-diverse individuals were among the participants.

Cultural Protocol and Engagement Process

During the research engagements for the qualitative portion of this research project, Tamara Kwe employed the following cultural protocol in keeping with Indigenous research methodologies to honour participants and express gratitude for their time: Prior to the commencement of the interview engagements, Tamara introduced herself using her native language and by sharing her spirit name as well as her journey that lead her to Indigenous research and advocacy. This introduction is integral to establishing a trusting relationship with participants and acknowledging First Nations culture, history, and traditions.

In total, six interviews were conducted. Four of six engagements were completed via telephone correspondence. All interviewees were selected for their expertise as Knowledge Holders and SMEs, specifically on First Nations culture and gender issues relating to First Nations individuals and communities. In addition to engaging in interviews with gender-diverse persons, cisgender males, and cisgender females, valuable insight and contributions to this report were provided by their varying academic backgrounds, personal experiences, and employment experience. The knowledge herein was derived from the following fields: academic knowledge on Indigenous-based gender issues, First Nations community development and planning, social work, gender studies, social determinants of health and community health. Knowledge Holders and SMEs were also selected with the goal of geographic diversity; although a short window for interview dates and availability of potential interviewees limited inclusion of all regions in Canada, participants from British Columbia, Saskatchewan, Ontario, Quebec, and Nova Scotia were included. Two interviews were held in person and, during these engagements, the researcher and the interviewee were able to share tea, muffins and traditional medicines thereby participating in knowledge sharing with food and medicine to honour First Nations culture. Furthermore, all Knowledge Holders and SMEs were gifted with traditional honoraria made up of an Elk hide medicine pouch and the four sacred medicines.

Interview engagements were conducted in English and were audio recorded with consent from participants. Audio files were passed on to research assistants to be transcribed verbatim. Prior to interviews, each participant was given a fact sheet (provided by FNIGC; see Appendix B) to familiarize themselves with the data and topics of discussion. The Knowledge Holders and SMEs were prompted to discuss the findings of the RHS Phase 3 quantitative data alongside their lived experience, academic expertise, and expertise derived from the field of social work and community-based programming, to enhance understanding of the results of the quantitative data.

A *Guided Discussion Information Sheet* (see Appendix C) was given to participants to review interview questions prior to engagements. The engagements covered questions developed from selected findings which included data about employment rates, food security, mental and emotional health, community safety, barriers to health care, navigating the health care system, and exploring connections to traditional culture.

After the completion of six interviews, it was decided that due to time constraints and emerging collective consensus on quantitative results, further qualitative findings were not likely to reveal new insight or information, and that the data collection should be concluded. As a final step, the researchers offered to share findings with participants who expressed interest in follow up and endeavored to continue the relationship of trust with participants to ensure ongoing accuracy of data, and to allow for further validation and expertise from participants. All transcripts from interviews were reviewed by participants to ensure accuracy of information, and to provide the opportunity to discuss any clarifications or edits required. Participants had the opportunity to be further involved in the data analysis and dissemination in the post-engagement stage. Throughout the entire process, the researchers involved in this project were steadfastly committed to adhering to the principles of OCAP®[12].

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[12]   Standing for Ownership, Control, Access, and Possession, the First Nations principles of OCAP® are a set of standards that establish how First Nations data should be collected, protected, used, or shared. See https://fnigc.ca/ocap-training for more information.

Results

Quantitative Findings

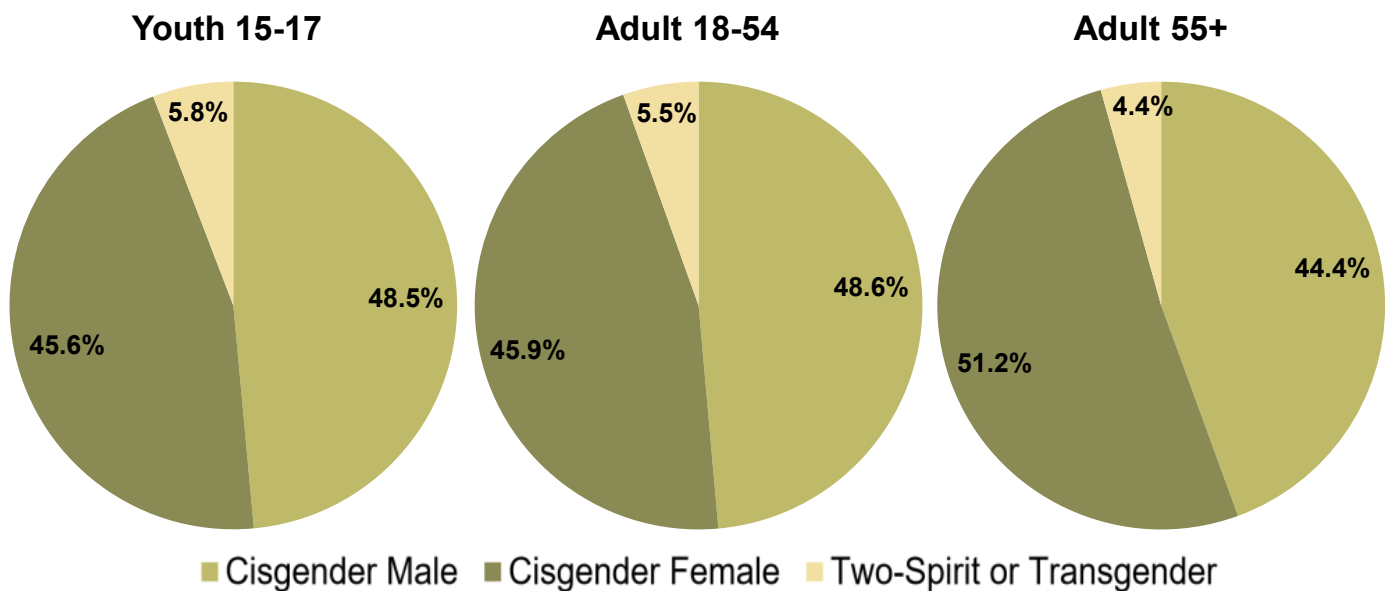### *Demographic and Socioeconomic*

Age Group.

As shown in Figure 1, the composition of gender identity groups in the First Nations population varies between age groups. Cisgender males comprise a slightly higher proportion of the population than cisgender females at ages 18–54 (48.6% vs. 45.9% respectively), while the reverse is true among adults age 55 and older (44.4% cisgender males vs. 51.2% cisgender females). The proportions of Two-Spirit or transgender individuals appear to be higher in lower age groups, although the differences are not statistically significant. See Table 1 in Appendix D for all estimates and confidence intervals for this indicator.

communities (2.7%[E]). Proportions of cisgender male and cisgender female adults and youth do not vary significantly by community size. See Table 2 in Appendix D for all estimates and confidence intervals for this indicator.

Geographic Remoteness.[16]

Two-Spirit or transgender adults make up a higher proportion of the population in rural communities (7.0%) as compared to urban communities (2.6%), but proportions of cisgender male and cisgender female adults do not vary significantly by community remoteness. The proportion of youth in remote and special access communities who identify as Two-Spirit or transgender (13.1%[E]) is significantly higher than in rural or urban communities. See Table 3 in Appendix D for all estimates and confidence intervals for this indicator.

Figure 1: Gender identity by age group[13]

Youth 15-17	Adult 18-54	Adult 55+
5.8% 45.6% 48.5%	5.5% 45.9% 48.6%	4.4% 51.2% 44.4%

■ Cisgender Male ■ Cisgender Female ■ Two-Spirit or Transgender

Community Size.[14]

Two-Spirit or transgender adults make up 7.1% of the population in large communities, which is marginally higher compared to the proportion in medium communities (3.8%[E,15]) and significantly higher than in small communities (2.7%[E]). Similarly, the proportion of the youth population in large communities that identifies as Two-Spirit or transgender is significantly higher (7.9%) than in small

Sexual Orientation.

Twenty-nine percent (29.0%) of Two-Spirit or transgender adults identified themselves as homosexual or bisexual, a significantly higher proportion compared to cisgender adults (2.2%[E] and 3.1% of cisgender males and females, respectively). Among youth, significantly higher proportions of cisgender females identify as being homosexual or bisexual (14.6%) compared to cisgender males (4.4% [E]), and while

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[13] Note: Throughout this section, numbers may not always add up to 100% due to rounding.
[14] See Appendix A for community size definitions.
[15] Note: Throughout this section, [E] signifies high sampling variability, interpret with caution.
[16] See Appendix A for information on how community geographic remoteness categories are defined.

still higher proportions of Two-Spirit or transgender youth (27.0% [E]) are homosexual or bisexual, the difference compared to cisgender females is not statistically significant. See Table 4 in Appendix D for all estimates and confidence intervals for this indicator.

Marital Status.

The proportions of single or never married cisgender males (45.5%) and Two-Spirit or transgender adults (49.2%) are significantly higher than those of cisgender females (39.6%). However, the proportion of cisgender females who are widowed, separated, or divorced (18.1%) is significantly higher than those of the other gender identity groups. Similar proportions of cisgender males (43.9%), cisgender females (42.4%), and Two-Spirit or transgender adults (40.0%) are married or living common-law. See Table 5 in Appendix D for all estimates and confidence intervals for this indicator.

Minor(s) in Household.

A significantly higher proportion of cisgender females (65.9%) has one or more minors (i.e., children or youth under the age of 18) living in their household compared to cisgender males (57.3%), but the proportion of Two-Spirit or transgender adults with one or more minors in the household is not significantly different from cisgender adults. See Table 6 in Appendix D for all estimates and confidence intervals for this indicator.

Partnership Status by Minor(s) in Household.

Significantly higher proportions of cisgender females (36.0%) and Two-Spirit or transgender adults (34.8%) were not partnered and had one or more minors in their household, compared to cisgender males (25.3%). Conversely, a significantly higher proportion of cisgender males was not partnered, with no minor(s) in the household (30.0%), compared to cisgender females (21.4%). See Table 7 in Appendix D for all estimates and confidence intervals for this indicator. While it is not possible to determine from the data the precise family configurations, these differences may reflect variations in single parenthood or caregiving between the gender identity groups.

Education.

As Figure 2 shows, a significantly higher proportion of Two-Spirit or transgender adults (67.7%) had some post-secondary or higher education compared to cisgender females (54.8%) and cisgender males (47.7%). The difference between the proportions of cisgender females and cisgender males who had some post-secondary or higher education is also significant. See Table 8 in Appendix D for all estimates and confidence intervals for this indicator.

Unemployment Status.

A significantly higher proportion of cisgender males (38.8%) in the labour force were unemployed (i.e., not working, but looking for a job), compared to cisgender females (24.2%) and Two-Spirit or transgender adults (19.7%). See Table 9 in Appendix D for all estimates and confidence intervals for this indicator.

Employment Status.

Also shown in Figure 2, a significantly higher proportion of Two-Spirit or transgender adults (55.2%) were currently working, compared to cisgender males (44.8%). There is no significant difference between the proportions of employed cisgender females (49.0%) and cisgender males nor between Two-Spirit or transgender adults and cisgender females. See Table 10 in Appendix D for all estimates and confidence intervals for this indicator.

Struggles to Meet Basic Living Requirements.

Of the six basic living requirement struggles asked about in the survey, food, transportation, and utilities are the top three items that First Nations cisgender female, cisgender male and Two-Spirit or transgender adults all experienced. Compared to the other gender identity groups, significantly higher proportions of cisgender females experienced struggles meeting basic requirements for utilities, clothing, and childcare.

Cisgender females experienced a significantly higher average number of struggles (1.34) to meet their basic living requirements compared to cisgender males (1.13). See Table 11 for the averages and confidence intervals for each gender identity group and see Table 12 in Appendix D for the full list of struggles, estimates, and confidence intervals for this indicator.

Food Security.

Significantly higher proportions of cisgender male (52.7%) and cisgender female (48.0%) adults lived in food secure households compared to Two-Spirit or transgender adults (34.9%) (see Figure 2). Two-Spirit or transgender adults had the highest proportion living in moderately food insecure households (56.2%), compared to cisgender male (35.7%) and cisgender female (37.3%) adults, but a higher proportion of cisgender females lived in severely food insecure households (14.7%) compared to Two-Spirit or transgender adults (8.9%). See Table 13 in Appendix D for all estimates and confidence intervals for this indicator.

Figure 2: Education, employment, and food security among First Nations adults, by gender identity
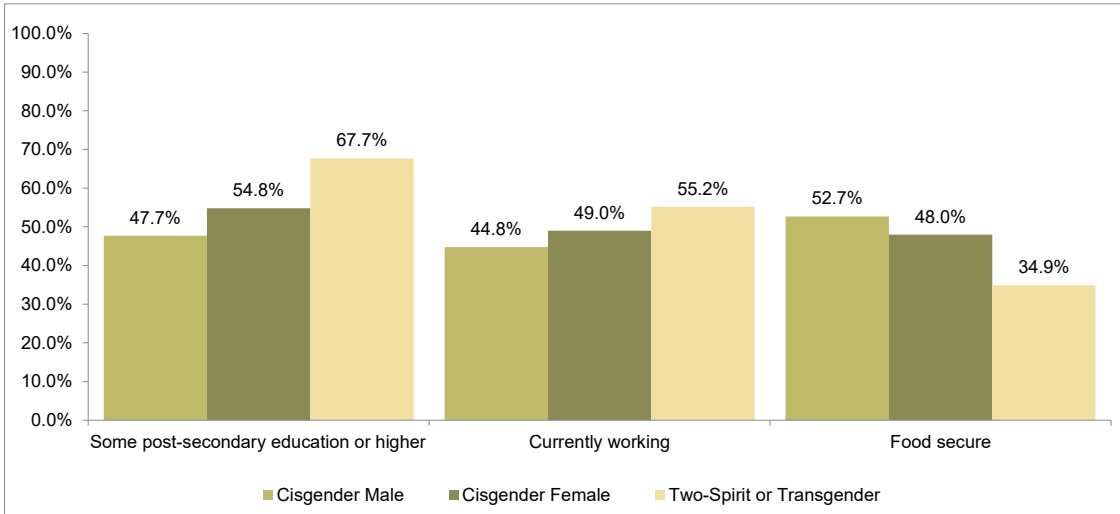
Well-Being

Wholistic Balance.[17]

Among adults, significantly higher proportions of cisgender males (58.1%) reported feeling wholistically balanced compared to cisgender females (52.6%). Similarly, a significantly higher proportion of cisgender male youth (57.6%) reported wholistic balance compared to cisgender female (40.8%) and Two-Spirit or transgender (41.6%) youth. See Table 14 in Appendix D for all estimates and confidence intervals for this indicator.

Self-rated General Health.

There are no statistically significant differences in proportions, among adults or youth, who rated their general health as excellent, very good or good among cisgender male, cisgender female and Two-Spirit or transgender groups. See Table 15 in Appendix D for all estimates and confidence intervals for this indicator.

Self-rated Mental Health.

Among adults, there are no statistically significant differences between gender identity groups in proportions who rated their mental health as excellent, very good, or good (87.2% overall). However, among youth, cisgender males had a significantly higher proportion (90.6%) who rated their mental health as excellent, very good, or good compared to cisgender females (83.9%). See Table 16 in Appendix D for all estimates and confidence intervals for this indicator.

Stress.

The proportion of adults who rated most days not at all or not very stressful is significantly higher among cisgender males (53.1%) compared to cisgender females (40.8%) and Two-Spirit or transgender (26.7%) individuals (see Figure 3). The difference between proportions of cisgender females and Two-Spirit or transgender adults reporting these lower levels of daily stress is also significant. See Table 17 in Appendix D for all estimates and confidence intervals for this indicator.

Figure 3: Low levels of stress and need for emotional/mental support among First Nations adults, by gender identity

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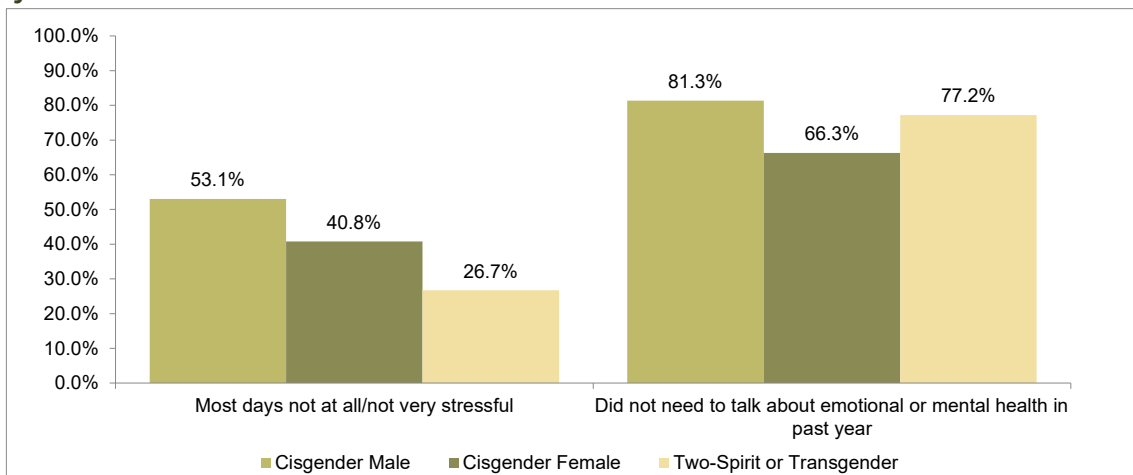
[17]   See Appendix A for information on how wholistic balance was defined and derived.

Need for Mental/Emotional Support.

A significantly higher proportion of cisgender female (33.7%) adults felt they needed to see or talk on the telephone to anyone about their emotional or mental health in the past 12 months compared to Two-Spirit or transgender (22.8%) and cisgender male (18.7%) adults. (See Figure 3 for a comparison of those who did <u>not</u> feel they needed such support, by gender identity) Similar findings were observed among youth. See Table 18 in Appendix D for all estimates and confidence intervals for this indicator.

Sources of Mental/Emotional Support.

Out of 11 possible sources of mental or emotional support, cisgender male adults reported having the lowest average number of supports (0.95) compared to cisgender females (1.48) and Two-Spirit or transgender adults (1.59). Although 12 possible support sources were listed for youth, similar findings were observed among this age group. See Table 19 in Appendix D for the averages and confidence intervals for this indicator.

The most common sources of support[18] for emotional or mental health among all adults were immediate family members, friends, and other family members. Significantly higher proportions of cisgender males and cisgender females reported turning to immediate family (30.3% of males; 44.3% of females) and friends (27.6% of males; 42.5% of females) compared to other family members (15.6% of males; 22.6% of females). Higher proportions of Two-Spirit or transgender adults turned to friends (54.9%) compared to other sources of support (29.6% turned to immediate family members and 35.7% turned to other family members), and higher proportions did so compared to cisgender adults.

The most common sources of support for emotional or mental health among all youth were friends, parents, and immediate family members. Cisgender males and cisgender females turned to friends (25.7% of males; 49.5% of females) and parents (30.4% of males; 39.7% of females) in significantly higher proportions than they turned to other immediate family members (14.5% of males; 20.2% of females); significantly more cisgender female youth said friends were a source of support than those who said this of parents. However, higher proportions of Two-Spirit or transgender youth said they talked to parents (61.6%), compared to other sources of support (27.2%[E] turned to friends and 22.8%[E] turned to immediate family members), and higher proportions did so compared to cisgender youth.

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18   Note: Respondents could choose more than one response.

See Table 20 in Appendix D for the full list of support source options as listed in the questionnaire and Table 21a for all estimates and confidence intervals for these support sources.

A significantly higher proportion of cisgender male adults (46.7%) said they had seen or talked to no one about their emotional or mental health, compared to cisgender female adults (28.7%), significantly higher proportions of which talked to no one compared to Two-Spirit or transgender adults (18.7%). Similar findings between gender identity groups were observed in youth, although the difference between cisgender females and Two-Spirit or transgender youth was not significant. See Table 21b in Appendix D for all estimates and confidence intervals for this indicator.

In the questionnaire, all respondents were asked who they talked to about their emotional or mental health, regardless of whether they said they needed such support in the previous question. Therefore, it cannot be determined whether talking to few support sources or no one is due to not having such support available or due to not perceiving a need to do so; as such, these findings should be interpreted with caution.

Suicide Ideation.

A significantly higher proportion of cisgender female adults (18.7%) reported they have seriously considered suicide compared to cisgender male adults (13.9%). No significant differences were found for Two-Spirit or transgender adults. Similar findings were observed among First Nations youth. See Table 22 in Appendix D for all estimates and confidence intervals for this indicator.

Suicide Attempts.

A significantly higher proportion of cisgender female adults (14.6%) reported they have attempted suicide compared to cisgender male adults (8.1%). No significant differences were found for Two-Spirit or transgender adults. Similar findings were observed among First Nations youth. See Table 23 in Appendix D for all estimates and confidence intervals for this indicator.

Belonging.

As shown in Figure 4, significantly higher proportions of cisgender male (81.9%) and cisgender female (81.2%) adults described their sense of belonging to the local community as very or somewhat strong, compared to Two-Spirit or transgender adults (63.4%). Similar findings were observed among First Nations youth. See Table 24 in Appendix D for all estimates and confidence intervals for this indicator.

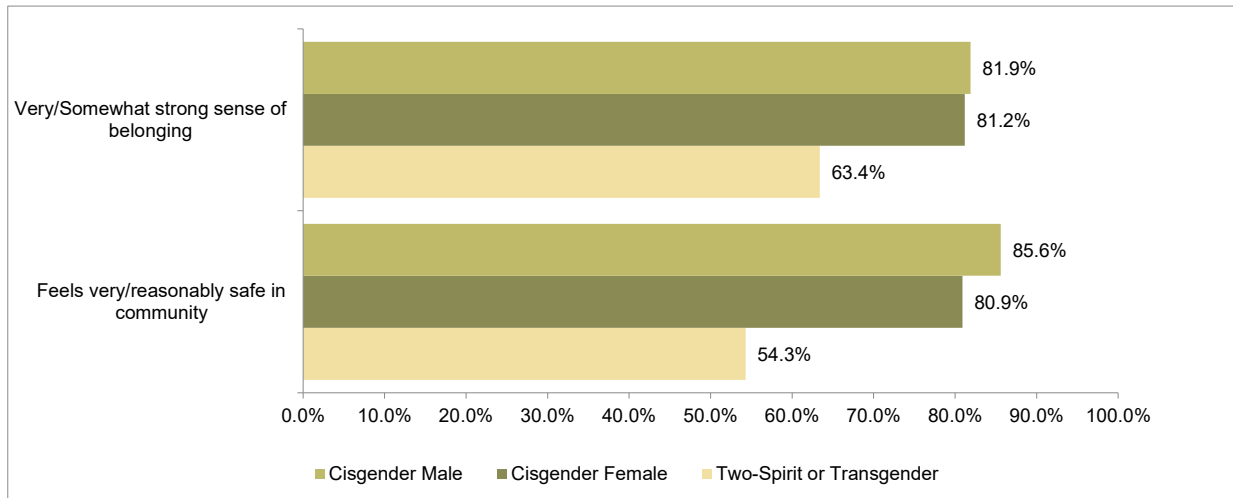**Figure 4: Perceptions of belonging and safety in community among First Nations adults, by gender identity**

Community Safety.

A significantly higher proportion of cisgender male adults (85.6%) reported feeling very safe or reasonably safe in their community compared to both cisgender female adults (80.9%), higher proportions of which felt very or reasonably safe in their community compared to Two-Spirit or transgender adults (54.3%) (See Figure 4).

Among youth (see Figure 5), a significantly higher proportion of cisgender youth (83.1% of males and 80.6% of females) reported feeling very or reasonably safe in their community, compared to Two-Spirit or transgender youth (54.9%). See Table 25 in Appendix D for all estimates and confidence intervals for this indicator.

Racism.

Among all First Nations adults, 24.4% reported personally experiencing instances of racism in the past 12 months, but no significant differences between the three gender identity groups were found. See Table 26 in Appendix D for all estimates and confidence intervals for this indicator.

Physical Aggression.

There are no significant differences between the three gender identity groups in experiencing any physical aggression in the past 12 months, but 23.5% of First Nations adults reported experiencing such aggression often, sometimes, or rarely in the past year. See Table 26 in Appendix D for all estimates and confidence intervals for this indicator.

Verbal Aggression.

There are no significant differences between the three gender identity groups in experiencing any verbal aggression in the past 12 months, but 38.7% of First Nations adults reported experiencing such aggression often, sometimes, or rarely in the past year. See Table 26 in Appendix D for all estimates and confidence intervals for this indicator.

Figure 5: Perceptions of safety in community and experiences of bullying among First Nations youth, by gender identity
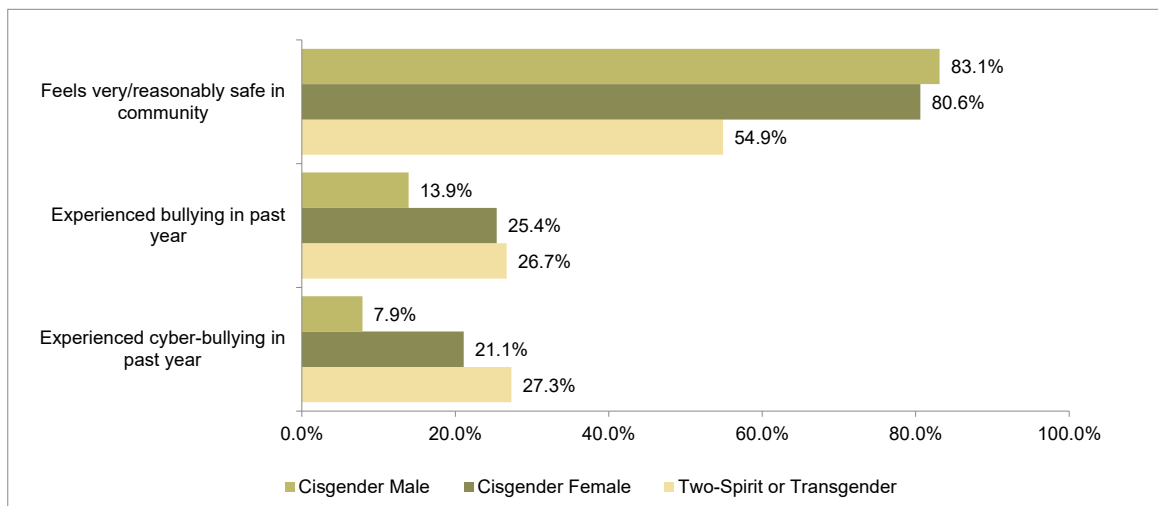
Bullying.

As shown in Figure 5, a significantly higher proportion of cisgender female youth (25.4%) and Two-Spirit or transgender youth (26.7%) experienced bullying in the past 12 months compared to cisgender male youth (13.9%). See Table 27 in Appendix D for all estimates and confidence intervals for this indicator.

Cyber-bullying.

A significantly higher proportion of cisgender female adults (8.9%) experienced cyber-bullying in the past 12 months compared to cisgender male adults (5.1%). See Table 26 in Appendix D for all adult estimates and confidence intervals for this indicator. Also shown in Figure 5, a significantly lower proportion of cisgender male youth (7.9%) experienced cyber-bullying towards them in the past 12 months compared to cisgender female youth (21.1%) and Two-Spirit or transgender youth (27.3%). See Table 27 in Appendix D for all youth estimates and confidence intervals for this indicator.

Health Care Access

Health Care Quality.

A significantly higher proportion of Two-Spirit or transgender adults (70.7%) indicated that the quality of the health care services available in their community was good or excellent compared to cisgender males (55.0%) and cisgender females (54.5%). See Table 28 in Appendix D for all estimates and confidence intervals for this indicator.

Health Care Access.

A significantly lower proportion of cisgender males (58.8%) needed health care services in the past year compared to cisgender females (72.8%) and Two-Spirit or transgender adults (80.1%). See Table 29 in Appendix D for all estimates and confidence intervals for this indicator.

Among First Nations adults who needed health care services in the past year, a significantly higher proportion of Two-Spirit or transgender adults (95.3%) received the needed health care services compared to cisgender males (84.0%) and cisgender females (85.2%). So even though Two-Spirit or transgender adults are more likely to need health care services compared to cisgender males and cisgender females, a higher proportion are receiving the care they need. See Table 30 in Appendix D for all estimates and confidence intervals for this indicator.

Among First Nations adults who required health care services in the past year, 10.1% chose not to see a health care professional. There were no significant differences among the gender identity groups in this aspect. See Table 31 in Appendix D for all estimates and confidence intervals for this indicator.

Primary Health Care Provider.

A significantly higher proportion of Two-Spirit or transgender adults (91.5%) had a primary health care provider in the past year compared to the proportion among cisgender females (82.0%), which in turn is significantly higher than the proportion among cisgender males (74.8%). See Table 32 in Appendix D for all estimates and confidence intervals for this indicator.

Among First Nations adults who have a primary health care provider, the proportion of respondents for which the primary health care provider stayed the same in the past 12 months was significantly lower among Two-Spirit or transgender adults (29.3%) compared to cisgender males (73.4%) and cisgender females (68.6%). In other words, seven out of ten Two-Spirit or transgender adults who have a primary health care provider has experienced a change at least once in the past 12 months. See Table 33 in Appendix D for all estimates and confidence intervals for this indicator.

Health Care Barriers.

Of the fifteen identified barriers to receiving health care, First Nations adults who have required health care services in the past year experience on average 2.27 barriers. Overall, cisgender females tend to experience the most barriers compared to other gender identity groups. As Figure 6 shows, the average number of barriers was significantly higher among cisgender females (2.65) compared to cisgender males (2.00), which in turn is significantly higher in relation to the average of barriers among Two-Spirit or transgender adults (0.95[E]). See Table 34 in Appendix D for the averages and confidence intervals for this indicator.

The top three barriers for cisgender males were "waiting list too long," "doctor or nurse not available in the area," and "felt health care provided was inadequate." The top three barriers for cisgender females were "waiting list too long," "not covered by NIHB," and "doctor or nurse not available in the area." For Two-Spirit or transgender adults, the top barriers were not related to waiting lists but rather availability of services: "doctor or nurse not available in the area," "service not available in the area" and "felt health care provided was inadequate." See Table 35 in Appendix D for the full list of barriers to receiving health care as listed in the questionnaire.

Figure 6: Average number of health care access barriers and difficulties experienced by First Nations adults, by gender identity[19]

Legend: ■ Cisgender Male ■ Cisgender Female ■ Two-Spirit or Transgender
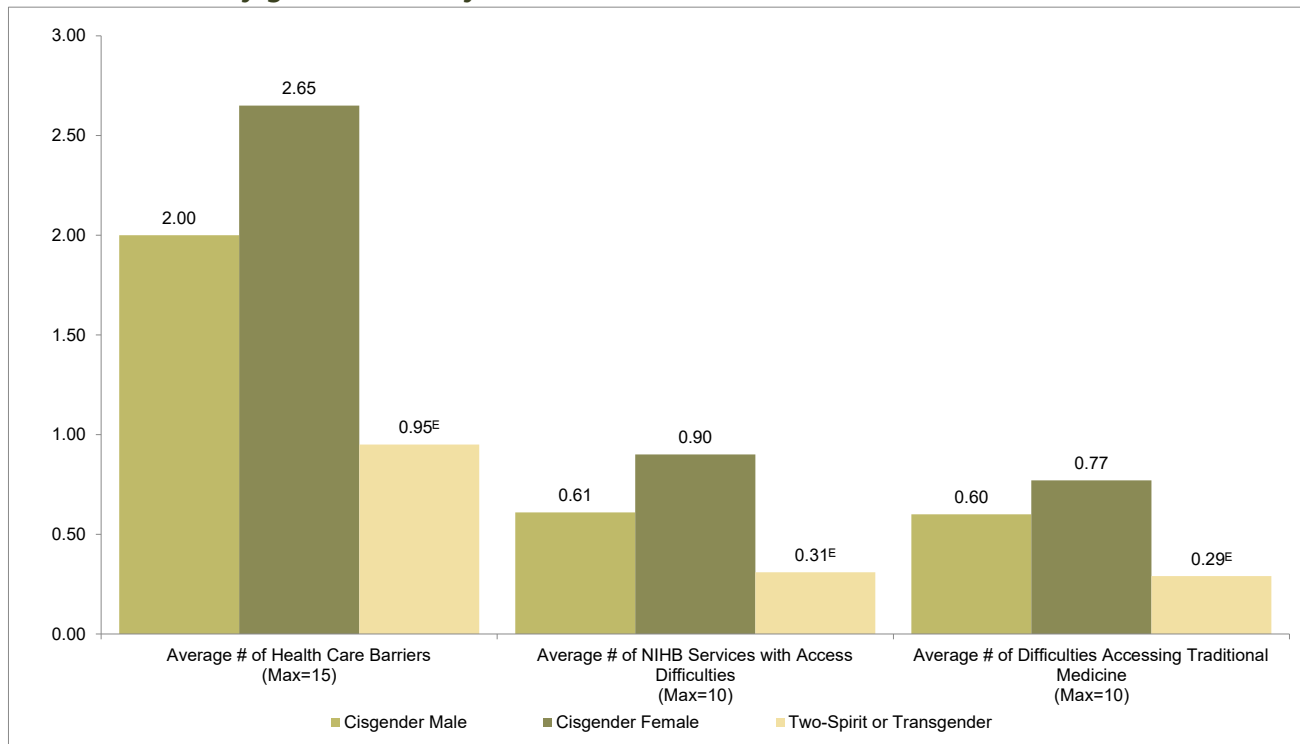
Difficulties Accessing NIHB Services.

Among First Nations adults, 79.8% have needed or tried to access services through Non-Insured Health Benefits (NIHB). The proportion of Two-Spirit or transgender adults who have needed to access NIHB services (91.2%) was significantly higher compared to cisgender males (77.1%) and cisgender females (81.1%). See Table 36 in Appendix D for all estimates and confidence intervals for this indicator.

Among those who needed or tried to access NIHB services, the majority had no difficulties; however, cisgender females tend to have the most difficulty accessing them. The proportion of Two-Spirit or transgender adults (87.5%) reporting no difficulties in access was significantly higher compared to cisgender males (73.2%), the proportion of which in turn was significantly higher compared to cisgender females (61.7%). See Table 36 in Appendix D for all estimates and confidence intervals for this indicator.

On average, First Nations adults who needed access to NIHB services experienced difficulties with 0.73 out of the ten listed health care services. As shown in Figure 6, Two-Spirit or transgender adults reported an average of 0.31[E] service access difficulties, which is significantly

lower than cisgender males, who reported experiencing difficulty accessing an average of 0.61 services, which in turn is significantly lower than the average among cisgender females (0.90). See Table 37 in Appendix D for the averages and confidence intervals for this indicator.

For all gender identity groups combined, the top three health services through NIHB where access difficulties were experienced were dental care, medication, and vision care. However, for Two-Spirit or transgender adults, transportation services or costs was the third most reported service where they experienced access difficulties instead of vision care. Since respondents were not asked which NIHB services they needed, it cannot be determined from the data whether the most commonly reported NIHB services with access difficulties is more of a reflection of frequent use of these services or of disproportionately high difficulty in doing so. See Table 38 in Appendix D for the full list of possible NIHB services with access difficulties, as listed in the questionnaire.

Traditional Medicine Usage and Access.

Thirty-five percent of First Nations adults have used traditional medicine in the past year, with no significant

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[19] Note: Calculation of averages excludes all those who said they didn't need, or were not interested in accessing, each respective type of health care.

differences between gender identity groups (see Figure 7). See Table 39 in Appendix D for all estimates and confidence intervals for this indicator.

Among First Nations adults, 70.1% are interested in accessing traditional medicine. As Figure 7 shows, this proportion is significantly higher among Two-Spirit or transgender adults (79.7%) compared to cisgender males (67.3%). See Table 40 in Appendix D for all estimates and confidence intervals for this indicator.

Among those who were interested in traditional medicine, a significantly higher proportion of Two-Spirit or transgender adults (86.8%) had no difficulties accessing it when compared to cisgender males (64.0%), the proportion of which in turn is significantly higher compared to cisgender females (56.5%) who had no difficulties accessing traditional medicine (see Figure 7). See Table 40 in Appendix D for all estimates and confidence intervals for this indicator.

On average, First Nations adults who were interested in accessing traditional medicine experience 0.66 out of the ten listed difficulties in accessing traditional medicine. As Figure 6 shows, this average is significantly lower among Two-Spirit or transgender adults (0.29^E) compared to cisgender males (0.60), who in turn have a significantly lower average number of difficulties compared to cisgender females (0.77). See Table 41 in Appendix D for the averages and confidence intervals for this indicator.

The top two difficulties in accessing traditional medicine were similar across all gender identity groups: not knowing enough about traditional medicine and not knowing where to get it. The third most common difficulty experienced was "not available in a health care setting" (for cisgender males), "too far to travel" (for cisgender females), and "not covered by NIHB" (for Two-Spirit or transgender adults). See Table 42 in Appendix D for the full list of difficulties in accessing traditional medicine as listed in the questionnaire.

Usage of Health Care Services.

Traditional Healer.

Among adults, the proportion of cisgender males (66.5%) who have never consulted a Traditional Healer is significantly higher than the proportion among cisgender females (59.6%), which in turn is significantly higher than the proportion among Two-Spirit or transgender adults (46.1%). Similarly, among youth, the proportion of cisgender males who have never consulted a Traditional Healer (79.4%) is significantly higher than the proportion among cisgender females (70.0%) and Two-Spirit or transgender youth (61.6%).

Conversely, as shown in Figure 7, the proportion of Two-Spirit or transgender adults (44.2%) who have seen a Traditional Healer in the past 12 months is significantly higher than the proportion in cisgender females (23.4%), which in turn is significantly higher than males (17.9%). Similarly, among youth, the proportions of Two-Spirit or transgender youth (29.7%^{E}) and cisgender females (16.3%) who have consulted a Traditional Healer in the past 12 months are significantly higher compared to the proportion in cisgender males (9.2%). Interestingly, the proportion of Two-Spirit or transgender adults who consulted a Traditional Healer in the past year is higher than the proportion who reported using traditional medicine in the past year; this may reflect an interpretation of "traditional medicine" that excludes consultation with healers, despite "assistance from healers" being part of the definition of traditional medicine in the survey question text for this indicator. See Table 43 in Appendix D for all estimates and confidence intervals for this indicator.

Figure 7: Traditional medicine use, interest, and access among First Nations adults, by gender identity
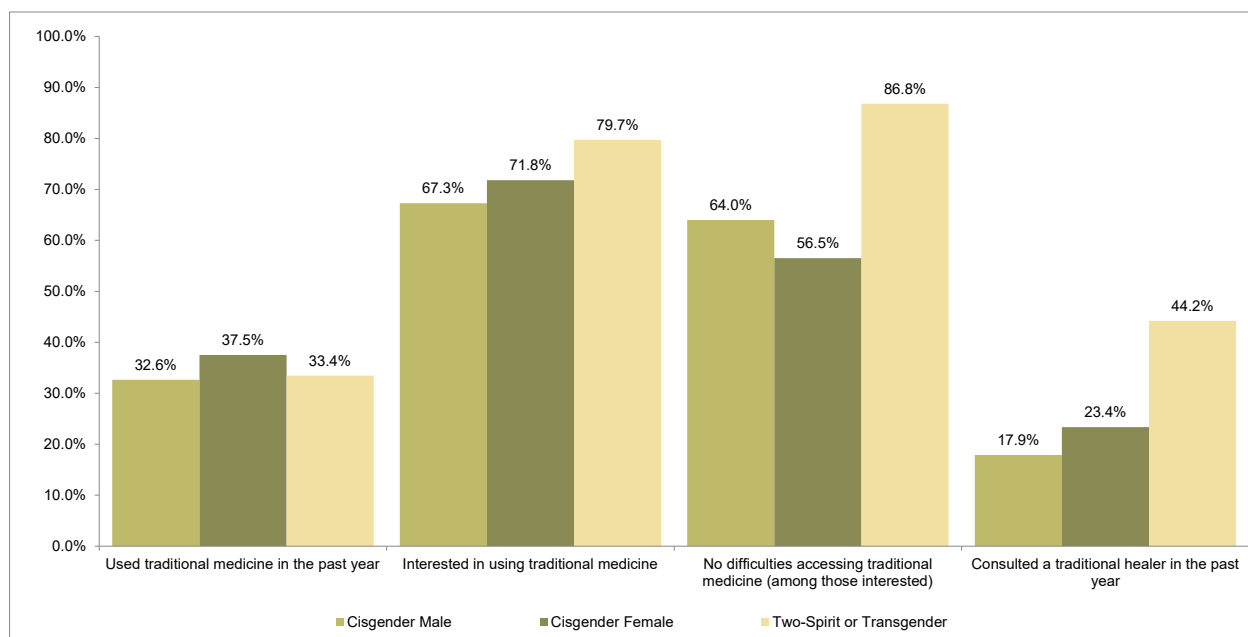
Doctor or Community Health Nurse.

Among adults, the proportion of cisgender females (7.9%) who have never visited a doctor or community health nurse is significantly lower than the proportions in Two-Spirit or transgender adults (13.8%) and cisgender males (15.7%) who have never done so. Among youth, 14.7% had never visited a doctor or community health nurse but there was no significant difference observed between gender identity groups.

By contrast, the proportion of cisgender female adults (82.4%) who visited a doctor or community health nurse in the past 12 months is significantly higher compared to the proportions among Two-Spirit or transgender adults (71.1%) and cisgender male adults (64.8%). Among youth, the proportion among cisgender females (71.4%) is significantly higher compared to the proportion of cisgender males (62.5%) who have visited a doctor or community health nurse in the past 12 months. See Table 44 in Appendix D for all estimates and confidence intervals for this indicator.

Mental Health Service.

The proportion of cisgender male adults (78.0%) who have never accessed a mental health service is significantly higher than the proportion in cisgender female adults (66.6%), which in turn is significantly higher than the proportion in Two-Spirit or transgender adults (46.3%). Similarly, among youth, the proportion of cisgender males who never accessed a mental health service (83.1%) is significantly higher than the proportion among cisgender females (68.8%) and Two-Spirit or transgender youth (63.4%).

On the other hand, the proportion of Two-Spirit or transgender adults (40.3%) who have accessed a mental health service in the past 12 months is significantly higher than the proportion in cisgender female adults (18.1%), which in turn is significantly higher than cisgender male adults (11.0%). Similarly, among youth, the proportions of Two-Spirit or transgender youth (31.3%[E]) and cisgender females (21.0%) who have accessed a mental health service in the past 12 months are significantly higher compared to the proportion of cisgender males (10.4%) who have done so. See Table 45 in Appendix D for all estimates and confidence intervals for this indicator.

Preventative Health Screening.

Significantly higher proportions of Two-Spirit or transgender adults (51.7%) and cisgender females (50.1%) have been tested for HIV/AIDS compared to cisgender males (36.9%). See Table 46 in Appendix D for all estimates and confidence intervals for this indicator.

Similarly, the proportions of Two-Spirit or transgender adults (25.2%) and cisgender females (19.4%) who have been screened for colorectal cancer are significantly higher than the proportion of cisgender males (16.1%) who have done so. See Table 46 in Appendix D for all estimates and confidence intervals for this indicator.

Language and Culture

First Nations Language Ability.
Knowledge.

Among First Nations adults, 87.8% have knowledge of a First Nations language (even if only a few words). There are no significant differences between the gender identity groups. However, among youth, the proportions with knowledge of a First Nations language among cisgender males (74.9%) and cisgender females (78.1%) are significantly higher than the proportion among Two-Spirit or transgender youth (59.5%). See Table 47 in Appendix D for all estimates and confidence intervals for this indicator.

Understanding.

Among Two-Spirit or transgender adults, the proportion that understand a First Nations language at an intermediate/fluent level (62.0%) is significantly higher than the proportion among cisgender females (37.5%) and cisgender males (36.9%) (*See Figure 8*). This is similarly observed among Two-Spirit or transgender youth (23.4%[E]) in which the proportion understanding a First Nations language at an intermediate/fluent level is significantly higher than the proportion among cisgender males (9.4%) or cisgender females (9.2%).

Although Two-Spirit or transgender youth are less likely to report knowing a First Nations language than cisgender males or females (see above), the Two-Spirit or transgender youth who have knowledge of a First Nations language are more likely to understand it at a more advanced level. See Table 48 in Appendix D for all estimates and confidence intervals for this indicator.

Figure 8: Ability to understand a First Nations language among First Nations adults, by gender identity[20]

Cisgender Male   **Cisgender Female**   **Two-Spirit or Transgender**

Cisgender Male: 15.3%, 36.9%, 47.8%
Cisgender Female: 14.5%, 37.5%, 48.1%
Two-Spirit or Transgender: 13.0%, 25.0%, 62.0%

■ Not Applicable   ■ Basic or lower   ■ Intermediate/fluent
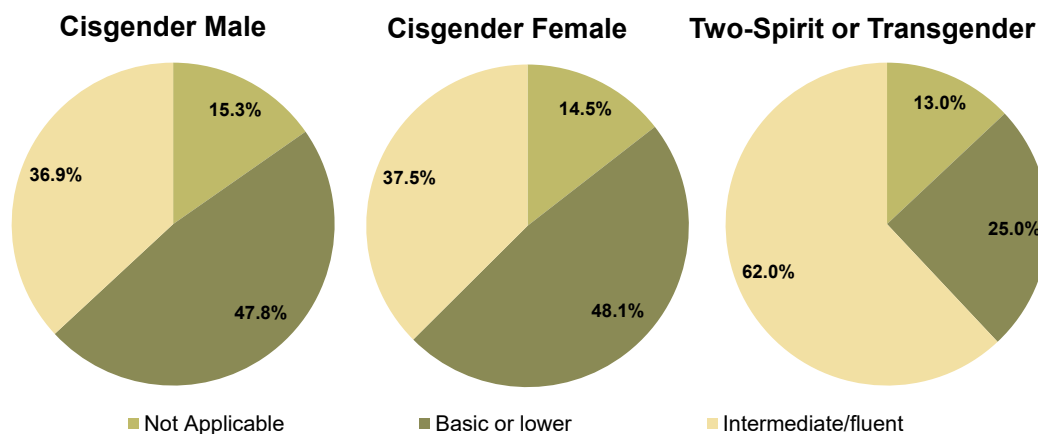
Speaking.

Similar to understanding a First Nations language, the proportion of Two-Spirit or transgender adults (59.5%) who speak a First Nations language at an intermediate/fluent level is significantly higher than the proportions among cisgender males (33.3%) or cisgender females (32.1%). Among youth, 9.0% speak a First Nations language at an intermediate/fluent level, but there are no significant differences between the gender identity groups for this ability. See Table 49 in Appendix D for all estimates and confidence intervals for this indicator.

Traditional Spirituality.

A significantly higher proportion of Two-Spirit or transgender adults (85.9%) strongly agree/agree that traditional spirituality is important when compared to cisgender females (72.3%) or cisgender males (67.9%). See Table 50 in Appendix D for all estimates and confidence intervals for this indicator.

Traditional Activities and Cultural Events.

Outside of school hours, the proportion of Two-Spirit or transgender youth who participate in traditional activities at least once a week (19.1%[E]) is significantly higher compared to cisgender male youth (10.1%). See Table 51 in Appendix D for all estimates and confidence intervals for this indicator.

Among First Nations adults, the proportions of Two-Spirit or transgender adults (74.0%) and cisgender females (70.2%) who always, almost always, or sometimes participate in their local communities' cultural events is significantly higher than the proportion of cisgender males (64.3%) who do

so. Among youth, 68.9% always/almost always/sometimes participate in their local communities' cultural events, but there are no significant differences in such participation between gender identity groups. See Table 52 in Appendix D for all estimates and confidence intervals for this indicator.

Qualitative Findings

Employment

During engagements with Knowledge Holders and SMEs, it was indicated that gender biases impact employment in First Nation communities. Many participants discussed the impact of colonization on gender roles and how the history of colonialization factors into employment rates in First Nations communities today. For example, one participant noted that "Indigenous males have lost their way" as a result of "colonization and Residential Schools, where they lost their roles as protectors of families and their communities." When discussing the lower employment rate among cisgender males, they noted that, "it makes sense that they would have lower employment rates, because they haven't got a clear indication of what their role is in the community—they haven't been able to re-define what it means to be a protector in this day and age."

Another participant echoed this sentiment when she noted that traditional roles "for men, women, and Two-Spirited people…have been very devalued overall." The same Knowledge Holder discussed how violence against women has compromised men's roles "as protectors of women" and how that role has been "very devalued by the process of colonization." In addition to such displacement, another participant discussed how gender biases exist among

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[20]   Note: The "Not Applicable" estimate includes those who said "No," "Don't Know," or "Refuse to answer" (i.e., all those who did not say "Yes") to the preceding question about having any knowledge of a First Nations language.

employment opportunities, noting that cisgender males "seek gendered employment [roles] in the community" for which men "[work] in construction, fishing, and tasks often led by other cisgendered, non-Two-Spirit individuals." Such insights from participants help to provide an understanding of the significance of losing traditional gender roles and how it impacts First Nations individuals in an employment context. It was pointed out during the engagements that much labour associated with traditional gender roles in First Nations communities would not be captured in employment statistics that measure only work "for pay."

In the discussion of employment rates among Two-Spirit or transgender individuals, participants were surprised by the statistic which stated that the employment rate among Two-Spirit or transgender individuals was higher than that of their cisgender male and cisgender female counterparts. One SME noted that they had personal experiences (both on and off reserves) with "transgender adults that [were unemployed]. That have been refused jobs, actually." Furthermore, it was stated that "transgender women live in poverty—most of them." Another participant, reflecting on their 21 years of work experience in the health and social work sectors, noted that, "there's a lot of Two-Spirited men who are not working." They added that this lack of employment is

> …due to lack of education or all the barriers in place [for] Two-Spirited people, and that's not even going into all the social determinants of health as to how Two-Spirited people are treated even to get through high school, let alone the violence and the bullying that prevents them from even acquiring an actual education. And those that I have met, typically they've worked in positions that aren't very high paying.

Overall, participants acknowledged a discrepancy between their experiences and the RHS Phase 3 findings regarding employment rates among Two-Spirit or transgender individuals brought forward during the discussion.

Education

Knowledge Holders observed that the data showing a higher proportion of cisgender females, compared to males, who have post-secondary education aligns with their own observations of women "driven and motivated to change their situation to provide housing and food security for their children through education." Some were heartened to see the data about a high proportion of Two-Spirit or transgender with post-secondary education but noted that discrimination and bullying can be huge barriers to this achievement.

Participants were quick to point out that there is more to learning and education beyond formal schooling and institutional post-secondary education, so the findings do not adequately describe educational attainment from a First Nations perspective.

Food Security

During interview sessions, the research team directly addressed food security as an issue among First Nations people. One participant noted that "food security comes from employment, and income, and stability all around, so even the home [housing] security is one of those aspects as well, they should all be intersected there." Several participants pointed out the apparent contradiction in the data showing that Two-Spirit individuals had a higher employment rate yet lower food security compared to cisgender adults, with some questioning the validity of these findings.

Participants commented on the complexity of food security and how it is impacted by gender, housing security, employment and geographical location, among other factors. One participant discussed that housing policies tend to prioritize "people married with children or parents of children," and as such, "many Two-Spirit… and trans people fall on the bottom of the [priority] list." Such limitations may further marginalize Two-Spirit and transgendered individuals.

Beyond systemic gender biases and barriers, "rural and remote areas [will experience issues] more so because of the high cost of food when you bring in transportation costs." When considering food security, one Knowledge Holder optimistically suggested that in "rural and remote areas, hopefully cisgender males [were able to spend] more time as hunters… being able to live off the land." Another Knowledge Holder elaborated on their regional perspective, stating that where "we are in Southwestern Ontario—it's a more densely populated area than Northern Ontario—and so we look at how our traditions of hunting, fishing, and gathering have been imposed upon by colonialism."

One SME noted that the child welfare system inadequately prepares young adults for transitioning away from the child welfare system; therefore, food insecurity extends from economic insecurity. In the western region of British Columbia, the cost of living (as with other regions) has an impact on food security as "it depends on location."

In addition to geographical challenges causing food insecurity, other factors contributing to the issue need to be acknowledged. One SME pointed out how lack of employment, as well as addictions and mental health issues, contribute to food insecurity, adding,

> The conversation needs to look more into how intergenerational trauma affects substance use or substance misuse; I think we

need to look at how accessing places to get food or have food security aren't set up for Two-Spirited people or transgendered women.

A few participants noted the additional barrier that arises when Two-Spirit and transgender people often feel unsafe or discriminated against when accessing food programs such as soup kitchens or food banks, due to treatment by other clients or by the policies of the programs themselves.

Mental Health

During the engagements, participants reported a notable consistency in the lack of mental health supports in communities. One participant discussed a harrowing time in recent years in one of his communities, where ten individuals died by suicide. He noted that "four of the ten were Two-Spirited and of those four, they were female." He further revealed that an environmental scan was completed "just to try to understand what kind of mental supports there are for Two-Spirited people" and they concluded that "there aren't any." Dealing with issues of violence and discrimination on a regular basis, said one Two-Spirit participant, directly contributes to elevated stress levels and other mental health challenges. Other Knowledge Holders discussed the erasure of Two-Spirit and transgendered individuals as a result of colonialism. One SME stated that:

When you look back on our own language and our ceremonies, you start to see that [Two-Spirit and transgender people] in community were just as vital as any cisgender male or cisgender female in the community. We had our own ceremonies, we had our own teachings, and somewhere within the violence of colonial history that relationship has been disrupted, distorted and now in contemporary times we live fighting to claim our own space.

Participants shared that Two-Spirit individuals and cisgender women often lack sufficient general and mental health support from their families and communities. Furthermore, it was indicated that women are often primary caregivers in their families, are overworked, and regularly deal with ongoing trauma and violence in a myriad of forms. A Knowledge Holder recalled discrimination an acquaintance experienced

...just from being an Indigenous woman in the North here … where she is highly educated yet overlooked either because she was too dark, where she's in a wheelchair and so being

an Indigenous woman that was differently abled were big barriers. [They were] a big hit to her own mental health.

One participant brought up the issue of lateral violence[21] that often occurs among communities and individuals that are still healing from the effects of intergenerational trauma, and how this can be a powerful source of stress for Indigenous people, particularly women.

Engagement participants were not surprised by the statistics showing lower mental health care needs and support use among cisgender males, although there was speculation that socialization and stigma lead to underreporting from males about their needs. Some participants noted a lack of programs and services specializing in men's mental health, yet also said that ones that are offered may be underutilized.

Community Safety

Most participants indicated that, while individual communities may vary, gender-based violence is still a prevalent issue in communities overall, and threats to Indigenous women and Two-Spirit individuals are common. Respondents unanimously agreed that patriarchy and colonization have played a significant role in the devaluing of Indigenous women and Two-Spirit individuals. One participant indicated that

...[t]here has been such a division in our communities in terms of colonization and Residential Schools, patriarchy and homophobia—and it just seems to have infiltrated into our communities. It's just becoming more and more 'okay' to be violent towards Two-Spirit or transgender people… it's an example of the internalized oppression that we're seeing in our communities because we've lost acceptance of transgender and Two-Spirit people.

She continued to speak about the importance of "self-decolonization—first with ourselves and then expanding to our families and communities—and removing the harmful impact of colonization on our communities and regaining our sense of self and sense of identity as strong Indigenous peoples." In this way, community safety is a part of education and decolonization for individuals and communities. Another contributor noted that "education in our communities about our creation stories and our Traditional Knowledge is really important" and "that social services and social organizations can provide those settings for those conversations."

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21 A term that describes the way people in positions of powerlessness covertly or overtly direct their dissatisfaction inward toward each other, toward themselves, and toward those less powerful than themselves. Source: https://www.creativespirits.info/aboriginalculture/people/bullying-lateral-violence#:~:text=Lateral%20violence%20is%20a%20term,those%20less%20powerful%20than%20themselves.

Other participants felt very concerned about immediate safety of research participants, even during the research process. One Knowledge Holder stated that it is difficult to decipher whether women felt safe while answering the question, noting that "in some of our communities and some of our organizations—you have to pretend that things are better than they really are, as part of a survival mechanism." In addition to this insight, another participant stated that the safety statistic for Two-Spirit individuals (5 out of 10 reported that they felt safe in their communities) was both "alarming" and "dangerous". He notes that he is a "Cisgendered male, Two-Spirited, educated, gainfully employed," and

> …when it comes to feeling safe in this community, even when I travel across the province, I have to be aware of not only my surroundings, I have to have my own safety planning in place. As someone who presents as Indigenous, I am subjected to all kinds of violence in all four quadrants when I go out in a day. So, I have to be prepared for multiple situations at any given time, and I think about that stress of having to be 'on' all the time.

Such a candid account of personal safety and this personal experience encourages researchers to further explore the factors contributing to personal safety to improve conditions for Two-Spirit, First Nations individuals. On the matter of violence, one SME noted that the representation of Indigenous people

> …narrates a story where Indigenous people—Indigenous men, brown bodies—are either violent, or brown bodies, in the case of women, are free for the taking and you can do whatever you want with. And that comes, again, directly rooted from the disruption of Indigenous women to land.

More explicitly, another contributor recalled her mother looking to leave her reserve with her young sister "because there was a rape culture that had developed in our community" as a result of the Residential School presence and the history of sexual assault perpetrated in the institution. On a final note regarding the statistic of safety, one participant noted that it may overrepresent the true safety level in communities because "we've normalized violence and people don't think it's violence anymore."

Health Care

Engagements revealed that many "Two-Spirited folks try to find more information online to try to self-advocate," as part of their efforts to access adequate health services. Such access, especially while living in remote communities, can be particularly daunting and difficult for this population, often requiring travel, lengthy wait times, and educating health care professionals on their specific needs.

Directly responding to the notion that Two-Spirit or transgender folks navigate health care with relative ease compared to cisgender individuals, several participants were skeptical about the validity of this finding. One Knowledge Holder indicated that "the [validity] of the data depends on where it was gathered" and warns that this data "would need future analysis and explanation… to understand where the demographics and data were gathered, and how they were gathered in that sense." In this case, geography—particularly remoteness—plays a key role in evaluating the findings to determine their authenticity. A couple of participants related experiences of insensitive and discriminatory treatment towards transgender individuals within health care settings but noted that there are signs this has been improving in recent years.

Other contributors spoke to the poor treatment of Indigenous people, particularly women, in the health care system, and how such treatment can lead to reluctance to seek health care unless it is absolutely necessary. Racist colonial stereotypes, beliefs, and treatment "like we're wards of the state and cannot make our own decisions about our own health care" have been perpetuated in the health care system, stated one Knowledge Holder. Participants spoke of incidences of health care professionals responding dismissively to Indigenous women's health concerns or misdiagnosing individuals based on assumptions of substance or alcohol use. One participant recalled that "Indigenous women could not leave the hospital with their baby until they had chosen a birth control method." Indigenous women still face the threat of their "babies being apprehended" after giving birth due to racist stereotypes entrenched in "a colonial viewpoint." In addition to wider systemic restrictions, access to health care for First Nations women is complicated by other barriers, including access to childcare and transportation.

Even when racism and discriminations are not factors, cultural safety and understanding in the delivery of health care services are lacking much of the time, noted

some participants, which is a major barrier to receiving adequate care.

When considering the data showing cisgender males' proportionately lower use of health care services, Knowledge Holders mentioned that factors including "colonial violence that they are potentially going to be met with when accessing medical health services" and widespread socialization of males to avoid seeking care contribute to their lower health care usage. Expanding on the latter issue, one Knowledge Holder noted that cisgender men and women face different social pressure and acceptance when it comes to seeking health care, and mental health care in particular; she argued that Indigenous and non-Indigenous cisgender men face pressure to "man up and to be a strong male," to not show weakness, saying, "They are often the last ones to seek health care."

Connection to Culture

Reflecting on his work with individuals struggling with identity, addictions, or trauma, one participant suggested cultural connection has the capacity to act as a healing agent and a deterrent to instability and drug use. He stated that a high percentage of people in one study

...mentioned that they've maintained their sense of sobriety or stability or mental health and wellness through cultural activity, not just [by] seeking healers. So folks, for example, mentioned art as a huge component, dancing is another, finding traditional practice such as dancing, beading, anything to do with drumming [...] and making regalia or even taking part in traditional celebrations—all of those things were huge components of people looking at trying to find health through traditional means.

Some participants were critical of the data showing the relatively higher proportions of Two-Spirit or transgender individuals with strong connections to their First Nations language and culture, citing the fact that many leave their communities at a young age due to discrimination, bullying, and lack of appropriate health services, before gaining sufficient exposure to the Nation's language and culture. Engagements indicated that this varies across communities and regions; one Knowledge Holder has observed a trend in recent years in Eastern Canada towards more Two-Spirit and transgender youth coming out, seeking and finding support in their communities, and staying longer compared to gender-diverse youth in previous decades.

Participants noted that cultural connection has a strong

impact on Two-Spirit and transgender individuals, claiming that cultural connection plays a key role "in their search for that sense of belonging," providing them a place where they can

…come to appreciate the culture and the importance of the culture, and the language and the Traditional Knowledge, in terms of finding out who they are and helping them find their place in the world. I think that's why so many of them participate in that and are becoming strong in that, with the Two-Spirit teachings, in that they can represent either male or female depending on the situation.

As one Knowledge Holder noted, that is an important capacity, citing a personal story:

I've seen a student here on campus who does that—he identifies as Two-Spirit and, depending on the ceremony, he will come there as a male or he'll come there as female. And, it's beautiful… because the gift they have in being both male and female is that, traditionally, many of them became healers and spiritual people because they could understand both sides of the world. So, to find balance in terms of our own personal medicine wheels, I don't think we can be balanced until we reconnect with our culture, our language, our traditions.

While the roles for Two-Spirit and transgender individuals are critical in Indigenous culture, they have been lost or obscured by modern Western culture. One contributor added that the issues surrounding a loss of traditional roles do not just affect transgender or Two-Spirit people, but men too. She noted that men have

…lost their role as protectors and providers for the family, [and] reconnecting to the land and reconnecting to those roles as providers of the family will probably help in terms of them being able to find their roles in the community again.

Part of the power of finding oneself also belongs to a connection to nature, the land, or Mother Earth. While traditional roles are critical in developing a sense of identity and a strong foundation of selfhood, the Knowledge Holder noted that "we cannot heal as individuals or as communities until we re-establish that connection to Mother Earth." Such a connection becomes complicated by geographical location; as one Knowledge Holder stated, "that it's significantly more challenging for Indigenous people that are in urban areas to reconnect to the land but… we [must] find our ways."

The sentiment that the land and interaction with it forms a critical part of cultural connection was shared by another Knowledge Holder as well who recalls the conception of *mino-bimaadiziwin*, meaning "living a good life, holistically…mentally, emotionally, physically and spiritually." For her, *mino-bimaadiziwin* is a key component of traditional culture. The culture, she noted, "provides us with all the teachings we need to do that." She adds that these teachings exist in "creation stories—whatever that might be from each Nation…" but laments that the roles, traditions, and values that are inspired by those stories have been "targeted by the process of colonization."

Several Knowledge Holders shared the idea that the impact of forcing one culture onto and into another has had a disastrous effect on roles and selfhood for Indigenous people. As one states: "I think that's where colonization has really had an impact on our communities. Western colonization brought patriarchy over, where there are imbalanced relationships between men and women and Two-Spirited people that didn't exist in our culture before."

The engagements revealed skepticism of the high rates of First Nations language ability reported among adults of all gender identities, and Knowledge Holders mentioned that this did not align with their experiences. One participant added that language is critical for a reconnection with culture, suggesting

> *…that the communities here in this area have very low rates of fluency within the languages, and this is a direct result of*

there being [a] Residential School in the community—and I know that the number of Elders who are fluent is very low. [As low as] a handful of people in the community who are able to share and transmit language. An inability to transmit language means an inability to honour culture and, by extension, be their true selves. If language and culture isn't carried through, then a connection to the land cannot be carried on, nor can a faithful occupation of one's suited role.

Cultural connection is at the core of selfhood and Indigenous healing, as one speaker notes:

> *We like to centre culture at the very centre, right, because it lays the overall foundation with whoever we're working with. Once we do that, that's when we do the real work of building capacities for people to live up to their roles and responsibilities on how they live and thrive in their communities. It starts with the individuals and ripples out to their family, their structures, who they call family, and then, the greater community. I think it's also important to incorporate that for mainstream and non-Indigenous people, because the clash of the worldviews has to stop. Settlers need to understand their roles and responsibilities of living on this land and it comes directly from those agreements and treaties which haven't been fulfilled. And once they understand that, then we can start to make some real change and realize that colonialism is a relational issue, and not an Indigenous issue.*

Discussion

The purpose of this analysis was to glean information on indicators of social and economic well-being for First Nations men, women, Two-Spirit, transgender, and gender-diverse individuals living on reserves and in Northern communities. In addition to conducting descriptive statistical analysis, this research engaged Knowledge Holders and SMEs to discuss the findings. Overall, this process revealed some interesting insights that require further investigation. The following discussion section will review both portions of the research to compare the findings observed throughout the project.

Throughout the review of background literature and during direct interview engagements with Knowledge Holders and SMEs, colonization was a common topic of discussion both in publications and interviews. Through engagements with Knowledge Holders, gendered implications in the workforce were understood as being caused by the ripple effects of colonialism. While there is no significant difference between the proportions of cisgender females (49.0%) and cisgender males (44.8%) who are currently employed, it was noted that men and women's roles in communities have been altered by the imposition of Western gender roles entrenched in patriarchy. Some interviewees suggested that cisgender males face lower employment rates as result of being out of touch with their traditional roles within their communities. The statistical data supports this notion, with employment rates among cisgender men being the lowest of the three gender identity categories reviewed.

RHS Phase 3 data revealed that the employment rate among Two-Spirit or transgender adults was significantly higher than their cisgender female and cisgender male counterparts. Engagements with SMEs in the social work field revealed that there was a discrepancy between their experiences in the field and the data regarding employment rates. It should be noted that, as seen in Appendix D, the 95% confidence intervals for many Two-Spirit or transgender estimates are wider than those for cisgender populations; this is due to a combination of the relatively small sample size and the variation in the population. Wide confidence intervals indicate that the true estimate can lie within a larger range compared to the range for the estimates among those who identify as cisgender. SMEs cited that unemployment and poverty were but two factors challenging Two-Spirit individuals. They expanded on frequent experiences of violence and bullying

that posits a challenge to obtaining proper education to gain employment. It may be worth further exploration to consider the employment conditions (for example, hours and precariousness of work and income levels) of Two-Spirit, transgender, or gender-diverse First Nations individuals, as participants noted that discrimination often leads to gender-diverse individuals being relegated to jobs that are low paying and unstable. Reviewing results on a geographical basis would also be beneficial to improving understanding of employment rates across different regions and communities. Moreover, there is some uncertainty as to whether some self-identified Two-Spirit individuals in the RHS have not publicly identified as such, and thus, do not face the type of discrimination noted in the wealth of field experience by the experts consulted for this analysis.

Despite Two-Spirit or transgender adults reportedly having higher rates of employment, the quantitative data indicated that only 34.9% of these individuals live in food secure households, whereas 52.7% of cisgender male adults and 48.0% of cisgender female adults live in food secure households, with a higher portion of cisgender female adults (14.7%) living in severely food insecure households compared to the other gender identities. In a discussion of food security, participants unanimously indicated how colonialism has been a root cause of food insecurity in remote communities, as well as in communities near large urban locations. Discussions revealed that colonialism has certainly impacted traditional means of hunting and gathering and the Residential School system has played a significant role in the disruption of land-based living and teaching for subsequent generations.

With nearly half of First Nations adults living in food insecure households, this matter is pressing for immediate address and further research in the context of social and economic wellness. Knowledge Holders and SMEs provided insight into the food security matter, addressing issues such employment and stable income as necessary proponents of food security. Moreover, it would be remiss to fail to acknowledge the geographical challenges faced by rural and remote communities, as well as special access communities. Educational initiatives to enhance traditional means of land-based survival would positively address food insecurity in communities, though not immediately.

Engagement participants were unable to justify why food security was lower among Two-Spirit individuals, despite having higher employment rates. In fact, multiple participants challenged this conflicting notion and elaborated on additional factors that contribute to food insecurity, including a lack of safety around accessing food programming and policies that prioritize married or common-law couples with dependents for housing support. The possibility of employment earnings from part-time or low-wage work being insufficient to ensure food security must also be considered. Overall, this research indicates that food security is a complex and compounded issue for Two-Spirit and transgender individuals that requires focused research to address.

While the RHS Phase 3 data indicates that relatively high numbers of First Nations individuals did not need to talk about emotional and mental health in the past year, suicidal ideation and suicide attempts were prevalent predominantly among cisgender female adults. Engagements revealed that it was widely accepted and unsurprising that women were unable to report on having good mental health. In discussions about mental health, there was an overwhelming consensus about trauma continually impacting mental health. Knowledge Holders cited racism as a primary cause of injury to mental health among other strains and emotional burdens such as being primary caregivers to children and families, and the devaluation of Indigenous women in Canadian society. In addition, the literature review elaborates on severe and persistent instances of family and domestic violence, as well as regular threats to safety and well-being as significant tolls on mental health. Moreover, the astounding number of Indigenous women who are victims of murder each year in the country must be acknowledged. Such violations of safety and human rights are bound to adversely impact one's sense of worth, self-confidence, and by extension, mental health. In exploring First Nations women and their mental health, it is important to maintain an awareness of intersectionality and how race, gender, and colonialism partake in a kind of tripartite marginalization of First Nations women that would be strenuous and taxing to navigate.

There is a disconcerting contrast between the findings in the RHS Phase 3 data and in the literature when it comes to mental health among First Nations males. The RHS data indicates that relatively few First Nations cisgender males seek mental health supports: compared to females and Two-Spirit or transgender adults, cisgender males have the highest proportion—nearly half—who said they had seen or talked to no one about their emotional or mental health in the past year. Overall, only 11.0% of cisgender male adults had accessed mental health services in the past year, with a large proportion (78.0%) having never accessed a mental health service at all. A cursory review of these statistics leads to the conclusion that there is a kind of dissonance between the reality First Nations males may be facing (for example, disproportionately high suicide rates as cited in Khan, 2008), and the action they feel comfortable taking to protect and nourish their mental health since few males seek mental health services regularly. In that respect, it's necessary to maintain a critical awareness of the social conditions First Nations males must navigate. It must be understood that patriarchal masculinity is a social conception which has successfully infiltrated our understanding of men. It is a view that considers seeking help as frailty and weakness. It is possible, then, that First Nations men are less likely to seek mental health support and guidance as a result of the toxic conceptions of masculinity that impose a kind of artificial machoism and strength on male members of our society. Findings from the data may be subject to a degree of inauthenticity should participating males continue to uphold the values of patriarchal masculinity thrust on them by Eurocentric society. It is beyond the scope of this analysis to offer a solution to this challenge, but indeed, it is worth attention and consideration going forward with analysis of the self-reported RHS Phase 3 data.

Beyond this observation, engagement sessions revealed significant gaps and deep issues relating to the mental health and well-being of Two-Spirit and transgender individuals. A notable aspect of this reality is the gender binary (male-female) imposed by European colonialism which sought to eradicate gender-diverse people. A review of the literature pointed to the erasure of Two-Spirit identities, and such a notion was verified by Knowledge Holders and SMEs. More immediately, the interviews revealed that there is a lack of social and mental health supports in communities for Two-Spirit and transgender individuals that is directly impacting their safety and health. It was emphasized that continuing with ceremony and healing practices is an integral part of maintaining good mental health for men, women, and Two-Spirit individuals. Furthermore, education about traditional culture can help to establish roles for individuals within communities, within their families, and in society as a whole. By extension, strengthening mental health supports as indicated by the needs of each gender, helps to improve overall wellness.

While the quantitative analysis reported a positive shift in community safety, especially for First Nations women (reporting that 8 out of 10 women felt safe in their communities), the engagements with Knowledge Holders and SMEs revealed that there was still a prominent sense of danger and potential harm among women, Two-Spirit, and transgender individuals. All engagement participants cited the prominence of violence against Indigenous women as a threat to safety in their communities. It would be remiss to neglect mentioning the deeply alarming number of missing and murdered Indigenous women and girls in a discussion of community safety.

A common theme emerging in discussions with Knowledge Holders and SMEs was the prevalence of intergenerational trauma extending from colonization, the interruption to traditional gender roles, and the devaluation of Indigenous women. As a result of the nation's colonial history, Indigenous women are no longer cherished and protected and have become vulnerable to patriarchy and violence. Furthermore, patriarchy influences even Indigenous men's perception of women, and skews their complementary gender-balanced traditions into one that is hierarchical and oppressive to their female counterparts. Beyond that, Knowledge Holders cautioned that violence against Indigenous women has become a normalized part of contemporary culture, so much so that even capturing statistics on violence can be troubling. A more thorough analysis of the normalization of violence is pressing and necessary to addressing safety concerns for First Nations women.

Our engagements provided a glimpse into the tangible dangers for First Nations women, Two-Spirit, and transgender individuals, as well as the historical context and root causes for such threats to safety. It is evident that ongoing colonization and the dominance of hetero-patriarchal[22] culture plays a significant role in the safety of Indigenous people. Such a notion is an ideological force to be considered and dismantled through education and practices that serve an effort to decolonize.

Engagement discussions about health care were expansive and insightful. Most participants noted that access to health care was unique and complex depending on the context, gender, and geographical location from which they were attempting to find health care. Similar to the previous discussion on mental health, it is noteworthy that a significantly lower proportion of cisgender males (58.8%) reported needing health care services in the past year, in comparison to cisgender females (72.8%). It is worth considering how social constructs of gender impact men and their pursuit of health care, preventative care, and wellness.

Feedback from the engagements on the health care system indicates a prominent degree of racism embedded into health care practices, both systemically and as carried out by health care providers. Indigenous women have been explicitly controlled by health care professionals and institutions historically and in recent years, and recounts of such instances are alarming. Direct conversations with SMEs cite forced birth control imposed on Indigenous women after giving birth and forced sterilization in urban settings. In rural and remote communities, access to health care services is complicated by long wait lists, a lack of availability of health care providers, and overall inadequate health care. Similar concerns are shared nationwide, as our health care system is taxed and strained regularly with an overflow of patients and understaffed health care institutions.

The RHS Phase 3 reports that a significant portion of First Nation adults (70.1%) are interested in accessing and utilizing traditional medicine; however, difficulties accessing traditional medicine are derived from a lack of knowledge about it, as well as a lack of availability in a formal health care setting. Investing resources into further research about traditional medicine, and expanding a knowledge set on how to implement decolonized, Indigenous-based health care services would be likely to positively impact health outcomes in First Nations communities.

Closing the salient points of this discussion with an analysis of connection to culture is a befitting structure for this research project. Though the voices featured in our study are each unique in their lives, approaches, and stories, there has perhaps been no constant more apparent than the belief that a connection to culture is absolutely essential in any attempt to improve the lives and experiences of First Nations people. The quantitative data indicates that a significantly higher proportion of Two-Spirit or transgender adults (85.9%) strongly agree/agree that traditional spirituality is important, while 72.3% of cisgender females and 67.9% of cisgender males feel the same way. However, it is necessary to elaborate on just how significant a connection to culture can be when evaluating

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22   Heteropatriarchy refers to a socio-political system in which cisgender males and heterosexuality have primacy over other genders and other sexual orientations.

wellness and pathways toward wellness for First Nations communities.

During engagements with Knowledge Holders and SMEs, it was unanimously indicated that developing and maintaining a connection to culture is an imperative for healing and re-establishing traditional gender roles and balance in First Nations communities. Reviving an understanding of one's traditional role in a community fosters a sense of identity and belonging that is necessary for personal, social, community, and economic wellness. Cultural connection is critical to decolonizing First Nations people and the systems that govern their livelihoods, and there is significant evidence from academics and experts that suggests culture should be a central initiative to achieve wellness and improve the livelihoods of Indigenous people.

Limitations

Every attempt is made to be as transparent as possible when conducting and presenting a research project of this nature. This section will review the limitations specific to this project for added transparency, but also for appropriate context necessary for interpreting the results herein.

Firstly, limitations of the RHS survey questionnaire and sample size prevent a fully inclusive analysis of all gender identities among First Nations individuals. Due to the wording of one of the questions used to derive the three-category gender identity variable, Two-Spirit and transgender identities are conflated and analyzed as a single group, even though these terms are defined differently and should not be used interchangeably. Future phases of the RHS questionnaires will include revised questions that more accurately distinguish between sex assigned at birth and gender identity, allowing respondents to enter responses that are exhaustive and mutually exclusive. However, it is unlikely, given the relatively small proportions of non-cisgender individuals in the population, that sample size will permit for meaningful, nationally representative analysis of the RHS health and social determinant factors for each gender identity separately. The small sample size also contributes to the wider 95% confidence intervals for many Two-Spirit or transgender estimates compared to those for cisgender populations. In order to address these issues, survey sample design would have to incorporate and achieve a randomly selected sample target for this population that is robust enough to produce statistically significant, generalizable results with more precision.

Additionally, because all individuals who refused to answer or did not know the answer to the Two-Spirit or transgender identity question were excluded from analysis, a bias may be introduced if there is a correlation between not responding to the question and certain outcomes for variables. Moreover, this research provides a unique examination and many important findings on a variety of indicators relevant to gender issues in First Nations communities for men, women, Two-Spirit, and transgender First Nations people, but as descriptive analyses, the findings are only preliminary. It is possible that some associations found in this report are the result of mediation (where the independent variable has an effect on a separate [mediator] variable, which then has an effect on the dependent variable) or spuriousness (a correlation often caused by a third factor that is not apparent at the time and can be referred to as a confounding factor).

Regarding the qualitative portion of this project, a small participant sample size limited the breadth of the engagement insight and feedback. Though participants were unique and diverse, increasing the sample size would provide a vast body of material for additional comparative results and analysis. Participants did not provide perspectives from all regions of Canada, which in itself is a limitation to the analysis. Furthermore, given the large scope of this research project, a multidisciplinary panel was selected to comment on, and give insight to, a large range of diverse topics. Under such circumstances and time restraints, the depth of each topic was limited in the discussions.

Conclusions and Recommendations

A thorough analysis of statistical data and qualitative engagements has left us to consider the ongoing impacts of colonialism on First Nations men, women, and gender-diverse individuals. Despite knowing that European imperialism continues to have a deep and invasive impact on First Nations people and their communities, it is imperative to diligently review the nuances of what ongoing colonialism means in the context of wellness. It is not enough to broadly justify the state of social wellness (or lack of wellness) with colonial history. Further research efforts must be expanded to dissect the intricacies of the social and political systems that continually attempt to disenfranchise First Nations people. The indicators presented in this study offer a starting point for more specific and thorough research to achieve just that.

Delineating research by gender is one such way to begin to capture the nuances that are imperative to achieving wellness. This report has presented an overview of the manifestation of gender disparities among First Nations people living on reserves and in Northern First Nations communities in Canada. The negative effects of gender disparities may be disproportionate for different gender identities, but each gender is disadvantaged in some way by the inequity. Reviewing the impacts of colonization on First Nations women, men, Two-Spirit, and other gender-diverse persons, it is apparent how the effects of historical cultural genocide still reverberate with members of the First Nations demographic today. When it comes to the spectrum of gender, diversity is the first acknowledgement that must be taken, and the first learning curve which should be addressed. A culturally relevant First Nations Gender-Balanced Analysis methodology must include First Nations men, women, Two-Spirit, and gender-diverse persons.

Broad analyses are essential platforms for more refined research topics that can ultimately influence policy development and improve social supports as needed. And though the findings are presented and organized categorically, it is imperative to recognize the intersectionality of each topic presented in the body of this research.

It is important to recognize the scarcity of accessible, up-to-date data available for Two-Spirit and gender-diverse First Nations persons and the challenge this poses for assessing the current state of social and economic wellness of individuals in First Nations communities. An overarching consensus put forward by participants in the engagement sessions is that additional geographic refinement of quantitative data would be useful to better capture statistics that authentically represent the unique lived experiences in each First Nations community. However, the quantitative RHS Phase 3 data presented in this report provides an excellent foundation for further investigation. Upon going forward with further analyses of RHS data disaggregated by gender identity, it would also be reasonable to conduct an analysis of the missing cases (see "Variables" subsection under *Methods*) to check for bias when conducting studies aiming to examine Two-Spirit or transgender experiences.

Additionally, a recommended next step for investigating the findings and trends produced in this research specifically is to conduct additional descriptive analyses, with the aim of uncovering significant findings between more variables within each focus area, followed by more sophisticated analyses (e.g., regressions) that are able to isolate effects or outcomes of individual significant indicators that control for other factors in the model. After such refinement, the development of focused research projects building on the body of work presented here, again enhanced by contextual qualitative data from First Nations community Knowledge Holders, would increase our understanding of the topics outlined in this project to produce more insight into these important research topics. Contextualizing and validating quantitative data against the knowledge held by those who live in First Nations communities—as these research findings state and demonstrate—is a crucial component of conducting culturally relevant Gender-Balanced Analysis in an accurate and meaningful way.

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Appendices

Appendix A: Variable Information Table

Variable	Question and Response Options	Analysis Process and Notes
Demographic and Socioeconomic Factors		
Age Group	<u>Question</u>: What is your date of birth? <u>Question</u>: Are you [derived age] years old? <u>Analysis categories</u>: -15-17 years old -18-54 years old - 55+ years old	Age was derived from date of birth and verified. Age in years was then grouped. 15-17-year-olds are a subset of the Youth dataset. Adult ages were grouped into two categories for analysis.
Community Size	<u>Question</u>: Based on respondent community. <u>Regrouped Analysis categories</u>: - Small (pop. 75-299) - Medium (pop. 300-1,499) - Large (pop. 1500+)	Community size category was derived from community by FNIGC. Size was based on community population according to INAC Indian Registry counts of those living on-reserve or on Crown land, which was then assigned to one of three categories for analysis.
Geographic Remoteness	<u>Question</u>: Based on respondent community. <u>Regrouped Analysis categories</u>: - Urban - Rural - Remote; Special Access	Geographic remoteness category[23] was derived from community by FNIGC. Four Remoteness categories were regrouped into three categories for analysis.
Sexual Orientation	<u>Question</u>: Do you identify as being….? <u>Regrouped Analysis categories</u>: -Heterosexual -Homosexual, bisexual	Three response options were regrouped into two categories for analysis.

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[23] Geographic remoteness classification of communities is based on their distance to the nearest service centre and the accessibility to that centre. Source: http://publications.gc.ca/collections/Collection/R22-1-2000E.pdf

Variable	Question and Response Options	Analysis Process and Notes
Marital Status (Adult only)	Question: What is your marital status? Are you…? Regrouped response options: - Married; Living common-law - Widowed; Separated; Divorced - Single/Never married	Six response options were regrouped into three categories for analysis.
Minor(s) in Household (Adult only)	Question: How many children or youth under the age of 18 live in your household the majority of the time? *If none, please enter "0".* Response options: - 0-5 years old: [numerical entry] - 6-11 years old: [numerical entry] - 12-17 years old: [numerical entry] Analysis categories: -Minor(s) in household -No minor(s) in household	The summed numerical entries for the three age groups were dichotomized to indicate the presence (sum >0) or absence (sum = 0) of one or more minors in the household of each respondent.
Partnership Status x Minors in Household (Adult only)	Derived from *Marital Status* and *Minor(s) in Household* variables above. Regrouped *Marital Status* response options: - Partnered (Married; Living common-law) - Not Partnered: (Widowed; Separated; Divorced; Single/Never married) Analysis categories: - Partnered, no minors in household - Partnered, minor(s) in household - Not partnered, no minors in household - Not partnered, minor(s) in household	The *Marital Status* variable was regrouped to dichotomize partnership status for each respondent and layered with the derived *Minor(s) in Household* variable to generate four categories indicating each possible combination of partnered (or not) with minor(s) in the household (or not).

Variable	Question and Response Options	Analysis Process and Notes
Education (Adult only)	<u>Question</u>: Did you complete a high school diploma? [24] <u>Question</u>: What is the highest grade that you have completed for elementary and secondary school (junior high, high school)? <u>Question</u>: Other than elementary and secondary grades (junior high/high school), what other education have you completed? *Mark all that apply.* <u>Analysis categories</u>: -High school and under -Some post-secondary and up	Responses to three survey questions (and their equivalents for QC residents), about high school diploma, elementary/secondary and post-secondary education levels completed, were combined. Responses were analyzed to determine the highest level of education completed for each case and regrouped into two categories for analysis.
Unemployment Status (Adult only)	<u>Question</u>: Are you currently working at a job or business for pay (wages, salary, self-employed)? <u>Response options</u>: Y/N <u>Question</u>: Are you currently looking for work? <u>Response options</u>: Y/N <u>Analysis categories</u>: -Not working but looking for job (Unemployed) -Yes, currently working for pay	Respondents were excluded from analysis if they were neither currently working nor looking for work. "Yes" responses to the two employment survey questions were combined and regrouped into two categories for analysis.
Employment Status (Adult only)	<u>Question</u>: Are you currently working at a job or business for pay (wages, salary, self-employed)? <u>Response options</u>: Y/N	N/A

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[24] Each of these education questions has a corresponding question for equivalent education for QC residents. See RHS Phase 3 questionnaire p. 32-33 for full list of education questions and response options: https://fnigc.ca/wp-content/uploads/2020/09/520754778360d9f56c3fc4aba9fa64f0_RHS-Adult-Phase-3_Final.pdf

Variable	Question and Response Options	Analysis Process and Notes
Struggle to Meet Basic Expenses (Adult only)	Question: **This question concerns basic expenses for your household.** In the past 12 months, did you ever struggle to meet the following basic living require-ments? (i.e., have to borrow money, miss bill payments to satisfy your basic living needs) -Food -Shelter -Utilities (heat, electricity) -Clothing -Transportation -Childcare Regrouped response options for each basic expense: - No - Yes (A few times a year; Monthly; More than once a month) - Not applicable Analysis calculation: - Average # of basic expenses struggled to meet	For each of six basic expenses, five response options were regrouped into three categories indicating whether one strug-gled to meet an expense or not, or whether the expense was not applicable to them. Then the total number of basic expenses one struggled with were counted for each case. These counts were used to calcu-late an average number of struggles for each gender identity group. Range: 0-6 Cases were excluded if number of missing values >1
Food Security (Adult only)	Question: Food Security Index derived from 6 food security questions[25] Analysis categories: - Food Secure (0) - Food Insecure, Moderate (1-4) - Food Insecure, Severe (5-6)	Affirmative answers to each of six food security questions were summed to produce a score ranging from 0 to 6. This score was assigned to one of three categories: Food secure, Food Insecure (Moderate) or Food Insecure (Severe). Cases were excluded if responses for any of the six questions were missing.
Well-being Factors		
Wholistic Balance	Question: How often do you feel in balance physically, emotionally, mentally, and spiritually? Regrouped response options for each element of bal-ance: - Balanced (All of the time; Most of the time) - Not balanced (Some of the time; Almost none of the time; None of the time) Analysis categories: -In balance -Not in balance	For each element (physical, emotional, mental, and spiritual), five response options were regrouped into two categories indicating the presence or absence of balance. Individuals with four "balanced" elements were considered wholistically balanced, while those with three or fewer ele-ments in balance were considered "not in balance." Cases were excluded from analysis if missing responses for any of the four elements.

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[25] See RHS Phase 3 questionnaire p. 16-17 for full list of food security questions: https://fnigc.ca/wp-content/uploads/2020/09/520754778360d9f56c3fc4aba9fa64f0_RHS-Adult-Phase-3_Final.pdf

Variable	Question and Response Options	Analysis Process and Notes
Self-rated General Health	<u>Question</u>: In general, would you say that your health is...? <u>Regrouped response options</u>: - Excellent; Very good; Good - Fair; Poor	Five response options were regrouped into two categories for analysis.
Self-rated Mental Health	<u>Question</u>: In general, would you say your mental health is...? <u>Regrouped response options</u>: - Excellent; Very good; Good - Fair; Poor	Five response options were regrouped into two categories for analysis.
Stress (Adult only)	<u>Question</u>: Thinking about the amount of stress in your life, are most days...? <u>Regrouped response options</u>: - Not at all stressful; Not very stressful - A bit stressful; Quite a bit stressful; Extremely stressful	Five response options were regrouped into two categories for analysis.
Need Mental/Emotional support	<u>Question</u>: In the past 12 months, did you feel like you needed to see or talk on the telephone to anyone about your emotional or mental health? <u>Response options</u>: Y/N	N/A
Sources of Mental/Emotional support	<u>Question</u>: In the past 12 months, who have you seen or talked on the telephone to about your emotional or mental health?[26] *Mark all that apply.* <u>Response options</u>: Y/N <u>Analysis calculation</u>: - Average # of mental/emotional sources of support	Original "Yes" responses for each of source of support (11 options for Adults; 12 options for Youth) were analyzed to determine most common sources by gender identity group. One additional response item that allowed respondents to indicate they talked to "No one" was analysed separately and excluded from the supports list. "Yes" responses for each source of support were then counted to determine total number of supports for each case. These counts were used to calculate an average number of support sources for each gender identity group. Respondents were excluded from count and average calculations if number of missing values >2. Range: 0-11 (Adults); 0-12 (Youth)

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[26] This question was asked of all respondents, regardless of whether they indicated they felt they needed to see or talk to someone about their mental or emotional health. See Table 20, Appendix D for full list of emotional/mental supports.

Variable	Question and Response Options	Analysis Process and Notes
Suicidal Ideation	Question: Have you ever seriously considered suicide? Response options: Y/N	N/A
Suicide Attempts	Question: Have you ever attempted suicide? Response options: Y/N	N/A
Belonging	Question: How would you describe your sense of belonging to your local community? Would you say it is...? Regrouped response options: - Very strong; Somewhat strong - Very weak; Somewhat weak	Four response options were regrouped into two categories for analysis.
Community Safety	Question: In general, how safe do you feel in your community? Regrouped response options: - Very safe; Reasonably safe - Somewhat unsafe; Very unsafe	Four response options were regrouped into two categories for analysis.
Racism (Adult only)	Question: In the past 12 months, have you personally experienced any instances of racism? Response options: Y/N	N/A
Physical Aggression (Adult only)	Question: Have you experienced any physical aggression towards you in the past 12 months? *This includes hitting, kicking, crowding, etc.* Regrouped response options: -Yes, often; Yes, sometimes; Yes, rarely -No, never	Four response options were regrouped into two categories for analysis.
Verbal Aggression (Adult only)	Question: Have you experienced any verbal aggression towards you in the past 12 months? *Verbal aggression includes threats, insults, name calling, etc.* Regrouped response options: -Yes, often, Yes, sometimes; Yes, rarely -No, never	Four response options were regrouped into two categories for analysis.

Variable	Question and Response Options	Analysis Process and Notes
Bullying (Youth only)	Question: Have you been bullied in the past 12 months? *Note: Bullying is an act that is done on purpose. Bullies use their power (physical size, age, social status, etc.) to threaten, harass, or hurt others. Bullying happens over and over to one person or to a group of people. Bullying happens in four basic ways: physical (hitting, kicking, stealing, etc.); verbal (teasing, name-calling, etc.); indirect (spreading rumours, excluding people, mean gestures, etc.); and cyber-bullying (covered in next question).* Response options: Y/N	N/A
Cyber-Bullying	Question: Have you experienced any cyber-bullying towards you in the past 12 months? *Note: "Cyber-bully-ing" refers to the use of a computer or other electronic device to engage in bullying.* Response options: Y/N	N/A
Health Care Access Factors		
Health Care Quality (Adult only)	Question: Overall, how would you rate the quality of the health care services that are available in your community? Regrouped response options: - Excellent; Good - Fair; Poor	Four response options were regrouped into two categories for analysis.
Need/Receive Health Care (Adult only)	Question: During the past 12 months, did you require any health care (e.g., from a doctor, nurse, or other health professional)? Regrouped response options: - Yes (Yes, and I received all the health care I needed; Yes, but I did not receive all the health care I needed) - No (did not require health care in past 12 months) Subset (needed health care in past 12 months) response options: - Yes, and I received all the health care I needed - Yes, but I did not receive all the health care I needed	Three response options were regrouped and used to create a subset for two tables to be analyzed: One table dichotomizes the responses into Yes (required health care) and No (did not require health care). The second table includes only the subset of respondents who required health care, analysing whether or not they received all the health care they needed.

Variable	Question and Response Options	Analysis Process and Notes
Primary HCP (Adult only)	Question: Over the past 12 months, how often has your primary health care provider (family physician/RN/nurse practitioner) changed? Regrouped response options: - I have a primary health care provider (Two times or more; Once; Stayed the same) - I don't have a primary health care provider Subset (has a primary health care provider) response options: - Two times or more - Once - Stayed the same	Four response options were regrouped and used to create a subset for two tables to be analyzed: One table dichotomizes whether or not a respondent has a primary health care provider. The second table includes only the subset of respondents who indicated that they have a primary health care provider, analysing how many times their primary health care provider changed (or not).
Health Care Barriers (Adult only)	Question: During the past 12 months, have you experienced any of the following barriers to receiving health care?[27] *Please read each item and mark your answer.* Response options: Y/N Analysis calculation: - Average # of health care barriers experienced	Original "Yes" responses for each of 15 health care barriers were analyzed to determine most common barriers by gender identity group. One additional response item that allowed respondents to indicate they chose not to see a health care professional was analysed separately and excluded from the barrier list. "Yes" responses for each barrier were then counted to determine total number of barriers for each case. These counts were used to calculate an average number of barriers for each gender identity group. Range: 0-15 Respondents were excluded from analysis if number of missing values >3

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[27] This question was asked only of respondents who said they required any health care in the past 12 months. See RHS Phase 3 questionnaire p. 13 for full list of barriers to receiving health care: https://fnigc.ca/wp-content/uploads/2020/09/520754778360d9f56c3fc4aba9fa64f0_RHS-Adult-Phase-3_Final.pdf

Variable	Question and Response Options	Analysis Process and Notes
NIHB Difficulties (Adult only)	Question: Have you ever had any difficulties[28] accessing any of the health services provided through the Non-Insured Health Benefits Program (NIHB)[29] provided to status First Nations people through Health Canada? *Mark all that apply.* Response options: Y/N Subset (needed or attempted to access NIHB services) analysis calculation: - Average # of NIHB difficulties experienced	Original "Yes" responses for each of 10 NIHB difficulties were analyzed to determine most common difficulties by gender identity group. One additional response item that allowed respondents to indicate they didn't need or attempt to access NIHB services was analyzed separately and excluded from the difficulties list and from further analysis. Another additional response item that allowed respondents who did need/attempt to access NIHB services to indicate they didn't have any difficulties accessing such services was analysed separately and excluded from the difficulties list. "Yes" responses for each difficulty were then counted to determine total number of difficulties for each case. These counts were used to calculate an average number of difficulties for each gender identity group. Range: 0-10 Cases were excluded from count analyses if number of missing values >1
Usage of Traditional Medicine (Adult only)	Question: In the past 12 months, did you use traditional medicine? *Note: Traditional medicine can include herbal remedies, spiritual therapies, assistance from healers, or other practices Indigenous to your culture.* Response options: Y/N	N/A

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[28] See RHS Phase 3 questionnaire p. 13 for full list of NIHB difficulties: https://fnigc.ca/wp-content/uploads/2020/09/520754778360d9f56c3fc4aba9fa64f0_RHS-Adult-Phase-3_Final.pdf

[29] The Non-Insured Health Benefits Program is the federal government program that provides support to help cover health care costs (medications, dental care, vision care, medical supplies/equipment, etc.) for status First Nations people.

Variable	Question and Response Options	Analysis Process and Notes
Difficulties Accessing Traditional Medicine (Adult only)	Question: Have you had any of the following difficulties when trying to access traditional medicine?[30] *Mark all that apply.* Response options: Y/N Subset (interested in using traditional medicine) analysis calculation: - Average # of difficulties accessing traditional medicine experienced	Original "Yes" responses for each of 10 difficulties were analyzed to determine most common difficulties by gender identity group. One additional response item that allowed respondents to indicate they weren't interested in using traditional medicine was analyzed separately and excluded from the difficulties list and from further analysis. Another additional response item that allowed respondents who were interested in using traditional medicine to indicate they didn't have any difficulties doing so was analysed separately and excluded from the difficulties list. "Yes" responses for each difficulty were then counted to determine total number of difficulties for each case. These counts were used to calculate an average number of difficulties for each gender identity group. Range: 0-10 Cases were excluded from count analyses if number of missing values >1
Usage of Health Care Services (Adult only)	Question: When did you last...? -Consult a traditional healer -Visit a doctor or community health nurse -Access a mental health service (e.g., counseling, psychological testing) Response options: - Within the past 12 months - 1-2 years ago - Over 2 years ago - Never	N/A
HIV Testing (Adult only)	Question: Have you ever been tested for HIV/AIDS? Response options: Y/N	N/A

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[30] See RHS Phase 3 questionnaire p. 12 for full list of difficulties accessing traditional medicine: https://fnigc.ca/wp-content/uploads/2020/09/520754778360d9f56c3fc4aba9fa64f0_RHS-Adult-Phase-3_Final.pdf

Variable	Question and Response Options	Analysis Process and Notes
Colorectal Cancer Screening (Adult only)	Question: Have you ever been screened for colorectal cancer (e.g., FOBT, sigmoidoscopy, colonoscopy)? Response options: Y/N	N/A
Language and Culture Factors		
First Nations Language	Question: Do you have any knowledge of a First Nations language (even if only a few words)? Response options: Y/N	N/A
Understand First Nations Language	Question: How well can you understand your [First Nation language]? Regrouped response options: - Not applicable (no knowledge of First Nations language) - Cannot understand; A few words; Basic - Intermediate; Fluent	Those who did not say they had knowledge of a First Nation language in previous question were assigned to a "Not applicable" category for analysis. Five response options for this question were regrouped into two categories for analysis.
Speak First Nations Language	Question: How well can you speak your [First Nation language]? Regrouped response options: - Not applicable (no knowledge of First Nations language) - Cannot speak; A few words; Basic - Intermediate; Fluent	Those who did not say they had knowledge of a First Nation language in previous question were assigned to a "Not applicable" category for analysis. Five response options for this question were regrouped into two categories for analysis.
Importance of Traditional Spirituality (Adult only)	Question: Please indicate if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statement: Traditional spirituality is important to me. Regrouped response options: - Strongly agree; Agree - Neither agree or disagree - Strongly disagree; Disagree	Five response options for this question were regrouped into three categories for analysis.

Variable	Question and Response Options	Analysis Process and Notes
Traditional Activities (Youth only)	Question: Outside of school hours, how often do you: take part in traditional activities? Regrouped response options: - Never; Less than once per week - 1-3 times per week; 4 times or more per week	Four response options were regrouped into two categories for analysis.
Cultural Events	Question: Do you take part in your local community's cultural events? Regrouped response options: -Always/ almost always; Sometimes -Rarely; Never	Five response options for this question were regrouped into two categories for analysis.

Appendix B: Engagement Fact Sheet

Indicators of Wellbeing by Gender in First Nations Reserves and Northern Communities[1]

Demographics

➤➤ Between four and six percent of First Nations people aged 15+ identify as Two Spirit or transgender, but large communities (population over 1,500) and rural[2] communities have higher proportions—7% for each—of Two Spirit individuals, compared to communities with smaller populations or communities in urban[3] areas.

Youth 15-17 — Cis Male 49%, Cis Female 46%, Two Spirit or Transgender 6%
Adult 18-54 — Cis Male 49%, Cis Female 46%, Two Spirit or Transgender 5%
Adult 55+ — Cis Male 44%, Cis Female 51%, Two Spirit or Transgender 4%

■ Cis Male ■ Cis Female ■ Two Spirit or Transgender
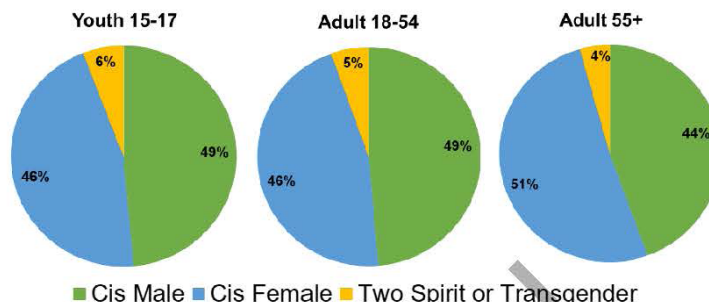
Employment, Education, & Food Security

➤➤ Cis[4] males have a significantly lower employment rate than Two Spirit or transgender adults: the rate is **45%** for cis males and **55%** for Two Spirit or transgender adults, with cis females in between at **49%**.

➤➤ There is a significant higher education difference between genders: **48%** of cis males, **55%** of cis females, and **68%** of Two Spirit or transgender adults have at least some post-secondary education. The proportion of Two Spirit or transgender adults who have post-secondary education increases in rural and remote communities.

➤➤ While half of cis adults live in food-secure households, only one-third of Two Spirit or transgender adults live in food-secure households, and more than half live in moderately food-insecure households.

Among adults, cis males had the highest proportion—9 out of 10—who felt safe in their communities, but a lower proportion of cis females (8 out of 10) felt the same, and only 5 out of 10 Two Spirit or transgender adults said they felt safe in their communities.

Stress and emotional support by gender

Most days not at all stressful — Cis Male 53%, Cis Female 41%, Two Spirit or Transgender 27%
Did not need to talk about emotional or mental health in past year — Cis Male 81%, Cis Female 66%, Two Spirit or Transgender 77%

■ Cis Male ■ Cis Female ■ Two Spirit or Transgender
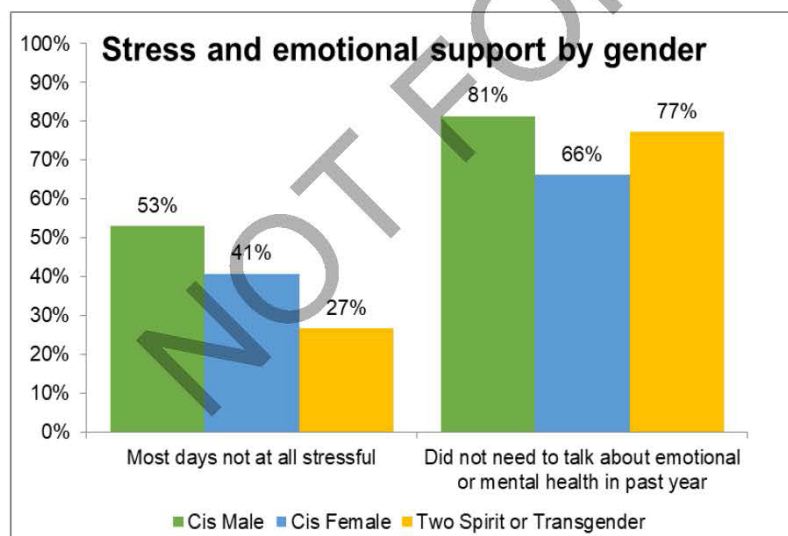
Mental & Emotional Health

➤➤ Cis males had the highest proportion who said that most days were not at all stressful, followed by cis females and Two Spirit or transgender adults.

➤➤ Cis males also had the highest proportion who said they did not need to talk to anyone about their emotional or mental health in the past year, while cis females had the lowest.

➤➤ The gender group with the highest proportion who reported having seriously considered or attempted suicide was cis females, while the group with the lowest proportion was cis males. These findings were similar but more pronounced among youth.

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[1] All data is from Phase 3 of the First Nations Regional Health Survey: https://fnigc.ca/first-nations-regional-health-survey.html
[2] Located between 50 and 350 km from the nearest service centre with year-round road access. http://fnp-ppn.aandc-aadnc.gc.ca/fnp/Main/Definitions.aspx?lang=eng#Geography
[3] Located within 50 km of the nearest service centre with year-round road access
[4] Cis[gender] refers to a person whose gender identity corresponds with the sex they had or were assigned at birth.

Health Care Usage

⏩ A higher proportion (71%) of Two Spirit or transgender adults rated the quality of health care services available in their community as good or excellent, compared to the 55% of cis adults who gave the same rating.

⏩ The group with the highest proportion experiencing barriers to health care (e.g., transportation, cost, waiting list, etc.) and the most difficulties accessing health services through NIHB[5] is cis females, while the group with the highest proportion (80%) reporting <u>no</u> NIHB difficulties was Two Spirit or transgender adults.

⏩ Compared to the other gender groups, cis males use health care services less frequently. Cis females see doctors or nurses most frequently, and Two Spirit or transgender adults access mental health services most frequently.

⏩ In remote communities, the gap widens between the proportions of Two Spirit or transgender adults (85%) and cis males (60%) who saw a doctor or nurse in the past year.

6 out of 10 cis males,
7 out of 10 cis females, &
8 out of 10 Two Spirit or transgender adults…

…required health care in the past year.

5 out of 10 cis males
6 out of 10 cis females, &
7 out of 10 Two Spirit or transgender adults…

…said they received all the health care they needed.

Health care usage by gender
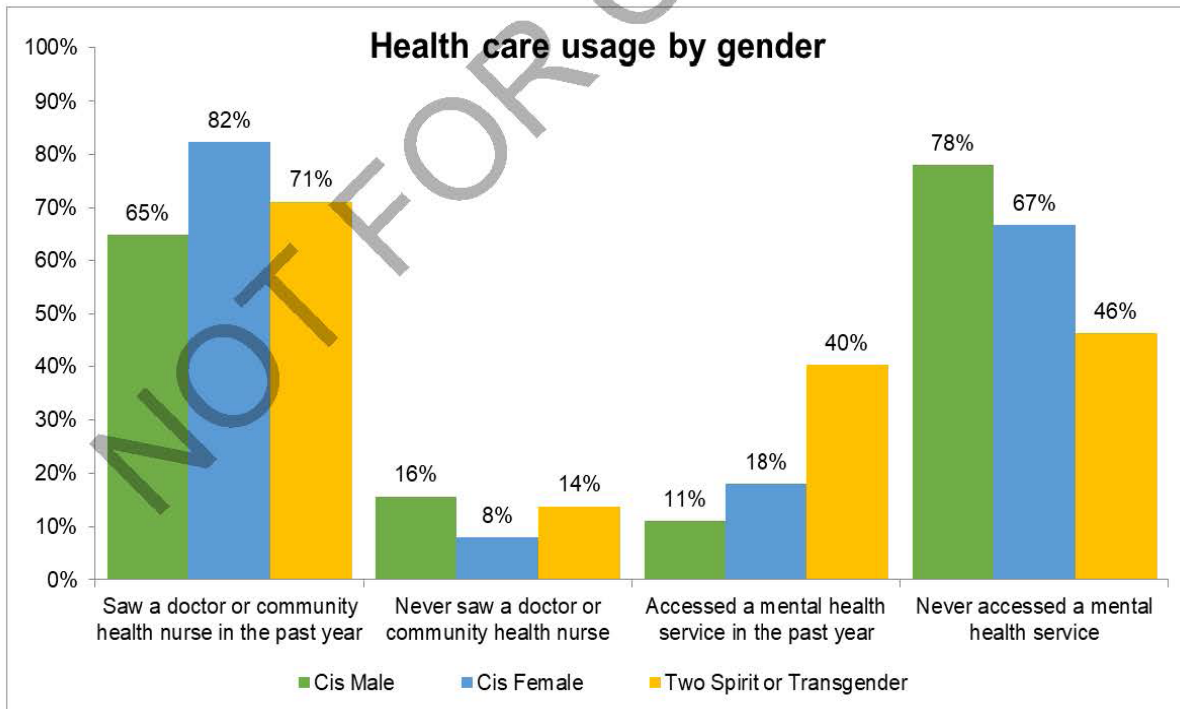
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5 The Non-Insured Health Benefits Program is the federal government program that provides support to help cover health care costs- medications, dental care, vision care, medical supplies/equipment, etc. to status First Nations people.

➤➤ Cis males also tend to use traditional health care in lower proportions compared to the other gender groups, while higher proportions of Two Spirit or transgender adults use traditional health care—and report no difficulties doing so—compared to the other gender groups.

Traditional health care usage by gender

	Cis Male	Cis Female	Two Spirit or Transgender
Consulted a traditional healer in the past year	18%	23%	44%
Never consulted a traditional healer	67%	60%	46%
Used traditional medicine in the past year	33%	38%	33%
No difficulties accessing traditional medicine	43%	41%	69%
Not interested in using traditional medicine	33%	28%	20%

Language and Culture

64% of cis males, **70%** of cis females, & **74%** of Two Spirit or transgender adults…	…sometimes, always, or almost always take part in their local community's cultural events	**68%** of cis males **72%** of cis females, & **86%** of Two Spirit or transgender adults…	…said that traditional spirituality is important to them.

➤➤ Higher proportions of Two Spirit or transgender adults report connection to their traditional cultural events, activities, and spirituality compared to cis adults. A similar trend is found among youth.

➤➤ Compared to cis adults, higher proportions of Two Spirit or transgender adults have intermediate-to-fluent abilities in their First Nations language.

Ability to understand First Nations language by gender

Cis Male
- No knowledge: 13%
- Basic or lower: 49%
- Intermediate/fluent: 38%

Cis Female
- No knowledge: 12%
- Basic or lower: 50%
- Intermediate/fluent: 39%

Two Spirit or Transgender
- No knowledge: 12%
- Basic or lower: 25%
- Intermediate/fluent: 63%

Legend: ■ No knowledge of First Nations language ■ Basic or lower ■ Intermediate/fluent
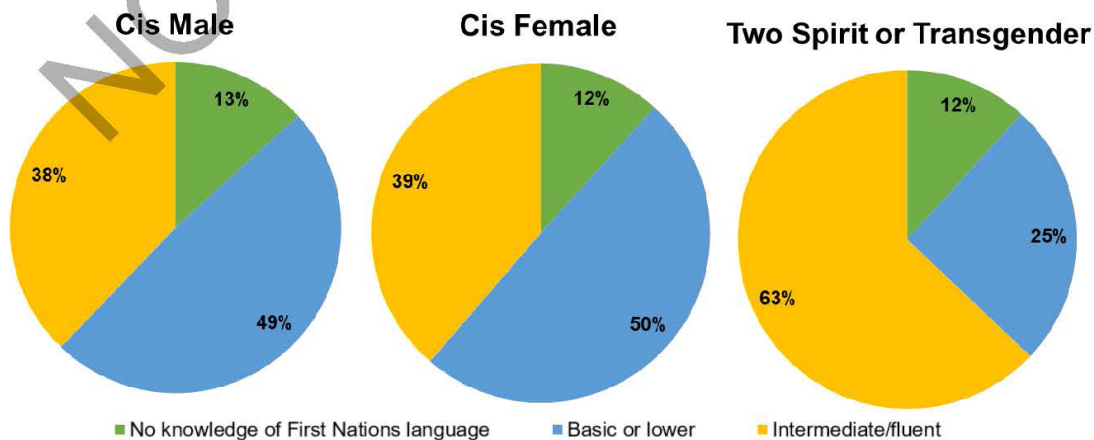
Appendix C: Engagement Participant Information Sheet

A FIRST NATIONS GENDER-BALANCED ANALYSIS:
Guided Discussion Information Sheet

PROJECT SUMMARY

This research initiative, which is being carried out by the First Nations Information Governance Centre (FNIGC) and *Tamara Kwe* collaboratively, aims to frame gender issues relating to First Nations' social and economic well-being. The first portion of this initiative was dedicated to gathering quantitative data, drawn from Phase 3 of FNIGC's Regional Health Survey (RHS) and represents First Nation populations living on-reserve and in Northern communities across Canada. This initiative is intended to inform balanced and culturally relevant development of programs and services, through strategic and culturally informed gender-balanced analysis of national-level First Nations data. The analyses conducted during the first portion of this project was based on indicators relevant to well-being, including health, access to health care, social determinants relating to health, as well as connection to culture, and community safety. In this gender-balanced analysis, each indicator was disaggregated by gender, including cisgender-male, cisgender-female, and those who identify as Two-Spirited or transgender. The fact sheet provided outlines significant findings from the quantitative analyses for your review, reflection, and insight.

In the second phase of this project, we are inviting Knowledge Holders (KHs) and Subject Matter Experts (SMEs) to offer insight into the findings of the quantitative data. The purpose of these engagements is to allow our team to refine interpretations and analyses as needed. Moreover, your input will ensure the authenticity of our findings and complement the final report. Feedback from these engagements will be used to discuss the quantitative data and adjust the analysis where applicable. Engagement sessions will be audio-recorded and take place between one interviewee and an interviewer from the *Tamara Kwe* staff. Sessions will take place via a variety of mediums: either in person, over the phone, or video conference, and will be determined on a case by case basis.

DISCUSSION AGENDA

- Introductions
- Project overview and objectives
- Review of key findings
- Discussion and interpretation of results
    - In your experience, are the findings presented consistent with the lived experiences of First Nations adults and youth?

    - Do you have any additional insights or context to add to our interpretation of these findings?

    - What can we learn from the findings presented in this research?

- Closing comments, acknowledgements and next steps

Appendix D: Data Tables

Demographic and Socioeconomic

Table 1: Gender identity of First Nations individuals aged 15 years and older, by age group

Age Group	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	Total %
Youth 15-17	48.5	[45.9,51.2]	45.6	[43.0,48.3]	5.8	[4.7,7.2]	100.0[31]
Adult 18-54	48.6	[47.7,49.5]	45.9	[45.0,46.9]	5.5	[4.5,6.7]	100.0
Adult 55+	44.4	[43.0,45.8]	51.2	[49.8,52.6]	4.4	[3.6,5.2]	100.0

Table 2: Gender identity of First Nations adults and youth, by community size

Community Size	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	Total %
Adult 18+							
Large	46.6	[46.0,47.3]	46.3	[45.3,47.3]	7.1	[6.1,8.2]	100.0
Medium	48.5	[47.1,50.0]	47.6	[46.2,49.1]	3.8[E,32]	[2.4,6.1]	100.0
Small	49.0	[46.5,51.4]	48.3	[46.0,50.7]	2.7[E]	[1.8,4.0]	100.0
All Sizes	47.7	[46.9,48.5]	47.1	[46.2,47.9]	5.2	[4.3,6.3]	100.0
Youth 15-17							
Large	46.0	[42.3,49.8]	46.1	[42.1,50.1]	7.9	[6.4,9.6]	100.0
Medium	50.5	[46.6,54.5]	45.4	[41.6,49.3]	4.0[E]	[2.3,7.0]	100.0
Small	53.6	[48.0,59.1]	43.7	[39.1,48.4]	2.7[E]	[1.5,4.8]	100.0
All Sizes	48.5	[45.9,51.2]	45.6	[43.0,48.3]	5.8	[4.7,7.2]	100.0

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[31] Note: Throughout these tables, numbers may not always add up to 100% due to rounding.

[32] Note: Throughout these tables, [E] signifies high sampling variability, interpret with caution. [F] signifies suppression due to small cell size, extreme sampling variability, or avoidance of residual disclosure where noted.

Table 3: Gender identity of First Nations adults and youth, by community remoteness

Community Remoteness	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	Total %
Adult 18+							
Urban	48.0	[46.8,49.2]	49.3	[48.1,50.6]	2.6	[2.0,3.6]	100.0
Rural	47.5	[46.5,48.5]	45.5	[44.4,46.5]	7.0	[5.7,8.7]	100.0
Remote/Special Access	F[33]	F	46.3	[43.1,49.6]	F	F	100.0
All Remoteness Categories	47.7	[46.9,48.5]	47.1	[46.2,47.9]	5.2	[4.3,6.3]	100.0
Youth 15-17							
Urban	52.1	[48.2,56.0]	43.9	[40.7,47.2]	3.9[E]	[2.2,6.8]	100.0
Rural	49.2	[46.0,52.3]	45.3	[41.7,48.8]	5.6	[4.1,7.6]	100.0
Remote/Special Access	34.0	[25.6,43.6]	52.9	[42.3,63.2]	13.1[E]	[9.0,18.7]	100.0
All Remoteness Categories	48.5	[45.9,51.2]	45.6	[43.0,48.3]	5.8	[4.7,7.2]	100.0

Table 4: Sexual orientation of First Nations adults and youth, by gender identity

Sexual Orientation	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
Heterosexual	97.8	[96.7,98.5]	96.9	[96.1,97.5]	71.0	[62.7,78.0]	95.8	[94.9,96.5]
Homosexual/Bisexual	2.2[E]	[1.5,3.3]	3.1	[2.5,3.9]	29.0	[22.0,37.3]	4.2	[3.5,5.1]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
Heterosexual	95.6	[93.5,97]	85.4	[82.0,88.3]	73.0	[61.4,82.1]	89.7	[87.8,91.3]
Homosexual/Bisexual	4.4[E]	[3.0,6.5]	14.6	[11.7,18.0]	27.0[E]	[17.9,38.6]	10.3	[8.7,12.2]
Total	100.0		100.0		100.0		100.0	

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[33]   Note: Suppressed to avoid residual disclosure (i.e., deduction of other suppressed estimates based on available information).

Table 5: Marital status of First Nations adults, by gender identity

Marital Status	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Married/Living common-law	43.9	[41.2,46.5]	42.4	[40.3,44.5]	40.0	[34.4,45.9]	43.0	[41.1,44.8]
Widowed/Separated/Divorced	10.6	[9.5,11.8]	18.1	[16.6,19.6]	10.8	[8.2,14.1]	14.1	[13.1,15.2]
Single/Never Married	45.5	[42.9,48.2]	39.6	[37.5,41.7]	49.2	[43.0,55.4]	42.9	[41.0,44.9]
Total	100.0		100.0		100.0		100.0	

Table 6: Presence of minors in household among First Nations adults, by gender identity

Presence of Minors in Household	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
No minor(s) in household	42.7	[40.1,45.4]	34.1	[32.1,36.2]	35.1	[29.4,41.2]	38.2	[36.4,40.1]
Minor(s) in household	57.3	[54.6,59.9]	65.9	[63.8,67.9]	64.9	[58.8,70.6]	61.8	[59.9,63.6]
Total	100.0		100.0		100.0		100.0	

Table 7: Partnered status and presence of minors in household among First Nations adults, by gender identity

Partnered Status & Presence of Minors in Household	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Partnered, no minor(s) in household	12.8	[11.5,14.2]	12.9	[11.5,14.4]	9.9	[7.3,13.4]	12.7	[11.6,13.9]
Partnered, with minor(s) in household	31.9	[29.6,34.3]	29.7	[27.7,31.8]	30.0	[24.4,36.3]	30.8	[29.1,32.5]
Not partnered, no minor(s) in household	30.0	[27.7,32.5]	21.4	[19.9,22.9]	25.3	[20.6,30.6]	25.7	[24.2,27.2]
Not partnered, with minor(s) in household	25.3	[22.6,28.2]	36.0	[34.0,38.1]	34.8	[29.1,40.9]	30.9	[29.2,32.7]
Total	100.0		100.0		100.0		100.0	

Table 8: Highest education of First Nations adults, by gender identity

Highest Education	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
High school and under	52.3	[49.5,55.1]	45.2	[42.9,47.7]	32.3	[27.3,37.6]	47.9	[45.9,50.0]
Some post-secondary and higher	47.7	[44.9,50.5]	54.8	[52.3,57.1]	67.7	[62.4,72.7]	52.1	[50.0,54.1]
Total	100.0		100.0		100.0		100.0	

Table 9: Unemployment status of First Nations adults in the labour force, by gender identity

Unemployment Status	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Not working, but looking for job	38.8	[35.5,42.1]	24.2	[21.9,26.7]	19.7	[14.9,25.5]	31.3	[29.2,33.5]
Yes, currently working for pay	61.2	[57.9,64.5]	75.8	[73.3,78.1]	80.3	[74.5,85.1]	68.7	[66.5,70.8]
Total	100.0		100.0		100.0		100.0	

Table 10: Employment status of First Nations adults, by gender identity

Employment Status	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Not working	55.2	[52.6,57.8]	51.0	[48.9,53.1]	44.8	[38.8,51.0]	52.6	[50.8,54.5]
Yes, currently working for pay	44.8	[42.2,47.4]	49.0	[46.9,51.1]	55.2	[49.0,61.2]	47.4	[45.5,49.2]
Total	100.0		100.0		100.0		100.0	

Table 11: Average number of struggles with basic living requirements among First Nations adults in past year, by gender identity

	Cisgender Male	95% CI	Cisgender Female	95% CI	Two-Spirit or Transgender	95% CI	All Gender Identities	95% CI
Average # of struggles (max. 6)	1.13	[1.03,1.23]	1.35	[1.24,1.46]	1.32	[1.00,1.64]	1.24	[1.16,1.33]

Table 12: Struggles experienced by First Nations adults to meet basic living requirements in past year, by gender identity

Struggle	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Food	29.3	[26.8,31.9]	34.7	[31.8,37.6]	30.7	[23.6,38.9]	31.9	[29.7,34.2]
Transportation	25.5	[23.1,28.1]	27.5	[25.4,29.8]	24.6	[18.4,32.0]	26.4	[24.7,28.2]
Utilities	22.4	[20.1,24.7]	28.4	[26.1,30.8]	26.7	[20.2,34.3]	25.4	[23.9,27.1]
Clothing	17.6	[15.6,19.7]	23.3	[21.1,25.6]	22.6	[17.6,28.5]	20.5	[19.0,22.2]
Shelter	10.9	[9.3,12.8]	10.9	[9.2,12.8]	15.2	[11.6,19.7]	11.1	[9.9,12.5]
Childcare	7.5	[6.3,8.9]	10.9	[9.3,12.7]	11.6[E]	[6.6,19.5]	9.3	[8.2,10.6]

Table 13: Food security in past year among First Nations adults, by gender identity

Food Security Status	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Food Secure	52.7	[50.1,55.3]	48.0	[45.5,50.5]	34.9	[29.5,40.7]	49.5	[47.6,51.4]
Food Insecure, Moderate	35.7	[33.4,38.1]	37.3	[35.3,39.4]	56.2	[50.5,61.7]	37.5	[35.9,39.2]
Food Insecure, Severe	11.6	[10.1,13.2]	14.7	[13.2,16.5]	8.9	[6.4,12.3]	12.9	[11.8,14.1]
Total	100.0		100.0		100.0		100.0	

Well-Being

Table 14: Wholistic balance among First Nations adults and youth, by gender identity

Wholistic Balance	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
No	41.9	[39.0,44.8]	47.4	[45.1,49.7]	50.4	[43.8,57.0]	44.9	[43.0,46.9]
Yes	58.1	[55.2,61.0]	52.6	[50.3,54.9]	49.6	[43.0,56.2]	55.1	[53.1,57.0]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
No	42.4	[38.5,46.5]	59.2	[54.1,64.2]	58.4	[47.4,68.6]	51.1	[47.8,54.5]
Yes	57.6	[53.5,61.5]	40.8	[35.8,45.9]	41.6	[31.4,52.6]	48.9	[45.5,52.2]
Total	100.0		100.0		100.0		100.0	

Table 15: Self-rated general health of First Nations adults and youth, by gender identity

Self-Rated General Health	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
Excellent/Very good/Good	77.4	[75.1,79.5]	75.9	[74.0,77.6]	82.6	[75.5,88.0]	76.9	[75.5,78.4]
Fair/Poor	22.6	[20.5,24.9]	24.1	[22.4,26.0]	17.4[E]	[12.0,24.5]	23.1	[21.6,24.5]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
Excellent/Very good/Good	91.5	[89.2,93.4]	90.1	[87.7,92.1]	F[34]	F	91.1	[89.4,92.6]
Fair/Poor	8.5	[6.6,10.8]	9.9	[7.9,12.3]	F	F	8.9	[7.4,10.6]
Total	100.0		100.0		100.0		100.0	

Table 16: Self-rated mental health of First Nations adults and youth, by gender identity

Self-Rated Mental Health	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
Excellent/Very good/Good	88.2	[86.7,89.6]	86.3	[84.7,87.8]	86.5	[79.4,91.4]	87.2	[86.1,88.3]
Fair/Poor	11.8	[10.4,13.3]	13.7	[12.2,15.3]	13.5[E]	[8.6,20.6]	12.8	[11.7,13.9]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
Excellent/Very good/Good	90.6	[87.5,93.0]	83.9	[81.2,86.3]	85.3	[78.7,90.2]	87.2	[85.3,88.9]
Fair/Poor	9.4	[7.0,12.5]	16.1	[13.7,18.8]	14.7[E]	[9.8,21.3]	12.8	[11.1,14.7]
Total	100.0		100.0		100.0		100.0	

Table 17: Amount of stress experienced by First Nations adults most days, by gender identity

Stress Level	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Not at all stressful/Not very stressful	53.1	[49.8,56.3]	40.8	[38.6,43.0]	26.7	[20.4,34.2]	45.9	[43.7,48.1]
A bit stressful/Quite a bit stressful/Extremely stressful	46.9	[43.7,50.2]	59.2	[57.0,61.4]	73.3	[65.8,79.6]	54.1	[51.9,56.3]
Total	100.0		100.0		100.0		100.0	

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[34]   Note: Suppressed to avoid residual disclosure (i.e., deduction of other suppressed estimates based on available information).

Table 18: Perceived need to talk to someone about emotional/mental health in past year among First Nations adults and youth, by gender identity

Need Emotional/Mental Support	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
No	81.3	[79.1,83.4]	66.3	[63.7,68.8]	77.2	[69.8,83.2]	74.1	[72.1,75.9]
Yes	18.7	[16.6,20.9]	33.7	[31.2,36.3]	22.8	[16.8,30.2]	25.9	[24.1,27.9]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
No	86.8	[84.0,89.2]	65.7	[61.2,69.9]	81.1	[71.9,87.8]	77.0	[74.5,79.3]
Yes	13.2	[10.8,16.0]	34.3	[30.1,38.8]	18.9[E]	[12.2,28.1]	23.0	[20.7,25.5]
Total	100.0		100.0		100.0		100.0	

Table 19: Average number of sources of emotional or mental support among First Nations adults and youth in past year, by gender identity

Age Group	Cisgender Male	95% CI	Cisgender Female	95% CI	Two-Spirit or Transgender	95% CI	All Gender Identities	95% CI
Adult 18+ (max. 11 sources)	0.95	[0.88,1.01]	1.48	[1.42,1.54]	1.59	[1.37,1.81]	1.23	[1.18,1.28]
Youth 15-17 (max. 12 sources)	0.94	[0.83,1.04]	1.48	[1.39,1.57]	1.48	[1.21,1.74]	1.22	[1.15,1.30]

Table 20: Support source options for "In the past 12 months, who have you seen or talked on the telephone to about your emotional or mental health?"

Support Sources
Parents [*Youth survey only*]
Immediate family member
Other family member
Friend
Traditional healer
Family doctor
Mental health professional (e.g., psychologist, psychiatrist, counselor, therapist, etc.)
CHR (Community health Representative)
Nurse
Social worker
Crisis line worker
Other (Specify)

Table 21a: Most common emotional or mental health support sources for First Nations adults and youth, by gender identity

Source of support	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
Immediate family member	30.2	[27.7,32.7]	44.3	[42.4,46.3]	29.6	[23.8,36.0]	36.9	[35.2,38.6]
Friend	27.6	[25.6,29.6]	42.5	[40.5,44.6]	54.9	[48.8,60.9]	36.1	[34.6,37.7]
Other family member	15.6	[13.8,17.6]	22.6	[20.6,24.7]	35.7	[28.8,43.3]	20.0	[18.4,21.7]
Youth 15-17								
Friend	25.7	[22.4,29.3]	49.5	[44.9,54.0]	27.2[E]	[16.9,40.9]	36.8	[33.7,39.9]
Parents	30.4	[26.7,34.5]	39.7	[35.3,44.3]	61.6	[51.2,71.1]	36.6	[33.5,39.8]
Immediate family member	14.5	[12.0,17.4]	20.2	[17.0,23.9]	22.8[E]	[13.1,36.7]	17.7	[15.4,20.1]

Note: Respondents could choose more than one response

Table 21b: First Nations adults and youth who talked to no one about emotional or mental health in past year, by gender identity

Talked to No One	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
No	53.3	[50.7,55.8]	71.3	[69.4,73.1]	81.3	[76.7,85.2]	63.2	[61.5,64.9]
Yes	46.7	[44.2,49.3]	28.7	[26.9,30.6]	18.7	[14.8,23.3]	36.8	[35.1,38.5]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
No	49.2	[44.9,53.4]	73.1	[69.1,76.8]	82.6	[73.9,88.9]	62.2	[59.4,64.9]
Yes	50.8	[46.6,55.1]	26.9	[23.2,30.9]	17.4[E]	[11.1,26.1]	37.8	[35.1,40.6]
Total	100.0		100.0		100.0		100.0	

Table 22: **Ever seriously considered suicide among First Nations adults and youth, by gender identity**

Lifetime Suicidal Ideation	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
No	86.1	[84.5,87.6]	81.3	[79.4,82.9]	81.5	[73.9,87.2]	83.6	[82.2,84.9]
Yes	13.9	[12.4,15.5]	18.7	[17.1,20.6]	18.5[E]	[12.8,26.1]	16.4	[15.1,17.8]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
No	89.4	[86.7,91.7]	75.4	[71.5,78.9]	81.0	[72.2,87.6]	82.7	[80.4,84.7]
Yes	10.6	[8.3,13.3]	24.6	[21.1,28.5]	19.0[E]	[12.4,27.8]	17.3	[15.3,19.6]
Total	100.0		100.0		100.0		100.0	

Table 23: **Ever attempted suicide among First Nations adults and youth, by gender identity**

Lifetime Suicide Attempts	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
No	91.9	[90.8,92.9]	85.4	[83.7,87.0]	87.4	[82.8,90.9]	88.6	[87.6,89.6]
Yes	8.1	[7.1,9.2]	14.6	[13.0,16.3]	12.6	[9.1,17.2]	11.4	[10.4,12.4]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
No	94.8	[93.2,96.0]	81.5	[77.6,84.8]	85.9	[77.0,91.7]	88.3	[86.2,90.1]
Yes	5.2	[4.0,6.8]	18.5	[15.2,22.4]	14.1[E]	[8.3,23.0]	11.7	[9.9,13.8]
Total	100.0		100.0		100.0		100.0	

Table 24: **Strength of sense of belonging to local community among First Nations adults and youth, by gender identity**

Strength	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
Very/Somewhat strong	81.9	[79.8,83.8]	81.2	[79.4,82.9]	63.4	[56.1,70.1]	80.7	[79.3,82.0]
Somewhat/Very weak	18.1	[16.2,20.2]	18.8	[17.1,20.6]	36.6	[29.9,43.9]	19.3	[18.0,20.7]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
Very/Somewhat strong	76.5	[72.8,79.9]	76.4	[72.8,79.6]	52.4	[39.9,64.6]	75.2	[72.3,77.8]
Somewhat/Very weak	23.5	[20.1,27.2]	23.6	[20.4,27.2]	47.6	[35.4,60.1]	24.8	[22.2,27.7]
Total	100.0		100.0		100.0		100.0	

Table 25: **Feelings of safety in community among First Nations adults and youth, by gender identity**

Safety Perception	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
Very safe/Reasonably safe	85.6	[83.7,87.3]	80.9	[78.8,82.8]	54.3	[46.4,62.1]	81.8	[80.2,83.3]
Somewhat unsafe/Very unsafe	14.4	[12.7,16.3]	19.1	[17.2,21.2]	45.7	[37.9,53.6]	18.2	[16.7,19.8]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
Very safe/Reasonably safe	83.1	[79.5,86.1]	80.6	[77.2,83.5]	54.9	[43.3,66.0]	80.4	[77.8,82.8]
Somewhat unsafe/Very unsafe	16.9	[13.9,20.5]	19.4	[16.5,22.8]	45.1	[34.0,56.7]	19.6	[17.2,22.2]
Total	100.0		100.0		100.0		100.0	

Table 26: Experiences of racism, aggression, or bullying in the past year among First Nations adults, by gender identity

Experience	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Racism	23.0	[20.2,26.0]	26.2	[23.7,28.8]	20.8	[15.8,26.7]	24.4	[22.1,26.8]
Physical aggression (Often, Sometimes, or Rarely)	24.5	[22.2,26.9]	22.4	[20.4,24.6]	24.7	[18.6,32.1]	23.5	[21.7,25.4]
Verbal aggression (Often, Sometimes, or Rarely)	37.0	[34.5,39.6]	40.7	[38.6,42.9]	36.1	[28.7,44.2]	38.7	[36.8,40.6]
Cyber-bullying	5.1	[3.9,6.5]	8.9	[7.8,10.1]	8.9[E]	[6.0,13.0]	7.0	[6.2,8.0]

Table 27: Experiences of bullying or cyber-bullying in the past year among First Nations youth, by gender identity

Experience	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Bullying	13.9	[11.5,16.8]	25.4	[21.9,29.3]	26.7	[19.2,35.9]	19.9	[17.8,22.2]
Cyber-bullying	7.9	[6.2,10.0]	21.1	[17.7,25.0]	27.3	[19.3,37.1]	15.0	[13.1,17.1]

Health Care Access

Table 28: Perceived quality of the health care services that are available in community among First Nations adults, by gender identity

Quality	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Excellent/ good	55.0	[52.2,57.7]	54.5	[51.6,57.5]	70.7	[62.6,77.6]	55.6	[53.1,58.0]
Fair/poor	45.0	[42.3,47.8]	45.5	[42.5,48.4]	29.3	[22.4,37.4]	44.4	[42.0,46.9]
Total	100.0		100.0		100.0		100.0	

Table 29: Health care needed in past year among First Nations adults, by gender identity

Needed Health Care	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
No	41.2	[38.8,43.8]	27.2	[25.2,29.2]	19.9	[14.2,27.1]	33.5	[31.6,35.3]
Yes	58.8	[56.2,61.2]	72.8	[70.8,74.8]	80.1	[72.9.85.8]	66.5	[64.7,68.4]
Total	100.0		100.0		100.0		100.0	

Table 30: Health care received in past year among First Nations adults who required it, by gender identity

Received Necessary Health Care?	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
I received all the health care I needed	84.0	[80.3,87.0]	85.2	[83.0,87.1]	95.3	[92.7,97.0]	85.3	[83.1,87.3]
I did not receive all the health care I needed	16.0	[13.0,19.7]	14.8	[12.9,17.0]	4.7E	[3.0,7.3]	14.7	[12.7,16.9]
Total	100.0		100.0		100.0		100.0	

Table 31: Percentage of First Nations adults who required health care in the past year but chose not to see a health care professional, by gender identity

	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Chose not to see health care professional	10.4	[8.6,12.4]	10.5	[8.4,13.0]	5.6E	[3.5,8.8]	10.1	[8.6,11.9]

Table 32: Presence of primary health care provider in past year among First Nations adults, by gender identity

Has a Primary Health Care Provider	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Yes	74.8	[72.5,76.9]	82.0	[79.9,83.9]	91.5	[87.1,94.5]	79.1	[77.6,80.5]
No	25.2	[23.1,27.5]	18.0	[16.1,20.1]	8.5E	[5.5,12.9]	20.9	[19.5,22.4]
Total	100.0		100.0		100.0		100.0	

Table 33: Frequency of change of primary health care provider (PHCP) in past year among First Nations adults who had a PHCP, by gender identity

Times Changed	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Two times or more	14.7	[12.5,17.2]	17.5	[15.6,19.7]	32.6	[27.5,38.2]	17.2	[15.4,19.1]
Once	11.9	[10.3,13.7]	13.8	[12.4,15.4]	38.1	[30.0,46.9]	14.4	[13.0,15.9]
Stayed the same	73.4	[70.7,76.0]	68.6	[66.2,71.0]	29.3	[23.0,36.5]	68.4	[66.3,70.5]
Total	100.0		100.0		100.0		100.0	

Table 34: Average number of barriers to receiving health care experienced by First Nations adults who required it in past year, by gender identity

	Cisgender Male	95% CI	Cisgender Female	95% CI	Two-Spirit or Transgender	95% CI	All Gender Identities	95% CI
Average # of Barriers (max. 15)	2.00	[1.77,2.23]	2.65	[2.41,2.89]	0.95[E]	[0.63,1.27]	2.27	[2.07,2.46]

Table 35: Barrier options for "During the past 12 months, have you experienced any of the following barriers to receiving health care?"

Barrier
Doctor or Nurse not available in my area
Health facility not available in my area (e.g., community health centre/nursing station or hospital)
Service was not available in my area
Unable to arrange transportation
Difficulty in getting Traditional care (e.g., healer, medicine person, or Elder)
Not covered by Non-Insured Health Benefits (NIHB)
Did not know if it was covered by NIHB
Prior approval of Non-Insured Health Benefits was denied
Could not afford direct cost of care/services
Could not afford transportation costs
Could not afford childcare costs
Felt health care provided was inadequate
Felt Service was not culturally appropriate
Waiting list is too long
Other (Specify)

Table 36: Needed/Attempted or no difficulty accessing health services through NIHB, by gender identity

	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Needed or attempted to access	77.1	[74.2, 79.8]	81.1	[79.1, 82.9]	91.2	[86.8, 94.2]	79.8	[78.0, 81.4]
No difficulty accessing (among those who needed services)	73.2	[70.4, 75.8]	61.7	[59.2, 64.1]	87.5	[82.1, 91.4]	68.6	[66.6, 70.5]

Table 37: Average number of NIHB health services with difficulties experienced by First Nations adults who needed and attempted to access them, by gender identity

	Cisgender Male	95% CI	Cisgender Female	95% CI	Two-Spirit or Transgender	95% CI	All Gender Identities	95% CI
Average # of services with access difficulties (max. 10)	0.61	[0.55, 0.68]	0.90	[0.82, 0.97]	0.31^E	[0.19,0.43]	0.73	[0.68,0.78]

Table 38: Options for "Have you ever had any difficulties accessing any of the health services provided through the Non-Insured Health Benefits Program (NIHB) provided to status First Nations people through Health Canada?"

NIHB service
Medication
Dental care
Vision care (e.g., glasses)
Hearing aid
Other medical supplies (e.g., walker, crutches)
Ambulance services
Chiropractor
Escort travel
Transportation services or costs (air or road)
Other (Specify)

Table 39: Used traditional medicine in past year, by gender identity

Used Traditional Medicine	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
No	67.4	[65.0,69.6]	62.5	[60.1,64.8]	66.6	[59.8,72.7]	65.0	[63.1,66.9]
Yes	32.6	[30.4,35.0]	37.5	[35.2,39.9]	33.4	[27.3,40.2]	35.0	[33.1,36.9]
Total	100.0		100.0		100.0		100.0	

Table 40: Interested or no difficulty in accessing traditional medicine among First Nations adults, by gender identity

	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Interested in accessing	67.3	[64.6, 69.9]	71.8	[69.0, 74.3]	79.7	[72.7, 85.3]	70.1	[67.9, 72.1]
No difficulty accessing (among those interested in using)	64.0	[60.5, 67.4]	56.5	[53.5, 59.4]	86.8	[81.9, 90.6]	61.8	[59.3, 64.2]

Table 41: Average number of difficulties accessing traditional medicine experienced by First Nations adults interested in using it, by gender identity

	Cisgender Male	95% CI	Cisgender Female	95% CI	Two-Spirit or Transgender	95% CI	All Gender Identities	95% CI
Average # of access difficulties (max. 10)	0.60	[0.52, 0.67]	0.77	[0.69, 0.84]	0.29[E]	[0.17, 0.41]	0.66	[0.60, 0.71]

Table 42: Difficulty options for "Have you had any of the following difficulties when trying to access traditional medicine?"

Difficulty
Do not know where to get it
Restrictions/regulations
Can't afford it
Too far to travel
Concerned about effects
Do not know enough about it
Not available in health care setting
Not covered by Non-Insured Health Benefits (Health Canada)
Child care
Other (Specify)

Table 43: Last time First Nations adults and youth consulted a traditional healer, by gender identity

Last Consultation	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
Never	66.5	[63.5,69.4]	59.6	[56.9,62.3]	46.1	[40.0,52.3]	62.2	[59.7,64.6]
Within the past 12 months	17.9	[15.7,20.4]	23.4	[21.1,25.9]	44.2	[37.9,50.7]	21.9	[19.9,24.0]
1-2 years ago	5.9	[4.8,7.4]	6.5	[5.5,7.6]	4.8[E]	[3.2,7.1]	6.1	[5.4,7.0]
Over 2 years ago	9.6	[8.5,10.9]	10.5	[9.4,11.8]	4.9[E]	[3.0,7.8]	9.8	[8.9,10.7]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
Never	79.4	[76.1,82.3]	70.0	[64.1,75.2]	61.6	[50.2,71.9]	74.0	[70.7,77.1]
Within the past 12 months	9.2	[7.2,11.8]	16.3	[12.2,21.4]	29.7[E]	[20.5,40.9]	13.7	[11.5,16.2]
1-2 years ago	4.4[E]	[3.0,6.4]	7.5	[5.3,10.6]	F	F	5.9	[4.5,7.6]
Over 2 years ago	7.0[E]	[4.7,10.2]	6.2	[4.1,9.4]	F	F	6.4	[4.7,8.7]
Total	100.0		100.0		100.0		100.0	

Table 44: Last time First Nations adults and youth visited a doctor or community health nurse, by gender identity

Last Visit	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
Never	15.7	[13.3,18.4]	7.9	[6.7,9.4]	13.8	[10.6,17.9]	11.9	[10.6,13.4]
Within the past 12 months	64.8	[61.9,67.6]	82.4	[80.3,84.2]	71.1	[65.9,75.8]	73.5	[71.6,75.3]
1-2 years ago	13.1	[11.6,14.7]	7.1	[5.9,8.4]	11.9	[8.9,15.6]	10.2	[9.2,11.2]
Over 2 years ago	6.4	[5.5,7.4]	2.6	[2.2,3.2]	3.2^E	[1.7,6.1]	4.5	[3.9,5.0]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
Never	16.3	[13.2,19.9]	13.3^E	[9.2,18.7]	13.3^E	[8.1,21.1]	14.7	[12.0,17.9]
Within the past 12 months	62.5	[58.7,66.1]	71.4	[66.6,75.8]	68.5	[58.8,76.8]	67.0	[63.9,69.9]
1-2 years ago	15.2	[12.7,18.0]	12.5	[9.9,15.6]	F^35	F	13.9	[12.2,15.8]
Over 2 years ago	6.0	[4.7,7.8]	2.8	[2.1,3.9]	F	F	4.4	[3.6,5.5]
Total	100.0		100.0		100.0		100.0	

Table 45: Last time First Nations adults and youth accessed a mental health service, by gender identity

Last Time Accessed	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
Never	78.0	[75.6,80.2]	66.6	[64.3,68.9]	46.3	[39.7,53.1]	71.0	[69.2,72.7]
Within the past 12 months	11.0	[9.6,12.5]	18.1	[16.5,19.8]	40.3	[33.7,47.2]	15.9	[14.7,17.2]
1-2 years ago	3.3	[2.5,4.2]	4.3	[3.6,5.1]	7.5^E	[5.0,11.1]	4.0	[3.4,4.6]
Over 2 years ago	7.8	[6.3,9.5]	11.0	[9.6,12.4]	5.9^E	[3.7,9.2]	9.2	[8.2,10.3]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
Never	83.1	[80.4,85.4]	68.8	[64.7,72.6]	63.4	[51.6,73.8]	75.4	[72.9,77.7]
Within the past 12 months	10.4	[8.5,12.7]	21.0	[17.8,24.7]	31.3^E	[21.5,43.2]	16.5	[14.5,18.8]
1-2 years ago	3.3^E	[2.3,4.8]	5.5	[4.0,7.5]	F	F	4.4	[3.5,5.5]
Over 2 years ago	3.2^E	[2.2,4.5]	4.6	[3.1,6.8]	F	F	3.7	[2.8,4.8]

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[35] Note: Suppressed to avoid residual disclosure (i.e., deduction of other suppressed estimates based on available information).

Last Time Accessed	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Total	100.0		100.0		100.0		100.0	

Table 46: Preventative health screening tests among First Nations adults, by gender identity

Screening Test	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
HIV/AIDS	36.9	[34.0,39.8]	50.1	[47.6,52.6]	51.7	[44.7,58.6]	43.9	[41.6,46.1]
Colorectal cancer	16.1	[14.6,17.6]	19.4	[17.6,21.3]	25.2	[21.0,30.0]	18.1	[16.9,19.4]

Language and Culture

Table 47: Knowledge of a First Nations language (even if only a few words) among First Nations adults and youth, by gender identity

Knowledge of First Nations Language	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
No	13.0	[11.6,14.6]	11.5	[10.3,12.9]	11.6	[8.5,15.7]	12.2	[11.2,13.4]
Yes	87.0	[85.4,88.4]	88.5	[87.1,89.7]	88.4	[84.3,91.5]	87.8	[86.6,88.8]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
No	25.1	[22.2,28.3]	21.9	[17.6,26.9]	40.5	[30.3,51.6]	24.5	[21.9,27.4]
Yes	74.9	[71.7,77.8]	78.1	[73.1,82.4]	59.5	[48.4,69.7]	75.5	[72.6,78.1]
Total	100.0		100.0		100.0		100.0	

Table 48: Ability to understand First Nation's language among First Nations adults and youth, by gender identity

Ability Level	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
Cannot understand/A few words/Basic	47.8	[45.3,50.2]	48.1	[45.5,50.6]	25.0	[19.6,31.3]	46.7	[44.9,48.5]
Intermediate/Fluent	36.9	[34.5,39.5]	37.5	[34.9,40.1]	62.0	[55.3,68.3]	38.5	[36.4,40.6]
Not Applicable*	15.3	[13.7,17.0]	14.5	[12.7,16.5]	13.0	[9.7,17.2]	14.8	[13.6,16.1]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
Cannot understand/A few words/Basic	61.2	[57.6,64.7]	65.0	[59.7,69.9]	34.9^E	[24.1,47.7]	61.4	[58.2,64.4]
Intermediate/Fluent	9.4	[7.6,11.6]	9.2	[6.9,12.2]	23.4^E	[16.2,32.5]	10.1	[8.6,11.9]
Not Applicable*	29.4	[26.2,32.8]	25.8	[21.6,30.6]	41.7	[31.5,52.6]	28.5	[25.8,31.3]
Total	100.0		100.0		100.0		100.0	

* Note: "Not Applicable" estimate includes those who said "No," "Don't Know," or "Refuse to answer" to a previous question about having any knowledge of a First Nations Language.

Table 49: Ability to speak First Nation's language among First Nations adults and youth, by gender identity

Ability Level	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adults 18+								
Cannot speak/A few words/Basic	51.4	[49.1,53.8]	53.4	[51.2,55.7]	27.5	[21.8,34.0]	51.1	[49.5,52.7]
Intermediate/Fluent	33.3	[31.2,35.4]	32.1	[30.0,34.2]	59.5	[52.5,66.1]	34.1	[32.5,35.8]
Not Applicable*	15.3	[13.7,17.0]	14.5	[12.7,16.5]	13.0	[9.7,17.3]	14.8	[13.6,16.1]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
Cannot speak/A few words/Basic	61.5	[57.8,65.1]	65.8	[60.5,70.7]	44.2	[32.8,56.2]	62.5	[59.3,65.5]
Intermediate/Fluent	9.0	[7.0,11.4]	8.4	[6.2,11.2]	14.0^E	[8.5,22.2]	9.0	[7.6,10.6]
Not Applicable*	29.5	[26.3,32.9]	25.8	[21.6,30.6]	41.8	[31.6,52.8]	28.5	[25.9,31.4]
Total	100.0		100.0		100.0		100.0	

* Note: "Not Applicable" estimate includes those who said "No," "Don't Know," or "Refuse to answer" to a previous question about having any knowledge of a First Nations Language.

Table 50: Importance of traditional spirituality among First Nations adults, by gender identity

Agree that Traditional Spirituality is Important	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Strongly agree/Agree	67.9	[65.1,70.5]	72.3	[70.1,74.4]	85.9	[81.7,89.3]	70.9	[69.1,72.7]
Neither agree or disagree	23.9	[21.9,26.0]	20.9	[19.0,22.9]	F[36]	F	21.8	[20.4,23.2]
Strongly disagree/Disagree	8.3	[6.3,10.8]	6.9	[5.5,8.5]	F	F	7.3	[5.8,9.1]
Total	100.0		100.0		100.0		100.0	

Table 51: Frequency of taking part in traditional activities outside of school hours among First Nations youth, by gender identity

Frequency	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Never/Less than once per week	89.9	[87.5,91.9]	88.5	[85.1,91.2]	80.9	[72.4,87.2]	88.7	[86.8,90.4]
One or more times per week	10.1	[8.1,12.5]	11.5	[8.8,14.9]	19.1[E]	[12.8,27.6]	11.3	[9.6,13.2]
Total	100.0		100.0		100.0		100.0	

Table 52: Frequency of taking part in local community's cultural events among First Nations adults and youth, by gender identity

Frequency	Cisgender Male %	95% CI	Cisgender Female %	95% CI	Two-Spirit or Transgender %	95% CI	All Gender Identities %	95% CI
Adult 18+								
Always/Almost always/ Sometimes	64.3	[61.8,66.7]	70.2	[67.9,72.4]	74.0	[69.1,78.3]	67.6	[65.9,69.2]
Rarely/Never	35.7	[33.3,38.2]	29.8	[27.6,32.1]	26.0	[21.7,30.9]	32.4	[30.8,34.1]
Total	100.0		100.0		100.0		100.0	
Youth 15-17								
Always/Almost always/ Sometimes	66.3	[63.0,69.5]	71.4	[66.5,75.8]	70.9	[60.4,79.5]	68.9	[66.2,71.5]
Rarely/Never	33.7	[30.5,37.0]	28.6	[24.2,33.5]	29.1[E]	[20.5,39.6]	31.1	[28.5,33.8]
Total	100.0		100.0		100.0		100.0	

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[36] Note: Suppressed to avoid residual disclosure (i.e., deduction of other suppressed estimates based on available information).

Appendix E: About the Researcher

Tamara Kwe provides Indigenous-based research, writing, consultation, and workshop facilitation services within Canada and beyond, specializing in gender-based research studies that honour the Indigeneity of womanhood. Tamara Kwe is dedicated to improving the social and cultural wellness of Indigenous peoples across Canada while working towards re-establishing gender balance among First Nation communities.

Tamara Bernard of Tamara Kwe is an experienced Indigenous researcher, educator, leader, and advocate from Kiasheke Zaaging Anishinaabek (Gull Bay First Nation). She has been an Indigenous advocate for over 10 years and carries a wealth of experience and involvement within Indigenous relations across various communities. As a skilled public speaker, storyteller, facilitator, consultant, researcher, and capacity builder, Tamara's passion is to share stories and teachings to other people. She has presented at TEDxTalks, academic conferences, regional strategic chief and council gatherings, national webinars, and over 40 Indigenous communities across Canada. Tamara is also known for her work on the board of directors of Nokiiwin Tribal Council, Indigenous Education at Lakehead University, and Ontario Native Women's Association.

Terri Dumont-Saunders assisted with the expansion into Tamara Kwe as a formal entity to support Indigenous research, education, and advocacy. Terri takes pride in growing up in a small northern community relished within Indigenous culture and language. She is also the owner of Northern Raven Writing Co. and is both personally and professionally invested in the well-being of Indigenous women and communities in our country. Terri holds a master's degree in Literature and has previously worked with the Ontario Native Women's Association as well as PARO Centre for Women's Enterprise as the Indigenous Business Counsellor. As an experienced researcher and writer, she provides research and editing support where needed. Terri has contributed with Tamara on national sexual violence research, MMIWG national inquiry submission, trauma and culturally informed research framework development, TRC Ontario curriculum development, higher education consultation on Indigenous student and Elder protocols, MMIWG community engagements, and Indigenous marketing on community-based advocacy movements.