



**Position Statement on Reproductive Justice  
January 2021**

Despite significant gains achieved by feminist movements across the world, women’s reproductive rights and freedoms continue to be challenged by traditionalist governments, fundamentalist religions, special interest groups, and regressive social norms and cultural stereotypes. In Canada, the advance towards women’s universal access to sexual health and reproductive autonomy is held back by an unequal distribution of resources and conservative values that limit women’s agency.

Humanist Canada affirms women’s right to sexual health and reproductive justice and endorses the need for enhanced policy measures and education initiatives as well as expanded funding for abortion and evidence-based sexual health curricula.

**Abortion**

The Canada Health Act establishes that abortion is a medically necessary procedure that should be available and publicly funded in every province and territory. However, on both fronts, reality falls short of the federal mandate.

Access to abortion is unequal across Canada. For example, in Alberta, Saskatchewan, Manitoba, and Ontario, abortion providers are concentrated in urban centers despite the fact that 35-40% of the population reside in rural areas (1). In addition to the urban-rural disparity that disadvantages residents of remote communities, access to abortion is often restricted due to an insufficient number of providers. In Saskatchewan and the territories, a limited number of hospital-based clinics perform abortions and there are no private clinics that could supplement the offer. According to the Abortion Rights Coalition of Canada, in 2017, 75% of all abortions in Canada were performed at private clinics, which offer additional services unavailable in hospitals such as counseling, birth control support, 24-hour on-call service, and reproductive health screening (2). Private clinics expand women’s access to abortion and, according to the Canada Health Act, should be fully funded by the provinces and territories; however, this is not the case (3). For example, in violation of the Canada Health Act, New Brunswick refuses to provide funding for abortion services performed outside of hospitals (1).

In many countries across the world, medical abortion can be safely performed with the help of the abortion pill. In Canada, *Mifegymiso* – a pill endorsed by the World Health Organization as an “essential drug” – is prescribed up to 9-10 weeks of gestation. *Mifegymiso* is prohibitively expensive: \$300-\$450 per package. While it is free in Ontario, Nova Scotia, New Brunswick, Quebec, and Alberta, it is partially covered by OHIP in British Columbia, Saskatchewan and Manitoba, the PEI and in Newfoundland and Labrador. It is important to ensure that medication abortion is covered under public health care in all the provinces (4, 5).



Health care providers' refusal to perform abortions beyond 20 weeks of gestation (less than 2.5% of all abortions) is another restriction that places burden on women who justifiably require this service for health reasons. Only three facilities – in British Columbia, Southern Ontario, and Quebec – offer abortion up to 23 weeks and 6 days (1).

Access to abortion is a fundamental right consistent with the principle of self-determination exercised, among other ways, through control over one's own body. However, it is not uncommon for physicians to refuse to provide abortions on moral and religious grounds. This recourse to conscientious objection violates a women's right to an essential, medically required service guaranteed by the Canada Health Act.

Moreover, sexual and reproductive health issues should be addressed through the lens of the reproductive *justice* movement that emphasizes the importance of a holistic, intersectional approach to health inequities experienced by people of color and first nations. These historically disadvantaged groups face additional difficulties in achieving reproductive freedom as a result of systemic racial and socio-economic barriers.

Another thorny issue relevant to the discussion of sexual and reproductive health policies in Canada is the existence and nature of work of crisis pregnancy centers (CPCs). In a 2016 study, the Abortion Rights Coalition of Canada describes CPCs as Christian-inspired “anti-abortion agencies that present themselves as unbiased medical clinics or counselling centres”. Many of them “try to persuade women out of abortion, often through misinformation or scare-mongering” and function as a “psychological barrier by reinforcing abortion stigma” (6, p. 7). Some CPCs receive public funding and have a charitable tax status.

In order to affirm, protect, and strengthen the hard-won right of women to reproductive justice and self-determination Humanist Canada urges Canadian government to:

- Guarantee universal and equal access to contraception and abortion through a more robust, publicly funded health care infrastructure.
- Integrate an intersectional reproductive *justice* lens sensitive to systemic inequities faced by people of color and first nations into policy analysis and decision-making.
- Increase knowledge of and access to emergency contraception.
- Ensure that medication abortion is available and covered under public health care in all provinces and expand access to medication abortion through telehealth, whose use has been accentuated during the COVID-19 pandemic.



- Increase the number of abortion providers in underserved communities and ensure full government funding for abortion services performed by private clinics in compliance with the Canada Health Act.
- Ensure that anti-abortion crisis pregnancy centers disinclined to embrace scientific evidence do not receive government funding.

Moreover, Humanist Canada supports the following recommendations of the Abortion Rights Coalition:

- “Crack down on misleading advertising of CPCs, since they do not provide professional, unbiased counselling services; they impart distorted or medically-inaccurate information on abortion and contraception; and their counsellors are not properly trained or registered.
- [Mandate CPCs] to post clear, prominent notices at their premises and websites that they do not refer for abortion or contraception, that they are not medical facilities, and that they are Christian ministries opposed to abortion.
- Revoke the charitable tax status of CPCs that have it, based on the biased misinformation they provide to clients.
- Ensure that CPCs are not allowed to teach sex-education in public schools.
- Remove CPCs from referral lists at doctor’s offices, clinics, hospitals, and social service agencies.” (6)

### **Sexual and Reproductive Health Education**

Sexual health is a crucial aspect of a person’s well-being. It encompasses physiological, psychological, and emotional dimensions, which are coextensive with communal and societal wellness.

A 2015 research study, cited by the Sex Information & Education Council of Canada, found that there were over 180,700 unintended pregnancies and 2,300 new cases of HIV in Canada each year. Sexually transmitted infections were common, with a majority of cases occurring among youth due to a lack of comprehensive sexual health education. In 2014, 636,000 incidents of sexual assault among people aged 15 and older were documented nationwide (7).



According to Action Canada for Sexual Health & Rights, Canada lacks a robust national sexual health education strategy; sex-ed is underfunded, and there is no evaluation of sex-ed curricula to ensure uniform quality across the country. Sometimes schools outsource sex-ed lessons to local anti-choice organizations that deliver “abstinence-based” content (8, p.14). Sex-ed continues to elicit ideological polarization. For example, in 2018, the Government of Ontario repealed the 2015 elementary health curriculum and reverted back to the 1998 version. In 2019, Ontario released a new sexual health curriculum that allows parents to opt their children out of sex-ed classes (9).

Humanist Canada affirms the need for a comprehensive sexual and reproductive health education strategy across Canada. A concerted effort across multiple sectors of society is required in order to implement a holistic approach to sexual and overall wellbeing. In 2019, the Sex Information & Education Council of Canada (SIECCAN) outlined such an approach in its *Canadian Guidelines for Sexual Health Education*, which we endorse. Among the objectives established in SIECCAN’s guidelines are:

- Reduce sexual and gender-based violence.
- Raise awareness of human rights and the principles of gender equality.
- Understand consensual and safe sex and develop emotional intelligence skills required for meaningful and satisfying intimate relationships.
- Prevent sexually transmitted diseases and unwanted pregnancies.
- Acquire the capacity to access sexual and reproductive health services to prevent and treat medical conditions.
- Understand the complex nature of sexuality, including sexual orientation and gender identity (7).

In June of 2020, the Minister of International Development, Karina Gould announced \$93.7 million to fund projects supporting sexual and reproductive health and rights of women and girls in developing countries (10). Humanist Canada welcomes this milestone in the long march toward women’s wellbeing worldwide. We call upon Canadian government leaders and citizenry to strengthen and expand strategies for enhancing sexual and reproductive health at home, in line with SIECCAN’s 2019 *Guidelines for Sexual Health Education*, in particular, by means of equalizing access to comprehensive science-based sex-ed school curricula in all Canadian provinces and territories and investment in community infrastructures.



## References

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