LEAF FAEJ
WOMEN'S LEGAL EDUCATION & ACTION FUND
FONDS D'ACTION ET D'ÉDUCATION JURIDIQUE POUR LES FEMMES

Advancing Reproductive Justice for Women's Health

A Submission to the Federal Standing Committee on Health for the Women's Health Study

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Submitted by the Women's Legal Education and Action Fund (LEAF)

About LEAF

LEAF works to advance the substantive equality of all women, girls, trans, and non-binary people who experience gender-based discrimination through litigation, law reform, and public education. Since 1985, we have intervened in landmark cases that have advanced equality in Canada, helping to prevent violence, eliminate discrimination in the workplace, provide better maternity benefits, ensure a right to pay equity, and allow access to reproductive freedoms. Learn more about our work here.

Recommendations

Most Canadians believe that protecting sexual and reproductive health and rights (SRHR) should be a federal government priority.[1] Ensuring that women, trans, and non-binary people have their sexual and reproductive health needs met, and rights fulfilled, is critical to advancing gender equality and reproductive justice in Canada. As such, the Women's Legal Education and Action Fund (LEAF) makes the following recommendations:[2]

1. Invest in primary care and sexual and reproductive healthcare

Primary healthcare providers are the first point of contact for many people in Canada in the healthcare system. For women of reproductive age, primary care protects against prevalent health issues including heart disease, depression, and cancer.[3] Primary care is also central to supporting women's sexual and reproductive health. Since nearly half of all pregnancies in Canada are unintended,[4] primary care can support reproductive decision-making, as well as serve as preconception care.

Currently, many people in Canada lack access to basic primary healthcare. One in six Canadians do not have a regular family physician, and less than half of Canadians can see a primary care provider on the same or next day.[5] Those who are Indigenous, Black, or racialized;[6] poor;[7] 2SLBGTQIA+,[8] immigrants;[9]

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[1] *Strong Majority of Canadians Feel Canada Should Prioritize Promoting and Protecting Sexual and Reproductive Health and Rights*. (2023, March 20). Ipsos. https://www.ipsos.com/en-ca/strong-majority-canadians-feel-canada-should-prioritize-promoting-and-protecting-SRHR

[2] These recommendations are drawn from LEAF's Reproductive Justice Project and its guiding report.

[3] Srugo, S. A., Ricci, C., Leason, J., Jiang, Y., Luo, W., & Nelson, C. (2023). Disparities in primary and emergency health care among "off-reserve" Indigenous females compared with non-Indigenous females aged 15–55 years in Canada. *Canadian Medical Association Journal*, *195*(33), E1097–E1111. https://doi.org/10.1503/cmaj.221407

[4] *Canada*. (2022). Guttmacher Institute. https://www.guttmacher.org/regions/northern-america/canada#:~:text=In%20Canada%20in%202015%E2%80%932019,Canada%20is%20legal%20on%20request.

[5] Flood, C. M., Thomas, B., & McGibbon, E. (2023). Canada's primary care crisis: Federal government response. *Healthcare management forum*, *36*(5), 327–332. https://doi.org/10.1177/08404704231183863

[6] Lavergne, M. R., Bodner, A., Allin, S., Christian, E., Hajizadeh, M., Hedden, L., Katz, A., Kephart, G., Leslie, M., Rudoler, D., & Spencer, S. (2023). Disparities in access to primary care are growing wider in Canada. *Healthcare management forum*, *36*(5), 272–279. https://doi.org/10.1177/08404704231183599

[7] Ibid.

[8] Comeau, D., Johnson, C., & Bouhamdani, N. (2023). Review of current 2SLGBTQIA+ inequities in the Canadian health care system. *Frontiers in public health*, *11*, 1183284. https://doi.org/10.3389/fpubh.2023.1183284

[9] Bajgain, B. B., Bajgain, K. T., Badal, S., Aghajafari, F., Jackson, J., & Santana, M. J. (2020). Patient-Reported Experiences in Accessing Primary Healthcare among Immigrant Population in Canada: A Rapid Literature Review. *International journal of environmental research and public health*, *17*(23), 8724. https://doi.org/10.3390/ijerph17238724

disabled,[10] and/or unhoused[11] have particular access challenges. Investing in primary care to ensure greater and more equitable access is urgently needed as the foundation for women's health.

Investing in sexual and reproductive health services is the next step. The COVID-19 pandemic has exacerbated longstanding gaps in sexual and reproductive healthcare across the country. At the same time, demand for sexual and reproductive healthcare has skyrocketed, putting immense pressure on providers and SRHR organizations.[12] The federal government has made necessary investments in SRHR in recent years, which has already had a significant impact for people facing the greatest barriers to care.[13] Building on these investments (including making the Sexual and Reproductive Health fund permanent) is essential to building a robust healthcare system that meets the sexual and reproductive healthcare needs of women, trans, and non-binary people in Canada.

2. Commit to a national strategy on sex-ed

Comprehensive sexuality education (CSE) is a human right and an important upstream public health intervention. Evidence overwhelmingly shows that CSE improves social and health outcomes.[14] CSE also helps advance gender equality and reduces gender-based violence and discrimination, making it particularly important to the health and wellbeing of women, trans, and non-binary people.[15]

However, despite its importance, many young people in Canada do not have access to CSE.[16] Sexual health education greatly varies in quality and content across the country, and even within specific provinces and territories.[17]

Ensuring that everyone is equipped with the knowledge they need to take care of their SRHR is foundational to women's health and gender equality. Committing to young people's right to CSE is the

[10] McColl, M. A., Aiken, A., & Schaub, M. P. (2015). Do People with Disabilities Have Difficulty Finding a Family Physician? *International Journal of Environmental Research and Public Health*, 12(5), 4638–4651. https://doi.org/10.3390/ijerph120504638

[11] Campbell, D. J. T., O'Neill, B., Gibson, K., & Thurston, W. E. (2015). Primary healthcare needs and barriers to care among Calgary's homeless populations. *BMC Family Practice, 16*(1). https://doi.org/10.1186/s12875-015-0361-3

[12] Action Canada for Sexual Health and Rights. (2023). *Universal Periodic Review of Canada - Joint Stakeholder Report*. https://www.actioncanadashr.org/sites/default/files/2023-04/UPR%2044%20Canada_%20JS%20Action%20Canada%20et%20al%20and%20the%20SRI%20_WEB.pdf

[13] *Action Canada Submission for 2024 Federal Pre-Budget Consultations | Action Canada for Sexual Health and Rights*. (2023, August 8). https://www.actioncanadashr.org/resources/policy-briefs-submissions/2023-08-08-action-canada-submission-2024-federal-pre-budget-consultations

[14] Goldfarb, E. S., & Lieberman, L. D. (2021). Three Decades of Research: The case for Comprehensive Sex Education. *Journal of Adolescent Health*, 68(1), 13–27. https://doi.org/10.1016/j.jadohealth.2020.07.036

[15] *Comprehensive Sexuality Education*. (2021). Office of the High Commissioner for Human Rights. https://www.ohchr.org/sites/default/files/2021-11/Summary-Comprehensive-Sexuality-Education.pdf

[16] Action Canada for Sexual Health and Rights. (2020). The State of Sex-ed in Canada. In *Action Canada for Sexual Health and Rights*. https://www.actioncanadashr.org/sites/default/files/2020-04/8039_AC_StateofSexEd-2ndEd_F-Web_0.pdf

[17] LEAF. (2022, October 14). *Beyond Complacency: Challenges (and Opportunities) for Reproductive Justice in Canada*. https://www.leaf.ca/publication/beyond-complacency-challenges-and-opportunities-for-reproductive-justice-in-canada/

first step, and a cost-saving one.[18] We echo Action Canada for Sexual Health and Rights' call for the federal government to establish an expert working group to advise on a national strategy to ensure that all young people have access to CSE in line with the Canadian Guidelines for Sexual Health Education.[19]

3. Invest in a national pharmacare plan, including universal contraception coverage

Access to contraception is a human right and a central component of women's health. Barrier-free access to contraception empowers women to decide whether and when to have children, and to choose the kind of contraception that works best for their body and life. Contraception is also an evidence-based treatment for health conditions affecting millions of women in Canada.[20]

Despite its importance to the health and lives of women across Canada, barriers to access – with cost being the primary obstacle[21] – can hinder or even prevent people from accessing the contraception they want and need. One in five Canadians do not have access to prescription medication coverage,[22] and even those with coverage may face out-of-pocket costs.[23]

Universal contraception coverage is the first step to eliminating barriers to contraception access. Studies have shown that investing in universal contraception coverage would be cost-saving for Canada's healthcare system.[24] A recent poll showed that 83% of Canadians approve of free prescription contraception across Canada and that 7 out of 10 feel the issue is urgent. A national pharmacare strategy that covers the cost of all forms of contraceptives for everyone in Canada is not only an investment in women's health, but also an investment in Canada's future.

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[18] Wood, J., McKay, A., & Wentland, J. (2020). Questions & Answers: Sexual Health Education in Schools and Other Settings. In *Sex Information and Education Council of Canada (SIECCAN).* https://www.sieccan.org/_files/ugd/1332d5_6506a2c46aba4bb2927143fda80caade.pdf

[19] *Action Canada Submission for 2024 Federal Pre-Budget Consultations | Action Canada for Sexual Health and Rights.* (2023, August 8). https://www.actioncanadashr.org/resources/policy-briefs-submissions/2023-08-08-action-canada-submission-2024-federal-pre-budget-consultations

[20] Health Benefits of Contraception. (2023, June 27). *CoverContraceptiON*. https://www.canva.com/design/DAFnBNzy9_s/KDAGQiq5dYrtwa2WnikTJQ/view

[21] Hulme, J., Dunn, S., Guilbert, E., Soon, J., & Norman, W. (2015). Barriers and facilitators to family planning access in Canada. *Healthcare policy = Politiques de sante*, *10*(3), 48–63.

[22] Government of Canada, Statistics Canada. (2022b, November 2). *The Daily — Study: Inequities in pharmaceutical access and use*. https://www150.statcan.gc.ca/n1/daily-quotidien/221102/dq221102a-eng.htm

[23] Motluk A. (2016). Birth control often not covered by Canadian insurers. *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne*, 188(14), 1001–1002. https://doi.org/10.1503/cmaj.109-5313

[24] Morgan, S. G., Law, M. R., Daw, J. R., Abraham, L., & Martin, D. (2015). Estimated cost of universal public coverage of prescription drugs in Canada. *Canadian Medical Association Journal*, 187(7), 491–497. https://doi.org/10.1503/cmaj.141564; Black, A. Y., Guilbert, E., Hassan, F., Chatziheofilou, I., Lowin, J., Jeddi, M., Filonenko, A., & Trussell, J. (2015). Black, A., Downey, A., Thavorn, K., & Trussell, J. (2019). The Cost of Unintended Pregnancies in Canadian Adolescents and the Potential Impact of Increased Use of Long-Acting Reversible Contraceptives. *Journal of Obstetrics and Gynaecology Canada*. https://doi.org/10.1016/j.jogc.2019.02.163

4. Work with Indigenous communities to shift away from the Birth Evacuation Policy

Giving birth on or near traditional territories with family and community support is of great social and cultural significance for Indigenous people in Canada.[25] However, settler colonialism has stripped many Indigenous people of their traditional reproductive practices, forcing them to instead rely on patchwork healthcare systems and policies that are racist and colonial.[26] One such policy is the federal Birth Evacuation Policy, which forces pregnant Indigenous people living in rural and remote areas to leave their communities and travel to urban centres to await labour and birth.

The Birth Evacuation Policy, which affects thousands of Indigenous people each year, has detrimental and long-lasting impacts. Besides the stress of having to travel outside of their communities to give birth, pregnant Indigenous people affected by this policy are often placed in substandard housing with little access to adequate nutrition and birth education.[27] They may also face language barriers, lack access to culturally appropriate care, and have trouble navigating the healthcare system.[28] These conditions result in higher risks of poor health outcomes for both the pregnant person and their baby, including risks of preterm labour, impacts on fetal neurodevelopment, decreased rates of breast/chest feeding, and impacts on relationships and family bonding.[29]

Indigenous birth workers, advocates, and community members have long called for the end of the Birth Evacuation Policy and for the return of birthing practices to Indigenous communities.[30] Being able to give birth in community benefits the health and wellbeing of pregnant Indigenous people, their babies, their families, and their communities, with documented positive outcomes from returning the birth experience to rural and remote Indigenous communities.[31] As such, the federal government must commit to shifting away from the Birth Evacuation Policy and supporting Indigenous birth workers and advocates working to return birthing services to their communities.

Conclusion

Protecting the health and wellbeing of women, trans, and non-binary people is a critical piece of reproductive justice and gender equality. Central to our list of recommendations, which is by no means exhaustive, is ensuring that every person has the ability to make informed health decisions, and to have their decisions respected and affirmed. In order for this to be a reality, there must be seismic social, economic, and political shifts towards ensuring equity in all systems, from the healthcare system to the

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[25] Smylie, J., O'Brien, K., Beaudoin, E., Daoud, N., Bourgeois, C., George, E. H., Bebee, K., & Ryan, C. (2021). Long-distance travel for birthing among Indigenous and non-Indigenous pregnant people in Canada. *Canadian Medical Association Journal, 193*(25), E948–E955. https://doi.org/10.1503/cmaj.201903

[26] Cidro, J., Bach, R., & Frohlick, S. (2020). Canada's forced birth travel: towards feminist indigenous reproductive mobilities. *Mobilities, 15*(2), 173–187. https://doi.org/10.1080/17450101.2020.1730611

[27] *End Forced birth Evacuations - NCIM*. (2023, September 28). NCIM. https://indigenousmidwifery.ca/end-forced-birth-evacuations/

[28] Parenteau, Michaela. (2023, June 7). Understanding Canada's birth evacuation policy. *Northern Birthwork Collective*. https://www.northernbirthwork.com/post/understanding-canada-s-birth-evacuation-policy

[29] *Ibid*.

[30] *End Forced birth Evacuations - NCIM*. (2023, September 28). NCIM. https://indigenousmidwifery.ca/end-forced-birth-evacuations/

[31] Exner-Pirot, H., B. Norbye and L. Butler (eds.) (2018). *Northern and Indigenous Health and Health Care*. Saskatoon, Saskatchewan: University of Saskatchewan. Available from: openpress.usask.ca/northernhealthcare

education system. No one can be left behind in the pursuit of reproductive justice and gender equality, and we urge the federal government to centre those most impacted in the development and implementation of funding, programming, and policies for women's health.