

Action Coalition 3: Bodily Autonomy and Sexual and Reproductive Health and Rights (SRHR)

The key priorities and actions outlined in this document are based on extensive discussions within the Action Coalition 3: Bodily Autonomy and Sexual and Reproductive Health and Rights Working Group of the B+25 Network. For the Beijing +25 review, there are six Action Coalitions centring on critical areas for women's rights and gender equality: Gender-Based Violence, Economic Justice and Rights, Bodily Autonomy and Sexual and Reproductive Health and Rights, Feminist Action for Climate Justice, Technology and Innovation for Gender Equality, and Feminist Movements and Leadership, plus the GEF Compact on Women, Peace and Security and Humanitarian Actions.

Overview of the Issue in Canada

- Only one in six hospitals in Canada offers abortion, and most abortion providers are located less than 150 km from the U.S. border. In order to access services, it is often necessary to travel significant distances, often across jurisdictional lines, and those least able to pay out of pocket must incur additional travel and accommodation expenses for themselves and a support person.¹
- Canadian youth experience significant gaps in their sexual health knowledge. More than half surveyed in one B.C. study reported they were not taught where to access testing for sexually transmitted infections (57%) or acquire emergency contraception (52%). Four in 10 (38%) reported they weren't taught where to access free condoms, contraception, or birth control (47%). This knowledge gap is reflected in the rates of sexually transmitted infections (STIs) – chlamydia, gonorrhoea, and syphilis – that have been rising since the 1990s for young people.²

¹ Canadian Centre for Policy Alternatives. (2019). *Unfinished Business: A Parallel Report on Canada's Implementation of the Beijing Declaration and Platform for Action*. <https://www.criaw-icref.ca/updates/unfinished-business/>

² McCreary Centre Society (2015), as cited in *Unfinished Business: A Parallel Report on Canada's Implementation of the Beijing Declaration* (2019)

- Canada’s 2016 Periodic Report of the UN Committee on the Elimination of Discrimination Against Women identified a fragmented system of reproductive health services as an area of critical concern.³

In order for women and girls in all their diversity to have autonomy over their bodies, sexuality, and reproduction, they must be able to access inclusive, relevant, evidence-based resources and comprehensive sexual education. Canada’s entrenched colonial and patriarchal systems cause persistent and significant barriers to bodily autonomy and SRHR, and are responsible for the violence of forced sterilization and other medical abuse experienced disproportionately by Indigenous women and women with disabilities.

Canada must support universal access to sexual and reproductive health services and address widespread unequal access to reproductive and abortion services, especially in the North and rural and remote communities. Canada must also ensure that information on contraception and abortion services is accessible, and available in plain language and alternate formats such as ASL/LSQ. It is essential to commit to creating broad global access to and education on contraception, abortion, and health services.

Providing free, community-based, pro-choice sexual and reproductive health services, including contraception for the uninsured and underserved, is critical. The creation of a public and universal, single payer pharmacare program – centered on individual self-determination, consent and sex-positivity, and recognizing the unique strengths and needs of diverse communities – is essential to this goal.

In order for that access to be equitable from coast to coast to coast, each territory and province must ensure abortion services are available and accessible. The federal government can apply pressure to ensure universal access by withholding federal health transfers to provinces and territories that fail to meet this requirement. In order to ensure truly intersectional care, sensitive to the diverse experiences of women and girls, health care providers must be educated on the ways in which social determinants of health are impacted by colonialism, racism, ableism, homophobia, transphobia, sexism, and rape culture.

³ UN Committee on the Elimination of Discrimination against Women (2016), as cited in *Unfinished Business* (2019).

Key Commitments per Action Coalition Blueprint

As part of the 25-year review process of the Beijing Platform for Action, UN Action Coalition leaders have defined the following concrete set of key actions to be realized by 2026:

Action 1: Increase delivery of **comprehensive sexuality education** in and out of school reaching 50 million more children, adolescents, and youth in all their diversity by 2026.

Action 2: Within a comprehensive framework that includes SRHR services as an essential component of UHC for all people, increase the **quality of and access to contraceptive services** for 50 million more adolescent girls and women in all their diversity; support **removal of restrictive policies and legal barriers**, ensuring 50 million more adolescent girls and women in all their diversity live in jurisdictions where they can access safe and legal abortion by 2026.

Action 3: Through gender norms change and increasing knowledge of rights, empower all people including 260 million more girls, adolescents, and women in all of their diversity to make **autonomous decisions about their bodies, sexuality, and reproduction** by 2026; enact **legal and policy change to protect and promote bodily autonomy and SRHR** in at least 20 countries by 2026.

Action 4: Increase accountability to, participation of and support for **autonomous feminist and women’s organizations** (including girl and adolescent-led, and Indigenous organizations and collectives), **women human rights defenders and peacebuilders**. Strengthen **organizations, networks and movements** working to promote and protect bodily autonomy and SRHR.

Realizing Bodily Autonomy and Sexual Reproductive Health and Rights (SRHR)

Key Priorities

Funding:

- Strengthen local, regional, national, and global mechanisms to provide core, flexible, reliable, and responsive funding for local feminist organizations, particularly those engaging in SRHR advocacy and education
- Provide a clear timeline for the disbursement of SRHR funds committed in the [Thrive Agenda](#) and create a Canadian Global SRHR policy

- Fund a national sex-ed Action Plan that improves access to Comprehensive Sexual Education (CSE), supports community innovation, and measures impact
- Provide up to \$10 million to Health Canada to develop portals for easy access to accurate, judgement free, evidence-based information on sexual and reproductive health and rights that also includes information refuting misconceptions about abortion
- Invest in staffing for current and future health care providers
- Increase funding for trained facilitators to deliver training in cultural humility, decolonisation, anti-racism, and anti-ableism, as well as the funding for service delivery healthcare staff and providers to attend
- Support and finance scientific research on abortion and contraceptives

Services:

- Increase the quality and number of pro-choice sexual and reproductive health service options, including access to contraception
- Support a pharmacare strategy that facilitates increased access to abortions
- Ensure every provincial and territorial health care program is provided with the infrastructure and funds necessary to cover procedures and travel costs for residents who must access out-of-country abortion care
- Consult with the provinces, territories, and Indigenous Services Canada, to implement national standards and processes to enable people in all parts of the country to access out-of-country abortion care
- Ensure that free, prior, and informed consent for First Nations, Inuit and Métis patients is universally and consistently applied, and increase SRHR healthcare services in rural and remote areas
- Ensure that all First Nations, Inuit, and Métis women, 2SLGBTQQIA+ folks, and women with disabilities know their healthcare rights and understand procedures/treatment offered

Comprehensive Sexuality Education (CSE):

- Sponsor awareness campaigns to ensure LGBTQ+ people, Indigenous communities, and people with disabilities are included in CSE, and are able to make informed decisions about their own contraceptive, reproductive health and overall bodily autonomy
- As well as being culturally relevant, science based, and inclusive of children with disabilities, CSE should be informed by the impacts of colonialism, racism, ableism, homophobia, transphobia, sexism, and rape culture on the experiences and lives of diverse people and youth
- Provide plain-language pro-choice materials in various languages and formats, including ASL/LSQ, Braille and 3D models

- Include programming on consent and sexual health for boys and men

Bodily Autonomy:

- The government must revoke charity status and funding for anti-abortion organizations
- End all forced and coerced sterilizations of Indigenous women and people with disabilities
- Withhold the transfer of federal health contributions to provinces and territories that fail to provide accessible abortion services

Take Action

<p>Government Actions <i>Holding the government to account</i></p>	<p>Grassroots Actions <i>Feminist Work</i></p>
<ul style="list-style-type: none"> • Meet the internationally agreed target of 0.7% GNI for international assistance within five years with particular attention paid to neglected areas of SRHR, including safe abortion, contraceptive care, adolescent SRHR, and SRHR advocacy • Create and fund a Canadian global sexual and reproductive health policy to comply with Canada’s commitment to SRHR foreign policy development • Coordinate and facilitate the creation of national standards and processes for people in all provinces and territories to access out-of-country abortion care • Provide a clear timeline for the disbursement of SRHR funds committed in the Thrive Agenda 	<ul style="list-style-type: none"> • Demand accountability for quality training of healthcare providers in cultural humility, decolonization, anti-racism, and anti-ableism • Organize and encourage discussions around the healthcare system, including its failure to promote overall bodily autonomy • Advocate for the development of toolkits in accessible formats and making them available to educators and health professionals • Advocate for a domestic strategy that amends and strengthens SRHR laws and policies, and reflects intersectional and feminist understandings of SRHR • Advocate for the creation of well-funded health programs staffed by healthcare professionals that are geographically, culturally, and physically accessible

- Advocate for access to all types of contraception with a public, universal, single payer pharmacare strategy

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