

## Resolution 2: Expanding Access to Sexual and Reproductive Health Services

### National Committee Name

National Advocacy Standing Committee

### Resolved Clauses – With Amendments Marked in Green and Red

**RESOLVED**, CFUW commits to supporting universal access to sexual and reproductive health (SRH) services, including abortion, **contraception, fertility care, maternal care, prevention and treatment of sexually-transmitted infections, care of sexual and reproductive organs, and SRH education.**

**RESOLVED**, That CFUW urge **the** federal, provincial, and territorial governments to expand access to ~~abortion and other sexual and reproductive health (SRH)~~ SRH services ~~by~~, **through measures including**, but not limited to:

- ensuring surgical and medical abortions are **fully** covered under public healthcare ~~plans~~;
- increasing funding for **timely delivery of** SRH services ~~delivery~~, particularly in rural and remote communities;
- providing targeted funding for Indigenous-centered, **and** culturally-appropriate SRH services;
- **offering developing** a centralized referral system to locate SRH service providers;
- requiring comprehensive **education and** training on SRH, trauma-informed care, cultural competency, and informed consent in medical and nursing schools; and
- delivering **sustainable sustained** funding to non-profit organizations that improve access to SRH services for under-served communities.

### Resolved Clauses – With Amendments Incorporated

**RESOLVED**, CFUW commits to supporting universal access to sexual and reproductive health (SRH) services, including abortion, contraception, fertility care, maternal care, prevention and treatment of sexually-transmitted infections, care of sexual and reproductive organs, and SRH education.

**RESOLVED**, That CFUW urge the federal, provincial, and territorial governments to expand access to SRH services through measures including, but not limited to:

- ensuring surgical and medical abortions are fully covered under public healthcare;
- increasing funding for timely delivery of SRH services, particularly in rural and remote communities;
- providing targeted funding for Indigenous-centered and culturally-appropriate SRH services;
- offering a centralized referral system to locate SRH service providers;
- requiring comprehensive education and training on SRH, trauma-informed care, cultural competency, and informed consent in medical and nursing schools; and

- delivering sustained funding to non-profit organizations that improve access to SRH services for under-served communities.

## **Background**

### **Defining Sexual and Reproductive Health (SRH) Services**

The World Health Organization (2024) defines sexual health as “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity”. Sexual and reproductive health (SRH) services can include:

- Abortion
- Contraception
- Family planning
- Fertility care
- Care of sexual and reproductive organ systems, including testing and treatment of diseases and conditions
- Gender-affirming care for transgender and non-binary people that acts on sexual and reproductive organs
- Prevention, testing, and treatment for sexually-transmitted infections
- Prenatal and postnatal / maternal care
- Comprehensive education about sexual and reproductive health and rights

As abortion is often the most “controversial” and inaccessible type of SRH service, and requires the most vigilance to protect as a right, it is the main focus of the Background, though the Resolution covers all SRH services.

### **Filling the Gap in CFUW’s Adopted Resolutions (Resolved Clause #1)**

CFUW does not currently have an adopted resolution on abortion or sexual and reproductive health. A previous resolution, “Abortion – 1970” urged the government to remove the sections pertaining to abortion from the Criminal Code, to thereby make abortion legal. This established CFUW’s position that abortion should be legal, and this is an issue on which CFUW has advocated for many years, most recently in our response to Roe v. Wade being overturned in the United States. However, because those sections of the Criminal Code were removed in 1988, this CFUW resolution was deemed redundant and archived in 2024.

This proposed resolution aims to fill the gap this has left and affirm that CFUW is supportive of the right to access and receive an abortion, as well as other SRH services. The ability to make informed decisions about one’s health and body is a cornerstone of gender equality and a fundamental human right. As written by Dr. Martha Paynter (2023), abortion care “translates into not only physical and mental health but also opportunity for education, employment, safety from violence, and parenting wanted children.”

## **Access to Abortion and Other Sexual and Reproductive Health Services in Canada (Resolved Clause #2)**

In Canada, abortion is healthcare—a medical procedure like any other, governed by provincial and medical regulations. There are no laws that criminalize receiving or performing an abortion at any time in a pregnancy, though no providers offer the service beyond 24 weeks (Action Canada for Sexual Health & Rights, 2019). Both surgical abortion and medical abortion (Mifegymiso pills) are covered under provincial and territorial healthcare plans (Government of Canada, 2024).

However, access to abortion and other SRH services is not equal or equitable; many people experience barriers when trying to access care. Because most abortion clinics are located in large cities, access is often very limited in rural areas. Action Canada's Abortion Access Tracker shows few rural points of service (clinics and hospitals that provide abortion care) in each province, with the exception of Quebec, which has 19. There are only four rural points of service listed in Ontario, two in Alberta, one in British Columbia, Newfoundland and Labrador, Nova Scotia, Northwest Territories, and Nunavut, and *none* in Manitoba, New Brunswick, PEI, Saskatchewan, and Yukon (Action Canada for Sexual Health & Rights and LEAF, 2024).

Consequently, many people must travel long distances and pay the associated travel costs to access abortion services, representing a major barrier to access. Other barriers include stigma, language barriers, experiences of racism in the healthcare system, lack of education, and discouragement or judgement from anti-choice healthcare providers or “crisis pregnancy centres” (Action Canada for Sexual Health & Rights, 2018). Racialized, young, and gender non-conforming people, migrants and refugees, members of rural and remote communities, and those with low incomes, as well as survivors of gender-based violence, face the greatest barriers to accessing care.

Barriers are compounded and unique for Indigenous people, who often experience heightened distrust in the healthcare system, trauma, and discrimination when accessing healthcare services due to colonialism. As written by Renée Monchalin et al. (2023),

“For Indigenous Peoples in Canada, reproductive health services are not free from violence and harm. This includes experiences with forced sterilization, forced abortion, violence from health care providers, and coercion of contraceptives. These experiences are rooted in colonial policies and processes that disrupt the intergenerational transfer of knowledge related to traditional family planning and reproductive health, such as residential schools and the outlawing of Indigenous midwifery.”

The lack of culturally-safe care therefore poses another significant barrier, denying Indigenous Peoples their right to maintain traditional health practices (United Nations Declaration on the Rights of Indigenous Peoples, 2007).

Many people living in Canada also face challenges when accessing other SRH services, beyond abortion. All SRH services are vital to preventing unintended pregnancies, unsafe practices, and sexually-transmitted infections, and to supporting good maternal and mental health. They are thus key to achieving equity and healthy and safe communities. For that reason, this resolution encompasses all SRH services, though the main focus is on abortion.

The second Resolved Clause is addressed to federal, provincial, and territorial governments. Healthcare primarily falls under the jurisdiction of provincial and territorial governments; therefore, it is mostly their responsibility to fund SRH services and remove barriers to accessing them. However, the federal government also plays a critical role in ensuring the principles of the Canada Health Act are adhered to, providing funding through the Canada Health Transfer, and funding some Indigenous healthcare services. The federal government can also provide funding to non-profit organizations that improve access to SRH services, as it currently does through the Sexual and Reproductive Health Fund.

The Resolution provides several specific “policy asks” for which CFUW National, Provincial Councils, and Clubs can advocate when communicating with political representatives. At the same time, by including the phrase “by, but not limited to,” this Resolution is designed to be expansive, allowing CFUW bodies to advocate for the unique policies and programs their local contexts may require to improve access to services.

### **Implementation**

To implement this resolution, CFUW Clubs and members can:

- Write to their MPs in support of the federal government’s Sexual and Reproductive Health Fund and encourage its permanent continuation
- Explore Action Canada and LEAF’s Abortion Access Tracker to learn more about access to abortion in their province
- Meet with or write to their provincial representatives to urge expanded access to SRH services, highlighting specific access issues that exist in their province or community
- Fundraise for organizations that advance sexual and reproductive rights in Canada and abroad
- Attend protests/demonstrations in support of equitable access to abortion and other sexual and reproductive rights
- Monitor and speak out against any attempts to restrict access to abortion, in Canada and abroad

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