

## Sexual and Reproductive Health, Rights, and Realities and Access to Services for First Nations, Inuit, and Métis in Canada

This policy statement has been prepared by the Aboriginal Health Initiatives Sub-Committee and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada. This statement was also approved jointly by the Assembly of First Nations, the Canadian Federation for Sexual Health, Pauktuutit Inuit Women of Canada, the Native Youth Sexual Health Network, the Indigenous Physicians Association of Canada, the Canadian Association of Perinatal and Women's Health Nurses, the Canadian Association of Midwives, the National Aboriginal Council of Midwives, the College of Family Physicians of Canada, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, and the Society of Rural Physicians of Canada.

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### INTRODUCTION

The purpose of this joint policy statement is to reaffirm the sexual and reproductive health rights of FNIM and to reflect the realities they face in their communities.

We wish to reduce the inequity in the availability and accessibility of sexual and reproductive services for FNIM and to encourage other organizations to join us in working towards change.

### RIGHTS

Sexual and reproductive rights provide the framework within which sexual and reproductive health and well-being can be achieved. Within this framework, we take a gender-based, human rights approach to FNIM women's sexual and reproductive health, acknowledging but going beyond the Treaty rights and constitutional obligations specific to First Nations and Inuit peoples. The sexual and reproductive health rights of FNIM women include the right to prevention, treatment, education, information, and privacy. They also include the right to:

- have timely, culturally safe, high-quality care
- decide the number and spacing of children
- rely on traditional knowledge and share in the benefits of scientific advancement
- make informed health decisions
- be free from harmful practices, including discrimination against two-spirit people, gender-based and other forms of discrimination, and all forms of violence.

The right to sexual and reproductive health means that people are able to enjoy a mutually satisfying and safe relationship, free from coercion and violence, without fear of infection or unintended pregnancy, and that they have the ability to regulate their fertility without adverse or dangerous consequences. These rights, detailed in the 1999 SisterSong Native Women's Reproductive Rights

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and Health Roundtable<sup>1</sup> and codified in the 2007 United Nations Declaration on the Rights of Indigenous Peoples (Appendix 1),<sup>2</sup> must be protected and promoted at the national and the international level by communities, health organizations, and individuals.

## **REALITIES**

Protecting and promoting the sexual and reproductive health rights of FNIM requires awareness of the barriers to health and well-being, such as access to culturally safe services, as well as a clear understanding of the needs and interests of FNIM and related policies and practices.

FNIM women experience a disproportionately high rate of sexually transmitted infections, reproductive tract infections, high-risk pregnancies, complicated and pre-term deliveries, maternal mortality, teenage pregnancies, and sexual violence.<sup>3</sup> FNIM women are more likely than the general population to have low- and high-birthweight babies and babies born with fetal alcohol spectrum disorder and other developmental disorders.<sup>4</sup> Among First Nations and Inuit, the infant mortality rate is 2 to 4 times higher than it is in the general population.<sup>5</sup> FNIM women also experience higher than average rates of obesity, diabetes, postpartum depression, and cervical cancer.<sup>3</sup> FNIM women are more likely to live in communities characterized by disadvantageous socioeconomic conditions, including low educational attainment, limited employment opportunities, poverty, food insecurity and subsequent poor nutrition, overcrowded and/or substandard housing, smoking and substance abuse, family and community disintegration, and political marginalization.<sup>6</sup> Additionally, the degradation and contamination of FNIM lands, air, and water not only directly damages FNIM women's sexual and reproductive health but also presents known and unknown health risks to their children and their children's children.<sup>7</sup>

It is widely recognized that poor health outcomes among FNIM are exacerbated by inadequate access to health and social services that results from historical and ongoing forms of colonization, including structural barriers, racist and oppressive policies, restrictive NIHB policies (Appendix 2), and complex social determinants of health.<sup>8-10</sup> In both urban and rural areas, FNIM women

experience reduced access to health care services, as well as poor access to culturally safe care.<sup>4,11</sup> Within maternity services, human resources are in a particular, state of crisis. There is a lack of accessible, culturally safe services, and efforts to return low-risk births to the community are intended to respond to this gap. These efforts must be part of an integrated federal-provincial-territorial strategy.<sup>12</sup> Additionally, in rural and remote communities, it is often difficult for women to maintain privacy when seeking health services, and to access and obtain coverage for core reproductive health therapeutics, such as (emergency) contraception, counselling, and support. This may be particularly challenging for young women and teenagers in rural areas, who may lack awareness about their sexual and reproductive health and health rights and choices, which include abortion, and who may have fewer care options than some of their urban counterparts. Forty-eight percent of FNIM are under the age of 25.<sup>13</sup> With a high teen pregnancy rate and associated risk of early school drop-out and unemployment, the need for empowering policies and programs that engage youth is urgent.

These realities underlie the need for comprehensive, coordinated policies and practices that promote and protect the right of every person to sexual and reproductive health and well-being. Similarly, there is a need to advance the cultural competence of health service providers to ensure the delivery of culturally safe services. This includes increasing awareness of First Nations and Inuit specific programs such as the NIHB as a means of ensuring and advocating equity in the coverage of health benefits for First Nations and Inuit (Appendix 2). It also includes promoting initiatives already underway that work to restore reproductive justice, fight homophobia and transphobia, and support people with disabilities.

## **RECOMMENDATIONS**

As part of our efforts to promote sexual and reproductive health and well-being among First Nations, Inuit, and Métis, we recommend the following.

1. Advocate awareness of and commitment to the protection and promotion of the sexual and reproductive health rights of FNIM by health care providers, organizations, and political and community leaders across Canada.
2. Advise the Government of Canada to act on and implement the recommendations of the UN Declaration on the Rights of Indigenous Peoples,<sup>2</sup> specifically Articles 23, 24.1, and 24.2 (Appendix 1).
3. Develop cultural competence among health care providers, so that care is offered in a culturally safe

## **ABBREVIATIONS**

FNIM First Nations, Inuit, and Métis  
NIHB Non-Insured Health Benefits

way and tailored to the specific needs and interests of FNIM. This should take into account the social determinants of health and clinical, structural, and policy-level barriers to care.

4. Support the development of a federal-provincial-territorial Aboriginal birthing strategy to address the crisis in FNIM maternal health care in a systematic way.
5. Promote awareness and understanding of Non-Insured Health Benefits for First Nations and Inuit among health care providers. This includes the process of obtaining coverage for over-the-counter drugs and drugs that require special NIHB approval.
6. Promote changes to NIHB policies to increase access to emergency and alternative contraceptives, counselling on sexual and mental health, and midwifery, and to encourage a return of traditional birthing to communities.

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## **APPENDIX 1. UNITED NATIONS DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES**

### **Article 23**

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

### **Article 24**

1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.
2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

## **APPENDIX 2. NON-INSURED HEALTH BENEFITS**

Restrictive eligibility criteria, excessive paperwork requirements surrounding predetermination clauses, and the high rejection rate for certain therapeutics have a significant impact on the quality and timeliness of services and may result in prolonged illness, increased program costs, and a violation of Treaty rights.

NIHB benefits and policies are specifically available to First Nations and Inuit women as per Treaty rights and constitutional obligations. Our use of “First Nations” and “Inuit” here is in keeping with the eligibility criteria of these policies.

### **APPENDIX 3. DEFINITIONS**

#### **Aboriginal Peoples**

“Aboriginal” is an umbrella term that refers to all groups of Canada’s indigenous people: First Nations, Inuit, Métis, status and non-status. In this document, the term “Aboriginal Peoples” is used inclusively.

#### **Culturally Safe Care**

Culturally safe care refers to the integration and transformation of knowledge about individuals and groups of people into specific standards of care, policies, and practices. It refers to care that is adapted to the particular sociocultural context of FNIM, including awareness of unique needs, interests, health beliefs, and behaviours.

#### **Culturally Competent Care**

Culturally competent care is care that demonstrates a commitment to engage in dialogue and relationship building with FNIM communities. This commitment is primarily aimed at improving health through increased personal and professional development and awareness of FNIM cultures and health practices.

#### **Non-Insured Health Benefits (NIHB)**

The NIHB provides coverage for eligible First Nations and Inuit people residing in Canada. The program provides benefits that are not covered under hospital, provincial, or territorial health care: eye and vision care, dental care, medical transportation, drugs/pharmaceuticals, medical supplies and equipment, crisis counselling, and approved health service outside Canada. In this document, reference to NIHB refers specifically to benefits for First Nations and Inuit

#### **Two Spirit**

The Two Spirit Society of Denver<sup>14</sup> provides the following definition:

The term Two Spirit is a modern universal phrase that can be applied to Native Americans who are Gay, Bisexual, Lesbian, or Transgendered (GLBT). Use of the term Two Spirit carries with it the general inference of respect to the traditional role that a GLBT individual would have played among their people(s) prior to colonization. While it is most correct to use a people’s individual term for their GLBT members, the term Two Spirit is useful when referring to Native American GLBT groups comprised of members from different or multiple Native peoples.

#### **Reproductive Justice**

Eveline Shen<sup>15</sup> defines reproductive justice as

The complete physical, mental, spiritual, political, economic, and social well-being of women and girls . . . [and] . . . will be achieved when women and girls have the economic, social and political power and resources to make healthy decisions about our bodies, sexuality and reproduction for ourselves, our families and our communities in all areas of our lives.

#### **Homophobia**

Homophobia is a collection of violent messages, beliefs and actions that disrespect, degrade, marginalize, discount, and make invisible non-heterosexual people. (Lesbian, Gay, Bi, Trans Youthline. Email communication, April 6, 2011.)

#### **Transphobia**

Transphobia is a collection of violent messages, beliefs, and actions that disrespect, degrade, marginalize, discount, and make invisible people whose gender presentation/identity is not seen as congruent with the sex they were assigned at birth. (Lesbian, Gay, Bi, Trans Youthline. Email communication, April 6, 2011.)