United Nations E/CN.6/2015/NGO/3

Economic and Social Council

Distr.: General
7 November 2014

Original: English

Commission on the Status of Women
Fifty-ninth session
9-20 March 2015
Follow-up to the Fourth World Conference on Women and to the special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century"

Statement submitted by Action Canada for Population and Development, non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

14-64265 (E) 301214

Statement

Twenty years ago, Canada ranked first among nations in international measures of gender equality. In 2013, Canada fell to the twentieth place in the global gender gap rankings and to the twenty-third place in the Gender Inequality Index of the United Nations Development Programme (UNDP). In spite of gains made in education, health, participation and the economy, women in Canada continue to face gender-based inequalities. The percentage of women living in poverty has actually increased over the past 20 years to over 13 per cent today and remains consistently higher than men's levels of poverty. Since 1995, there has been little change in levels of violence women in Canada experience, with rates of intimate partner violence having fallen by a mere 1 per cent. Indigenous women and girls experience three times the rates of violent victimization as do non-indigenous women.

This statement contains information from a collaborative report developed by a range of women's rights organizations and individuals that examines gains and remaining challenges in the implementation of the Beijing Declaration and Platform for Action. This statement addresses areas where there has been a slowdown in progress towards realizing women's and girls' rights, and the notable shrinking of the role of the Government in addressing barriers to gender equality both at home and as part of our international commitments, specifically related to women's and girls' sexual and reproductive rights.

Canada: sexual and reproductive rights of women and girls

Abortion is not criminalized in Canada, however, access to abortion services is uneven across the country and particularly challenging for women living in rural or remote regions. A 2006 study found that only one sixth of hospitals provide abortion services. The majority of service providers, both hospitals and free-standing sexual health clinics, are disproportionately dispersed across Canada, with most located in urban areas. In the province of Prince Edward Island there are no abortion providers. In 2014, the province of New Brunswick's only privately funded abortion clinic was closed due to financial constraints. This has resulted in women having to seek consent from two doctors before being able to access the service that must be done by a specialist in one of three hospitals that provides the service in the province or to travel out of province, and even out of country in some cases.

The overall limited availability to abortion services through clinics and hospitals is compounded by other barriers, including significant wait times, age, financial considerations and geographic location. The drug mifepristone (RU-486), which could increase access to medical abortion in rural and remote areas, is currently not approved for use in Canada.

Comprehensive sexuality education. In 2003, the Public Health Agency of Canada developed a comprehensive set of national guidelines for sexual health education. Due to the division of power between federal and provincial jurisdictions, the guidelines have not been consistently implemented across Canada, nor are there standards through which sexual health education curriculums can be monitored and evaluated. In Ontario, critics claim the sexuality education curriculum is the most outdated in the country. The current curriculum does not include references to sexual orientation, gender identity, homophobia or families

with same-sex parents and is not in alignment with a number of existing provincial policies such as the Accepting Schools Act and the equity and inclusive education policy. In response, in 2010, the Ontario Ministry of Education released a revised health and physical education curriculum covering a range of issues related to health, physical activity and sexual health based on evidence gathered and best practices and in consultation with relevant stakeholders. Four years later, the government has yet to approve the curriculum, leaving students and teachers with an outdated curriculum developed in the 1990s.

In Alberta, some school boards allow religious groups to deliver sexuality education, which can contain inaccurate and misleading information regarding sexual and reproductive health, diverse family formations and scientific evidence. In 2014, an Edmonton student launched a human rights complaint with the Alberta Human Rights Commission providing evidence that religious groups were delivering misleading information to students on issues related to contraception and sexually transmitted infections, within an abstinence-based approach. Such an approach has the potential to increase the prevalence of sexually transmitted infections, unwanted pregnancies and negative health outcomes, as it limits young people's access to comprehensive, evidence-based and scientific information related to sexual and reproductive health.

Conscientious objection. Over the past year, there have been several reported incidents in which women have been refused sexual and reproductive health information and services as a result of doctors' conscientious objection on moral or religious grounds. In January 2014, when attempting to access contraceptive services, an Ottawa resident received a letter explaining the doctor's decision to refuse to provide "vasectomies, abortions, the morning after pill and any artificial contraception," on the grounds of "medical judgement as well as professional ethical concerns and religious values". This incident resulted in the emergence of evidence of other doctors in the province refusing to provide women with conceptive services. The College of Physicians and Surgeons of Ontario is currently reviewing its policy on the issue.

Canada's international support: human rights of women and girls

During the 2010 Group of Eight Summit, the Government of Canada pledged $1.1 billion to address maternal health. At the time, the Minister for International Development stated that none of the committed funding would go to work that included abortion services. The initiative originally excluded support for contraception as well, but was later reversed as women's health experts presented extensive evidence on the importance of reproductive health services and education for reducing maternal and infant mortality. A second summit on maternal, newborn and child health was held in May 2014, renewing the initiative for the period 2015-2020 with an additional $3.5 billion commitment. Funding for access to abortion services continues to be precluded from this funding commitment.

Restrictions on abortion do not reduce abortion rates; they force women to resort to clandestine, illegal and therefore unsafe services that put their health at risk and their lives in serious danger. Since the majority of countries to which Canada gives aid permit legal abortions in multiple circumstances, there is ample scope for government aid to support expanded access to this service as part of comprehensive sexual and reproductive health services. It is critical that the Government of Canada

end restrictions to safe abortion through development assistance by providing funding for a comprehensive package of sexual and reproductive health services and information in all maternal health-related initiatives.

Conclusion

With much to accomplish before the goals set out in Beijing in 1995 are met, all Governments, including Canada, must continue to support the rights of women and girls at home and abroad by creating a universally applicable post-2015 development agenda that prioritizes gender equality.

The post-2015 development framework must pay particular attention to marginalized groups such as women, girls, adolescents, ethnic and racial minorities, indigenous women, women with disabilities, sex workers, women living with HIV, trans people with identities all along the gender-identity spectrum, migrant and displaced women and rural women, among others, to empower them to claim their rights. It must recognize adolescents as rights-holders who are not merely in need of protection, but who also possess the agency to make informed decisions about their health and lives, in part by removing the legal, policy and administrative barriers to exercise their right to sexual and reproductive health. In doing so, it must recognize the right of adolescents, in Canada and around the world, to evidence-based education on human sexuality, sexual and reproductive health and gender equality.

Finally, accountability must underpin the next development agenda, as it is central to every stage of a human rights-based approach. Accountability includes not just transparency but access to justice and meaningful participation by all affected populations and civil society groups at all levels of decision-making.