

Pro-Choice Backgrounder

The struggle for access to sexual and reproductive rights in Canada and around the world is ongoing. Advocating for choice requires an understanding of how access to safe and legal abortion is part of broader sexual and reproductive human rights that are fundamental for all women.

Choice: Education, Access and Freedom

Being pro-choice means supporting the right of each woman to make decisions about her life. This includes the right of each woman to decide whether or not to have sex, whether or not to become pregnant, and when and if to have children. Pro-choice people believe that no one can make those choices for someone else. In order to make these decisions, all women need education, access and freedom.

Education

Everyone must be informed about their reproductive health choices. These choices should include abstinence, contraception, abortion, adoption, and parenthood, as well as how to protect yourself from sexually transmitted infections (STIs). Education allows people to become properly informed and make decisions about what choices are best for them.

Access

All women should have access to public reproductive health services, no matter where they live, how much money they earn, or what their citizenship status is. Many women in Canada and around the world are unable to exercise choice because they cannot afford it or because the services they need are not locally available or are illegal.

Freedom

Every woman should have the freedom to make decisions about her body that best suit her physical, emotional and other needs that are based on her own beliefs. Choice means self-determination—the power to control your own body and direct your own life. As the Supreme Court of Canada stated in 1988 when it overturned Canada’s law criminalising abortion, “[t]he right to “liberty” . . . guarantees to every individual a degree of personal autonomy over important decisions intimately affecting his or her private life . . .

The decision whether or not to terminate a pregnancy is essentially a moral decision and in a free and democratic society the conscience of the individual must be paramount to that of the state.”¹

Global Perspective

Examining sexual and reproductive rights around the world reveals that lack of access to safe and legal abortion services violates all women’s fundamental rights to safety and control of their own bodies:

- Of all induced abortions worldwide almost half, or about 20 million, are estimated to be unsafe.²
- About 67,000 women die annually due to complications resulting from unsafe abortions.³
- One in five women who have unsafe abortions suffer a reproductive tract infection, some leading to infertility.³
- Access to safe abortion services drastically reduces the likelihood of dying from resulting complications.³
- In countries where abortion is legal and accessible, there has been a decline in abortion rates over time, especially when contraception use rises.³

Choice in Canada

There are no laws that pertain to abortion in Canada. The law banning abortion was struck down by the Supreme Court in 1988, which ruled it unconstitutional, infringing on a woman’s right to liberty and security of person. Canada’s abortion rate has been relatively low and stable since abortion was legalised and became covered by medicare. In line with global trends, abortion rates in Canada did not increase after legalisation.² Furthermore, legal abortion has proven to be self-regulating. In Canada about 89.4 per cent, of abortions occur before 12 weeks, and less than one per cent of abortions are performed after 20 weeks, mostly for serious maternal or fetal health reasons.² The number of abortions after 20 weeks has always been extremely low in every country with legalised abortion.³

Current Barriers to Access

There are large gaps in access to sexual and reproductive rights in Canada. Less than one in five hospitals in Canada provide abortions, making it difficult for women to access safe and timely services.⁵

The availability of abortions is particularly scarce in small and rural locations across the country. The concentration of services in urban centres means that many women must travel long distances, find accommodation, take time away from work and, in some cases, pay for the abortion. For teenagers, victims of incest, or women living in abusive relationships, these realities can deny them their rights.

Women in the Maritimes also face many barriers. In New Brunswick, elective abortions are very difficult to access in hospitals, only one location provides access in Nova Scotia, and there are no abortion services at all in Prince Edward Island.⁵

In addition, abortion is not universally insured by provincial governments. This is a violation of the Canada Health Act because abortion is considered an essential medical service. There are no clinics in Saskatchewan or the Territories, where abortions are performed only in hospitals. No funding is provided to the one clinic in New Brunswick, and the government of Prince Edward Island provides no abortion services whatsoever, even in hospitals.⁵

Legal Threats to Reproductive Rights

Existing sexual and reproductive rights are also under attack. At least 38 per cent of the 2008-2009 Members of Parliament (MPs) have anti-choice voting records. Such MPs have used their positions to publicise their stance, and to support private member's bills which threaten the reproductive rights of women and youth.⁵

Bill C-484 "Unborn Victims of Crime Act"

This Bill was introduced by Conservative MP Ken Epp and passed its second reading in March 2008. Modeled on a similar American law, it would allow separate charges to be laid in the death of a fetus if a pregnant woman is the victim of crime. This law would effectively give legal rights to the fetus and could be interpreted to allow charges to be laid against women for behaviours that can be construed as endangering the life of the fetus, as has occurred in the United States. Despite the fact that this Bill was defeated in the House, at their November 2008 convention, the

Conservative Party passed a resolution (P-207) making it party policy to support further legislation of this kind.

Bill C-2 "The Age of Consent Bill"

First introduced in October 2004, this Bill raises the age of consent to sexual activity from 14 to 16 years old, unless sexual partners are within five years of age. This Bill also left the age of consent for anal sex at eighteen years, a difference that has been deemed discriminatory by Canadian courts. These regulations result in youth not seeking the health services they need due to the fear of their partners being prosecuted. It can also result in the denial of service provision to youth by health care providers who are uncertain about legal obligations, as has happened in the United Kingdom as a result of a similar law.

Bill C-537 "Protection of Conscience Rights in the Health Care Profession"

Introduced in April 2008 by Conservative MP Maurice Vellacott, this Bill is an amendment to the Criminal Code that would allow health care professionals to refuse to provide services and referrals which conflict with their personal religious beliefs, including abortion, contraceptive services and information. This goes further than most medical codes of ethics which have allowed health care professionals to not perform services as long as they provide relevant referrals. This Bill could also lead to the assignment of legal personhood for fetuses, as it defines the term "human life" to include fertilized eggs and embryos.

While some of these bills may not yet have been passed, the persistence of attacks on reproductive rights reinforces the need for vigilance in the protection of hard-won victories like the decriminalisation of abortion. In addition, substantial barriers in Canada and around the world continue to prevent women from full access to those rights. Women's human rights and freedoms need persistent protection, and those rights need to be promoted and expanded to ensure the legal availability of the services that are essential to that freedom.

1 R. v. Morgentaler, [1988] 1 S.C.R. 30

2 World Health Organization. (2006) "The World Health Report 2005: Make Every Mother and Child Count"

3 World Health Organization. (2003) "Safe Abortion: Technical and Policy Guidance for Health Systems"

4 Statistics Canada

5 Abortion Rights Coalition of Canada