



## 2008 Canadian Federal Election Questionnaire

The 2008 Canadian Federal Election Questionnaire was collaboratively prepared by:

**The Canadian Federation for Sexual Health (CFSH)**

**Action Canada for Population and Development (ACPD)**

**The Society of Obstetricians and Gynaecologists of Canada (SOGC)**

CFSH adapted this version from the original.

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### ***Accessibility: Abortion in Canada***

Abortion has been without criminal restrictions under Canadian law since 1998, yet only 15% of Canadian hospitals provide abortion services. According to the *Canada Health Act*, Canadian health care policy should “facilitate reasonable access to health services without financial or other barriers.” It is currently impossible for women to obtain an abortion in Prince Edward Island, and the provincial governments of New Brunswick and PEI refuse to fund abortions provided in private clinics. This directly contravenes the accessibility provisions of the *Canada Health Act*. Despite financial penalties and warnings from previous governments, nothing has been done by the government to enforce the *Canada Health Act*.

***Q: What will your party do to ensure that all Canadian women have access to abortion services without financial or other barriers, in conformance with the Canada Health Act?***

### ***Private Members' Bills***

A series of Private Members' Bills that could have eroded abortion rights in Canada were introduced in the last Parliament; they were touted as protection against violence for pregnant women. Rather than adding to existing legislation that protects women from violence, however, they opened the door to the recognition of a fetus as a separate legal entity. All but 4 sitting Conservative MPs, 27 Liberal MPs and 1 NDP MP voted in favor of one such bill - Unborn Victims of Crime Act - at second reading. Similar bills could very likely be introduced in the new Parliament.

***Q: What steps will your party undertake to prevent the passage of any subsequent government or Private Members' Bills that threaten to erode women's right to choose?***

### ***Health Resources and Information***

Accessibility includes more than just access to services; it also includes access to sexual and reproductive health resources and information. In the spring of 2007, the Canadian government cancelled a highly successful health information web portal, the Canadian Health Network. The Network was a partnership with health charities and organizations across the country and provided a wide variety of health information to Canadians. The absence of this excellent source of sexual and reproductive health information leaves a huge void for Canadians seeking confidential and reliable sources of information.

## Background about the Questionnaire

CFSH, ACPD, and SOGC developed these questions to represent the concerns and issues of interest to their constituencies and memberships.

Collectively the three organizations represent thousands of Canadians with an interest in sexual and reproductive health.

The aim is to support all Canadians in becoming actively engaged in the campaign and future mandate.

Members and their supporters are encouraged to use this questionnaire as a tool for engagement with candidates in their communities.

***Q: What will your party do to restore funding to the Canadian Health Network, and ensure access to comprehensive health information, including sexual and reproductive health, for Canadians?***

### ***Aboriginal Women and their Sexual and Reproductive Health***

Aboriginal people face lower standards of health and health care than the rest of the Canadian population. For example, Aboriginals made up over 14% of reported AIDS cases in 2003. Aboriginal women have a 1.5 times higher birth rate than the Canadian average and 2 to 2.5 times the rate of prenatal, stillbirth and newborn death. They are more likely to seek treatment for drug and alcohol abuse than other Canadian women, and face related risks of fetal alcohol syndrome (FAS), its affects (FAE), family dysfunction and violence. The substandard health care available to Aboriginal communities cannot be considered in isolation from factors influencing their social determinants of health, such as poverty and unemployment, poor housing, cost of food in remote communities, etc.

***Q: Is your party prepared to consult with aboriginal women, elders, traditional healers, midwives and youth to develop and implement a plan that will ensure sexual and reproductive health programs, services and research are available for all aboriginal people?***

### ***Youth Focus***

While some progress has been made for the sexual and reproductive health of youth, a number of disturbing trends demand attention:

- In 2003, the pregnancy rate for Canadian teens aged 15-19 was 32.1 per 1000.
- The reported STI rates have steadily increased over the past decade; for example, Chlamydia has increased by 70%; over two-thirds of these cases are among 15-24 year olds.
- Six out of every ten sexual assaults in Canada are committed against people under 18 years.

To improve the sexual and reproductive health of youth, they need skills, education, information, and health services to help them make informed choices, to negotiate sexual relationships and to prevent abuses of power. The Public Health Agency of Canada is preparing to release the updated *Guidelines for Sexual Health Education* to help professionals working in the area of sexual health education to further develop education policies and programs.

***Q: How will your party use government-issued guidelines to ensure that Canadian youth have access to a broad-based sexual health education and service?***

### ***Age of Consent***

The *Tackling Violent Crime Act*, received royal assent on February 28<sup>th</sup>, 2008. It introduces amendments to the Criminal Code and the *Canada Evidence Act* intended to “protect children and other vulnerable persons from sexual exploitation, violence, abuse and neglect.” Its focus on law enforcement does not directly

protect youth, rather it only allows for prosecution after exploitation occurs. There is no evidence that raising the age of consent to sexual activity from 14 years to 16 years will increase protection of youth from sexual exploitation or provide any other benefit sufficient to justify the intrusion into personal privacy and consensual activity. Rather, the prospect of legal sanction and third party disclosure could seriously discourage youth from accessing preventive and therapeutic health services and other forms of information and assistance.

***Q. Do you understand the negative impact that raising the age of consent may have on the sexual and reproductive health of youth?***

***Q. Given that the bill was passed to protect youth, how do you propose to ensure it is not used against them?***

### ***Maternity Care in Canada***

Canada is rapidly approaching a crisis in the delivery of prenatal, birthing and postnatal care. In the past 10 years Canada's rankings has dropped significantly among OECD countries: from 6 to 21 for prevalence of infant mortality, from 12 to 14 for perinatal mortality rates, and from 2 to 11 for maternal morbidity rates.

A record number of women – over one hundred with high-risk pregnancies from British Columbia and Ontario alone – have been sent to American hospitals over the past year. Many provinces -- notably Quebec and Alberta -- are experiencing “baby boomlets” resulting in some women waiting too many weeks for a routine prenatal appointment. Women in labour are being redirected due to lack of available services. These shortfalls are especially felt in rural areas and small cities where geographic barriers limit the access to maternity care. National maternity care providers have been urging Government for two years to commit to a National Birthing Initiative to address this situation before it worsens.

***Q Is your party willing to make the health of pregnant Canadian women and their babies a priority by supporting initiatives that will ensure equitable access to appropriate maternity care? Are you willing to do whatever is necessary to ensure the safety of women and babies everywhere in Canada?***

### ***HIV/AIDS in Canada***

In 2004, the Federal Government announced *The Federal Initiative to Address HIV/AIDS in Canada: Strengthening Federal Action in the Canadian Response to HIV/AIDS*. It included a funding increase from \$42.2 million to \$84.4 million by 2008-09. The full amount of the initiative has not been implemented as committed. The funding should have reached \$84.4 million under the initiative this fiscal year, yet \$11.8 million will not be released as intended. Over the last two years more than \$21 million has not been distributed for treatment, care, support, and prevention, as originally committed.

***Q. How will your party ensure that funding for the Federal Initiative to Address HIV/AIDS in Canada is restored to \$84.4 million, as was originally intended?***

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## ***International Sexual and Reproductive Rights and Health***

At the UN conference held in Cairo in 1994, Canada, along with 179 other countries, agreed that a women's right to enjoy a safe and satisfying sex life and to freely decide if, when and how often they wish to reproduce is a fundamental human right that needs to be addressed. Furthermore, at the 2005 World Summit, world leaders agreed to integrate access to reproductive health into national strategies to attain the Millennium Development Goals. As we wait for these promises to be met, women in developing countries continue to suffer and die.

- Over 200 million women want to plan their families but do not have access to condoms, contraceptives and family planning services;
- 536 000 women die every year as a result of pregnancy and childbirth; 99% of these deaths occur in developing countries;
- 68 000 women die and an estimated 5 million women are hospitalized each year from complications due to unsafe abortions;
- 340 million new cases of curable sexually transmitted infections (STIs) occur every year, with women being five times more at risk of becoming infected than men;
- 2 million people died due to AIDS last year, half of which were women;
- Over 80% of women with cervical cancer are living in developing countries, and most with no access to health services;
- As many as 1 in every 3 women has been beaten, coerced into sex or abused in some other way;
- There are 13 million teenage pregnancies every year, of which more than 90% occur in developing countries

***Q. What steps will your party undertake to ensure Canada's commitments to promote and defend sexual and reproductive rights, as defined by the Action Plan produced at the Cairo conference in 1994 are met?***