

A FemNorthNet Fact Sheet

Sexual and Reproductive Justice in the North



Where is the North?

FemNorthNet partners with and researches the experiences of women who live in both Canada's "near North" (the northern parts of the provinces) and "far North" (areas above the 60th parallel including parts of Quebec, Labrador, and the Territories). Our research also draws upon studies and models from other countries within the northern circumpolar region.

What is Sexual and Reproductive Justice?

Sexual and reproductive justice recognizes that struggles for sexual and reproductive rights must be linked to wider struggles against oppression. The term comes from women of colour and Indigenous women. It embraces intersectionality and places an individual woman's bodily rights within the wider context of systems (racism, colonization, globalization, etc.) and structures of power (economy, legal system, etc.) that can limit her ability to have control over her body, define her gender and sexual identity, seek sexual pleasure, and freely decide if, when, and how she wants to have children. Choice is not possible while women, families and communities are struggling with the legacies of multiple forms of oppression and violence.

Challenges to Sexual and Reproductive Justice in The North

- Colonization has done great harm to Indigenous communities in the North. The legacies of residential schools, high numbers of children in care, and racist attitudes threaten the stability of families and increase Indigenous women's and girls' vulnerability to sexual violence and exploitation.
- Resource development and extraction has been linked to increased sexual violence, substance abuse and sexually transmitted infection rates in Northern communities. Toxic pollution contributes to birth defects, miscarriages, infertility and contaminated breast milk among women living near project sites.
- Economic restructuring and the centralization of public services in bigger population centers takes resources and expertise on sexual and reproductive health away from smaller Northern communities.
- Many Northern communities are rural or remote, with some accessible only by air. Long distances and high travel costs can prevent women from obtaining sexual and reproductive health services not available locally or take them away from their communities and families for long periods of time.
- Social realities, like high rates of poverty and housing crises in some Northern communities, lead to poor health outcomes and have been identified as risk factors for violence and exploitation.

Yukon Sexual Health Clinic

Yukon's first sexual health clinic opened in October 2014 in Whitehorse and was created through the hard work of a group of Northern women who recognized that women looking for sexual and reproductive health services and information faced unacceptable challenges, especially if they did not have a family doctor. The clinic serves people under the age of 40 and is a hub for sexual and reproductive health services. The clinic focuses on building positive relationships between healthcare providers and women, provides an LGBTQ friendly environment, and has evening hours to accommodate workers' schedules.

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Sexual and Reproductive Health Services in the North

As health care is regulated by provinces and territories, and federally for First Nations and Inuit communities, the availability and accessibility of sexual and reproductive health services varies in the North.

Pregnancy: It is often very difficult to find providers for prenatal care in rural and remote areas. Midwives have been integrated into some – but not all – provincial and territorial health systems, and provide vital pre/postnatal care in some areas of the North. Many women living on reserves or in remote areas are evacuated to the South or a bigger center at 36-38 weeks to await birth. In Nunatsiavut, women are sent to Happy Valley-Goose Bay for low risk births and to St. John’s for higher risk births. Many find it very difficult to be separated from their own mother, other children, and culture during late pregnancy. For Indigenous women, evacuation has contributed to a loss of community birthing knowledge and removed them from traditional ways of giving birth surrounded by family and community. In Nunavik’s progressive model, midwives allow Inuit women to receive culturally sensitive care and deliver close to home.

Born on the Land with Helping Hands

Pauktuutit has created a [calendar](#) for Inuit women to use during their pregnancy that integrates traditional knowledge and Western knowledge. It includes stories from elders, describes Inuit customs of birth and midwifery, gives country food sources of essential nutrients during pregnancy like Vitamin B, calcium and iron, and suggests natural remedies for pregnancy side effects like heartburn.

Contraception: Birth control pills are available across the North by prescription and can be bought in local pharmacies. Women without private insurance, particularly women on low-incomes or employed in non-standard work, can find pills unaffordable. Women without primary care find it hard to obtain prescriptions. Immigrant women report more negative attitudes, lack of knowledge and fears of birth control pills than non-immigrant women. Plan B (emergency contraception) is available over the counter everywhere except Québec. The Government of Nunavut found that 87% of sexually active young women in Nunavut use condoms in contrast to the 71% national average. Some provinces have sexual health centres that offer free condoms, contraception counselling, subsidized birth control pills and free Plan B. Ontario has the best coverage, with health units in all Northern cities and major towns providing these services.

Abortion: The biggest barrier to accessing an abortion in the North is the distance women need to travel. Abortions are typically only offered in the South or territorial capitals. Traveling takes women away from their care responsibilities, families and culture, and governments do not always cover costs. The lack of abortion providers means long wait times. This can prevent women from obtaining an abortion locally. In Iqaluit, doctors cannot perform an abortion after 13 weeks, so women past that point have to go to Ottawa. Anti-choice beliefs among healthcare workers can hinder women getting accurate information about options or a doctor’s referral, which is a requirement in Northwest Territories. An issue for some immigrant and Indigenous



[Birth control microgestin](#) by [lookcatalog](#) is licensed by [CC BY 2.0](#)

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women who try to get information is language barriers. Wider stigma about abortion can cause women to feel shame about their choice or not consider abortion an option during an unwanted pregnancy.

Sexually Transmitted Infections (STIs): The North has high rates of STIs. Women in Nunavut have the highest rates of chlamydia in Canada, while Northwest Territories has the highest rates of infectious syphilis. Indigenous women have the highest group rates of HIV among Canadian women, and many new diagnoses are young people. STI testing is available across the North in local health facilities. Stigma discourages many women from getting tested.

Reproductive Technologies: The North has no fertility clinics so women with fertility difficulties, or lesbian couples wishing to have a baby, have to travel to the South. Public health plans do not cover In vitro fertilization (IVF), with the exception of Québec and Ontario in special circumstances. IVF costs up to \$12,000, not including travel costs, which can add several thousand dollars in expenses.



Proper condom use can effectively prevent both pregnancy and STIs.

Sex Work in the North

Women enter sex work for many reasons – some by choice and others not by choice. Poverty, difficult family situations and homelessness can lead women to become involved in sex work. Sex work becomes more prevalent in the North during economic booms caused by resource megaprojects, when many single men migrate to resource towns to work. Women involved in sex work face high risks of STIs, unwanted pregnancies and consent violations. Some sex workers feel unsafe going to police in the event of a sexual assault, fearing legal troubles or being publicly exposed as a sex worker if they are living in a smaller town.

The Problem of Sexual Violence

Sexual violence takes many different forms. Young girls are more likely to be abused by family members, while teenagers and women often face violence in intimate relationships. Women with disabilities and senior women are particularly vulnerable to sexual abuse by caregivers or within institutions. Some Indigenous families have intergenerational cycles of sexual violence, linked to colonization, forced relocation and residential schools. Indigenous women and women of colour also face violence motivated by racism. Women who work in male dominated environments report sexual harassment in the workplace.

As violence prevention initiatives are also provincial and territorial responsibilities, there are differences across Canada. There are no dedicated sexual assault crisis centres in the Territories; British Columbia, Alberta, Saskatchewan and Ontario are the only provinces with one or more sexual assault centres in their Northern regions. Sometimes sexual assault services are integrated into shelters or can only be accessed through the criminal justice system. Yukon has a

Métis Voice: HIV, Health & Place Project

This project was led by a young Métis woman and was a partnership between the Native Youth Sexual Health Network, the Métis community in Sudbury and Buffalo Lake Métis Settlement in Alberta. It used a community-based, participatory arts and photovoice approach to draw links between environmental justice and reproductive health (especially HIV) for Métis women and youth.

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24 hour sexual violence crisis line. In Nunavut, counselling services for survivors of sexual assault are rarely available in Inuktitut, which may exclude older Inuit women who may not speak English well.

Focus on Human Trafficking

Both Pauktuutit and the Native Women's Association of Canada have identified trafficking as an important concern for women, especially young Indigenous women, in the North. Sometimes women are trafficked after leaving their home communities because of an abusive partner or family member, or after migrating to the South to escape an overcrowded home. Women who migrate without supportive family networks or financial means are especially vulnerable to being trafficked. Women who have been forced into sex work fear being arrested by the police if they come forward about being trafficked. A history of childhood sexual abuse and low self esteem have been identified as two common risk factors for trafficking. The Government of Nunavut reports that 52% of Inuit women within the territory identify as survivors of childhood sexual abuse. In many communities, it is taboo to disclose abuse or exploitation, so women remain silent and are not able to seek help to heal. Post-traumatic stress disorder is common among women who have been trafficked. In positive news, maintaining and renewing connections to culture has been found to prevent the exploitation and trafficking of Indigenous women and girls.

Pauktuutit and the Native Women's Association of Canada have published extensive reports on the trafficking and exploitation of Indigenous women and girls, which are available online.

Being Lesbian, Bisexual, Trans*, Two-Spirit or Queer in the North

Like elsewhere in Canada, homophobia and transphobia are realities in many places in the North. However, there are a number of organizations that provide support and community activities to lesbian, bisexual, trans*, two-spirit and queer women in the North, including Queer Yukon and It Gets Better Yellowknife. Pride celebrations take place annually in many bigger towns in the North. For women living in isolated places without a big queer community, a new Facebook group "[LGBTQ Community in the Arctic](#)" provides a virtual network of queer Northerners. Another positive sign is that the Northwest Territories Human Rights Commission has been commended by NWT Pride for its effective handling of LGBTQ related human rights complaints.

Where Can I Go If I Have A Question or Need Help?

[Native Youth Sexual Health Network](#)
[Pauktuutit Inuit Women of Canada](#)
[Native Women's Association of Canada](#)
[DAWN-RAFH Canada](#)
[Northern Sexual Health Portal](#) (info in multiple languages)
[Action Canada For Sexual Health and Rights](#)
[Canadian Association of Sexual Assault Centres](#)



Flying a rainbow flag is a way Northern communities support LGBTQ members.

[Rainbow flag breeze](#) by [Benson Kua](#) is licensed by [CC BY-SA 2.0](#)

CRIAW acknowledges its presence and work on Indigenous Territories. We respectfully recognize the legacy of colonization upon Indigenous Peoples.

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