



Native Women's
Association of Canada



L'Association des
femmes autochtones
du Canada

‘Women’s and girls’ sexual and reproductive health and rights in situations of crisis’

Submission to the UN Working Group on
Discrimination against Women and Girls

August 27, 2020

Head Office
85 Albert Street, 12th Floor Ottawa, Ontario K1P 6A4
Tel: (613) 722-3033 Fax: (613) 722-7687 Toll-free: 1-800-461-4043 reception@nwac.ca



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Introduction

The Native Women's Association of Canada (NWAC) hereby submits information to the UN Working Group on discrimination against women and girls' call for submissions for the upcoming report on *'Women's and girls' sexual and reproductive health and rights in situations of crisis'*.

In this submission NWAC provides responses to the UN Working Group's questions 4, 5, and 6 with an overall focus on access to culturally safe, sexual and reproductive healthcare for Indigenous women and girls in Canada. The intrinsic value of the current submission is that the up-to-date information contained therein will convey to the UN working group a snapshot of the provision of sexual and reproductive health for Indigenous women, girls and gender-diverse people in Canada.



Responses to Questions:

4. Please highlight any challenges faced in the provision of SRH services and good practices in ensuring women's and girls' SRHR in situations of crisis

Despite representing the youngest and fastest growing segment in Canada¹, Indigenous populations face a multitude of challenges surrounding the provision of sexual and reproductive healthcare (SRH) including poor access to quality healthcare², stigma and discrimination and relationships that lack trust between Indigenous people, their communities and healthcare providers³. Negative healthcare encounters experienced by Indigenous women in Canada, including forced or coerced sterilization can be attributed in part to the deeply rooted racism and patriarchal policies that exist in the Canadian healthcare system⁴. The shallow depth of understanding and knowledge that the Canadian population, and in turn healthcare providers, have about Indigenous people proliferates negative stereotypes, which heightens racism, marginalization, and stigma⁵. Many Indigenous people do not trust, and in turn, do not use health care services due to negative and traumatic experiences⁶. This ultimately contributes to poorer health outcomes and interrupts SRH services.

Many Indigenous populations live in rural and remote communities where access to healthcare is limited due to inconsistent funding and jurisdictional issues⁷, high staff turnover⁸, and the unavailability of quality gynaecological, prenatal, obstetric, and postnatal, culturally appropriate

¹ Statistics Canada, "Aboriginal Peoples in Canada: Key Results from the 2016 Census," 2017, <https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025a-eng.htm>.

² Tara Horrill et al., "Understanding Access to Healthcare among Indigenous Peoples: A Comparative Analysis of Biomedical and Postcolonial Perspectives," *Nursing Inquiry* 25, no. 3 (July 2018), <https://doi.org/10.1111/nin.12237>.

³ Lloy Wylie and Stephanie McConkey, "Insiders' Insight: Discrimination against Indigenous Peoples through the Eyes of Health Care Professionals," *Journal of Racial and Ethnic Health Disparities* 6, no. 1 (February 1, 2019): 37–45, <https://doi.org/10.1007/s40615-018-0495-9>.

⁴ Yvonne Boyer and Judith Bartlett, "External Review: Tubal Ligation in the Saskatoon Health Region: The Lived Experience of Aboriginal Women," July 22, 2017, https://www.saskatoonhealthregion.ca/DocumentsInternal/Tubal_Ligation_intheSaskatoonHealthRegion_the_Lived_Experience_of_Aboriginal_Women_BoyerandBartlett_July_22_2017.pdf.

⁵ Wylie and McConkey, "Insiders' Insight."

⁶ Wylie and McConkey; Lauren Vogel, "Broken Trust Drives Native Health Disparities," *CMAJ* 187, no. 1 (January 6, 2015): E9–10, <https://doi.org/10.1503/cmaj.109-4950>.

⁷ Josée G. Lavoie, "Policy Silences: Why Canada Needs a National First Nations, Inuit and Métis Health Policy," *International Journal of Circumpolar Health* 72, no. 1 (January 31, 2013): 22690, <https://doi.org/10.3402/ijch.v72i0.22690>; Rita Henderson et al., "Advancing Indigenous Primary Health Care Policy in Alberta, Canada," *Health Policy* 122, no. 6 (June 1, 2018): 638–44, <https://doi.org/10.1016/j.healthpol.2018.04.014>.

⁸ Bruce Minore et al., "The Effects of Nursing Turnover on Continuity of Care in Isolated First Nation Communities," *Canadian Journal of Nursing Research* 37, no. 1 (2005): 86–100, <https://cjr.archive.mcgill.ca/article/viewFile/1928/1922>; Maria Cherba, Gwen K. Healey Akearok, and Alexander MacDonald, "Addressing Provider Turnover to Improve Health Outcomes in Nunavut," *Canadian Medical Association Journal* 191, no. 13 (2019): 361–64, <https://doi.org/10.1503/cmaj.180908>.



care⁹. Therefore, they need to travel long distances, leave their communities, families, and culturally based support systems to receive sexual and reproductive healthcare including prenatal care, delivery, contraception, abortions etc. These supports are not only far from home, but often do not incorporate traditional and cultural teachings, nor do they meet the unique needs and priorities of Indigenous women.

Further, empirical data obtained by NWAC through engagement sessions with Indigenous women indicated a prominent gap in sexual health education and a need to empower and raise awareness amongst Indigenous women on their rights within the healthcare system, their understanding of their options when it comes to sexual and reproductive health, informed consent and information on what to do when those rights are abused¹⁰. Participants in the engagement session expressed a desire to return birth closer to home and increase awareness and access to Indigenous Doulas¹¹ and midwives. They underscored the importance of updating accountability frameworks that leverage the licensing system to ensure ethical practices in healthcare and hold providers accountable for their actions¹². Finally, participants recommended increased Indigenous representation within the healthcare setting and cultural safety and anti-discrimination training for personnel at every level in healthcare¹³.

The distinction between the definitions of health, wellness and illness between Indigenous and mainstream Western science has long been documented¹⁴. Failure to acknowledge Indigenous understandings can lead to programming and supports that are not only ineffective, but harmful as well¹⁵. Indigenous approaches to wellness are proactive rather than reactive and tend to be

⁹ Karen M. Lawford, Audrey R. Giles, and Ivy L. Bourgeault, "Canada's Evacuation Policy for Pregnant First Nations Women: Resignation, Resilience, and Resistance," *Women and Birth* 31, no. 6 (December 1, 2018): 479–88, <https://doi.org/10.1016/j.wombi.2018.01.009>; Zoua M. Vang et al., "Interactions Between Indigenous Women Awaiting Childbirth Away From Home and Their Southern, Non-Indigenous Health Care Providers," *Qualitative Health Research* 28, no. 12 (October 1, 2018): 1858–70, <https://doi.org/10.1177/1049732318792500>.

¹⁰ Native Women's Association of Canada, "NWAC PEKE Regional Community Health Sessions-Saskatchewan (West)," 2020.

¹¹ An Indigenous Doula provides physical, mental, emotional, and spiritual support for expectant mothers and their families (clients) during pregnancy, while giving birth and after delivering their baby. They keep their clients informed and help them make decisions while honoring traditional and spiritual practices related to pregnancy, birth and child rearing.

¹² Native Women's Association of Canada, "NWAC PEKE Regional Community Health Sessions-Saskatchewan (West)."

¹³ Native Women's Association of Canada.

¹⁴ Teresa Howell et al., "Sharing Our Wisdom: A Holistic Aboriginal Health Initiative," *International Journal of Indigenous Health* 11, no. 1 (2016): 111–32, <https://doi.org/10.18357/ijih111201616015>; Roderick Michael McCormick, "The Facilitation of Healing for the First Nations People of British Columbia," *Canadian Journal of Native Education* 2 (1995): 249–319; Judith G. Bartlett, "Health and Well-Being for Métis Women in Manitoba," *Canadian Journal of Public Health = Revue Canadienne de Santé Publique* 96, no. Suppl 1 (January 2005): S22–27, <https://doi.org/10.1007/BF03405312>.

¹⁵ Howell et al., "Sharing Our Wisdom: A Holistic Aboriginal Health Initiative."



more beneficial to healing, improve quality of life and improve health outcomes for Indigenous populations¹⁶.

Indigenous Peoples have been using and benefiting from traditional health and cultural practices to enhance their wellness for millennia. However, colonization and forced assimilation interrupted these systems and attempted their erasure. Contemporary Indigenous scholars, communities and Elders have since re-centered Indigenous knowledge, understanding and connection to the land and incorporated them into culturally meaningful programs and services. These services have had a profound effect on Indigenous health and wellness, challenged systemic barriers, revitalized the sacred connection to the land and promoted cultural reclamation and belonging.

The importance of having Indigenous women lead sexual and reproductive health initiatives and Sexually Transmitted Blood Borne Infection (STBBI) programming is well established¹⁷. This strengths-based notion acknowledges that Indigenous women are the experts of their own lives who have the strength, resiliency, and ability to overcome adversity. Community-led and community owned programs have not only been shown to be effective¹⁸ and relevant¹⁹, but are also more likely to successfully change behaviour and improve health outcomes²⁰. This approach is necessary and integral to sexual and reproductive health programming and policy development and is underscored in a number of documents including the United Nations Declaration on the Rights of Indigenous Peoples²¹ and the Truth and Reconciliation Commission of Canada's Calls to Action²².

¹⁶ Howell et al.

¹⁷ Doris Peltier et al., "Chapter 4: When Women Pick Up Their Bundles: HIV Prevention and Related Service Needs of Aboriginal Women in Canada," in *Women and HIV Prevention in Canada: Implications for Research, Policy and Practice* (Women's Press, 2013), 85–104, https://nativewomensassociation-my.sharepoint.com/personal/cryan_nwac_ca/Documents/Microsoft%20Teams%20Chat%20Files/When_Women_Pick_Up_Their_Bundles_HIV_Pre.pdf; Vanessa Oliver et al., "'Women Are Supposed to Be the Leaders': Intersections of Gender, Race and Colonisation in HIV Prevention with Indigenous Young People," *Culture, Health & Sexuality* 17, no. 7 (August 9, 2015): 906–19, <https://doi.org/10.1080/13691058.2015.1009170>; Kerry Arabena, "Addressing Structural Challenges for the Sexual Health and Well-Being of Indigenous Women in Australia," *Sexually Transmitted Infections* 92 (March 1, 2016): 88–89, <https://doi.org/10.1136/sextrans-2015-052412>.

¹⁸ Meredith Minkler, Nina Wallerstein, and Nance Wilson, "Improving Health through Community Organization and Community Building," in *Health Behavior and Health Education: Theory, Research, and Practice*, 4th Edition (San Francisco, CA, US: Jossey-Bass, 2008), 287–312.

¹⁹ Janet Smylie et al., "Understanding the Role of Indigenous Community Participation in Indigenous Prenatal and Infant-Toddler Health Promotion Programs in Canada: A Realist Review," *Social Science & Medicine* 150 (February 1, 2016): 128–43, <https://doi.org/10.1016/j.socscimed.2015.12.019>.

²⁰ J. P. Elder et al., "Community Heart Health Programs: Components, Rationale, and Strategies for Effective Interventions," *Journal of Public Health Policy* 14, no. 4 (1993): 463–79.

²¹ United Nations, "United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)" (United Nations, March 2008), https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf.

²² TRC, "Truth and Reconciliation Commission of Canada: Calls to Action," 2015, http://nctr.ca/assets/reports/Calls_to_Action_English2.pdf.



Indigenous midwives were once a cornerstone of community health and wellbeing. As a result of colonization and ongoing systemic racism in the Canadian health care system, the knowledge and skills of Indigenous midwives was silenced and the health and safety they brought to communities was lost²³. Access to maternal and newborn care was compromised and important health and socio-cultural leadership was lost. This has had a devastating impact both on the preservation of culture and on reproductive and newborn health outcomes in Indigenous communities²⁴.

Despite these challenges, several Indigenous midwives are practicing across Canada²⁵. Indigenous midwives are vital to the wellbeing of Indigenous communities. They provide clinically excellent and culturally rooted sexual and reproductive care for women, 2SLGBTQQIA²⁶ peoples, babies, and families and uphold our peoples' languages, oral cultures, and traditions. More and more communities are seeking to reclaim the power of Indigenous midwifery, recognizing community-based midwifery-led births as central to healing and wellbeing²⁷. They recognize that in addition to having an expert clinical skill set, Indigenous midwives can offer:

- Increased access to culturally safe, trauma informed health care providers that honor the uniqueness, needs and interests of Indigenous people.
- Reclamation and restoration of significant ceremonial and cultural practices in relation to pregnancy and childbirth, baby care and breastfeeding.
- Leadership and education in community, including mentorship to youth interested in exploring the career path to become a midwife or other health care professional.
- Care to families where they live therefore reducing the number of routine evacuations from remote communities²⁸.

²³ P. Jasen, "Race, Culture, and the Colonization of Childbirth in Northern Canada," *Social History of Medicine: The Journal of the Society for the Social History of Medicine* 10, no. 3 (December 1997): 383–400, <https://doi.org/10.1093/shm/10.3.383>; Janet Smylie and Wanda Phillips-Beck, "Truth, Respect and Recognition: Addressing Barriers to Indigenous Maternity Care," *CMAJ* 191, no. 8 (February 25, 2019): E207–8, <https://doi.org/10.1503/cmaj.190183>.

²⁴ Jasen, "Race, Culture, and the Colonization of Childbirth in Northern Canada"; Smylie and Phillips-Beck, "Truth, Respect and Recognition."

²⁵ Brenda Epoo et al., "Learning Midwifery in Nunavik: Community-Based Education For Inuit Midwives," *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 10, no. 3 (2012): 283–300.

²⁶ 2SLGBTQQIA is an acronym for Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex and asexual. Two-spirit is a term that incorporates Indigenous views of gender and sexual diversity and encompasses sexual, gender, cultural and spiritual identity. It may be used among some Indigenous communities/peoples, rather than, or in addition to identifying as LGBTQ+, although not all sexual and gender diverse Indigenous people consider themselves to be Two-spirit. Though suppressed through the process of colonization, a two-spirited person may have specific roles containing cultural knowledge and governance structures, these roles may vary and are specific to each individual community. Due to cultural and spiritual context, the term, Two-spirit should only be used for Indigenous people.

²⁷ Amber D. Skye, "Aboriginal Midwifery: A Model for Change," *Journal of Aboriginal Health* 6, no. 1 (2010): 28–37.

²⁸ Skye.



5. Please list the situations of crisis experienced by your State in the last five years.

In Canada, forced assimilation through discriminatory government policies such as the Indian Act, Residential Schools, the Sixties Scoop, and Bill C-31²⁹, have had negative impacts on the health and well-being of First Nations, Inuit and Métis peoples with control of Indigenous women's bodies in the forefront. The colonization of Indigenous communities has contributed to a significant loss of traditional knowledge, language, culture, and ways of life and have contributed to widespread poverty, low educational attainment, female disempowerment, and intergenerational trauma. Furthermore, systemic racism continues to impact Indigenous peoples' access to culturally relevant and safe healthcare in Canada as racist and anti-Indigenous attitudes and beliefs are upheld and perpetuated through discriminatory policies in institutions including the healthcare sector.

As of April 2019, over 100 Indigenous women from across Canada have come forward to say that they were forced or coerced to undergo a sterilization procedure. Forced or coerced sterilization continues the history of colonization and is designed to control and/or eliminate a population³⁰. Of these women, most had not been offered other forms of birth control and were only given inadequate information about sterilization³¹. Some of these women recall feeling pressured, if not threatened, by health care providers to consent to a sterilization procedure — without fully understanding the procedure's risks or permanency. In some cases, sterilization procedures were conducted despite Indigenous women expressly refusing to provide consent and/or sign a consent form³².

The forced or coerced sterilization of Indigenous women is an extremely serious violation of not only human rights, medical ethics, and reproductive rights, but also an assault on the cultural integrity of Indigenous populations. As stated in the Interagency Statement on Eliminating Forced, Coercive and Otherwise Involuntary Sterilization, sterilizing Indigenous women against their will violates the rights to equality, non-discrimination, physical integrity, health, and security, and constitutes an act of genocide, violence and torture against women³³. The UN Committee against Torture's 2018 concluding observations encouraged the Canadian

²⁹ Bill C-31 was meant to align the Indian Act with gender equality under the Canadian Charter of Rights and Freedoms. It allowed women to apply for reinstatement of their and their children's Indian Status after losing it for marrying a non-Indigenous man. While this may seem like a positive step towards equality, in reality, Indigenous women struggled greatly to operationalize it due to a convoluted documentation system, an abundance of red tape and overwhelming financial costs for individuals who were already financially marginalized due to their lack of Indian status.

³⁰ Priti Patel, "Forced Sterilization of Women as Discrimination," *Public Health Reviews* 38, no. 1 (July 14, 2017): 15, <https://doi.org/10.1186/s40985-017-0060-9>.

³¹ Boyer and Bartlett, "External Review: Tubal Ligation in the Saskatoon Health Region: The Lived Experience of Aboriginal Women."

³² Boyer and Bartlett.

³³ OHCHR et al., *Eliminating Forced, Coercive and Otherwise Involuntary Sterilization: An Interagency Statement*, 2014, https://www.who.int/reproductivehealth/publications/gender_rights/eliminating-forced-sterilization/en/; United Nations Committee against Torture, "Committee against Torture," 2018, https://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/CAN/CAT_C_CAN_CO_7_33163_E.pdf.



government to ensure the investigation of all allegations of forced sterilization, hold those responsible accountable, and provide victims redress while criminalizing forced or coerced sterilization and clearly defining free, prior and informed consent with regard to sterilization³⁴. These concerns and recommendations were echoed by both Special Rapporteur on the Right to Health and Special Rapporteur on Violence against Women.

Further, at the time of writing this document, three class action lawsuits related to forced or coerced sterilization have been launched in three provinces in Canada including MRLP and SAT v Canada (Attorney General) in the Court of Queen's Bench for Saskatchewan (MLRP v Canada (Attorney General)); Mary Sarah Cardinal v. Her Majesty the Queen in Right of Canada was filed in the Court of Queen's Bench of Alberta; and P.D.I. et al. v. The Attorney General of Canada, et al., Case No. 19-01-21597 was filed at the Court of Queen's Bench for Manitoba.

First Nations, Inuit, and Métis women in Canada disproportionately experience poorer health outcomes, including STBBIs, complications in pregnancy and delivery, and sexual violence compared to their non-Indigenous counterparts³⁵.

With non-sterile injection drug use as the primary mode of transmission, First Nations and Metis peoples are five times more likely to contract HCV, 2.7 times more likely to be diagnosed with HIV and seven times more likely to have chlamydia³⁶, compared to non-Indigenous populations³⁷. Rates of chlamydia, gonorrhea and syphilis amongst Inuit populations are over 10 times the Canadian average³⁸. Indigenous women are acquiring STBBIs at a higher rate than both Indigenous men and other Canadian women, with rates steadily increasing over time³⁹. For example, the prevalence rates of high-risk Human Papilloma Virus (HPV types 16, 18) are

³⁴ Committee against Torture, "Concluding Observations on the Seventh Periodic Report of Canada" (United Nations, 2018),

<http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhsglSZMQd1BoEakgm8DLljp%2ftVZwAcP32UhceoEv6s9EFDnHa%2ffIXxFR9KNVY4qkr3X7%2faP5eVqCmw6nDLJyD3dA5iGzIWJ0XfsLEbi0yIvz>.

³⁵ "First Nations, Inuit, and Métis Women's Sexual and Reproductive Health," *Journal of Obstetrics and Gynaecology Canada* 35, no. 6 (June 1, 2013): S28–32, [https://doi.org/10.1016/S1701-2163\(15\)30705-2](https://doi.org/10.1016/S1701-2163(15)30705-2).

³⁶ Chief Public Health Officer, "The Chief Public Health Officer's Report on the State of Public Health in Canada 2013 – Sexually Transmitted Infections – A Continued Public Health Concern" (Government of Canada, 2013), <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/chief-public-health-officer-report-on-state-public-health-canada-2013-infectious-disease-never-ending-threat/sexually-transmitted-infections-a-continued-public-health-concern.html>.

³⁷ Sadeem T. Fayed et al., "In the Eyes of Indigenous People in Canada: Exposing the Underlying Colonial Etiology of Hepatitis C and the Imperative for Trauma-Informed Care," *Canadian Liver Journal*, October 3, 2018, <https://doi.org/10.3138/canlivj.2018-0009>.

³⁸ Gregory J. Corosky and Astrid Blystad, "Staying Healthy 'under the Sheets': Inuit Youth Experiences of Access to Sexual and Reproductive Health and Rights in Arviat, Nunavut, Canada," *International Journal of Circumpolar Health* 75, no. S1 (January 1, 2016): 31812, <https://doi.org/10.3402/ijch.v75.31812>.

³⁹ Public Health Agency of Canada, "Reported Cases from 1924 to 2017 in Canada - Notifiable Diseases," 2017, <https://dsol-smed.phac-aspc.gc.ca/notifiable/charts?c=pl>.



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higher among Indigenous women than non-Indigenous women⁴⁰ and Indigenous women accounted for 47.3% of all HIV diagnosis amongst Indigenous Peoples between 1998 and 2012. Whereas non-Indigenous women accounted for 20.1% of HIV diagnosis amongst non-Indigenous persons⁴¹. Indigenous women are more vulnerable to STBBIs as they are more likely to experience the social drivers to STBBIs including poverty, substance abuse and intimate partner violence⁴².

Finally, pregnancy and birth outcomes are consistently poorer amongst Indigenous populations compared to non-Indigenous populations⁴³.

⁴⁰ Andrea C Tricco et al., “Canadian Oncogenic Human Papillomavirus Cervical Infection Prevalence: Systematic Review and Meta-Analysis,” *BMC Infectious Diseases* 11 (September 5, 2011): 235, <https://doi.org/10.1186/1471-2334-11-235>.

⁴¹ Public Health Agency of Canada, “HIV/AIDS Epi Updates: HIV/AIDS Among Aboriginal People in Canada,” 2014, https://pacificaidnetwork.org/files/2015/02/Chapter-8-Epi-Update_ENG_Web.pdf.

⁴² “First Nations, Inuit, and Métis Women’s Sexual and Reproductive Health.”

⁴³ Amanda J. Sheppard et al., “Birth Outcomes among First Nations, Inuit and Métis Populations” (Statistics Canada, 2017), <https://www150.statcan.gc.ca/n1/pub/82-003-x/2017011/article/54886-eng.htm>.



6. What was the impact of those crises on women and girls?

Women who have been impacted by forced or coerced sterilization have reported various physical and emotional symptoms including, pain, tissue scarring, hormonal imbalances, depression, anxiety, feelings of inadequacy, social isolation, loss of identity and self-worth, distrust in the healthcare system and fear of authority⁴⁴. This in turn leads to a hesitancy to seek medical care increasing women's vulnerability to preventable and treatable medical conditions. Forced or coerced sterilization is not only an assault on the individual rights of Indigenous Peoples but affects Indigenous families, communities, and populations as well. Sterilization impedes Indigenous women's ability to procreate and in turn impacts populations, cultures and traditions.

Medical evacuation for birth exposes Indigenous mothers to significant stress. Activation of prenatal stress predisposes mothers to perinatal depression, this in turn can negatively impact the quality of postnatal care including reduced duration of breastfeeding and impaired interaction of the mother with her infant⁴⁵. Additionally, stress has been found to suppress the immune system, as a result, mothers experiencing stress are more susceptible to infections and illnesses during their pregnancy⁴⁶. Increased illness can consequently affect the pregnancy as the mother is more likely to have poorer nutrition, decreased physical activity and altered sleep patterns during the period of illness⁴⁷. Furthermore, Inuit teenage pregnancy rates are five times the Canadian average⁴⁸. Finally, Indigenous infant mortality rates are two times higher the rates of non-Indigenous populations and rates of First Nations and Inuit sudden infant death syndrome are seven times higher that of non-Indigenous populations⁴⁹.

Colonization has contributed to the dehumanization and marginalization of Indigenous women, who continue to experience rates of violence close to triple that of non-Indigenous women and are three times as likely to report being a victim of spousal violence as non-Indigenous women⁵⁰. Even within the Indigenous population, this remains a gendered issue as Indigenous women are more likely to report experiencing both physical and sexual maltreatment as a child than Indigenous men⁵¹.

⁴⁴ Boyer and Bartlett, "External Review: Tubal Ligation in the Saskatoon Health Region: The Lived Experience of Aboriginal Women."

⁴⁵ Judith Alder et al., "Identification of Antenatal Depression in Obstetric Care," *Archives of Gynecology and Obstetrics* 284, no. 6 (December 2011): 1403–9, <https://doi.org/10.1007/s00404-011-1872-3>.

⁴⁶ Lynette K. Rogers and Markus Velten, "Maternal Inflammation, Growth Retardation, and Preterm Birth: Insights into Adult Cardiovascular Disease," *Life Sciences* 89, no. 13–14 (September 26, 2011): 417–21, <https://doi.org/10.1016/j.lfs.2011.07.017>.

⁴⁷ Rogers and Velten.

⁴⁸ Corosky and Blystad, "Staying Healthy 'under the Sheets.'"

⁴⁹ Sheppard et al., "Birth Outcomes among First Nations, Inuit and Métis Populations."

⁵⁰ Jillian Boyce, "Victimization of Aboriginal People in Canada" (Statistics Canada, 2014), <https://www150.statcan.gc.ca/n1/pub/85-002-x/2016001/article/14631-eng.htm>.

⁵¹ Boyce.



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Conclusion

As this submission to the UN Working Group on Discrimination against Women and Girls has argued, structural factors rooted in colonialism contribute to health and social challenges for Indigenous women, girls and gender diverse people and actively interfere with the provision of adequate, quality, sexual and reproductive outcomes, and healthcare. It is imperative that appropriate steps, that are underscored by principles of cultural safety and trauma-informed care, are taken to address the consequences of ongoing injustices caused by Canada's colonial history. Systemic change that centers Indigenous women's voices and self-determination at all levels is required to put an end to racism, oppression and violence in healthcare and respond to the underlying causes of forced or coerced sterilization of Indigenous women. Further, it is imperative to advocate for the provision of community led, culturally safe, sexual and reproductive health and SRHR, and supports by and for Indigenous women, girls and gender diverse people that aligns with their unique needs and priorities.



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Native Women's
Association of Canada

L'Association des
femmes autochtones
du Canada

Head Office

85 Albert Street, 12th Floor, Ottawa, ON K1P 6A4

Tel: (613) 722-3033

Fax: (613) 722-7687

Toll: 1-800-461-4043

nwac.ca | reception@nwac.ca

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