Position Statement #5

Advocating for Sexual and Reproductive Education in Nursing Curricula: Supporting Reproductive Autonomy

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Introduction and Background Information

Induced abortions have been legal in Canada since 1988 and are currently governed by the Canada Health Act (Government of Canada, 2019). Furthermore, in section 7 of the Canadian Charter of Rights and Freedoms states every Canadian has the right to "life, liberty, and security of the person and the right not to be deprived thereof" (Government of Canada, 2019). In 1988, when induced abortions were legalized in Canada, the highest courts of our country also ruled that nobody but the pregnant person themselves could decide for or against an induced abortion. To attempt to control a person's reproductive capacity would be to violate that person's right to *life, liberty, and security of the person* (Government of Canada, 2019; LawforAlbertaWomen.ca, 2015).

Access to an induced abortion is both a reproductive and human right, however, there are many people in Canada who do not have reliable access to abortion nor other reproductive services. This is due to the inconsistencies in funding throughout the country, geographical constraints, anti-choice politicians, as well as the ideological alignment of many influential non-profit groups. Many provinces regulate which facilities can provide induced abortions, unnecessarily requiring services to be performed in hospitals and refusing to allow these services to be performed in smaller clinics with equally trained professionals (CBC, 2019). This constraint creates a barrier for people living in rural and remote communities, who would then be required to commute long distances to receive services at a hospital. Huge financial barriers are created for clients when they must travel long distances, additional to possibly having to pay for some or all of the service - as coverage is province dependent. When there are barriers to accessing reproductive services - including legislative barriers, social stigmatization, and bureaucratic processes - people who require or depend on these services cannot access them. Thus, their reproductive options and bodily autonomy can be limited (Reeves et al, 2018).

There are many fake abortion clinics, often called "Pregnancy Crisis Centers", which cater to vulnerable pregnant populations but refuse to refer their clients to abortion services (ARCC, 2019). These fake clinics provide misinformation about abortion or withhold

information in an attempt to exaggerate the dangers of abortions (ARCC, 2019). These clinics are funded primarily by religious organizations and private donors, are not medical clinics, and do not willingly disclose their religious ties (ARCC, 2019). People who are seeking abortion services also face long wait times to receive the services they require, which compromises their eligibility to receive said services (CBC, 2019). For example, many hospitals put early upper limits on how far along in the pregnancy the client can be; cut-offs such as 12 or 18 weeks result in clients learning about their pregnancies and then only having a short amount of time to decide whether or not to access abortion services.

Nurses have a moral, ethical, and professional obligation to advocate for increased access to health care services, regardless of their personal opinions about those services. Nurses know that inadequate access to reproductive services does not lead to less abortions, it leads to less safe abortions. At home remedies become enticing and may seem like viable options, but these can have devastating, and sometimes fatal, effects. Creating barriers to proper reproductive health will only assure that many unwanted pregnancies end in physical illness or pain, psychological and emotional stress, financial challenges, or death of the pregnant person.

Canadian Nursing Students' Association's Current Position on the Issue

As of 2019, the CNSA harbours no definitive position on this issue. While referring to the 1984 to 2006 position and resolution statements, not one mention towards reproductive autonomy was made. Furthermore, recent position and resolution statements also fail to make any mentions to reproductive health, and especially not to induced abortions. Whether this is due to the lack of need historically for CNSA to take a stance, or whether this has been a conscious choice due to the politically heated nature of this topic, is unknown. In January of 2013, CNSA passed a resolution statement encouraging educational institutions to include political education in curriculum, encouraging nursing students to become involved in political activism, and attempting to involve nursing students in their communities at an advocacy level (Gielarowiec, Hardy-Moffat, Telegdi, & Bloomberg, 2013). While resolution statements such as these have inspired students to become involved within the CNSA, it is unclear how involved CNSA students have become in the external political climate.

Indirectly related to this issue is a position statement passed in 2018 regarding rural and remote health equity. Although this position statement speaks more closely to the health discrepancies faced by Indigenous populations and other populations living remotely and rurally, it indirectly speaks in support of reproductive autonomy (Norris, Pelley-George, Gustafson, 2018). This is because remote and rural communities often lack the infrastructure necessary to provide clients with choices and educational supports surrounding their reproductive health. Furthermore, creating a position on this issue falls within CNSA's strategic plan Objective B, Outcome 1: members"[b]e involved in curriculum decisions, planning and review", and

Objective B, Outcome #4: "Members of CNSA incorporate research and evidence-based decision making into their current and future practice to positively influence patient outcome" (CNSA, 2016).

Relation to Canadian Nursing School Curriculums

A clear objective of CNSA is to influence and make advancements in innovation and social justice within the nursing curriculum and the nursing profession (CNSA, 2016). A clear objective of nursing schools' curricula is to provide graduate nurses with at least the minimal requirements to allow graduates to perform at a generic level. Curricula and the culture permeating healthcare would have one believe that sexual and reproductive healthcare are niche topics--ones requiring extra certification to be able to address. While it may be true that to provide sound advice and perform thorough assessments regarding sexual and reproductive health, it is in no way true that a graduate nurse should not have the competencies to discuss sexual and reproductive health with their clients. In every healthcare setting, a person's sexual orientation and gender are present. Despite not being the focus of their visit, a client will always carry their sexuality and gender with them and it will influence every decision they make and every experience they have. To provide holistic care, a nurse *must* be willing to address a client's sexual and reproductive needs and, where their own expertise fails, refer them to an appropriate professional.

Moreover, impartiality to all patients to provide excellent care despite personal beliefs is a fundamental belief in the nursing discipline. Whatever a nurses' personal beliefs on sexual and reproductive topics, they must not let it influence the information they provide their patients, the options they present, or the care they provide. Such an important concept is currently being left up to individual universities to decide whether or not to discuss, and that is unacceptable. The CNSA must be a strong advocate that *every* nursing curriculum include education on how to address sexual and reproductive health topics.

Conclusion and Restatement of the CNSA Position

A person's sexuality and gender are their own, and options such as contraception and induced abortions are an important aspect of comprehensive healthcare. No matter a nurses personal beliefs, they must always be willing to provide all possible information with the best interpretation for their client, and treat their clients with autonomy, justice, maleficence, and beneficence. Fostering this mind-set must happen at the undergraduate nurse level, and be declared as a core-competency no-matter where a nurse works. It is far better for a graduate nurse to be prepared to address a client's sexual and reproductive needs and never be asked, than for them to be ignorant of these topics when a client is in need.

Currently, the CNSA has no positions or resolutions specifically targeting this issue--or any reproductive health issues. Some position statements indirectly support adoption of a strong position in favour of reproductive autonomy, as do the CNSA's objectives and outcomes. Lastly, it is written within our very constitution that every person living in Canada has the right to *life, liberty, and security of the person* (Government of Canada, 2019). That means they have an inalienable right to do with their body what they wish. The CNSA must make a stance on this topic and be staunch advocates for patient-centered and holistic care.

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