

Birth control without going broke

by Sandra J. Goodwin

Presently, at Carleton University, students are enjoying the benefits of a medical insurance plan which includes coverage of the cost of oral contraceptives. The plan, provided by the Canadian Federation of Students in cooperation with Taleski Insurance, was first introduced one year ago at the University of Windsor. It has been growing in popularity ever since.

Both King's and Mount Saint Vincent universities have adopted the plan. However, each school has opted out of the contraceptive coverage, apparently for "religious reasons." Dalhousie has rejected the entire plan on the basis that it would cost a few dollars more per student than does Dal's current package.

A rough estimate taken from the Carleton example works out to about nine dollars per year — or 75 cents a month — per student for oral contraceptive coverage. Compared with the direct cost of oral contraceptives, which averages \$150.00 a year or \$12.50 a month, there is no question that

paying nine dollars more to one's drug plan is a preferable route to take.

There appear to be two main arguments against the integration of oral contraceptive coverage into students' medical insurance plans. First it has been suggested by administration officials that cheaper access to contraceptives would be promoting promiscuity on campus. This time-worn argument has never been substantiated by objective data. On the other hand, studies have clearly demonstrated that restriction of access to birth control leads to a higher incidence of unwanted pregnancies. Furthermore, the moralizing comments of university officials represent an intrusion into the personal lives of students which is both inappropriate and unwanted.

The second argument is that those not directly utilizing this benefit (predominantly the male population) should not have to pay for it. However, an informal poll of 50 male students revealed that 45 out of 50 or 90% of them would not mind

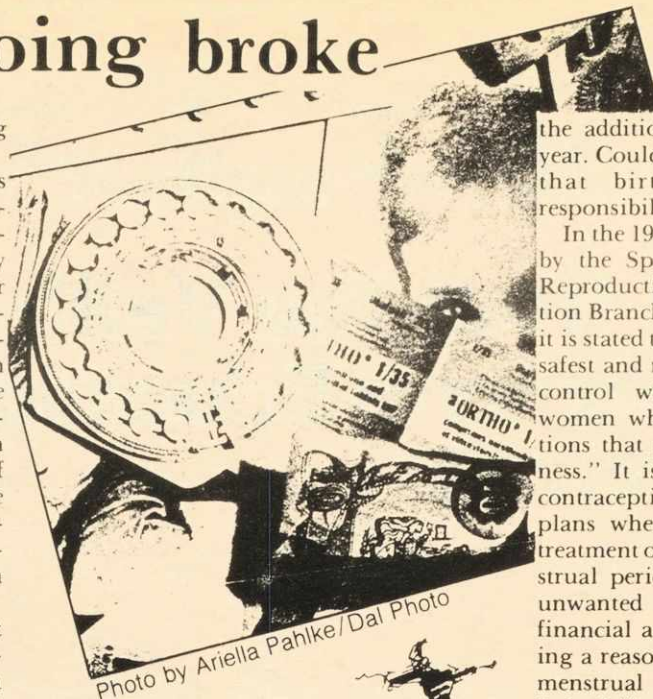


Photo by Ariella Pahlke/Dal Photo

the additional expense of nine dollars a year. Could it be that men are recognizing that birth control is a mutual responsibility?

In the 1985 report on oral contraceptives by the Special Advisory Committee on Reproductive Physiology (Health Protection Branch, Health and Welfare Canada), it is stated that "oral contraceptives are the safest and most reversible method of birth control when used by well-motivated women who have no evidence of conditions that preclude their use or effectiveness." It is interesting to note that oral contraceptives are covered by all insurance plans when they are prescribed for the treatment of painful and/or irregular menstrual periods. Surely, the prevention of unwanted pregnancy with its attendant financial and human costs is as compelling a reason for insurance coverage as are menstrual disorders. It would be tragic indeed if students are jeopardizing their safety — and their futures — simply because of a lack of funds.



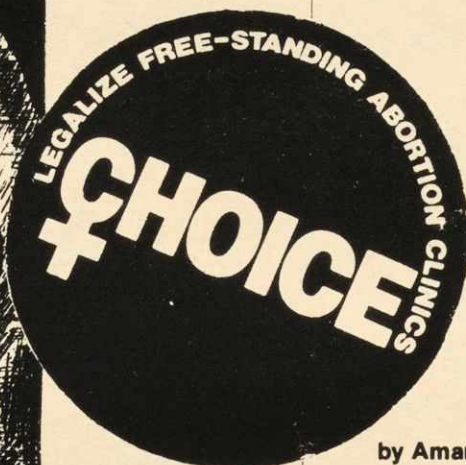
Women fight for reproductive rights

"I was obliged to have an illegal abortion in my youth, literally on the table with no anaesthetic. I don't want Canadian women to have to go back to that."

"I nearly lost my life twice trying to terminate an unwanted pregnancy and lived in fear the rest of the time. We must not let those days come back."

"... the procedure provided in the Criminal Code for obtaining therapeutic abortion is in practice illusory for many Canadian women... An average interval of eight weeks between initial medical consultation and the performance of the abortion procedure not only extends considerably the length of gestation of the fetus, but increases the risk of associated health complications to the woman."

(From the Report of the Committee on the Operation of the Abortion Law, Badgley et al., 1977)



by Amanda de Rougetel

Reproductive rights have long been a major focus of the women's liberation movement. If women are to participate as equals in society it is of absolute fundamental importance that we are able to control our capacity to reproduce. If we cannot control our bodies in this respect, then we become slaves to our biology and thus forever tied to the cycle of pregnancy, birth, and motherhood. For feminists, it is the issue of choice which lies at the centre of the fight for reproductive rights — women must have the right to choose whether and when to bear a child.

In order to exercise control over our bodies, women need access to safe and effective methods of birth control. While it is true that a number of methods exist, not a single one of them is 100% effective and safe. It is very possible for a woman to take all the precautions available to her and still end up pregnant against her wishes. Given this inescapable reality, it is essential for women to have access to safe, legal abortion.

It was not until 1969 that abortion became a medical procedure accessible to Canadian women through the inclusion of Section 251 of the Criminal Code of Canada. The term abortion refers to the termination of a pregnancy after the fertilized egg has implanted in the uterine lining and before the fetus has attained viability. It is generally accepted that the safest time for an abortion to be performed is within the first trimester.

Section 251 of the Criminal Code forbids abortion except when performed in an approved or accredited hospital after approval by a therapeutic abortion com-

mittee (TAC) of at least three doctors (none of whom may perform the abortion) who certify that "continuation of the pregnancy would, or would be likely to, endanger the life or health of the woman." In other words, abortion is a recognized medical procedure which is available to women but only under certain circumstances. It is these circumstances which make the current law unacceptable.

The Code takes control out of the hands of the woman and places it firmly in the hands of the physicians who sit on the TAC. It is they who decide the fate of the woman who has applied for an abortion.

Furthermore, not every woman in Canada gets even this chance to seek an abortion. Too many women don't make it to the TAC stage. Consider the obstacles that face women who live in a community in which there is no hospital, or in which there is a hospital but no TAC.

Women in these situations must travel away from their communities. Often this means added expense and time spent searching out people who are willing to help her obtain a therapeutic procedure which is seven times safer than is child-birth, if it is done in the first trimester.

It has been proven through numerous studies that each week of delay in obtaining an abortion causes an increase of 20 to 25% in the complication rate with an accompanying increase in psychological stress.

In 1984, according to Statistics Canada, only 30% of hospitals in Canada had a TAC. Moreover, not every TAC is a functioning committee and not every functioning committee grants abortions. There is

nothing in the law which requires a hospital to set up a TAC. The number of TACs in existence across Canada has been declining steadily and in 1984 alone the number decreased by five, from 249 to 244. In Atlantic Canada, the situation today is particularly desperate. Prince Edward Island and Newfoundland provide no abortion services whatsoever. In New Brunswick and Nova Scotia, access to abortion continues to be a major problem.

Hence, contrary to popular belief, the Criminal Code as it currently exists with respect to abortion does not provide universal access to Canadian women. Statistics indicate that women are prepared to travel away from their home community to obtain an abortion even if it means leaving the country. Figures show that 3,484 women went from Canada to the United States to obtain an abortion in 1984 (1,073 women went to the United States in 1979). These figures most likely underestimate the true numbers since not every U.S. clinic keeps separate statistics on its Canadian clients.

The reality of the situation is clear and the conclusions to draw are obvious. Once a woman has decided on abortion as her choice, she will go to great lengths to obtain the procedure. The current law is inadequate and must be amended to put control in the hands of the woman. Her fate should not be decided upon by an arbitrarily appointed TAC. Recent Gallup polls indicate that an overwhelming majority of Canadians are pro-choice; 72% believe that abortion is a woman's right and should be discussed and decided upon between a woman and her physician.

Abortion is a safe procedure which does not need to be performed in a hospital. In both Ontario and Quebec, abortions are safely performed in community clinics. Women travel to these clinics from across the country. The law must be further amended to allow abortions to be performed in free-standing clinics or in hospitals, as the woman so chooses.

We live in a society in which women are raped and beaten; in which no 100% safe and effective method of birth control exists; in which women still only earn on average 62 cents for every dollar a man earns; in which accessible quality child care is in woefully short supply; in which women continue to fight for basic justice and equal treatment. The fight for reproductive rights and freedom is central to the fight for equality.

The days before legalization of birth control and of abortion in 1969 saw women "exert control over their bodies" with knitting needles, coat hangers, and poisonous douches endangering their lives, health, and fertility. Today we must accept the judgment of a hospital therapeutic abortion committee. What will tomorrow bring — the freedom and dignity of access to safe abortion or the return to the back-street butcher?

To join the fight for reproductive freedom and rights, write to:

Canadian Abortion Rights Action League,
Halifax
Box 101, Station M
Halifax, Nova Scotia B3J 2M3