

## Through the eyes of diversity: getting to the roots of the matter



For quite some time, I had been waiting to either attend or at least hear of a sexual/reproductive health related event that went beyond the typical confines of the “one size fits all” model. For far too long in sexual and reproductive health, we are conditioned to think with this kind of framework, which essentially states that we are all equal in our sexual/reproductive health needs, and require only one or two kinds of service delivery.

While it may be desirable to think that we are indeed all equal, the reality of our society today is that in fact we are not, and the same peoples and communities continuously lose out for the widespread reluctance to seriously come to terms with this, and do something about it. Nowadays we are actualizing queer-positive, youth centered, even pro-choice resources, however this shift must definitely include and intersect other identities and realities, and look at how we can purposefully create competent services as well.

During the summer of 2007, I shared this aspiration of mine with a few other members of the Canadians for Choice team, and so we began planning the very first “Through the Eyes of Diversity: Reproductive and Sexual Health in Canada” event. Our goals were to specifically invite people and organizations we felt hadn’t really been invited to sit at the “pro-choice” table in quite some time or even ever at all, and pose the question of what “choice” actually meant to them. We learned so much from their multiple perspectives on reproductive and sexual health, and this inspired us to keep it going and create a project to give voice to places we have not been listening to enough.

Although the word “diversity”, used in the title of the event, is used to denote many different people and places, it is important to understand that within the context of reproductive and sexual health, this word can take on added connotations and meanings, and it is by no means meant to sufficiently explain anything. In fact many equity-seeking spaces are exploring the dynamics of power and privilege, because of the history of disservice these kinds of words have done to unjustifiably speak to the full spectrum of who people are and where they are truly coming from.

It’s up to you to decide if this kind of language is helpful or harmful in the context of what you or your organization is doing. Similar to this project, we want you to take it back, make it your own, and choose how you also are going to go beyond the confines of “one size fits all”.

Jessica Yee  
Board Member and First Nations, Inuit and Métis Committee Chair

## **Diverse Realities: a barrier to choice**

Being pro-choice is more than fighting for a woman's right to be able to choose when she faces an unintended pregnancy. At Canadians for Choice we believe that being pro-choice means that people should be able to make the choices they want and need to be able to have a life where sexual and reproductive issues are an important, acknowledged and respected part of their health and well being.

Have you ever wondered how people's differences including their health status, sexual orientation, race, age, gender and other aspects of their identity affect the way in which they get the sexual and reproductive help, advice, or treatment that they need?

Many times the different sides of our identities might not be the same as the majority of other people's; this is often referred to as a marginalized identity. Because of this we might be discriminated against and services providers as well as other individuals could treat us with less respect. Due to this we may find ourselves in a vulnerable position to speak up for what we need to live a happy, fulfilling, and healthy sexual and reproductive life.

Marginalization and discrimination might occur as a result of both visible and invisible aspects of our identity. Some visible aspects of our identities that people can see as we walk down the street, are our sex, age, race, ethnicity, non-/disable bodies, and body types. Other aspects of our identities are not visible to people who don't know us; like where we live, our sexual orientation, class, religion, work, and physical and mental health status. Sometimes people might think one thing about what they see, even if the reality is different. For example, someone may look 'white', but identify as First Nations, or racialized individual; or someone who is a transgender or gender-queer individual might appear to be of one sex, such as a female, but in reality self-identify differently perhaps as a male or as neither female nor male.

All of these different parts of who we are interact to shape our experience in the world, sometimes referred to as the intersectionality of our identity. This will influence not only how we are perceived, but how and what we decide to do and also how and if we are actually able to carry out and live the choices that we make.

Canadians for Choice believes it is essential to talk about how intersectionality influences access to sexual and reproductive health care. We talked to different people who either work with marginalized communities or who identify with a marginalized community such as seasonal migrant workers, HIV + persons, First Nations, trans, sex workers, religious communities, and people who are living or have lived with violence; so that they could share their viewpoint and stories about the issues that affect them.

So please join us in the next few weeks as we share with you articles that will highlight the stories of these individuals. We hope that through these articles you can have a better idea about different people's experiences and the troubles that people have to face, because of who they are, when trying to seek help and access sexual and reproductive health services in Canada.

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