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WOMEN'S CHOICES Inquiry—Debate Adjourned

Speech by:

The Honourable Vivienne Poy

Tuesday, June 22, 2010

THE SENATE

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WOMEN'S CHOICES

INQUIRY—DEBATE ADJOURNED

Hon. Vivienne Poy rose, pursuant to notice of April 27, 2010:

That she will call the attention of the Senate to the choices women have in all aspects of our lives.

She said: Honourable senators, I rise to speak on the inquiry into the choices that women around the world have today. Whether we are black, white, yellow or brown, we are all linked by our gendered experience.

Our gender imposes certain limitations on us; and in order for us to be able to make choices in our lives, we need to overcome those limitations. We are the ones who give birth and nurture the next generation, and progress in women's lives can only be achieved by such control of nature which is, at this time, scarcely available to women in many parts of the world.

Men and women are not so different, except for our hormones. One would think that the group which procreates and brings forth future generations should be protected. In nature, it is. Unfortunately, in human societies, it is often not the case.

I came to Canada more than 50 years ago to go to university. After I got married in 1962, my husband and I remained in Montreal because of his training. To my horror, as a married woman in Quebec in 1962, overnight, I turned from a responsible adult into a minor, meaning all legal and financial matters, including medical treatments, would need the consent of my husband.

Knowing what it is like being a person without legal rights of determination, I would not wish that on anyone. The fact that my husband has never exercised his rights was beside the point. That is why I am extremely sympathetic to women in many parts of the world today who are living under the power of others.

Honourable senators, I ask you to remember the women's movement and what it has achieved for us. Canadian women have fought for and won the right to make choices. One of the keys to our freedom is family planning through contraception, safe abortion and the right to choose when and how many children we wish to have — and the choice not to have any children at all, if we so wish. This has made it possible for us to participate fully in society.

Many of us would not be in this chamber today if we did not have the right to choose. However, these choices are an unreachable dream at the moment for women in many parts of the world.

• (1800)

The women in my grandmother's generation were homebound because they had huge families. Throughout their reproductive years, married women were like baby factories, having one a year or two every three years. Death from childbirth was commonplace.

My mother's generation was much better off because of birth control and, when birth control did not work, women were able to access medical abortions. I remember so well that the health of the mother and the survival of her existing children were primary considerations. That was the way it was in Hong Kong and in China.

When I was young, I used to listen to the older generation of women talk about the dehumanizing experiences they and their women friends suffered during the Second World War from the Japanese Imperial Armed Forces as conquered people and refugees.

The Hon. the Speaker: Honourable senators, I am sorry to interrupt but it is six o'clock.

Hon. Gerald J. Comeau (Deputy Leader of the Government): Honourable senators, there have been discussions and both sides have agreed not to see the clock.

The Hon. the Speaker: Is it agreed, honourable senators?

Hon. Senators: Agreed.

Senator Poy: These acts are well illustrated in the Massacre Museum in Nanjing. The men and boys were rounded up and murdered, but the women, and the girls, continued to suffer violations and pregnancies resulting from acts of violence.

Unfortunately, not much has changed in areas of conflict and in areas suffering from natural disasters. What happens in times of war is often condoned by the conquering armies and, for that reason, we now have the International Criminal Court in The Hague. Men suffer horribly, but it is sometimes much worse for the women. Rape used as a spoil of war as well as a method of terrorizing the population is not new.

In a country such as the Democratic Republic of the Congo, there were more than 8,000 reported cases of rape during the conflict last year. Goma prison, built for 150 inmates, houses more than 900 prisoners, mostly men. The women are jailed because of aborted pregnancies, mostly from rapes, or for manslaughter involving the killing of their assailants or their abusive spouses. Their children, who would otherwise be stigmatized or abandoned by the community, stay with them in the prison.

When there is pandemonium, lawlessness prevails. In Haiti, in the aftermath of the earthquake, a young woman who needed to use the toilet in the darkened tent camp said, "they grabbed me, put their hands over my mouth and the three of them took turns . . . I am so ashamed. We are scared people will find out and shun us." This 21-year-old woman, who gave birth to a baby girl three days before the earthquake, is suffering from abdominal pain and itching, probably from an infection contracted during the attack. It is unbelievable that women who are raped should feel shame instead of the rapists feeling shame.

In the hilltop suburb of Petionville, where plush mansions look out over slums on hillsides and in ravines, a seven-year-old rape victim is being treated in a tent hospital and a two-year-old

rape victim is receiving antibiotics for gonorrhoea infection of the mouth.

Alison Thompson, a volunteer medical coordinator for a relief group created by Hollywood actor Sean Penn, said, “when the lights go down is when the rapes increase and it’s happening daily in all camps in Port-au-Prince.” Besides sexually transmitted diseases and pregnancy, victims face possible HIV infection. Haiti has the highest infection rate in the Western hemisphere: 1 in 50 people.

What can the Western world do for these women and children to alleviate their suffering? The world’s leading general medical journal *The Lancet* pointed out that in 2008, the availability of antiretroviral drugs would have helped to save 60,000 lives lost to HIV/AIDS, out of 342,900 maternal deaths worldwide. Antiretroviral drugs are in short supply in countries where they are most needed.

The problem of control over unwanted pregnancies, in particular those resulting from violence, is a major concern to women worldwide. We just have to look at Ngaliema Clinic in Kinshasa, Congo, where rape victims often turn up after botched abortions, resulting in a perforated uterus, hemorrhage, peritonitis or sepsis. Abortion, like prostitution, is as old as human history. Today, the main difference is whether it is performed by a medical practitioner or a quack.

Abortion is forbidden in 14 African countries and 90 per cent of the rest restrict abortion. Yet, in a country like Tanzania, where abortion is taboo, it takes only a few minutes to find a man in the back room of a slum neighbourhood pharmacy to perform an illegal abortion for \$18. The spokeswoman of NGO Marie Stopes International, Laila Abbas, said in Africa, “the unsafe abortion market is huge. They kill at least 25,000 women and injure 1.7 million each year. Others are maimed and killed by horrific home remedies that include catheters, roots and herbs placed in the vagina to induce bleeding. That is why one seventh of African deaths in pregnancy and childbirth are caused by complications from unsafe abortions.

If the girls and the women who have been raped cannot get rid of their fetuses, they often kill or abandon their babies at birth because these infants are progenies of the assailants. Despite the fact that abortion is illegal in many countries, safe abortion, if available, would give these violated women and girls a slim chance to return to a life of normalcy.

Another limitation of being female is that in some societies, and in many poor countries, women are often treated as chattels to be bought and sold, used and abandoned. The practice of female feticide has resulted in a great gender imbalance in many developing Asian countries. On March 8 this year the UN announced that in India and China alone, some 85 million women have died from discriminatory health care, neglect and feticide.

Female feticide is also the main reason for older men, often farmers and labourers, to buy young brides from impoverished regions because they cannot find local brides. Many North Korean women refugees who cross into China are sold to old farmers as wives by their traffickers. These traffickers are supposed to help them to escape across the border. Today, in desperately poor countries, little girls are often sold as brides. In Yemen, Fawzia of Hadramout recently died of childbirth complications at the age of 12. She was married at the age of 11. When girls at that age give birth, their babies are often too large for their pelvic openings. In areas such as remote villages, where there are no maternal health services, let alone services to perform a Caesarean section, which most girls at that age need when they give birth, these preteens spend days in excruciating labour. They are fortunate if they and their babies survive the ordeal.

The availability of modern birth control could be a great help for these child brides. According to the Guttmacher Institute, meeting the world’s need for modern birth control would reduce maternal deaths by 70 per cent. Family planning through contraception can eliminate two thirds of unintended pregnancies and three quarters of unsafe abortions.

Reading about the story of Fawzia in Yemen brought to mind my own experience in Canada. I would not be standing here today if I had not received timely reproductive health care. My obstetrician was surprised because he expected an easy delivery because it was my third child. All women know that every time we give birth, our mortality is on the line. What hangs in the balance is the availability of appropriate medical assistance, which is not available in many parts of the world.

• (1810)

Canada, being the host of this summer’s G8 and G20 summits, need to remember that the Millennium Development Goal 5, which aims at reducing maternal deaths, has been the most neglected of all the MDGs. Eighty per cent of pregnant women who die every year do so from five entirely preventable or treatable causes, such as hemorrhage and botched abortions. Statistically, when the mother dies, more than half of her children under five will also perish.

I quote from the editorial of the *Lancet*:

Canada and the other G8 nations could show real leadership with a final maternal health plan that is based on sound scientific evidence and not prejudice.

Honourable senators, it is easy for women in the west to feel complacent since we have control over our lives because we have choices. Women less fortunate than we are have none. As a G8 nation, Canada has a responsibility to help the less fortunate by first focusing on their reproductive health.

(On motion of Senator Losier-Cool, debate adjourned.)