"I would love for there not to be so many hoops . . . ": Recommendations to improve abortion service access and experiences made by Indigenous women and 2SLGTBQIA+ people in Canada

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2023

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"I would love for there not to be so many hoops …": recommendations to improve abortion service access and experiences made by Indigenous women and 2SLGTBQIA+ people in Canada

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Abstract: *Acknowledging the barriers in accessing sexual and reproductive health services that disproportionately impact Indigenous women and 2SLGTBQIA+ people, coupled with the lack of knowledge surrounding Indigenous peoples' experiences with abortion, we present qualitative findings from a pilot study investigating Indigenous experiences of accessing abortion services in Canada. We focus on findings related to participant recommendations for improving safety and accessibility of abortion services made by and for Indigenous people in Canada. Informed by an Indigenous Advisory Committee consisting of front-line service providers working in the area of abortion service access and/ or support across Canada, the research team applied an Indigenous methodology to engage with 15 Indigenous people across Canada utilising a conversational interview method, between September and November 2021. With representation from nine provinces and territories across Canada, participants identified with Anishinaabe, Cree, Dene, Haudenosaunee, Inuit, Métis and/ or Mi'kmaq Nations. Five cross-cutting recommendations emerged, including: (1) location, comfort, and having autonomy to choose where the abortion takes place; (2) holistic post-abortion supports; (3) accessibility, availability, and awareness of non-biased and non-judgemental information; (4) companionship, advocacy, and logistical help before and during the abortion from a support person; and (5) cultural safety and the incorporation of local practices and knowledges. Recommendations demonstrate that Indigenous people who have experienced an abortion carry practical solutions for removing barriers and improving access to abortion services in the Canadian context.*
DOI: 10.1080/26410397.2023.2247667

Keywords: Indigenous, Canada, abortion, recommendations, access, cultural safety

Introduction

Abortion is a safe and non-complex health-care intervention that can be effectively managed by medication or aspiration and is a common procedure globally.[1] In Canada, where abortion is legal and available through the publicly funded health-care system, availability does not always equal accessibility. Canadian data shows that although one in three people who are able to get pregnant will experience an abortion in their reproductive lifetime,[2] abortion seekers face significant access barriers. This includes an absence of services (especially in rural, remote, and northern areas), travel costs, logistical challenges, and a lack of culturally safe, stigma-free care.[3–9] Access barriers disproportionately impact Indigenous (First Nations, Inuit, and Métis) people, particularly racialised Indigenous people and gender and sexual minorities including Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (2SLGTBQIA+) community members, and youth.[10–13]

In Canada, Indigenous women and 2SLGTBQIA+ people face significant inequities in sexual and reproductive health (SRH) service access.[14] Researchers agree that Indigenous SRH inequities are rooted in historical and ongoing forms of colonialism that target Indigenous reproduction, including forced and coercive abortion, contraception, and sterilisation by medical providers.[12,14–18] Indigenous reproductive justice scholars and activists argue such practices demonstrate the settler state's intention to eliminate Indigenous peoples. In a 2017 Briarpatch article titled "*A broad vision for reproductive justice*", Krysta Williams, with the Native Youth Sexual Health Network (NYSHN), notes how in Indigenous public health settings, "Sterilization and contraception is promoted at the same time as we are told to celebrate non-restrictive access to abortion". Williams argues that public health messaging "creates a very clear message that mainstream society does not want us to grow our nations and is actively interfering with our reproduction".[12]

Indigenous peoples have not always experienced SRH care as a site of systemic abuse. Long before and well after settler arrival, Indigenous women and Two-spirit people commonly used and administered contraceptives and abortifacients to their kin in the form of land-based medicines.[19–21] The imposition of the Western medical systems through processes of colonialism, dispossessed Indigenous people of their power and authority over SRH care, turning it over to foreign male physicians informed by patriarchal Christian beliefs.[22] Settler medical providers commonly viewed Indigenous medicines and spirituality as "devils work",[23] while reproductive processes like menstruation were viewed as dirty and profane.[21,24] Over time, many Indigenous people internalised these views, resulting in additional barriers of shame and stigma to SRH care.[11,22]

Despite what is known about the roots of SRH inequities in Indigenous communities, little is known about Indigenous peoples' experiences and desires related to abortion care in Canada.[11] Without this knowledge it is difficult to make evidence-based, patient-centred recommendations to enhance the safety and accessibility of abortion care for Indigenous peoples. To address these gaps, this article reports on qualitative findings from a pilot study investigating Indigenous experiences of accessing abortion services in Canada. We focus on findings related to participant recommendations for improving safety and accessibility of abortion services for Indigenous people in Canada. The recommendations put forward in this article come directly from Indigenous people with experience accessing abortions in Canada and are targeted at policymakers, service providers, and researchers working to improve SRH and abortion care for Indigenous people and Canadians.

The pilot study: Global Goal, Local Impact - access to abortion services for indigenous peoples in Canada

Global Goal, Local Impact (GGLI) was a one-year exploratory pilot study with the goal of advancing knowledge around access to and experiences with abortion services among Indigenous women and 2SLGTBQIA+ people in Canada. Acknowledging the barriers in accessing SRH services that disproportionately impact Indigenous women and 2SLGTBQIA+ people, coupled with the dearth of knowledge surrounding access to abortion services,[11] the first and third author (RM & AVPP) came together and applied for funding from the University of Victoria's Collaborative Health Grant, sponsored by the UVic Health Initiative (UHI). This funding was to support engagement and research with Indigenous women and 2SLGTBQIA+ community members who have

Table 1: Conversation guide	
Question 1	How would you describe yourself?
Question 2	Can you tell me about your experience with accessing abortion(s)?
Question 3	When you needed to access an abortion, were you able to talk to anyone in your community about it? Such as friends, family or loved ones? Why or why not?
Question 4	When you think back to your abortion experience, were you treated poorly or unfairly because you are Indigenous? How did this impact your overall health and wellbeing?
Question 5	Did you encounter any Indigenous service providers when accessing an abortion?
Question 6	If you received any post-abortion supports or services, can you describe what they were and whether these were beneficial?
Question 7	Are you aware of any traditional medicines or teachings in your family, community, or more broadly surrounding abortion or contraception? Can you describe them?
Interviewer Prompt	*I want you to imagine the most ideal scenario when accessing an abortion, whether it be surgical (aspiration) or medicated, one where you feel comfortable, respected, and able to be yourself.*
Question 8	How would it look? Who is there? Whether an abortion provider, or a service provider you encounter when trying to access an abortion, what are the things they can do to make you feel comfortable and respected and able to be yourself?
Question 9	What about the space where the abortion is being provided? How does it look or feel?
Question 10	How would you like to see the findings from this conversation used?

accessed or tried to access an abortion in Canada. Upon receiving funding in Spring 2021, an undergraduate and graduate research assistant joined our team, and an Indigenous Advisory Committee (IAC) was brought together to guide the work.

Methods

Indigenous-led approach

The Indigenous-led research team convened an IAC consisting of four front-line service providers from different regions across Canada who were identified through relational networks. The IAC provided guidance on all components of the study, including data collection, recruitment, data analysis, and knowledge translation. To ensure the research was carried out in a safe way, acknowledging that for many, abortion may be considered a traumatic event,[25] the IAC directed the research team to participate in a trauma-informed abortion support workshop to inform the design of recruitment and data collection activities. The IAC and the research team participated in the workshop together and collaborated to apply the principles of trauma-informed abortion care to the study design. The workshop was delivered by Abortion Support Services Atlantic in August 2021, prior to ethics submission to the University of Victoria (REB# 21-0131). This workshop covered topics including definitions of trauma and trauma-informed care; the impact of trauma across the lifespan; signs and symptoms of trauma; techniques for creating safety for people exposed to trauma; use of trauma-informed language; and recognising our own trauma reactions and supporting self-management.

Recruitment

The research team and the IAC circulated the recruitment poster through personal and organisational Facebook accounts. Selection criteria

included participants who self-identified as First Nations, Inuit, and/or Métis; were 19 years old or older; and had accessed or tried to access an abortion in Canada. Seventy people responded to the recruitment poster in total; however due to funding constraints, only the first 15 eligible participants were invited to participate. Once each potential participant was screened for eligibility through confirming with our team's research assistant that they met selection criteria, a date and time to meet over Zoom was arranged.[26] As part of our trauma-informed approach, participants were emailed the consent form and interview questions in advance of the interview for transparency. Participants were provided a $100 CAD honorarium at the beginning of their conversation via e-transfer. Interviews were audio-recorded, and participants were given the option to turn off their webcams if deemed more comfortable. Following the conversations, each participant was gifted a blanket and a thank-you card by mail to acknowledge their time and experiences shared.

Data collection

Our methodological approach was designed to foster relational connection and flexibility with participants and to align with Indigenous ways of gathering and sharing knowledge through storytelling.[27] The research team and IAC co-designed a conversational interview guide informed by Ojibwe scholar Kathy Absolon's Indigenous methodology, *Kaandossiwin: How we come to know*. Absolon's methodology serves as a theoretical framework for approaching the creation of knowledge in a holistic and relational way that respects the validity of Indigenous knowledge.[27] Gathering stories through a conversational method [27] informed by Absolon's methodology fostered relational connection and flexibility and aligned with principles of trauma-informed abortion support,[28] participant comfort, and consent in sharing their story. The interview guide (see Table 1) encompassed 10 open-ended questions centred around the following themes: (1) abortion access experience; (2) abortion stigma; (3) supports; (4) racism and discrimination; (5) Indigenous service providers; (6) traditional medicines or teachings; and (7) recommendations for improving abortion access. This article focuses on the recommendations made for improving abortion access.

Data analysis

Conversations were electronically recorded and transcribed verbatim using Zoom.[26] The research team asked each participant if they would like a hard copy of their transcripts to be mailed for verification or correction purposes. Two participants asked for a copy of their transcripts only for personal use. All other participants indicated that they did not want a copy of their transcript and that they were comfortable for it to be used as it was.

Data analysis followed Flicker and Nixon's [29] six-stage DEPICT model. Research team members read each transcript to identify major themes to support codebook development. All research team members were responsible for coding transcripts using the codebook within NVivo software.[26] To improve rigour, two research team members coded each transcript utilising a holistic coding method.[30] Holistic coding was applied to grasp general themes from larger sections of the transcripts.[30] Following this, team members provided a summary and supporting quotes for each theme. All team members reviewed each theme summary and collaboratively agreed on edits. Participants were then asked if they consented to their quotes being published and whether they would like to be anonymised or not. Next, the research team and IAC came together to review and confirm the themes and revisit the original project objectives.

Ethical approval

Ethics approval (21-0131) was received from the University of Victoria's Research Ethics Board on September 8, 2021.

Results

The research team conducted 15 interviews, averaging one hour in length, between September and November 2021. Participants represented nine provinces and territories across Canada and identified with Anishinaabe, Cree, Dene, Haudenosaunee, Inuit, Métis and/ or Mi'kmaq Nations. Participant ages ranged from 19 to 45 but were between the ages of 16–29 at the time of their abortion, which had taken place 5–15 years previously. All participants had accessed an aspiration abortion, including one participant who had already had two failed attempts with a medical abortion. Twelve participants chose to remain

anonymous, with three participants providing consent to use their first names alongside their quotes. The research team assigned participants who chose to remain anonymous with a medicinal plant name associated with reproductive health and wellbeing.[31]

Five cross-cutting recommendation groupings emerged from the analysis. The following groupings represent the most common recommendations that emerged. These groupings were woven together with many overlapping themes and included: (1) location and comfort ($n = 15$); (2) holistic post-abortion support ($n = 10$); (3) accessibility, availability, and awareness ($n = 10$); (4) appointment support ($n = 9$); and (5) cultural safety ($n = 6$).

Participant recommendations for improving abortion access in Canada

Location and comfort

The most commonly reported theme shared by all participants was the importance of having options of where to access an abortion, whether in a hospital and/or clinical setting, or within their home or local communities. While participants' personal preferences were divided, all participants recommended that individuals have autonomy to choose whatever option they would be most comfortable with.

While six participants felt more comfortable accessing an aspiration abortion in a clinical setting, recommendations were made to improve the interior design and environment of clinical settings, including warmer lighting and room temperature, calming music, colourful wall paint, and more privacy. As one participant shared about their hospital experience, "women were just getting [their abortion] behind all of these curtains … it was so strange … it just didn't feel private, or it felt like an abortion factory or something" (Yarrow). Though all participants in this study accessed an aspiration procedure, seven participants shared that they would prefer to access their abortion in a less clinical setting, such as in their local community and/or homes. One participant who had a negative hospital experience shared, "I think it just be nice and peaceful and at your own time and pace. Not at 5:30 in the morning at a hospital in the basement" (Cecilia).

One participant noted that while having an abortion in a smaller clinic may be more comfortable than within a large hospital, safety concerns may arise due to harassment from anti-choice protestors being more frequent:

"It would be nice to have smaller clinics doing these more often than just having it at the hospital but at the same time, I worry about safety for people because now in [a Canadian city], they perform abortions at the big mega hospital. But I know that big mega hospital can also afford a whole security team and everything. And so the protesters that do crop up there once in a while, they are shoved way down. Because the hospital is set back there way down by the road … where we can't see them, but if it's a little clinic, say if they perform them at the Native clinic that I was at, you would have to walk through them to get through the door if somebody decided to show up and I hate that. That is … the only reason that I almost hesitate to say … it'd be nicer to be in a small clinical setting … So, I'm always a little bit more concerned about people that are more timid or vulnerable." (Adrienne)

This participant continued with sharing how hospitals could be made more comfortable when accessing an abortion through improved seating, warmer wall paint colours, and warmer room temperature:

"You are just kind of in this cold clinical place, it's like everything is super white and steel table with stirrups and padded table … it wasn't comfortable at all … I just wanted it to … hurry up and be done with which I mean it's not something you want to lay there and be sipping the coffee and enjoying either but … to have the experience not be so glazed over, I guess is the word that I'm trying to find. I know that … in some hospitals there's birthing rooms they have that are made super comfortable. They're painted in really nice warm tones and there's couches and things like that there and I know that this procedure is fast, and they need to be able to still sterilize the rooms and stuff like that but a little paint and some warm air go a long way … They could have just slightly made it a little bit more comfortable in that respect." (Adrienne)

Holistic post-abortion support

Ten participants recommended aftercare and post-abortion support for their mental, emotional, physical, and/or spiritual health and wellbeing. This included having the option of being able to talk to someone after their abortion,

such as having someone follow-up by telephone, being invited to do a follow-up appointment, or being offered counselling and/or therapy. For example, two participants spoke to the need for optional, supportive, and non-judgemental follow-up support:

"Maybe some sort of aftercare … even someone just checking up on you later. I know for some people it might be difficult to. I mean maybe you could choose if you wanted a phone call or if you wanted to go to an appointment after, depending on what was safest for the individual." (Yarrow)

"I know a lot of women look at abortion is the loss of a child, whether it was a choice made by you or whether it's something that happened by accident, it's still going to affect you. There was never a therapist or someone to talk to, that was something even that was never mentioned to me, and to me that seems ludicrous especially when you're dealing with younger women. With my first it was disheartening, and it really affected me for years, how I navigated sexuality and things like that … Even just knowing that there might be someone available there for you to talk to you, whether you choose to or not, would be comforting in and of itself … The fact that it wasn't even something that was brought up, it was more of a sex education or a shaming event from the women trying to help me, and that just doesn't seem like it's a full good service." (Creeping Juniper Berries)

Another participant believed that an Indigenous aftercare provider could have offered them a more holistic and positive support experience:

"It would have been nice to have some type of service that wasn't just an old white man trying to give me counseling on something that was so sensitive that he did not understand. … Because afterward the abortion for me was so hard, it was the dealing with the other shit afterwards that was hard. And I think that had I had access to Indigenous service providers, they would have been more aware or acknowledged sort of that holistic health, that not just this one procedure, but acknowledging everything that comes with that. And it would have been helpful. Absolutely." (Horsetail)

Accessibility, availability and awareness

Ten participants recommended the need for improving accessibility, availability, and awareness surrounding abortion care. Accessibility, availability, and awareness barriers included not knowing who to talk to for trustworthy, non-biased and non-judgemental information. Another barrier was the lack of readily available information and resources about abortion in public health and high school education settings. Participants believed that through improving the availability of resources, and increasing awareness around abortion access, abortion services would become more accessible, as well as combat stigma surrounding abortion. For example, two participants shared:

"I think the first one would be readily available and accessible access to resources about abortion, that are out in the open in whatever medical clinic people are going to … I wasn't given anything and … I just googled how to get an abortion … there should have been something on my way out that I could have just grabbed that would have given me more information about that, even if the specific doctor was not supportive. I think it's their right to ensure that we have those resources, it's our right and it's their job. And I think that that would also help with the stigma a little bit, is just making it more readily available whether someone wanted it or not, whether I grabbed a pamphlet because I was going to get one or I just want to learn about it or if I read it, and then decided not to get one … I would love for there not to be so many hoops to prove that an abortion was the right decision for me. I would like my decision taken seriously." (Milkweed)

"To see more resources out there, early pamphlets, or information sessions or stuff like that, for the youth, so that they know and so they have resources that are readily available for them. Because it can be intimidating, I find, not knowing where to find the information, so that involves talking about it more … in terms of stigma. Because it could be intimidating and if you don't know where, you're not sure if you want to reach out, because you don't know if it's the right people or right stuff like that. So, if it's just there, and it's out there then people know that it's a normal and it's an okay decision to be thinking about and it's not bad." (Maggie)

Another participant shared that if it was not for their older sister's knowledge about available services, they might have accidentally accessed a crisis pregnancy centre instead of an abortion provider. According to Action Canada for Sexual

Health & Rights,[32] "crisis pregnancy centres" are disguised as abortion clinics but provide inaccurate information about abortion or pregnancy. This participant shared:

"Before I needed to access abortion services, I wasn't really familiar with them at all even through thinking of … high school for sex education or anything like that, that's not something that was ever 'talked about', or had anywhere to go for it. If it hadn't been for my sister, who is quite a bit older and knowledgeable in terms of social services, I probably would have found myself accessing a crisis pregnancy center which probably would have had a lot different outcome than having accessed the Women's Health Center that I did. So, just more general awareness and knowledge of the abortion services that are out there." (Stoneseed)

Appointment support

Nine participants recommended the need for a support person during their abortion access experience to make them feel safe and less alone, such as a family member, midwife, or abortion doula. This included having a support person to also help with navigating logistics and travel to abortion appointments, as well as acting as an advocate during their abortion. For example, one participant shared, "I wish I just even had a birth worker there who specializes in abortion supports to be able to either advocate for me or to help me navigate that and being able to ask questions" (Dogbane). Two participants drew comparisons to having support people during other types of SRH care and questioned why it is not common practice to have a support person during an aspiration abortion appointment.

"I don't know why you couldn't have a support person in there because it's really intimidating and I found it very uncomfortable and scary and I'm sure I'm not the only one who did find that, and I kind of find it interesting because I was allowed to have two support people when I gave birth twice, but during this event I wasn't allowed to have that support, you know what I mean? … I was awake, I was talking, I could have leaned on someone in that moment, for sure." (Horsetail)

"I think it would maybe be nice if you could have a support person in the procedure room with you, and I don't know too much about how sanitary and medical stuff works, but I mean, if you can have people in the room while you give birth I imagine you have to be just as sanitary during that situation so you could probably have one during an abortion, you know? Like you can have someone with you when you get an IUD put in too, you know? So yeah, the ability to have someone there to hold your hand would make a big difference." (Arbutus)

Cultural safety

Six participants recommended for abortion access experiences to be culturally safe. This included recommendations such as the incorporation of local cultural/ traditional practices, medicines, healing, and knowledges. Participants imagined this could look like abortion service providers incorporating smudging and the burning of medicines into care experiences, and/or providing access to traditional and local herbal teas.

Acknowledging the diversity of Indigenous belief systems, two participants spoke to having the option to speak to a traditional or religious person following an abortion:

"The thing that I would have wanted was support after it was done, like immediately after or, and not them just discharging me right away, within minutes or whatever, an hour or whatever after it's done, maybe a little longer stay to heal and stuff like that, and maybe have access to an Elder or a pastor or whatever, because not every person believes in the traditional ways." (False Solomon's Seal)

"There is such a diversity now even within Indigenous communities … I was raised with traditional teachings, but that was because my dad went and sought them out and learned them from other people out west. But … a lot of my family, they were raised Catholic. So, would they want the same access just because they are Indigenous? They might not, it's so hard for me to say … it depends on the day of the week and what the weather's like, what they want to react to. Indigenous practices are not one thing … it was always such a flip floppy thing with them. So, I would say it would be great to have those services there if somebody wanted to request them." (Adrienne)

This participant continued and shared,

"… Or even to have somebody to speak to traditionally after if I felt like it. Just … even smudging, just that one little thing, going in before and after. Yeah, I could have done it at home, but it helps, I find

when you can participate in things like that outside of your home, it feels more accepting and … like my questions or needs are going to be respected a bit more when I see that in other places, right?" (Adrienne)

Discussion

The Indigenous people who participated in this study put forward practical solutions for improving access to and experiences with abortion services in Canada. While recommendations for increased support, accessibility, availability, comfortability, and awareness have been highlighted in other Canadian abortion literature,[7,9,33,34] Indigenous voices and experiences have yet to be heard.[11] Like other Canadian studies, Indigenous participants in our study spoke to the need for abortion access supports, including help with appointment bookings, travel, advocacy during appointments, and/ or post-abortion support.[7,33,34] Existing literature has found that current abortion supports in Canada are often accompanied with high costs, lack of confidentiality, judgement, and/or long wait times,[7,33,34] all barriers which were exacerbated by the COVID-19 pandemic.[9,11,35,36] This aligns with our study's recommendation around the importance of having options of where to access an abortion, whether in a hospital and/or clinical setting, or within one's home or local communities.

The pandemic brought some improvements in policies, procedures, and practice to support access to medical abortion with less testing and more remote service delivery.[37] These improvements may meet our participants' desires to have options for where to access an abortion, whether in a hospital or other clinical setting, at home or in their local communities. However, accessing an aspiration abortion is still a barrier for people, particularly in rural, remote, and northern communities.[13] Investments and innovations are needed to increase access to abortion services, whether through funding for medical education and training of community members or expanding midwifery services and scope of practice.[38] Investments into Indigenous midwifery are particularly important, as Indigenous communities increasingly demand the restoration of community-based midwifery services and health services that centre Indigenous knowledge and values.[39–41]

Where abortion services are available, our participants described the need for abortion environments to feel safe, comfortable, and culturally relevant. Participant recommendations related to cultural safety, support people and post-care, and highlighted strategies to enhance patient comfort and support before, during, and after an abortion. While participants spoke to the importance of culturally safe abortion care, this topic has yet to be explored in the abortion care literature. In our study, cultural safety represented the incorporation of local cultural/ traditional practices, medicines, healing, and knowledges in the abortion service setting. First coined by Māori nurses in New Zealand to improve how services were being delivered to Māori patients, cultural safety is achieved when the people who receive the care decide what is culturally safe or unsafe.[42] Churchill and colleagues[41] state that cultural safety is "built on the understanding that 'culture' is not static nor superficial. Rather, it is fluid, dynamic, complex, and sociopolitical" (p. 2). This point was reflected in our participants' recommendations around the need for abortion services to be responsive to diversity in Indigenous peoples' knowledge and belief systems. Having access to local Indigenous cultural supports in abortion services was of importance to participants, and aligns with the Truth and Reconciliation Commission's[43] Call to Action #22:

We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients. (p. 3)

Participants identified support people as an important strategy for enhancing cultural safety in abortion services. Building on the evidence for social support interventions during pregnancy,[44] participants in our study agreed that having a support person to act as a companion, helper, and/or advocate could have helped promote feelings of safety, reduce feelings of isolation, and support navigating appointment logistics and care provider interactions. Participants suggested birth workers such as a midwife or abortion doula, as well as an Elder, as possible support people to augment their care. Companionship, advocacy, and cultural safety are built into Indigenous models of doula care,[45] and

emerging research demonstrates how doula care is a promising social intervention for improving abortion experience, access, and health equity outcomes.[47,48] However, the lack of funding available for Indigenous people to access doula care creates significant barriers for clients and for doulas.[45,46,49] To address participant recommendations for increasing access to abortion support, one possible strategy is to increase investments into doula services for Indigenous people.[49]

The final recommendation from our study was to increase accessibility, availability, and awareness around abortion to help combat stigma. Stigma surrounding abortion is widespread, and results in negative psychological impacts for those seeking an abortion, as well as discrimination against abortion service providers.[50–54] This has been found to result in delayed and/or avoidance of abortion service access. [1] Acknowledging the impact of abortion stigma on access and wellbeing of both the service provider and service seeker, while aligning with participants recommendations of abortion supports, WHO highlights in a 2022 report[1] that "Work is needed across sectors to counteract stigma; health systems should recognise the risks and effects of stigma, and implement solutions to not only ensure privacy and confidentiality, but also to support health workers. Care should always be provided respectfully and with compassion. In an enabling environment, communities are also engaged and supportive. Those who assist and support abortion seekers – their partners, friends, family members – also require support within the health system and broader environment" (p.13).

Participants suggested that abortion stigma in Indigenous communities could be reduced by increasing awareness of abortion options, services, and resources. A potential strategy would be for public school sexual health education programmes to partner with Indigenous reproductive and sexual health organisations, programmes, and providers to create culturally safe curriculum. One organisation that is leading this work across Turtle Island is the Native Youth Sexual Health Network (NYSHN) and their peer-led SRH outreach initiative called the Sexy Health Carnival (SHC).[55] Created by NYSHN youth facilitator Alexa Lesperance, with support from her community and the NYSHN team, the SHC breaks down barriers of fear, stigma, and shame related to SRH. The SHC is a fun and interactive opportunity for young people to learn about SRH through games with prizes, culturally safe information, and safer sex supplies.[55] While this is one successful example of Indigenous-led programming to reduce stigma surrounding abortion and SRH more broadly, our research calls for more funding supports to increase abortion access awareness to public school sexual health education programmes in Canada.

Limitations

This paper reports on our exploratory qualitative study that had a small sample size, with participants being spread across very diverse regions of Canada. Although it was a strength of the study that a broad range of geographic experiences were captured, the recommendations are not intended to be representative or generalisable for the entire population of Indigenous abortion seekers in Canada. Further research is needed to understand Indigenous abortion experiences at national, provincial, regional, and community levels, as geographic, jurisdictional, and community contexts play a large role in shaping abortion access and care. Another limitation was the lack of participant experience with medical abortions. This may have been due to participants having accessed an abortion five or more years prior to this study, when a procedural intervention may have been the only option, since medical abortions became available in Canada only in 2017.[56] This calls for more research to understand age range and access, as well as Indigenous experiences of accessing medical abortions, particularly since medical abortion has become much more accessible during the COVID-19 pandemic.

As this study was conducted during the pandemic, our one-on-one conversations took place over Zoom due to public health social distancing protocols. Participants without access to these technologies may have been unable to participate. Despite these limitations, this research contributes to the limited literature surrounding recommendations to improve abortion access experiences among Indigenous people in Canada. Our team has recently been funded by the Social Sciences and Humanities Research Council to expand on this work in partnership with Abortion Support Services Atlantic, ekw'ĭ7tl [sic] Indigenous doula collective, Northern Reproductive Justice Network, and Northern Manitoba Abortion Support, to further engage and collaborate with Indigenous Peoples to improve abortion access across Canada.

Conclusion

The goal of our study was to advance knowledge around access to and experiences with abortion services among Indigenous women and 2SLGTBQIA+ people in Canada. We found that Indigenous people who have experienced an abortion carry practical solutions for removing barriers and improving access to abortion services in the Canadian context. Our findings demonstrate that although abortion in Canada is legal it is not always safe or accessible, especially for Indigenous people. While some overlap in access barriers with the broader Canadian literature was highlighted, our study is unique in that it identified Indigenous-led strategies for improving Indigenous peoples' access to and experiences with abortion care. Although more research is needed, our findings highlight Indigenous perspectives on what culturally safe abortion care could look like: services that are available where and when people need them, services that feel safe and supportive before, during, and after an abortion, services that respect Indigenous peoples' diverse knowledge and belief systems, and that facilitate the de-stigmatisation of abortion in communities. This vision of cultural safety in abortion care underscores the need for expansion of Indigenous midwifery and doula services and for models of care created by and for Indigenous people.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by University of Victoria, Collaborative Health Grant, UVic Health Initiative [grant number FN-7940], and the Social Sciences and Humanities Research Council Race, Gender and Diversity Initiative (award # 1036-2021-00728).

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Résumé

Reconnaissant les obstacles à l'accès aux services de santé sexuelle et reproductive qui touchent de manière anormalement importante les femmes autochtones et les personnes 2SLGTBQIA+, associés au manque de connaissances entourant l'expérience des peuples autochtones en matière d'avortement, nous présentons des résultats qualitatifs d'une étude pilote portant sur les expériences autochtones de l'accès aux services d'avortement au Canada. Nous nous concentrons sur les conclusions liées aux recommandations des participants pour améliorer la sécurité et l'accessibilité des services d'avortement faites par et pour les peuples autochtones au Canada. Guidée par un comité consultatif autochtone formé de prestataires de services de première ligne travaillant dans le domaine de l'accès aux services d'avortement et/ou du soutien

Resumen

Reconociendo las barreras para acceder a los servicios de salud sexual y reproductiva que afectan de manera desproporcionada a las mujeres indígenas y las personas 2SLGTBQIA+, junto con la falta de conocimiento sobre las experiencias de las personas indígenas con el aborto, presentamos hallazgos cualitativos de un estudio piloto que investigó experiencias indígenas accediendo a servicios de aborto en Canadá. Nos enfocamos en los hallazgos relacionados con las recomendaciones de participantes para mejorar la seguridad y accesibilidad de los servicios de aborto hechas por y para personas indígenas en Canadá. Informado por un Comité Asesor Indígena que consistía en prestadores de servicios de primera línea que trabajan en el área de acceso y/o apoyo a los servicios de aborto en toda la extensión del territorio

dans l'ensemble du Canada, l'équipe de recherche a appliqué une méthodologie autochtone pour collaborer avec 15 personnes autochtones de l'ensemble du Canada en utilisant une méthode d'entretien conversationnel, entre septembre et novembre 2021. Avec une représentation de neuf provinces et territoires à travers le Canada, les participants s'identifiaient aux nations anishinaabe, crie, déné, haudenosaunee, inuit, métis et/ou mi'kmaq. Cinq recommandations transversales sont apparues: (1) le lieu, le confort et l'autonomie de choisir l'endroit de l'avortement; (2) des soutiens post-avortement holistiques; (3) l'accessibilité, la disponibilité et la connaissance d'informations impartiales et sans jugement; (4) la compagnie, le plaidoyer et l'aide logistique avant et pendant l'avortement de la part d'une personne de soutien; et (5) la sécurité culturelle et l'inclusion des pratiques et savoirs locaux. Les recommandations démontrent que les personnes autochtones qui ont vécu l'expérience de l'avortement ont des solutions pratiques pour lever les obstacles et élargir l'accès aux services d'avortement dans le contexte canadien.

nacional, el equipo de investigación aplicó una metodología indígena para interactuar con 15 personas indígenas en Canadá utilizando el método de entrevista conversacional, entre septiembre y noviembre de 2021. Con representación de nueve provincias y territorios de Canadá, las participantes se identificaron con las naciones Anishinaabe, Cree, Dene, Haudenosaunee, Inuit, Métis y/ o Mi'kmaq. Surgieron cinco recomendaciones transversales: (1) ubicación, comodidad y tener autonomía para elegir dónde realizar el aborto; (2) apoyo holístico postaborto; (3) accesibilidad, disponibilidad y conocimiento de información imparcial y sin prejuicios; (4) compañerismo, incidencia política y ayuda logística brindados por una persona de apoyo antes del aborto y durante el proceso; y (5) seguridad cultural y la incorporación de prácticas y conocimientos locales. Las recomendaciones demuestran que las personas indígenas que han tenido un aborto tienen soluciones prácticas para eliminar las barreras y mejorar el acceso a los servicios de aborto en el contexto canadiense.