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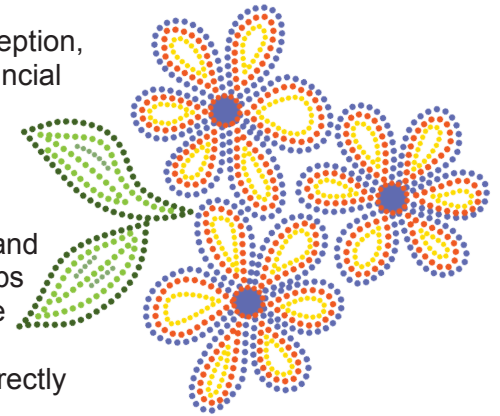
Public Health
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Provincial-Level Policy Considerations

Provincial Sexual and Reproductive Justice (SRH) Programs

Many SRH services are administered provincially, including contraception, abortion access, STI clinics, and prenatal/postnatal programs. Provincial governments play a central role in shaping access to sexual and reproductive health services, yet Métis people often face uneven access due to geography, cost, and systemic racism within health systems. Métis women, youth, and gender-diverse people are more likely to encounter barriers such as lack of nearby services in rural and northern areas, limited culturally safe care in urban centres, and gaps in coverage that disproportionately affect low-income families. While some provinces have taken steps toward universal SRH access, Métis-specific needs and realities are rarely named or addressed directly within provincial policies.



Reproductive justice requires provinces to move beyond a one-size-fits-all approach and ensure SRH programs support Métis autonomy, bodily integrity, and family-making choices. This includes recognizing Métis people as a distinct Indigenous group rather than assuming federal responsibility or relying on pan-Indigenous models that may not reflect Métis governance, culture, or community structures. Provincial SRH policies should be designed in partnership with Métis governments and organizations and include long-term funding for Métis-led initiatives that reflect community priorities.

Considerations:

- ∞ Ensure no-cost contraception covers Métis women and youth equitably (e.g., B.C. has universal free contraception; other provinces could adopt similar policies).
- ∞ Expand access to medical abortion (Mifepristone) in rural/northern areas, including through telehealth prescribing.
- ∞ Expand coverage for fertility treatments & 2SLGBTQQIA+ family-building for Métis families.
- ∞ Fund Métis-led SRH projects under provincial public health authorities.

To fully advance reproductive justice, provincial SRH programs must also address systemic barriers that shape Métis experiences across the life course. This includes confronting racism, stigma, and surveillance within SRH and public health services particularly toward Métis youth, 2SLGBTQQIA+ people, people who use substances, and those navigating poverty. Provinces should support Métis-led, trauma-informed, and harm-reduction based SRH services that integrate mental health, violence prevention, and culturally grounded education. Policy implementation should prioritize sustainable, long-term funding rather than short-term pilots, along with Métis-led data collection and evaluation to ensure programs are accessible, trusted, and responsive across urban, rural, and northern contexts.

