

TRIALS AND TRAILS OF ACCESSING ABORTION IN PEI:
REPORTING ON THE IMPACT OF PEI'S ABORTION POLICIES ON WOMEN

January 2014

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Funding for this project from the
University of Prince Edward Island Office of Research and Development Major Research Grant

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ACKNOWLEDGEMENTS

Our project owes a debt of gratitude to the many women and their allies who spoke eloquently and passionately about their abortion experiences. Your candor has added immeasurably to our work and to the vision of women's reproductive justice in PEI.

We thank the University of Prince Edward Island for supporting academic activism in research scholarship. Notably we thank the REB for reviewing the ethics application and for considering the balance of issues fairly and for complying with the Tri-Council Guidelines for controversial topics and to Dr. Connie Kristiansen for her external review of our research. We also benefit from funding through the Office of Research and Development's Major Research Grant. Thank you to colleagues who recognize the value of academic freedom.

We are also indebted for the constant and sustained support and guidance of our Project Advisory Group members who include Josie Baker, Ann Wheatley, Jane Ledwell, J'nan Brown, Ashley Fraser, Sara Roach Lewis, Christina Clorey, and Emily Rutledge. Your commitments to this work and hours of volunteering your skills and insights for analysis are essential and appreciated.

We are thankful to the research assistants, directed studies students, Honours, and Masters students who have assisted with this research and have created new projects based on secondary analyses of the data. Foucauldian Discourse Analyses were conducted by Angele Desrosches (2012) examining abortion stigma; by Christine Pottie examining abortion regret (2013); and by Melissa Fernandez (2014) concerning regulating the female body. Interpretative Phenomenological Analyses and focus groups were conducted by Alicia Lewis (2014) to enhance our understanding of women's ideas for change, and Emily Rutledge (2014) explored advocate's perspectives for her Masters thesis. All of these subsidiary projects have added immeasurably to our community and to our collective knowledge and activism for reproductive justice.

And importantly, our project would not have been possible without the endurance and bold visions of the many advocates for reproductive justice in PEI and elsewhere in Canada and the world. Together we are making a difference in women's lives. Without the efforts of our foremothers and fathers on these issues, we would be in a very different place for our research. Thank you for the foundations and your sustained reverberating voices for choice.

And finally, we are grateful to the community at large for your interest in the implications of abortion policy for women's health and for women's futures in PEI.

We stand in solidarity with the ideals of our community for reproductive justice.

ABSTRACT

To understand the various impacts on women's lives of PEI's abortion policies, we have conducted 45 research conversations ranging between 1-2 hours in our community to document the experience of trying to access abortion services in PEI. We spoke with women who have tried to access abortion and with friends, family, professionals, medical personnel, and advocates who have tried to assist women. Participants often filled various categories, however 22 participants had personally sought abortion services between 1979 and the present day. All participants have experienced multiple barriers and have witnessed blocked access to abortion. The access to abortion was described as a maze of multiple paths leading to dead ends, barriers, and delayed access but participants in the project somehow found a way to end the pregnancy. Some were forced to leave the province, others tried to self induce by their own hand or with the help of boyfriends and others used medical abortion; however without local surgical termination, this choice in at least one case resulted in maltreatment in the local emergency room. Some women were forced to continue the pregnancy, give birth, and parent against their will. All participants documented various harms to health in the maze of trying to access abortion services in PEI.

The maze had 4 intersecting trails which characterized several barriers that threatened to entirely block their access to a safe abortion. The barriers consisted of both information and resource barriers. Trail 1 is the "Surgical Abortion Paths through the Public Health System"; The "Medical Abortion Path" is an off shoot of this. Trail 1 has multiple loops connected to the other paths. Trail 2 are a number of "Dead End Paths" which cross other trails and serve to deter the woman from her goal. Trail 3 are the attempts to "Self (Harm) Induce at Home Paths". Trail 4 are the "Self Referral Surgical Abortion Paths Outside the Public Health System."

Even for women with adequate supports and resources, significant barriers to access to abortion persisted and in many cases, negatively impacted women's physical, mental, and emotional health. Women who were poorer, younger, isolated, or with few supports were the most harmed.

Taken together, the first voice accounts and the advocates' stories described the situation in PEI in recent historical and present day contexts. Our research helps to interpret the provincial statistics which include illegal abortions with complications to inform us that the status quo in PEI is fraught with barriers which serve no one. Abortion is a present and enduring part of Island women's medical needs. Without access to local safe surgical abortion options, women's safety and health are at risk. Research here as elsewhere testifies to the fact that the restricted access promotes unsafe abortions. This understanding will continue the feminist project of promoting women's health and safety and will be used to inform and influence abortion policy in PEI in particular and to address reproductive justice policy in general.

TRIALS AND TRAILS OF ACCESSING ABORTION IN PEI: REPORTING ON THE IMPACT OF PEI'S ABORTION POLICIES

Throughout history, women have confronted the specter of an unwanted pregnancy as one among many reproductive issues affecting our lives. Prior to safe abortion procedures, women's health was often deeply at risk during the reproductive years and afterward as we aged (Bahoh, 2009; van Hall, 2003,). Unfortunately there is disproportionate access to this basic health care option. The World Health Organization (WHO) estimates that more than 500,000 women die every year from pregnancy-related causes and at least 13 percent of these deaths and countless injuries result from unsafe abortions. Granted, the toll of unsafe abortions is especially high in the world's poorest countries. Evidence indicates that the incidence of abortion is not affected by legal access, however the rate of unsafe abortions has been shown to increase with restricted access (Singh, Wulf, Hussain, Bankole, & Sedgh, 2009).

Throughout Canada, there is tremendous disparity in the access to abortion by province (Kaposy, 2010). In pursuit of reproductive justice, it is important to examine the Canadian context. The first abortion laws in Canada in 1869 were enacted with the idea of protecting fetuses but also women's physical health as the procedures used often resulted in harm to her health, both physical and psychological or worse, death. While abortion was illegal its necessary practice continued in the shadows, which brought its own set of complications. Feminists have been demanding women's reproductive justice in earnest during the latter half of the last century, fighting the hegemony of paternalistic codes and laws (Young, 1990). Feminists' educational efforts and scholarship contributed to a 1969 amendment to the Criminal Code under Pierre Trudeau's government which attempted to render safe this essential and enduring reproductive practice for women's physical health. This change to the Criminal Code indicated where abortions could be performed legally, effectively aligning an ongoing practice with state sanctioned health structures. A woman had to show that her health or life was in danger by continuing the pregnancy in order to be approved by a therapeutic abortion committee (TAC) who held the power over her right to abort the fetus. The paternalism of this oppressive amendment meant that clearer gains were made in reproductive justice in Canada with the January 28, 1988 Supreme Court of Canada decision. Commonly known as the Morgentaler decision, this edict struck down the 1969 abortion law, making it legal for women to secure our right to an abortion in free standing clinics outside the demeaning process of a TAC. Thus women under Canadian law were able to obtain an abortion in independent clinics without scrutiny or in hospitals where they could petition a committee for their right.

The irony is that while the rest of Canada was extending women's reproductive justice, PEI had obtained the dubious distinction of being the only province in Canada where women became forced to travel to another province to secure access to safe legal abortions when the last TAC was dissolved in 1986. The oppressive circumstances at play in the province of Prince Edward Island that resulted in Island women's loss of reproductive rights have not been addressed (Clorey, 2007; Kaposy, 2010). Now, more than two decades later, women in PEI must still leave the province to have a safe legal surgical abortion.

Access to abortion is well understood in the literature as basic health care and barriers to that access are understood as a reproductive and social justice issue (Chrisler, 2012). The Canada Health Act requires that reproductive health services be universal, reciprocal, safe, legal, and covered by Medicare. Abortion is time sensitive and women must decide relatively quickly whether to continue or to end a pregnancy. Unnecessary delays increase the medical risk to women (Finer, Frohwirth, Dauphine, Singh, & Moore, 2006).

In keeping with the constitutional interpretations in the Morgentaler decision dealing with autonomy of the person, abortion is arguably a constitutional right which ought to be guaranteed with safe and timely access. In

PEI, for a woman to have abortion funded through Medicare, she must receive a referral from two doctors to the hospital in Halifax, N.S.; this could be a local doctor and a second doctor at the QEII hospital in Halifax who refers her to the “TPU: Termination Pregnancy Unit.” The PEI policy states the abortion is only eligible for funding if all the referrals and tests, including an ultrasound are completed before 15 weeks have elapsed since her last menstruation. The Canadian Institutes for Health Information (CIHI) report vast fluctuations in ultrasound wait times in PEI over the last two decades. For example, data from most recent reports indicates an average of 10 weeks in 2007, 35 weeks in 2008, and 15 weeks in 2009 (Esmail, 2009). All requests for ultrasounds for abortion purposes must be identified as emergencies in order for the work to be completed in a reasonable time frame. If a woman does succeed in having all her referrals and tests completed in timely fashion for the 15 week cutoff, then she must still have the means to self-fund the trip to the hospital in Halifax which is approximately 3 hours from the Confederation Bridge or, if she is poor enough, petition social services for funding to go out of province for medical procedures. Women who do not go through the procedures described above must self-fund the abortion plus travel to the Morgentaler clinic in Fredericton, NB which is also approximately 3 hours from the Confederation Bridge. No one has systematically explored the impacts of the abortion policies and procedures on women’s lives in PEI.

Purpose: How have women living in PEI been affected by PEI’s abortion policies?

This project seeks to understand the various impacts on women’s lives of PEI’s abortion policies. Lewis (2014) investigated the ICD-9 codes for Pregnancy with Abortive Outcome (ICD-9: 634-639 inclusive), from January 1996 – October 2013 which are used by physicians and hospitals on Prince Edward Island in the billing process. She found evidence that the policies did not dissuade women from having abortions, but rather that the incidence of unsafe abortions was notable:

Up to two illegal and/or failed attempted abortions were recorded each year since 1996, however, complications followed many illegal or failed attempted abortions that were recorded, indicating that illegal or attempted abortions that did not have complications may have gone unreported as the woman may not have felt the need to go to the hospital afterwards. In addition, between 6 and 80 unspecified abortions were recorded each year, as a result of specific codes not being known, or a lack of information. There is the potential that within the category of unspecified abortions that there may have been illegal or failed attempted abortions that took place. (Lewis, 2014)

Lewis concludes that the numbers are an underestimate of the problem of illegal abortions and that a change is necessary to secure women’s reproductive health in PEI.

The numbers tell a partial story. Our project extends this understanding. We get underneath the numbers to expose the implications of the policies on access to abortion in PEI. We spoke with abortion rights stakeholders, specifically women who have direct experience with the process of securing or trying to secure an abortion and people who are and have been historically engaged in securing women’s reproductive rights in PEI. Taken together, the first voice accounts and the activists’ stories described the situation in PEI in recent historical and present day contexts. This understanding is intended to continue the feminist project of promoting women’s rights and will be used to inform and influence abortion policy in PEI in particular and to address reproductive justice policy in general.

METHOD

A qualitative approach is the best method to achieve an understanding of lived experiences and the environmental and organizational circumstances surrounding a woman’s health and reproduction decisions. The cornerstones for this inductive project are based in methodical hermeneutics (Rennie, 2007,) an interpretive approach that seeks overarching constitutive themes (MacQuarrie, 2001) and action research methodologies

(Reason & Bradbury, 2008) which create research dialogues with participants with a view to addressing issues identified in collaboration with the community (Herda, 1999).

A Project Advisory Group (PAG) provides ongoing support for design, implementation, interpretation, and dissemination of the information emerging from the research. The group is a wide selection of stakeholders for women's reproductive health and specifically access to abortion services for women in PEI and is comprised of the following stakeholders: women who have sought abortion services in PEI (2-3), abortion rights/community, social work, UPEI School of Nursing, Advisory Council on the Status of Women, National Abortion Rights group, and Women's Network.

After the research received approval from the Research Ethics Board of the University of Prince Edward Island, the research team and PAG recruited participants through a broad call through community newsletters, local bulletin boards, and on Facebook social media (Appendix A). Eligible participants included people who met at least one of the following: a) women who have secured an abortion in PEI at any time in their life, b) women who had to leave PEI to secure their right to an abortion, c) women who requested the morning after pill, for themselves or for a friend, d) women who tried home remedies or other folk medicine to attempt an abortion, e) women who wanted an abortion but were blocked access in any way, f) women and men who have worked as abortion rights activists, g) women and men who accompanied friends or family to an abortion, and h) medical personnel interested in securing women's reproductive rights in PEI.

Interested participants contacted the lead researcher who confirmed eligibility for the project based on the above criteria and proceeded to send an electronic informed consent and the research conversation guide relevant to their eligibility (Appendix B). A mutually convenient time and location was arranged in a quiet setting free from distractions. The third author of this paper conducted a smaller subset of the research conversations. All conversations were audio recorded.

DATA ANALYSIS

Each interview was transcribed and verified using a two-step process. The first step, a verbatim record, was followed with a second iteration to produce a contextually enriched transcription and to check for accuracy prior to erasing the tapes. Contextually enhanced transcripts include elements of laughter or voice inflections to reflect the emotional content of the conversation. They are meant to assist in the interpretation of contents beyond a de-contextualized verbatim record. All transcripts use participant codes and remove any identifying textual information that would compromise a participant's anonymity.

An inductive approach to understanding and interpreting people's experiences, methodical hermeneutics (Rennie, 2007) and interpretative phenomenological analysis (Willig, 2008) were used by the lead researcher and her co-researcher/interviewer to develop key themes for each participant. Computer software, NVivo10 was used to open code transcripts for an overview of the topics and processes emerging from individual interviews. Based on the open codes, transcripts were condensed into a set of thematic codes for each participant.

These thematic summaries were subjected to a critical questioner (CQ) process using members of the PAG. A CQ's role was to read the full transcript and the thematic summary to ensure details of the interviews were encapsulated in the thematic summary and that the summary held fidelity to the transcript. Few changes were suggested by CQs other than the addition of more elaborate detail on some of the participant's points. Once vetted and altered, a copy of the thematic summary was sent to the entire PAG for review in preparation for the data analysis meetings.

The data analysis meetings involved discussing the thematic summaries as a group in an effort to create an overall analytical structure for the data. This interpretation was presented in a dialogical manner with feedback focus groups with various sets of participants who provided triangulation of the findings and an exploration of the authenticity of the interpretations. The final result of this process forms the remainder of this report.

RESULTS AND DISCUSSION

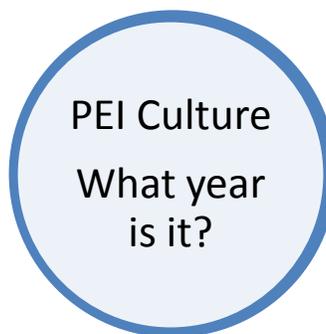
Overall, PEI’s abortion policy has created a complex dynamic set of barriers to reproductive justice that formed a maze of interlocking trails which compromised women’s health. Forged from the trials and the trails of their experiences, women also articulated political resistance and resilience. There were 3 main findings in the project, 1) the unique PEI context, 2) the mazes women traverse, and 3) the politics of women’s resilience with several subthemes for each of these core findings. The data structure is depicted in Figure 1. The remainder of this section will explain each of these findings with supporting exemplary quotes.

Figure 1: Thematic Structure of the impact of PEI’s abortion policies on women	
PEI Context	<ul style="list-style-type: none"> Anti-choice structures Silencing the concept of abortion Self Silencing
Maze Trail 1: The Surgical Abortion Paths through the Public Health System	<ul style="list-style-type: none"> Abortion outside of a hospital: medical abortion
Maze Trail 2: The Dead End Paths	<ul style="list-style-type: none"> Carried unwanted pregnancy to term Unsupportive doctors Unsupportive Family and friends Intimate Partner violence Outcomes of Dead End Paths Adoption
Maze Trail 3: At Home Paths	<ul style="list-style-type: none"> Desperation & Self inducing practices
Maze Trail 4: Self Referral Surgical Abortion Paths outside the public health system	
Political Issue: Women’s Resilience and Strengths Developed	<ul style="list-style-type: none"> Resilience Persuaded by Family- limited options

PEI CONTEXT

All paths start with a ‘You Are Here’ point that needs to take into account the fact that she is living in Prince Edward Island at a particular point in our history.

To underscore how entrenched is lack of access to information at the outset of the project, in July 2011 we posed



- Patriarchy
- Poverty
- Anti-choice structures
- Multiple marginalization
- Age
- Education
- Ethnicity
- Marital status
- Faith community

as a citizen and phoned the provincial health department asking for information on how to access an abortion. The front desk person typically fields information calls and though earnestly helpful could not answer the question. They placed the call on hold while they searched the government database. Finally, returning empty handed, they admitted they had no information and could find none on the internet on how to access abortion in PEI. We were helpfully advised that it might be worth our while to try a non-governmental organization, Women's Network, as they would likely have the information. Since the research began and with pressure from the newly formed PEI Reproductive Rights Organization (PRRO), the province recanted their earlier refusals to provide abortion information on their website and now host basic access information on referrals as of December 2011.

Prior to 1986, a woman had an option of appearing before a TAC and the possibility of having her abortion in the local hospital. However, women reported that this was an imperfect option and that many women were denied access. The last TAC approved surgical abortion was performed in 1982. Post-1986 women had to travel off Island for all safe surgical abortions. There were a number of themes from the research conversations that portrayed the context of abortion in PEI. These signified the starting point for women's journeys. Some of these starting points are unique to the PEI culture while others are shared more broadly within a patriarchal world view.

P36: Oh, god, it takes something away from you that I don't think men ever get taken away. A certain sense of I am my own person, I can do as I choose, as who I am, express myself fully, and everything. I—and then it's not restrictions upon that for men. There's not these restrictions that women have. I don't know how to describe it. There's so many things about this world that are just awful for women. Especially whenever we say world, and we're looking at the whole thing. And then, you know what I mean, not even just this country, I mean, even just the magazines and the images, and the TV shows and everything. Just the general image that we get, of course you have to be super thin and you have to be pretty and, oh god, you do have to have sex though. That is a message that's out everywhere. You have to be sexy. You have to be sexy really young now. There's five year olds that try to look sexy now. It sickens me, really, but that's just how it is. Men don't have to look sexy. Men don't wear artificial things on their face and call them make-up to alter their appearance to be more pleasing for the opposite sex. I mean, every other species that we see, the male is [garbled] have to present itself in some way, but then for us, we demean ourselves by having to look a certain way, and be a certain way, to appeal to the men. And you have to be sexy, and you have to be good at sex, but you can't have it with anybody except for the person that wants you—I don't even understand it, I can't wrap my head around it. I don't understand the messages that women and young girls get—and [sighs] good girls don't get pregnant, and that's pretty well it, and there's so much openness about this attitude, especially here on the Island, it really really bothers me that you're allowed to just be so hateful. Really hateful. You know, a girl gets pregnant, and it's just [sighs]. She, whatever choices—if people found out she had an abortion, or if she gave the kid for adoption, or if she had it, it doesn't matter what choice she makes, she'll always be that one that “Oh, she got pregnant whenever she was only 14,” or 16 or whatever, and everybody knows forever, and that's [garbled], because that's bad. Like. It's really frustrating, and that's not around the guys. It's not, “He's the guy that got four girls pregnant,” because there is lots of guys that have got four girls pregnant. And the only people that care about it are the women that had children with them. They're the only ones that are really upset about it. Nobody else seems to find much flaw in it. You can be so carefree, as a guy growing up. Image-wise, at least.

P30.....It was so good to have someone there who wasn't trying to make it a moral issue, because it's not really a moral issue. It's a bodily issue. You know? And one of the things that pisses me off so much—if men got pregnant, this wouldn't even be a question

anymore. If men got pregnant and had to take nine months out of their lives to have a baby, abortion would be done in friggin' walk-in clinics.

ANTI-CHOICE STRUCTURES

P28: Um, people who have the money, and can go over (to the Mainland for an abortion), and say, "Yeah, I'd prefer to do that, because it's more private," that's fine, but there are some people who don't have that option, and those are the people that are probably the most desperate.

The biggest anti-choice structure is the lack of local access to abortions. In 1986, the last remaining TAC was disbanded at the local Prince County Hospital under anti-choice pressures. Between 1986 and 1995, women had no publicly supported abortion option. Quietly, in 1995 the provincial government started paying for abortions at the Halifax hospital (if they were referred by an Island physician to a physician in Halifax, were less than 15 weeks, and had an ultrasound), however, the government refused to educate the citizens about this new reproductive choice policy.

P20: And the government, of course, isn't going to have a campaign on advertising that, because we all know where that would go—it would bring all the anti-people out of the wood-works, and then it would be in their face and cause them flak.

Women talked about not being given all the options about the public health referral option from their physicians:

P25: I probably would have a few choice words if I find out that (laughs) that he could have referred me to Halifax. Not even, like I said that I would've wanted to go, but just the principle, that he didn't give me that option, or let me know that was available to me. I didn't even know that was happening now to be honest. I still thought that if you want an abortion you have to go to Fredericton. I didn't even know that was happening now, and I kind of try to keep up to date on what's going on (laughs) with abortion care, and I really, I had no idea. So, I'm kind of, I'm really curious about how hush-hush that's trying to be kept.

A woman as recently as 5 months before participating in the project in July 2011 was unable to find information. She tried searching the web. All that came up was the anti-choice structure of a pregnancy centre:

P30:..."And everything on there, anything, if you type in "abortion PEI," it will lead you to things that say "right-to-life"—I want to say Canadian Bible Society, but I know that's not it, but something—like, there is one in the Bible Society building downtown, a pregnancy centre. And so I didn't know what to do—I just kept on coming up with that end. So I'd go through it looking for any—because my key search terms were "abortion PEI" and all I was finding was, like, not abortion. Right-to-life..."

The most chilling fall out from a lack of local access and no information is the myth on the street that abortion is illegal in PEI. This myth is perpetuated by the mistreatment that women receive from some of their health professionals when they ask for help:

P29: Well I was sitting there (at the Halifax hospital abortion clinic) and a girl I went to high school with, she came in and she was like hey and I was like hey. (laughs) And then another girl that I knew through a friend was there as well and, uh, and they were all just talking about how brutal it was to have to come, like everybody. And then the other girls that were there too that weren't from PEI but just like, wow you had to come from PEI? They don't do it there. And like, no it's illegal. And they're like, are you serious? And everyone thinks-

I: It's not illegal but-

P29: It's not illegal?

I: Just they won't do it.

P29: See we're all thinking its illegal, and like. Like why? That makes no sense.

I: So you think that it's?

P29: I thought it was illegal.

I: Tell me more.

P29: About illegal?

I: Well why you think it is.

P29: Well why wouldn't they do it? You know what I mean every other province does it. Why wouldn't it- it just seemed like it was illegal or something.

I: Yeah. That's, that's

P29: That's retarded. And I even called to get a referral I called my baby doctor like (doctor's name omitted) I know you bleep that out but, and I thought like he's pretty cool about normal stuff, you know what I mean? And I asked his nurse and they even freaked. Like I just -

I: They what?

P29: They freaked for me asking. But I thought, like, he's not just delivering babies he's like a vag doctor right? So I thought like, but no, no.

I: So tell me about phoning and-

P29: Well I called and said, well first they've been, he's been my OB-GYN every time I had my kids and so I called and asked, and she just said we, we deliver babies not kill them or something like- I was just like oh my god. I don't, like I don't feel bad about what I did 'cause like you know what, why would I bring a baby into this world that I did not want or am ready to provide for? 'Cause that just would have been a baby growing up feeling, and I'm just being honest. Like I love my kids and that's what I can take care of. But if I have another kid that I can't take care of then I get involved, I'm just thinking ahead of time, with child protection. My kids could be taken away. Like, I'm just thinking about, do you know what I mean? So it's yeah. I don't know I'm just thinking ahead of time like I don't want, yeah.

SILENCING THE CONCEPT OF ABORTION

This theme illustrates how the idea of abortion is silenced in the province. One social worker indicated "...because it's not available here, it's just not in the back of our clients' minds as an option" (P1). She elaborated about the social messages surrounding abortion:

P1: I feel the biggest message is like silence. I mean there's stuff that's just it's just not talked about a lot. Like, um you know, the only people who seem to talk about it are people like me who are really really not okay with the fact that it's not offered. Like, other than that it's just kind of off the radar of everyone else. Um, I feel like from time to time you see um like signs or messages from organizations like um you know right to life or whomever, or you go by somewhere like the Island pregnancy center and you think, yeah, I bet you're not bussing people over to Fredericton. (laughs) Like, you know, and you suspect but, you know, unless you've really had contact with them, you know, you may not know know exactly what their agenda is but you kind of feel like you might. And, um yeah, I just find that there just is not a lot out there. I feel like the absolute most

I've heard about it is from (woman) on the ad hoc committee really, and that whole thing, which is kind of newish, and other than that it's just not really talked about. Like, it's just so absent from what's discussed.

The government's role in setting the tone for access to abortion is questioned by participants. Several advocates who had been present when the TACs were disbanded recalled the rancorous public battles and the leading role the provincial legislature played with Resolution 17 declaring PEI an anti-choice province in 1989. Younger participants who were born after 1990 such as P3 struggle to understand why her citizenship feels different here:

P3: 'Cause it's your right in every other province therefore you have access to it, but here it's our right, but it's not really, I mean only if you jump through the hoops to do it somewhere else. You can do it but go away.

I: And what, that's that's a mouthful, you can do it but go away, what does that message make you feel as a woman?

P3: Um, again it feels like we're in the stone ages where it's like you have rights, but you don't really, and I guess it does kind of feel like a woman's rights issue to the extent that it feels (laughing) like we don't actually have, you know, equal rights as, that you would other places.

The upshot of the silence by the government about the service and the silence in the community is lack of information as this participant indicated:

P15: But, like, exactly, then there's nothing really for young girls or whoever who are in trouble or want to seek more information about that. There's nowhere for them to go. there is no information. You know, everybody's kind of shoving it under the couch, or in the closet. You know, it's kind of a taboo to talk about it.

The silence seems to be held in place by judgment and reprisal in this small community as some participants experience directly (for example, P29) or by the fear of such ostracism:

P20: ...Like, for example, would I come out and talk about this stuff openly, in public, in a group situation, to help further the cause now? Probably not. And you know why? ... Well, it wouldn't be because I would be afraid to say what I did, and what I did wrong, and what I learned from it, to share with other people. It would be because I would be afraid that it might—I know there's so many people out there that are so judgmental, and I don't know who is in what camp, and I do a lot of fundraising for volunteer groups, and I wouldn't want it to influence anything I do in any of those groups. So no, I wouldn't. I wouldn't come out in the open here right now. Now, if I didn't have that, and if I—I have a sort-of partner right now, and we're still getting to know each other—he's been through a lot in his life, so I'm pretty sure that if I said, "I have no reason not to speak out openly if it's needed, about this, so that other people can get on and benefit from this, he'd probably support that—and then I would. But right now, because I do, you know, I work with the Ladies' Auxiliary at the hospital, I've worked on hospice, and I have a lot of contacts there—I wouldn't worry so much about those people, but you never know. But I wasn't into the fundraising there, I was in advocacy. Now I'm into a lot of things that have to do with other groups' support and funds, and I'm the vice-chair of [group], and as such I'm always doing things, and if I take over as chair, very public. And we're reliant on many people, and key people in key organizations for money, and I would never do anything to jeopardize that.

PEI is described as a community that actively and publicly condemns abortion and does not seem to have prochoice options publicly visible:

P20: Well, you know, I guess I don't know, because when I see the activists out, you know, the holding-hands thing? The chain of—the people holding hands, that's against abortion, isn't it? And when I see that, it really freaks me out. It freaks me out. Because I want to go out there and slap them all, but it's a powerful, powerful bunch of people. And they're very—these judgmental people, well then, it's fear. You hear about the shootings, about all the danger that these doctors have been in, and they've been killed, and their practices, and their homes, and targeted, and the persecution because of people's judgment. And that was in every walk of life. If it wasn't such a small place, if I wasn't involved in these other things, I don't think I would have the problem that I am saying I would have here. But you answer me a question. Are there things in PEI where—because I'm, maybe, just forgetful—where there's an equal and opposite public display of support for women's choices? Are there, and I've just missed them?

PEI is a community that endured a rancorous series of battles where:

P5: ...busloads of parishioners [laughs] from West Prince were coming down to vote against having the hospital provide abortions. ... how scary that was..and how significant it was, you know, that those hospital—that the two major hospitals ..decided not to provide abortions.

PEI is a community where access to birth control is unfair. Participant 29 requested a tubal ligation but she was refused. She ended up with an unwanted pregnancy and the same doctor who refused her tubal also refused to grant her a referral for an abortion:

P29: ...And I'm trying to get like, I want to get my tubes tied 'cause I just, I don't want any more kids. I want the two I have and that's it. And, no one, I can't even have that done until I'm twenty five or have three kids. So it's like-

I: Who's making up the rules?

P29: I know! It's like who gets to make the choice about what I want to do with my body. I don't, I can't afford them. I'm on welfare, you know what I mean? Like, their father's not paying me child support. I'm having enough stress as it is with kids. I don't want anymore, I'm happy with what I've got, and I just don't know why they get to make the decisions about, you know what I mean? It's just stupid. Yeah.

This includes fear of familial rejection:

P23: And it's hard here, because it's such a small place. Everyone knows everyone. It's really hard.

I: Yeah. And what did you find that was hard about that for you?

P23: Same old—I just can't tell anyone. I have to keep it in. Even my support, I'm very careful. Even my family. You know, if any of them found out they would probably do the same as what my friend in Halifax went through. They would probably disown me, or at least blacklist me, and just not talk to me.

I: You'd be blacklisted.

P23: Yeah. And there are members that I think would probably do that, even just if I went out with a picket sign and just quietly stood there, on the other side. I think it might be worth it, though. You have to take a stand at some point.

I: So it would be a risk for you to be open and vocal about your views or your experiences.

P23: Yeah. I feel like it would be. I mean, I know a lot of people here. It's terrifying.

The silence and the processes holding silence in place have an emotional impact:

P23: Yeah, maybe just the anger that I felt from not being able to talk about it. It makes me so frustrated and angry that we can't.

They also have a physical impact on women's post-abortion care:

P36: I remember having a care sheet [laughs] and I was supposed to go see—I think it was [doctor]. I'm not sure which doctor it was, but I was supposed to see a doctor for some check-up afterwards, but I didn't want to, and my god, [garbled], and so I didn't. And I remember being really paranoid that I was going to have a bath, and soap would get up somewhere that I would have an infection and I would die, because I would be too embarrassed to see a doctor or something! And I live by the ocean, by the water, and it was summertime, and so my sister wanted to go swimming. And this was two days later. I was not allowed to go swimming in the salt water at all. And I remember trying to find every reason not to go, but it was completely like me to go, so I couldn't. And I ended up telling her. That's how—she's the only one in my family that ever knew.

SELF SILENCING

One participant had so completely repressed her memory of self-inducing an abortion when she was 14 in 2000 that she didn't recall it until she listened to a physician's conversation about a woman hitting herself in the stomach to bring on her period and her personal memory was triggered. This made her want to tell her story so we could better understand the power of stigma to silence us:

P28: ...it highlights, uh, how si- how silence can just really alter your reality, because I didn't tell anybody. Um, so I was just really able to delete it [laughs through words] from my life story. Um, yeah. So that was why I wanted to participate. And I do think it's valuable to share because I do think it's a situation where people aren't talking about it. There is no dialogue there... Oh yeah, and it's huge. Like, silence deleted the m—my memory [laughs] of probably a pretty big experience for my young self.

Another outcome of this code of silence seems to be an increased isolation.

P31: ...it was clothed in secrecy and isolation, and it was a couple to a few years that I ever spoke of it afterwards, and when I did tell my sister, then she revealed to me that she had actually had an abortion within a couple of months of the time that I did, and both of us were shocked and saddened for each other that we couldn't—that we didn't share and support each other at the time, ... Shocked that she could go through the same experience and me not know about it, and that she did it in isolation and insularity and loneliness, and didn't reach out due to shame and fear, and... hm. You know, the sense of wronging that you've done. Against God. You know, against—although that wasn't too deep with me, and that wouldn't have—that wouldn't have flown at all with her, but that certainly, you know, the doctrine that came down, that we had been born out of.

I: And do you think that's what kept you isolated from each other?

P31: No, more the social taboo. And shame of being pregnant out of wedlock, and then to have an abortion. You know, it really wasn't looked upon very favourably. Generally.

The experience of listening to anti-choice friends takes the silencing deep inside:

P36: It was, I mean—It's like, a joke was, on Facebook, somebody said, "National day against animal cruelty," or "Page against animal cruelty," and someone was like, "Um, maybe it's just me, but I just assume people are against animal cruelty, people I know." I mean, come on, right? And that was kind of like how I felt about people I knew, it was like, well, I assume they're all pro-choice. They all respect women, and they trust them to make their own decisions whenever it comes to something so personal as that, and that

was just that, they would leave it their distance, but I was wrong. One of my friends was very against it. And then through all this—the PRRO rally, and everything, the media articles and everything, right, so everybody’s talking, and then another male friend of mine is quite against abortions as well, but he’s a little more cool-headed about it, let’s say. It doesn’t go to the point where he would murder a woman! But it’s just, yeah. People get really really emotional, and there’s no saying, “Just calm down, listen to the facts.” There’s no way I could say, “Oh yeah, you think all people who get abortions are evil, but you really like me, and I’m one of those people,” because then it would be, “Oh, no, then you’re evil as well.” And that would just—everything gone out the window because of one day ten years ago? I know it would really piss him off if he knew I didn’t regret it. That would really bother him.

Women were clear that the abortion itself was not the problem, what was problematic was the weight of anti-choice media and rhetoric that they had to carry:

P20...So I was very—there wasn’t even a question in my mind. I never stopped to say “fetus rights” or anything—I just knew I could not carry this through. And it was only after that I experienced all those feelings of guilt, and “What have I done,” and all the media stuff that came out over the next twenty years that made it difficult for me, because people were talking about it so much now, and it makes it harder. And especially when my daughter got pregnant.

There is a pervasive sense of needing to be secretive even when they know it was the right decision for them. Another participant talks about deep and intense feelings of anger about not being able to talk openly about her abortion afterwards and how it was the right decision for her. Even as the interview progresses, the silencing is still a barrier, as she struggles to put words to her experience:

P23: It makes me really angry.

I: Yes, tell me more about that. What makes you angry?

P23: It’s just that people need to be ashamed. Someone should be able to say, “Yes, I had an abortion. It was the right decision for me at that time.” It’s hard to put into words. It’s not something I talk about often.....yeah, maybe just the anger that I felt from not being able to talk about it. It makes me so frustrated and angry that we can’t. I think that was the big thing.

P23: Yeah. You really wanted us to know how much that’s impacted you, not being able to talk about it, and how frustrated and angry that makes you feel.

I: I’m glad you’re sharing that with me. That’s important.

P23: I know I don’t look angry right now—inside, it’s just.... It’s very closed-off feeling.

One woman talks about her process of negotiating her feelings about the abortion, and how any inner conflict she had about her decision was amplified because of the silencing of her experiences. She reflects on her decision-making process and her isolation. She was reluctant to involve her mother and only did so in order to secure child care for her trip to Halifax, and felt her friends wouldn’t “receive it well”, resulting in further silencing:

P35: I did have some inner conflict, and I think in a sense that becomes magnified because of the silence. It’s not the type of thing that you can really openly discuss without having a lot of opinions flying around, and not that debate is a bad thing, but when you have such a personal decision, it’s nice to have compassion and understanding, or at the very least an open mind or a quiet ear, as I like to say. And so I just found that it was just omnipresent. It was always on my mind, and I was constantly running through the ramifications, and the—yeah, I am a problem-solver in that way, though. I like to go

through things rationally, so that is part of my make-up. But in this situation, not being able to talk about it—my partner and I talked about it briefly, we realized that we'd come to peace with it, and he didn't want to talk about it anymore. He was okay with the decision, but he didn't want to get into the emotional, or moral, aspects of it whatsoever. And he handled it very well, so I can't say anything negative about that, but as I said, I only brought my mother in at the very end for childcare, because I didn't think she'd be comfortable with it, and it just wasn't a topic that I felt would be well-received among my friends.

She knows it is the right decision for her, despite all of the challenges and obstacles:

P36: Uh, just because it wasn't easy doesn't mean that I still don't believe it was right. I still don't regret it. I may from time to time feel something that I would call guilt, but it's not anywhere near regret. I would never take back that decision. I think I've done—I know I did the best decision for myself, and that it would not be fair for me to go through the pregnancy, the delivery, and raising a child whenever that wasn't my choice and I don't want it, and I don't want to be one of those people that ended up giving birth in a bathroom and drowning the newborn, you know, like, there's just—there was really no other way. There's no way—I struggle with believing whether adoption is really fair to anybody at any point, honestly. And that's my own personal thing, but I know I couldn't have raised it, I know I couldn't have given it up for adoption, I know what I did was the best choice for me at that point in my life. There's no regrets. But it wasn't taken lightly at all.

And yet there is a sense from family that it's not something to be talked about or acknowledged openly:

P30: I didn't know how strongly I felt about it before that, because I wasn't really fully aware the first time, so I didn't—you know, I just, I knew—and then, to, like I said, because I was younger and had my parents, it was kind of something I just had to—we all just kind of—all right, let's pretend that didn't happen.

This woman reflects on how significant the abortion was in her life both intra- and inter-personally, in terms of who she saw herself as, and how others saw her, and at the same time feeling like she couldn't share it with anyone. This resulted in an inability to integrate this important experience into her life narrative as a positive one:

P6: And this huge thing had happened in my life that changed the person that I was. But nobody knew about it and I couldn't talk to anybody about it. And it was like I seen myself differently but nobody else seen me differently or something like. I don't know I guess I found it really difficult for a long time after I got back. Yeah.

I- Was it like other secrets?

P6- Yeah. I think so. Except it was a really big one for me like it really changed- changed me. And at the time it, it had a much different effect on me then than it does now. Now I think it was a positive change in me. But at the time it took a long time for it to go to positive to me.

Some participants felt pressure to “feel bad” about their abortion afterwards, despite not feeling guilt about the decision. They spoke about internalizing feelings of shame for having taken a practical approach to the abortion:

P36: [laughs] It's like that idea that you just—you have to feel bad. If you don't feel bad, you're a horrible person, and this is imposed upon you. Oh god.

I: It's like, you were saying if you have an abortion, and maybe you just take it as a matter-of-fact thing. You don't have horrible guilt.

P36: Yeah, if you treat it scientifically, if you're very like, "Oh, okay, well. Didn't get to take that morning-after pill. It's a couple of weeks later, well, I'll go into the clinic and get an abortion, terminate this pregnancy, and that's my choice, and that's what I'm going to do—" And it's like, "No, you're not allowed! You have to feel bad about that, you have to— [laughs] you're an awful, awful person, if you don't feel incredibly awful."

The overwhelming PEI context is one of information and resource barriers. A striking dearth of information on how to access abortion was prevalent both within and outside the health system. Resource barriers included the obvious lack of local access that necessitated costly travel over water to another province and always required personal supports and financial assets. Both the private Morgentaler clinic and the public Halifax hospital are at least three hours away by vehicle but if a woman did not know about or could not obtain a referral to the public system, she needed to have additional money to pay for the procedure at the private clinic. And in the years before Morgentaler opened clinics in the Maritimes, significant travel times and costs were incurred to journey to Montreal or Toronto and sometimes internationally to Boston or New York.

In addressing the impacts of barriers, it becomes clear that these are created to further introduce more barriers – a continual nesting of barriers. For example, barrier A: not having local access means that women must travel (an impact of barrier A) however, travel becomes a further barrier (B). The impact of barrier B varies on women's access to resources. If she has no vehicle, that is an additional barrier (C) but the impact may be elevated stress, loss of dignity, delay in access, etc. If she has to negotiate extended time away from work that may be another barrier (D) but it will also be an impact of previous barriers such as not having local access. The point is that local access to this simple medical procedure would remove substantial barriers.

The barriers and their impacts varied within the context of women's lives so that several different trails were travelled.

THE MAZE TRAILS

The second organizing theme concerns the patterns of access to abortion services, which were characterized as a maze of intersecting trails. The maze had 4 intersecting trails, which characterized several barriers that threatened to entirely block their access to a safe abortion.

TRAIL 1: THE SURGICAL ABORTION PATHS THROUGH THE PUBLIC HEALTH SYSTEM

Figure 2 below illustrates a best-case scenario of the 2014 current state of access to abortion. As can be seen, this best case still has several moments of challenge where access to resources is twinned with access to abortion. Every woman in the project encountered additional barriers at one or more of these steps.



This path outlines access to abortion for women in PEI in optimal circumstances, where resources and support are readily available. Despite the availability of these resources, barriers to access still persist throughout the process and women are negatively impacted as a result.

When a woman finds out she is pregnant, she optimally contacts her doctor for support, including confirmation of the pregnancy, and information about all of her options, including accessing abortion. In some cases, women receive this kind of support:

P23: And my doctor was very—he was very open-minded. When I went in for the appointment for him to verify that I was pregnant, he said, “You know, there are options, if you want them. Here’s the information.” He was very up-front. I felt very comfortable talking to him about it, so I’m very thankful for that.....and calling the actual clinic, they were very supportive, too.

One woman describes going to her doctor for information about accessing abortion. She expresses being unsure of how he will respond, highlighting the uncertainty women face when approaching their doctors in PEI. Although this doctor is supportive, he doesn’t have the information she needs. Even supportive medical professionals have to seek out information about how to access abortion on PEI as this information is not readily available:

P35: So after the initial period, it was actually fairly ho-hum, really. I went to my doctor, and like I said, he’s fairly new. He’s just been in the practice less than a year, and he was really good. I didn’t know how it would go. He didn’t have information, he didn’t have any documentation, he didn’t have a lot of information, but he wasn’t dismissive, and he wasn’t condescending, so I really appreciated that. And he did go and find out the information that he needed through his nurse, and let me know that I’d need to—gave me the requisitions right away to go out and get the bloodwork done. And made the appointment for the ultrasound.

Another woman talks about receiving support and advocacy from her doctor when she had to travel to Toronto to have her abortion, while at the same time being aware of the fact that her case was an exception, and that

other women were not receiving the same treatment. An important aspect of this abortion is that it was at a time when PEI had a TAC and the committee had refused her despite it being medically required:

P11: Oh, and the other thing that I thought was not fair—it was nice for me, but wasn't fair—I had all my expenses paid—not my airfare but everything else—[doctor] sort of just put it in under the table, so they were willing to pay for this, but not do it here. And I knew that that wouldn't be the case for every woman, and that he was just doing that for me, and that didn't seem right.

One woman talks about going to whom she thought would be a supportive doctor, but she booked an appointment as a 'pap smear' just in case they wouldn't see her. "I just basically said, 'I do actually need a pap smear, but I'm really here because I'm pregnant and I can't have a baby,' and I just, like, 'blahhhh—I can't be pregnant, I can't be pregnant... I already have a baby!' (p30). The doctor was supportive but she had no guarantee until the moment she got the referral, causing her distress:

P30: Um, I did, yeah. I felt—at least, I knew I had gone to the right place. I knew it was going to be possible, now. So that was good. Because I was scared I wasn't going to be able to find a way to do it. I was scared—I thought that maybe it just wasn't possible to get referred from here.

Once a woman receives information about how to access surgical abortion, she needs to have blood work and an ultrasound done if she chooses the public health route. These additional appointments are required and are time-sensitive, and women are expected to be available whenever they are contacted, regardless of child-care or employment obligations:

P30: Yeah. And then the ultrasound. And they basically just call you for the ultrasound and you need to drop what you're doing and go. I don't know if that's the same if you're getting an ultrasound for other things, or if they give you an appointment for other things, but they're like, "If it's that important to you, then you're—" is basically how it was worded to me. "If it's that important to you, then you're going to come when we call you." And so I went in for the ultrasound.

I: Okay, so they bumped you ahead on the wait-list, is what it feels like. Like, you're just getting—drop everything—

P30: Mmhm. Gotta go through.

I: —okay, regardless of what your kids are doing.

P30: Yeah, regardless of anything.

Time delays at any point in the system cause her to be later term in her abortion than is necessary:

P29: Yeah so I told my doctor I went to my doctor about it, it took me a week to get into him, a week and a half or so. It was a while ago, but it took a while to get in to see him. And are you sure about doing this? Yes, I'm sure. Blah blah blah. He ordered an ultrasound, which took a few days, which wasn't too bad but then they had to do blood work. And I don't know why he couldn't do it because I had blood work done there before. And it didn't, that's what took forever. And they were just waiting on blood work and waiting on blood work, and I kept calling him. And like it just seemed like he wasn't understanding the severity of the time frame we were in and yeah so, yeah. He's the one that wouldn't do my referral the second time so, (laughs) so yeah.

Women's experiences with the technicians varied but in some cases, they felt the technicians overstepped their boundaries and were trying to influence their decision. The following experience occurred in 2011:

P30:...but it's such a nerve-wracking situation. So, I don't know, the way she asked me I just felt like she was trying to make me feel something about it, but really I'd done a lot of feeling already, you know? I didn't want—and it's personal. I don't know her. I don't—she doesn't need to see me and how I feel about this, because she's a

professional. It's a professional situation, ... and I didn't want to—I don't know, I'm really weird about where I cry, and for people who I don't know at all, like, I'm really—I hate crying in front of strangers. I hate it. It's my least favourite thing. And so I didn't—you know, [friend] knows this, and we were just trying to avoid that. But the thing is, I didn't feel anything. It doesn't look like anything at that stage. It just honestly looked like a little piece of poo. There are no arms, or no legs, it's not anything yet. It—so I think it had the opposite effect.

I: It was actually therapeutic for you.

P30: Yeah! Yeah!

I: Or, do you think it was therapeutic?

P30: It was! Because I was like, “It doesn't look like a little baby,” which is what I was terrified, you know, [incomprehensible] and that—which is sad, because having already had a kid I should know at that stage—but no, it didn't look like anything.

I: But you were only, what, eight weeks, maybe? Or how many weeks were you at that point?

...P30: Seven weeks actually, yeah. Seven. And then it was still almost a month before I got the appointment.

... P30: Actually, what happened is that she started trying to, like, point out, “Well, like, this is the head, and this is the”—yeah. Like. ... I was just thinking—it still doesn't look like anything. It's like one of those magic-eyes. I can cross my eyes but I'm not going to see.

I: So she persisted.

P30: Yeah, and she seemed—I still want to say sad, but, like, disappointed. Just seemed—disgust is probably too strong, but definitely not comfortable with the situation.

I: What did your friend think of this whole situation?

P30: She was pretty shocked. She was—she seemed shocked both when she asked if I wanted to see, and a little excited, because she really wanted to see. And then when she was, like, pointing out the different regions, because I said, “It doesn't look like anything,” “Oh, well, here's the head area, and then this is the bottom, and these are the arm nubs,” [laughs] Sorry, little arm nubs. [sarcastic] “I am sentimental now; let me bear this child.” Yeah.

Women are forced to wait in apprehension in order to get their ultrasounds, and then wait for their appointment to terminate the pregnancy:

P35: It took a really long time for the ultrasound. I remember waiting and waiting, and being concerned, “Is this going to happen in the first term?” It was probably six weeks after my doctor's appointment before I got the call to go for the ultrasound. And I really had no idea how far along I was at that point. It was just the way that my cycles worked, so to speak. I really didn't know where I was in the process.

This waiting causes uncertainty about whether or not a first term abortion will be possible, stress, and in some cases, negative health repercussions. She also experiences the stress of planning ahead for the logistical challenges of traveling off-Island for the abortion:

I: It sounds like these logistical challenges—you talked about having to wait six weeks for the ultrasound, and then another two weeks for the appointment, not knowing where you were. Can you say a little bit about what that was like?

P35: Well, it was stressful for a number of reasons. The reason I had an abortion this time was 'cause my first two pregnancies were very difficult physically. I have a condition

which makes pregnancy very uncomfortable from the beginning all the way through to the end. As a matter of fact, I couldn't walk for the last five months of my first pregnancy, and it was about the last three months of my second pregnancy. So pregnancy is very painful...as soon as this pregnancy came, I was terrified. And the pain started almost immediately, and I thought, "There's no way psychologically or physically that I can go through this again." Especially taking care of two children. So there was the physical pain in the waiting, and I was thinking, "The longer I wait, the worse this pain is going to be, and how long will it take to recuperate, and so there's all those—what I kind of think of as selfish—reasons, but there was also a certain amount of stress, because they do only perform first-term abortions, and there really didn't seem to be a channel of communication to find out where you were in the process. I felt like I just kind of signed my name on a sheet and I was waiting for a call back without any real access to information. There wasn't a clear line where I could call my doctor and he could say, "We're at this stage of the process, and this is what you can expect." With most other procedures, you would get some sort of estimate. Whether it would be accurate or not is another matter, but usually you would have a little bit more information. Because of the logistics of having to travel, and, in my case, to find childcare as well, it was challenging enough to be able to plan ahead. And in the end, when I did have my appointment, it really conflicted with the schedules of my caregivers that were taking care of my children, so I was able to call and rearrange the appointment at an earlier date. But all of that kind of happened in a jam-packed week, you know. "We want you to show up next week." [laughs] It's like, I've been waiting and waiting and waiting, and—okay I have to get everything together!

I: Right! So how did all of that impact you?

P35: Uh, well, I mean, it's just lessons learned I suppose. It didn't have an enormous impact on me, aside from the stress. It was a very stressful time, and obviously stress trickles down into—you know, maybe raising your voice a little more often than you should, or in my case I found it really challenging that I wasn't able to exercise and have those mind-clearing moments. So it just felt like you were in the turmoil all the time. You know what I mean? You had made the decision, but all of a sudden it was just out there in the ether and you didn't know when it was going to come to fruition.

The cost of funding the travel off Island can cause delays, especially when money for extras is not there:

P4: Yeah, so I think that—like, I mean the working poor I think are the ones who are really really caught with the whole issue of being able to access abortion. Because they don't have the extra money, but they don't have any funding from anywhere that's going to help them either. Right, they don't qualify for any of that. Right, so to go to Income Support and say, "You know, I'm really in a bind here, and I need some medical emergency money," well, they would say, "Well, for what?" [laughs] So, and you know, I've known women not to be able to get it. Right, because, "Well let's see if you qualify for support" and if they don't, then they haven't been able to access the money. ...I have known, like I said, a couple of clients who were able to get money through Income Support, but they were already on Income Support and they had a worker who obviously advocated for them to be able to have that money, or, you know, had the power to be able to authorize that. ... It does take a little bit of time, because by the time we get an appointment, and then you get in there, and then you get the authorization, and you make arrangements, it takes a little bit of time. Uh, there's no doubt about that. I would say, you know, you're looking at it taking a few weeks.

For some women, waiting results in her being precariously farther along in the pregnancy, and a more painful abortion. One participant whose access was delayed because of funding issues said, "it was probably the most painful, aside from actual childbirth, experience that I've ever had. And then they said that was because it was so late." (P25)

In optimal circumstances, once a woman has received a call with an appointment time, she makes the necessary travel arrangements and has adequate supports and financial resources in order to do so. She arranges for travel to the hospital, makes reservations for accommodation, ensures she has someone to travel there and back with her, books time off work or school, and finds adequate child care if necessary. She must also ensure that the weather is appropriate and not dangerous for traveling, in addition to possibly missing time from work. This results in feelings of stress and frustration and puts women in the position of having to rely on the generosity and goodwill of others:

P25: Um, well the procedure itself is 800 dollars, which is (laughing) a large chunk of money. Um, but that was, I was lucky enough to have someone that split that with me. And then the cost of the hotel for the night before, and gas and bridge, um, between the two of us it came to over a thousand dollars.

I: Did you have to miss time from work?

P25: Um, I did. I took three weeks off. I went and told my boss what was going on, and he's a wonderful person, and he was just like you take as much time as you need, and do what you need to do, and, um, just let me know when you're really to come back. Um, and probably a week and a half after I was feeling kind of back to normal and, uh, I went back to work,

I: [yeah]

P25: and life just kind of resumed. Yeah.

Coming up with several hundred dollars in a short amount of time is an obstacle for many women, regardless of their life situation:

P35: In the end it wasn't a huge expense, but it certainly, definitely put us out of pocket by probably \$400, which is never fun, whether you're single, raising a family, or anything else, and yeah.

Once a woman arrives at the hospital, she may or may not encounter protestors. In the event she does not, she is led inside and converses with several nurses prior to being prepared for the procedure. In optimal circumstances, the medical professionals she encounters are helpful, non-judgmental and supportive:

P25: But yeah, and everyone was just very, there's a very calm kind of atmosphere when you're just sitting there waiting knowing that everyone's in there for the same purpose. And everyone, all of the people that you talk to, you probably go through three or four until you actually get to the procedure, they were all really really wonderful women.

This woman expresses how helpful the nurse was who was assisting with the procedure. She talks about "finally" encountering someone who reflected back to her what she already knew with conviction that she had made the right decision for herself, implying that other medical professionals she encountered had not been as supportive:

P30: It did. It made me feel a lot better. And the nurse who was actually in there, when I was laying there after, she said, "If you need a minute, you just take a minute." And I was like, "I'm pretty sure I'm all right." And she was like, "You know you made the right decision for you." Like, that's what I really—it's just...

I: That's all you needed to hear.

P30: Yeah. It was so good to hear that, though. I wanted to give her a cookie. Buy her some flowers, take her out for a nice dinner, like, "Thank you." I did make the right decision! That was for me!

I: What a beautiful gesture.

P30: Like, it's not—there was no doubt in my mind that it was the right choice. It was the only choice. I wouldn't even begin to think about raising another child right now. And, yeah. So it was just—

I: Do you remember the look on her face when she was telling you you made the right choice?

P30: She had big smiley eyes—and perfectly-done makeup. She was absolutely gorgeous woman, like, curly, red hair, and she was probably in about her forties, and she just seemed like she had a light in her eyes. It could have been the narcotics I had, right? [laughs] But just, with the light above her head, and she just had smiling eyes, and she just looked genuine and caring and like she truly believed she was doing something important for people. And just reassuring, like, “You know this is the right choice for you.”

I: The right person to be there.

P30: Yeah. Yeah.

I: That's great. Finally!

P30: Yeah, clone her too! [laughs]

Women explain the simplicity of the procedure, as compared to the barriers and obstacles they have to overcome in order to access the service:

P30: No, and because of the narcotics it didn't even feel worse. So the procedure itself, for all the hoopla that you have to go through to get to that one point, you've got—well, by that point, so, twelve weeks, it's like seven weeks of hoopla and jumping through hoops and anxiety for a little ten-minute procedure. Yeah.

Once the abortion is completed, the woman travels home with the person who accompanied her. In the best case scenario, she travels home with her dignity intact, has time to rest, and receives adequate and appropriate after-care:

I: So who took care of you after you came back from Halifax to make sure everything was ok?

P29: My mom. Like she took, well I'm fine taking care of- I could handle it on my own. She lived across the street and she took the kids for me, which was the biggest thing 'cause it was just the body pain afterwards. Like, you're just crampy and you just wanna have, lay down and have a bath and do what you want without kids. You know what I mean? And she was there, she lived right across the street and she'd call me every half hour. And I didn't need anything but it was good to have. And I didn't want anyone there with me either. I just wanted- I wasn't upset about it, but I just wanted to be alone and just relax and recover.

Some women must use public transit to travel.

P29: but it's just like it hurt. Like I'm on a shuttle back to PEI for five and a half hours, and I'm bleeding all over the place you know what I mean? It's just Advil just ain't cutting it so-

I: How were you able to keep from bleeding through onto your clothing?

P29: Well I wasn't. (laughs) I took a plastic bag to sit with me on the shuttle (laughing) 'cause like when I had went before I had bled all over my mom's new car 'cause I had fell asleep in the car. And I had like those big hospital pads on, a couple of them just to-

I: Yeah, but you just bleed through-

P29: Yeah and you can't, you can't ask the driver to pull over I need to use the bathroom. Yeah it's pretty- Oh there's blood, like I bled all over the bag, like, it was horrible. And

it's like you gotta kind of hide it whenever you are getting out 'cause it's, and it didn't go on the seat thank God, but it's like-

I: Did you take something to wrap around your bum when you stood up?

P29: A towel. Well I was wearing black sweatpants so it kind of covered a little bit but you'd see like, you know what I mean like-... Yeah, so it's just, it's so pathetic. We get out at the McDonald's parking lot and, yeah. So and then you're sore and it's just, I don't know. Kind of degrading a little bit (laughing) I guess you could say. Instead of just going a couple miles and going home.

Once the abortion is over, the woman goes on with her life. Despite having the explicit support of friends and family, many women talk about the negative impact of PEI's culture and context following their abortions, particularly how they are silenced from talking about their experiences. This was covered in detail in the previous sections. In summary of this trail, even for women with adequate supports and resources, significant barriers to access to abortion persist and in many cases, negatively impact women's physical, mental and emotional health.

ABORTION OUTSIDE OF A HOSPITAL: MEDICAL ABORTION

Women who find out about medical abortion and are less than 9 weeks gestation sometimes find a physician to administer the medication locally and avoid the lengthy and involved process of the surgical abortion. The medical abortion is available locally however the government website does not have information about how to obtain a medical abortion, many physicians are not aware of it, and some refuse to provide a referral for it. Access remains difficult for this simple procedure. Women have been contacting the Abortion Rights Network for information since January 2012 when the local news profiled the procedure for local women. The physician appointment involves an informed consent about the procedure and ensures the woman is certain. She can then opt for injection or pills, which will halt the growth of the fetus. She must follow up a few days later at home by inserting pills into her vagina to bring about uterine contractions to expulse the contents of the uterus. Follow up care is recommended to ensure the abortion has been completed. Women reported that this was a much better form of abortion when it worked and all but one woman in the project reported success with this procedure.

Access to medical abortion needs to have surgical abortion back up available in case the medical abortion is not successful. One participant in our project already had two children with her abusive partner whom she was leaving, was living on social assistance in second stage housing, and was well aware of the hurdles of using the public referral system from a previous abortion in Halifax. She decided to use the medical abortion option but it didn't work well for her. Her experience:

P29: So, I decided I wanted, I knew - I had an abortion previously and when I was doing the research on that I found about this pill you can, these two pills you take methotrexate and misoprostol. When combined together they can induce a miscarriage. So, I was early enough in this for that ... And I'd taken it, and I bled, and though that everything had happened. And then I was having really severe pains and when I went- I went back to the hospital, and I was still pregnant. So I was about thirteen weeks. And you can only be about fifteen weeks and five days to have an abortion, so it was like- ugh, like really? (laugh) Yeah. So it put a lot of stress on me, like, 'cause it takes preparation to have the appointment done and everything ...

I: You're two weeks pregnant?

P29: Yeah.

I: So how did you find a doctor on PEI who would help, help you with that?

P29: Um, How did I- I called, oh I started calling pharmacies 'cause I knew that they filled the prescriptions. So I called the xx Pharmacy and they hung up on me. And then I called-

I: What do you mean they hung up?

P29: Well when I called and asked I said, 'cause I'd looked online and I was looking in these message boards about this pill, and I would ask who, what doctor would fill this prescription? And she's like, I don't know of anybody who fills that, and she hung up. And I called xx pharmacy and they didn't want to talk to me either and-

I: What did they say?

P29: They're just rude. They said we don't, how did they put it. Something along the lines that they would never fill those two prescriptions together because everybody knows, you know what I mean? They don't condone that kind of- I don't see why they get the right to do that they're not a doctor so. (laughter) They're just there to fill it. But then I called (Pharmacy name) and they told me that doctor (doctor's name and information omitted).

P29: Yeah, I went (omitted) and I spoke to him. He actually made it quite comfortable. He wasn't, he was really nice about it. He wasn't, and then I went to fill it and they were, they were great about it too. The pharmacist took me in a special room just to explain everything to me and also (doctor's name) gave me a number that if anything went wrong to call him. He was great about it. And the pharmacist said the only reason they fill it is because they know that the doctor is making himself available to you for the next three days at anytime. You know what I mean? So, it was really, a lot more refreshing than what I had dealt with originally. So, yeah.

I: So there you are. You- so how many weeks are you at this point?

P29: Two- oh the day I found out I started calling around I started calling around, yeah. Yeah, so a couple days.

...I: And you get your prescription filled,

P29: [yeah]

I: and was it complicated to take?

P29: Nope. You take about twenty pills at once, you eat them. And then there's four pills you insert vaginally and that one, the ones you eat, I guess, is supposed to kill the fetus. And the ones you vaginally ripen your cervix to really, like,...yeah. So that's what that's for. So I thought everything worked.

I: So did your period start?

P29: Yeah. I bled a lot, like and it was crampy and painful.

I: Were you sick?

P29: No, I wasn't nauseous or anything but... really, really crampy so... Yeah so, and I've had miscarriages before as well so it seemed like

I: It felt like that a bit?

P29: Yeah.

I: And was there anybody in your circle of friend who was looking after you at that time?

P29: No I just did it. I just did it myself.

I: Yeah.

P29: My mom knew about it and she lived across the street at the time so,... It was just like a heavy period with cramps, like, so that's why I thought-(it went well).

Unfortunately, it didn't work and she didn't go back to the physician who helped her with the medical abortion because she thought it was something different she was experiencing. Instead, in deep pain, she went to the hospital two weeks later and experienced a lack of protocol to help her with an incomplete abortion:

P29: I was having still extreme like, um, like in the pelvis area or whatever you call it. Um, it felt like cramping still or like labour almost like it still, like couple weeks later, a few weeks later and I'd go to the hospital and it's nothing, it's nothing. And I went back again and finally one-

I: You went to the hospital?

P29: Oh yeah. And they said it was nothing.... And I told them I had taken, like the two, the cocktail of pills there or whatever, and they didn't do an ultrasound or anything. And I had a bit of discharge like pink bloody stuff, and I went back because I thought maybe my period was starting, but the pain was still unreal. And some young medical doctor decided to do an ultrasound and told me I was still pregnant. So yeah.

....

P29: I had told him about what happened, and he was like 'kay well, he was right concerned, and he said I'll do everything I can to find out. He said, first we'll start out with an ultrasound. That's the first thing he said. He came in and he said how long ago did you take this? And I said well it's probably been about four or five weeks so far, something like that. No it was longer than that, it was. This time I was far along, like, so, whatever. (laughs) Anyway, he had, he had seen, like, he was like, well there's, your pregnant. And he showed me the screen and there's like a baby (laughter). Like, you know what I mean? There was a full little baby. Yeah. So. Yeah.

I: And what did you think?

P29: I was, shit. (laughs) Like, do you know what I mean? 'Cause then I feel bad cause I see it, and I didn't want the baby anyway, but I'm just thinking like, okay it's obviously damaged in some way because of what I took. Like, it's not healthy for me to take the, it's meant to kill it so. I felt guilty, I felt glad that at least I wasn't crazy do you know what I mean? And then I found out, and then I started remembering okay, well how far along am I 'cause I don't want this baby, do you know what I mean? And then I had that.

P29: And it was a couple weeks after so I thought maybe it was just an after issue, not cause of the medication, but because of the whole miscarriage so I didn't think to call him. And it's not even his fault either

I: [no]

P29: 'cause it's like ninety percent of the times or something it works. With my luck it didn't so.

I: Okay, so how many times did you go back?

P29: Three.

I: You went to the- so you had the- what you thought was a miscarriage, and you went to the hospital-

P29: Probably two weeks later, and then a couple days after that cause I was in so much pain. And then they just threw me some percocet and told me to go home and, they thought I was just being dramatic or whatever. And then about another month later or so it was, it got really bad. And that's when I went back.

....

P29: But when I went there explaining that I had taken the pills to have an abortion and I was experiencing extremely bad pain in my abdomen, it just didn't seem. Like, I waited

for like five hours in the emergency room and like excruciating, like I was crying out there. And I wasn't just doing it to be dramatic I was in real pain. And then the doctor came in and he would just touch, touch. And then he, and he should have been able to feel it too 'cause, like, I have kids and whenever they do the belly touch and they can feel you're, you know what I mean? It just doesn't seem like, now that I think of it, it just doesn't seem like it was really done properly.

....

P29: Yeah. Yeah. They just gave me a prescription of like percocet and sent me home. Told me to take a hot bath. (scoffs) Yeah.

I: What did you think about that?

P29: Well I just thought that maybe it was- but the first time I just listened to them 'cause I was like okay well maybe it's just. And then I went back the next day because it was really bad. And he had just said, it was a woman doctor then, and she had just said, uh, well continue taking the prescription and make an update with the doctor who prescribed the, prescribed the- like they didn't even look into it. It just made no sense. I don't know. I was just asking, like I was saying like how can you tell? Like you know what I mean? Like is there nothing you can do, like, internally look or,

P29: And then a brand new doctor, it was his first shift unattended,... by an ER physician and he found out right away. You know what I mean? So there was obviously a standard protocol 'cause he took it, and yeah.

I: So this doctor discovers that your abortion wasn't successful?

P29: [yeah, yeah]

I: That you're still pregnant,

P29: [yeah]

I: And then you still have to wait?

P29: Yeah.

I: How long?

P29: Well I called, and then I had to get a referral to have an abortion because-

I: Couldn't he refer you?

P29: No. No. I had to find a doctor to do it. Now my family doctor wouldn't do it for me because I had one done before, and he told me I shouldn't use abortions as a form of birth control.

She did eventually find a doctor to refer her. Despite having been briefed on her situation, Halifax termination pregnancy unit still inquired whether she wanted to proceed after all she had been through. In fact, one must continue to a surgical abortion if a medical abortion has failed so asking her that question in this context was inappropriate. "... Well she just felt bad about what had happened, and she's like are you sure you wanna do this? And I'm like, yeah I'm sure (laughs). I'm sure I wanna do it, like I wanna!"

TRAIL 2: THE DEAD END PATHS

Figure 3. The Dead End Paths.



These trails depicted in Figure 3 are marked by barriers to access and can lead to outcomes that block access to abortion and entrench women’s inequality in a community.

P6: Definitely. Until that point in my life abortion had really been like I don't know, something people had done in movies. Until I got pregnant with Son's name. And even then it was still like, I want one but it's not realistic like.... Yeah like. We don't have those here. This is PEI. We don't do that...

P20: They need—if they have choice, which we say they do, how can they have a choice if they don't have access to the information to make the choice? The information to make a choice, like I said, money, travel, support, counselling, if they don't have information about where those things are, then how are they making a good choice? Sometimes they're just not choosing because they don't have the information, and then they end up with something they didn't want. And I have to say that my daughter is struggling with that. She was determined that she was having this baby, and it was the right thing to do, and twice this year she's had meltdowns, just recently, and said, "I wish I never had this child." Which really saddened me.

CARRIED UNWANTED PREGNANCY TO TERM

Women had other women confide they were carrying unwanted pregnancies:

P3: ...there was a girl in the class, it was all grade tens, and there was this girl in the class who came up to me afterwards and was asking me about baby stuff, and I noticed that she was a little, like, round, and I was like oh are you and she was pregnant, and, like, I don't

know her so I'm just giving a first impression, but she's like she is someone who, I think, she wanted to have an abortion and

I: [did she say this?]

P3: Yeah. She didn't want to have the baby and, she's, um, at a practical level of high school, like, she's not, um, she's just not very bright, and she, um, is, I think clearly has some social problems and she, um, she didn't want to but her parents are religious, and so she changed her mind, and I think now she's like four or five months pregnant, and she doesn't like being pregnant she finds that stressful, and, um, she, oh what was she saying, she was talking about it, and I was just, like, I just wanted to be like why are you doing this don't do this.

Women confided they were parenting a child they wanted to abort:

P6: Well I was still in school and I was living on my own or with- with the father. And I didn't want to be pregnant at all. And he had already had a couple of kids that for whatever reason he wasn't looking after so. It didn't- it didn't seem like it was going to be very good for me.... But I didn't have any money at the time. Like at all. The only money I had was something called like minor living apart. So it was- it was under social family and social services. I'm not sure exactly what it was but as an underage child I could get- I think it was like, I don't know, they would pay my rent and an extra couple hundred dollars a month as long as I was in school. And somebody had to sign for me which was an aunt of mine. So I didn't have any extra money at all. Nor did the father. So I- I didn't realize you could get them covered. And I didn't know about the morning after pill. I didn't know if we had it or I just didn't know about it. It was also probably too late [laughter] I may have tried if had- had I even known about it, but I didn't.

...

P6: I looked into abortion and seen how much it was going to cost and that I would need to find a way to Fredericton. Or maybe it was Halifax at the time. Somewheres I couldn't find a way to without telling like my parents that, "hey, can you take me here cause I need to get an abortion" Like I didn't have my vehicle or my license or any money. So now I have a five year old! [laughter]

I: And you had no source of support?

P6: No. Well [noone to turn to] just-just the father and he wanted it.

I: He wanted you to have the baby.

P6: Yeah. I don't know why he would [laughter]- he's never really been all that involved. But yeah.

I: So did you tell him where you were going?

P6: Yes. I told him I wanted an abortion right away. And he didn't agree with it. And he didn't offer to help try and find any way to get there or any money or anything for it. And there just really wasn't any way for me to get it. At all.

I: Yeah. Yeah. How did you feel?

P6: Stuck. Really stuck. And it wasn't my life plan. Like, I'd always planned on going to university. I was just kind of-those kind of things to me were just always there and then I was like- what? I'm that teenage girl pregnant? [laughter] That's not my story. And then it was.... Then I was a teenage mom so, [laughter] It wasn't what I intended to do. It- but I didn't have a choice. I guess I did have a choice I just didn't know about it. I didn't know that you could get them covered or- but even so, I still would have had to find a way to get to the hospital, I guess it's in Halifax so you're-- Without telling a parent or, I don't know who else I could of told that it wouldn't- and they wouldn't have- my parents

wouldn't have been for me doing it so-.... And then, well (Son's name) was born in December.

P6: That changed but we didn't even bond at all at first. And I think that probably still affects how (Son's name) is today like he's- and I didn't even realized how different I was until I had my other child later. And wanted her. And it was totally different. She- we were so attached all the time, the exact opposite actually. But anyway-so I just couldn't imagine doing it again or having another one. Son's name was a really difficult child too.

The father of the child was abusive and she couldn't get him out of her life:

P6: Well no he was pretty- he was pretty threatening. He was pretty abusive and after I asked him to leave he would like, I couldn't not have the doors locked because he would just come in whenever he felt like it and flip out or call for hours and hours and just keep hanging up then calling back and letting it ring and ring and ring until- well I guess until he found something better to do because I usually didn't answer. Or he- he'd-he'd- like he never paid support or he'd say he's coming to see Son's name or coming to pick him up and he wouldn't- and it's just- it was really frustrating.

The second unwanted pregnancy brought to issue the situation she experienced with her first unwanted pregnancy:

P6: And I didn't want to have that child. Not even a little bit of me wanted to have that child. It was like, "okay I'm going to bring another child into the world that I don't want." And take away from the child that I didn't want in the first place anyways. And he was already not getting what he should be getting from me because I just didn't have it to give it to him because I didn't want him.

I: Yeah.

P6: And I just, I already felt so guilty about our relationship- (Son's name) and ... at the time. I didn't feel like what other parents were feeling about their child. Or the way-... Yeah. Like the way like my father made it seem like I should be with (Son's name), like the way I should feel about him. Or the way my mother like, gushed about him all the time. And I'm like, "okay, all he does it scream and scream some more". And anyway I was feeling guilty about the fact that I wasn't doing what was right for him to begin with or that I wasn't doing enough for him and I couldn't imagine- I wasn't even really thinking about not being able to give this child stuff. It was the fact that If I even try to do that I'm not going to be able to give (Son's name) anything. I wasn't even thinking even thinking about this one so much in terms of it growing up and not being able to look after it so much as I was thinking I'm not going to be able to look after (Son's name) if I have another one.

P6: No. And I don't think any woman should have to deal with that to get there because there's a lot of women and in my own experience, I love my son and it changed- he changed who I am to be the person that I am now. And that probably wouldn't have happened without him. But at the time I didn't want to have him and I didn't have a choice or that's- and no woman should have to do that. And unfortunately I'm tied to his deadbeat, useless, like abusive, harasses me whenever possible father for the rest of my life. And there's nothing I can do about that.

UNSUPPORTIVE DOCTORS

One reason women with unwanted pregnancies get stuck is their doctors refuse to help them. This was prevalent in women's experiences throughout the decades of women's access experiences from 1980 through to 2013:

P11: (1980) I went back to [first doctor] and I said, "I need to have an abortion. You need to help me." And she was not supportive, but she said, "I need a letter from the doctor in

Toronto saying what you said.” I said, “Okay,” called him, time’s marching on. And he said he was furious— “why do I need to do this? But I will,” and sent the letter. Well, she claimed she never got it. So at that point, then, I went to [second doctor] again, and he was furious. And he said, “Well, you know, there’s no problem here. We’ll look after you. I’ll take it to the board here, and we’ll—but unfortunately, that’s not for another, whatever—three weeks, or something.” And in the meantime, the doctor from Toronto sent another letter, and [second doctor] got it, and—oh, I know what—what happened—yeah, okay, that was as far as it got—maybe, did—oh, no [first doctor], did she take it to the board? No, she went to see somebody and the word came back, they said, “Well, no, she can just have a Caesarian, and then there’ll be no issue.” Anyway, [second doctor], when I eventually got to him, was really mad about all of this stuff, and he said, “No problem, I’ll look after you.” Took it again to the board, and—I remember him calling me—he was so upset. He said, “I just can’t believe I have to tell you that it was turned down. So you’ll have to go somewhere else, to Toronto.”

P 31 (1986) And then this is the little conversation I have with the nurse. Yeah. So that was not—that was difficult, that was—but I soldiered on and asked the doctor about—you know, he measured me, and weighed me, and then I asked, you know, I’m interested in looking at not continuing this pregnancy. I am wanting to know about other alternatives. And he said, “Oh, I wouldn’t recommend that.” That was his response. I don’t know exactly what my words were, but that was his response. “Oh, I wouldn’t recommend that. And I don’t do anything with that.” I said, “Okay, great, thank you.” And I think I left there with an appointment to come back and see him another time. Or that’s what they assume...

Even family physicians who have referred you in the past can refuse to help you in an emergency situation as P29 discovered in 2011 when her attempt to use a medical abortion failed and she was forced to seek a surgical abortion procedure for which she needed a PEI physician’s referral:

I: So almost immediately you get in touch with your family doctor.

P29: Yeah.

I: Explain the situation-

P29: Yeah. Well to his receptionist. She said that, uh, he would call me back. She called me back with what he said saying that, yeah. So he wouldn't even talk to me. Yeah.

I: And, and so she delivered,

P29: [yeah]

I: can you remember the message?

P29: Oh yeah, she said that, uh, he informed me that he does not do referrals on a regular basis. He did it for you before because of the situation you were in. Like, with two children and got pregnant early. Um, and he something along the lines that he does not condone, or he does not do referrals so abortion as a form of birth control, yeah so. So yeah.

Similarly, a gynecologist in 2011 resulted in rebuff for her:

P29: Well I called and said, well first they've been, he's been my OB-GYN every time I had my kids and so I called and asked, and she just said we, we deliver babies not kill them or something like- I was just like oh my god.

The uncertainty of the physician’s support combined with direct rebuff from some physicians’ offices to obtaining abortion is delaying women’s access to safe and timely abortions or causing them to carry unwanted pregnancies to term:

P6: And I didn't wanna go to my family doctor because like I'd known him all my life and I just wasn't comfortable. And she told me that I'd need an ultrasound and she couldn't give me any information. I'd have to go to my family doctor to get an ultrasound done to find out how far long I was. They said I needed that for the Morgentaler clinic. Which I later found out when I called them I didn't. And that she would strongly advise thinking about this before going ahead with and that I need to meet with my family doctor and talk to him about my health and stuff before I done it. And I was like "alright then well I'm not going". So I refused to go to my family doctor and that was another sitting around for a week or two before I was like. And then I was starting to get really nervous because I was like, "I don't even know how long I have to get this done and I don't wanna run out of time." And then I started looking online and then it was like "oh my god the cost goes up too the longer I wait too. How am I going to get that much money?"

Some physicians do not realize the challenges women face:

P1: Like my [family member] is a doctor and I remember venting to him about how unfair it is and my he's very prochoice but very privileged and so he said oh you know you get a referral you go over across it like it's really easy and I was thinking do you really think that (laughs)

Participants have a clear view of what they expect in a physician in a public health system:

P29: Well I just think it's, I don't, I think that when you become a doctor you leave your personal beliefs, like, where they are. And you take over the action of being a doctor. You don't think about how you see things. You're concerned about your patient and, do you know what I mean? Like, it shouldn't be- I'm not worried about how you feel in the situation, it's the situation I'm in, and you're supposed to take care of that. Not let your feelings, or your whatever, get involved in my care. It shouldn't- like their taking oaths to do things, as you know. I don't think it's right that- I'm not saying that that's for sure what they did. I just felt like that's how it was handled so yeah.

Some organizations such as the Island Pregnancy Center are anti-choice but they look like they give women access to all options:

P3: So when I was pregnant I looked into it on their website and, um, or maybe before I was pregnant, but I remember seeing, it's only if you really read the fine print, that they say that, 'cause they say like counseling for all op to, like, consider all of your options, and that's like you know their if you're in a crisis situation, or you're pregnant and you don't know what to do, blah blah blah. They say like, um, their basic message, or it seems like is, um to that they provide counseling so that you can made a decision considering all your options. And they say if you, I can't remember where on their website, but you have to really look into their fine print where it says, um, we do not advocate abortion, or we don't we don't counsel, we, oh, we don't counsel that abortion is, um, a constructive, like, basically like we don't counsel that abortion is uh a good decision, um, we in fact have found that it compounds your problems, um, basically. So it just basically says that, you know, if you really want (laughing) it would be pretty sad if you went there and that was what you were leaning towards, and you wanted to get some help that way

UNSUPPORTIVE FAMILY AND FRIENDS

To access any abortion service, women are instructed to take someone with them but this is a problem when they have no one:

P28: I could. I could count on probably—I can probably think of one relative where I could—where I could say, “Yep, okay. She’s pro-choice,” but, she’s an aunt, but she married my father’s brother. So, um, whether sh—like, I didn’t—I wasn’t sure that she would be like, “Yeah, I can take responsibility for this” or, “No, like, I really gotta run

this through everybody else,” and that’s where, you know what I mean? Like, it gets—it gets complicated. Um, especially when—when you’re that young, I think. People really question whether [laughs through words] you can—you can make the decision for yourself—whether you wa—what you’re saying you want to do is really what you want to do, I think, is really called into question. And I knew that.

Without family or friends, women without resources are forced to wait for social assistance, which has resulted in women not really having a choice:

P1: I know one of the outreach workers had a client, um she was pregnant, she wanted to access abortion, and she had no means to even get over to New Brunswick. Like she, it was set up, and she was able to she would have been able to go, but she couldn’t afford the bus she couldn’t afford whatever, so I think she petitioned maybe income support and um there was like this lengthy process of well we’ll see, and phone calls, and no result. And then, you know, as she waited of course the procedure got I think more and more expensive, you know, as she waited and more and more you know involved and then in the end did she even go? I’d have to ask the outreach worker but I believe that in the end she wasn’t able to because she was too far along and it became yeah well whoops, you know?

INTIMATE PARTNER VIOLENCE

Women in the project shared how their male partners at the time of the pregnancy or abortion demonstrated various aspects of controlling behavior. As above with Participant 6, the partner was dangerous, and Participant 29’s male partner ‘beat the crap’ out of her and she had a victim services’ worker. Regarding her first abortion, she said, “He doesn’t want me, he wants me to have kids. You know what I mean? So I lied to him that I was pregnant and I had an ectopic pregnancy.” (P29) Male violence was perceived as connecting to women’s status in our culture:

P31: And then we returned. When we came back we went to Halifax to visit a friend. And I remember staying in her room, and it was in the morning, and I was laying on a mattress on the floor, I had my purple dress on, I was curled up, and [boyfriend], he told me to get up. And I didn’t get up right away, and he kicked me. Which he had never shown any kind of physical thing beforehand, and he had—you know? And I was shocked and saddened, and it was not good that he did that. It was, yeah, it was awful. But that was a singular event. Which is very bizarre. And then it would be years later, after I was in McGill, and I met a woman—that’s when I learned much more about feminism, feminist literature, and you can see how these are all connected, and I understood—there’s evidence that men get controlling, and they can be—if they had tendencies toward negative control issues, and violence, then that can happen around, I think, control over a woman’s body and her future, and whether things are going your way or not. So I always remembered that. he may not have kicked me a couple of days later, which was interesting. Yeah, I’ve since looked into this a little bit, and apparently men can be abusive when things don’t go their way in a pregnancy situation.

P1: Like I think about [friend] co-parenting with [man’s name] and the amount of stress that that causes like all parties, I assume it’s stressful for him in some ways too, but it’s like so stressful. And I keep having to tell myself, like, this relationship is nothing like the ones you see at work, you know. Where a woman is having to allow her children go for visits either for the day or for overnight with her abusive partner who, you know. It’s unbelievable like some of the custody decisions that are made in court, and the visitation that’s allowed despite the fact that, you know, the father was extremely abusive. And so, how must that hurt you as a mother to have to let them, you know, let your child go and do that, you know. And I know once the baby’s born it’s like the most perfect baby ever and you’re so you can’t imagine your life without it, but these women end up being tied

to this man for the rest of their lives where as if they could have had an abortion it might be a really clean break, you know.

OUTCOMES OF DEAD END PATHS

Leaving women with no reproductive choice impacts the entire community:

P35: So I mean, it's definitely not something that you can just boil down to an individual. It really does affect the entire community. And not just women. It affects—there are male children being born into these families, who are not necessarily wanted, or there wasn't room for them, or whatever the case may be, and there's also all the men in the lives of the women who are affected, as well. You know, it impacts everybody.

P3: Yeah, and if there are financial reasons for you not, you know, if you're like I can't afford to have a baby right now, you don't have parent's like mine who help me out financially, or other people in your life, if your, if you have a boyfriend maybe who makes money, but if you don't then having, forcing someone to have the baby doesn't do anything helpful, if their gonna live in shambles and poverty and stuff like that....

P6: Like I know it's like you keep it quiet maybe people won't do it. But people are going to do it they just need either you are going to have a whole bunch of people there that hate their kids of a bunch of kids that won't be equipped to deal with their life because maybe their parents were kids or because their parents didn't want them and resent them or maybe they're reminded of somebody they don't wanna be reminded of every day.

P20: Not fair. Not fair at all. That is just—you know. I mean, for some people, the money issue is a make-or-break. How many babies are out there not being well taken care of, unwanted, but with their moms who don't want them, who wouldn't otherwise be suffering? I'm sorry, but I just don't believe in children being brought into the world when they're not desired, and then being mistreated, passed-around, ending up with problems themselves, you know?

ADOPTION

A subcategory of outcomes from dead end paths occurs when women, forced to continue an unwanted pregnancy, consider the adoption process out of duress. This is a separate and distinct action which is different from an unplanned pregnancy where the woman plans to continue the pregnancy with the intention of using adoption following the birth. Participants talked about various aspects of how adoption can be a stigmatized process where women's sexuality is considered blameworthy, and also a problematic plan for them personally:

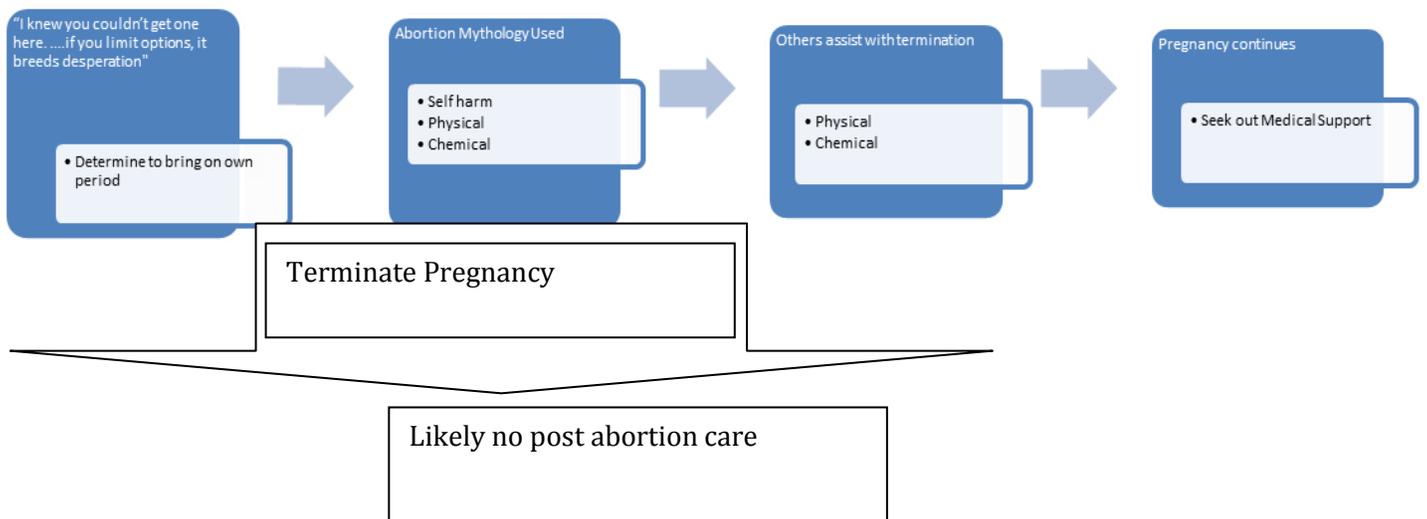
P36: Yeah. Well, it's so frustrating. I mean, you—there's a teenager that I just met the other day, and she had a child, gave it up for adoption, and was talking to my boyfriend, and he asked, you know, "Who is this person you just met?" Kind of thing. [garbled] "Oh, does she have any kids?" [garbled] "Oh, she gave it up." And then he kind of, like, "Oh, gave it up for adoption, oh, like, oh," Like she's not good enough to take care of her kid, like this weird stigma, like, "Oh, she thinks she can just get pregnant and just give it away [garbled] fine." I'm like, "Excuse me? What would you say if she had the kid?" Be like, "Oh, well, then I'd say she couldn't take care of it, and she was irresponsible." "Okay, what if she had an abortion?" "Well, you know, she was irresponsible to get pregnant." "Okay, and at what point in here does the man get the blame? Because she was actually in an abusive relationship, and—" ugh, it's frustrating, because it doesn't matter which choice you make, you're going to be judged on getting pregnant. You know?

P6:... If you weren't sure about this and you did it because someone pressured you into it, or because you felt like, you know, you couldn't get the abortion because of the access problems, or because people's, you know, the way they make you feel about abortion,

then having the child (laughing) is just not, it could be a huge disaster, and it could make you feel like, you know, you ruined your life or something like that because maybe it's not right for you or maybe you're not meant to have children or you're not meant to have children right now.... You can't always go to full term and have the baby away for adoption because then I probably would have ended up keeping it and then I'd be in a shittier position than I'm in now, you know what I mean?... And- and people it's always the argument well you could have given it up for adoption if it was really that- and you're like, so I took the easy route out as far as you're concerned but that's, so what? Like I really didn't feel like adoption was for me. I didn't think, for lots of reasons I never really considered it. Maybe that's the right thing to do. That's what people say but it wasn't for me.

TRAIL 3: AT HOME PATHS

Figure 4: At home paths.



Participants explained how the idea of bringing on their periods through subjecting their bodies to trauma was part of their access path:

P28: I think self-induced is the most silenced. And I don't believe I'm the only person who's ever done that. I don't—especially not the only young person, so I think that's what motivated me to share. Like, it does exist, it's not something that just happened with clothes hangers in the 60s and 70s.

DESPERATION & SELF INDUCING PRACTICES

Some participants actively tried to self-induce, stating, “if you limit options, it breeds desperation. Um, and people do things that they wouldn't normally do when they're desperate.”(P28) She wouldn't rule out suicide,

P28: I wasn't having a baby. Um, I wasn't. So if it got to a point where it looked like that was probably happening, I guarantee that would have—I would have k—I, yeah. I wasn't emotionally stable at—enough at all to—to handle something progressing like that. It

wouldn't—wouldn't have been good. I think the ways that I tried to induce probably would have gotten more risky to my health, um, and then, yeah. That's—suicide probably would have been a viable option at the end..."

And women still, as recently as 5 months before participating in the research, are considering desperate situations to get rid of a pregnancy:

P30: Just things like—thinking about walking out into traffic, like, "Maybe if I just cross onto this jaywalk, maybe I'll just get hit." Or fall down the stairs in my house—I'm on the third floor of my apartment building. But I didn't want to hurt me. I just wanted to be out of the situation I was in. [crying]

She was unable to find information. She tried searching the web to no avail, "—because my key search terms were "abortion PEI" and all I was finding was, like, not abortion. Right-to-life..."(P30) So women know they can't get one here, but what can they do if they don't want to be pregnant?

P28: I knew you couldn't get one here. Um, I don't know if I knew where you had to go but I know that you had to leave. Um, and how would I leave? Like, you know what I mean? Like, close friends would have been my age with no car, no driver's licence. And a 14-year-old girl, your close friends—even with your closest friends you don't know if it's going to stay just between you. Um, so I wasn't interested in being junior high gossip for no reason. Um, I didn't see any of that being helpful to what I needed to do. Uh, th- I had—there was no money to leave and there was no car to leave, so I was stuck [laughs through words] so this—it really was, um, like, a decision like that, like...

...P28:... But I don't remember what made me think that I was pregnant, but I shoplifted the pregnancy test from the local pharmacy. Uh, I took it by myself. Uh, it was positive. Um, and I immediately knew, um, that this wasn't happening. Uh, and I immediately knew that I was going to have to fix the problem myself. Um, so I broke it and threw it out, and then that kind of, probably became my life for the next couple of weeks, was trying to self-induce.

... P28: I might have heard older girls talking about certain things or doing certain things. Um, I read a lot of weird stuff. Anything really, uh, dark and true life, I—I read. I didn't have access to the internet. Um, yeah. So I don't really know what—how I figured it out. [clears throat] But I think everybody kind of knows the throw yourself down the stairs thing. I think that's—however that got into our minds, or into our culture, or whatever, that's kind of been there. Um, so I tried that. Um, you can't do that sober because you ju—you break your own fall, so I think I got pretty drunk and tried that. Um, vinegar. I drank a substantial amount of vinegar. Um, something about ginger. Uh, and my grandmother was really into, uh, like, naturopathic medicine or something so I think I just dug through her herbs and I probably ate a whole bottle of whatever contained ginger. Um, and something about uh, a tampon. And I don't remember—like, parsley? Uh, and I—like, I—and I—like, I really wish I knew where I got th-these ideas, because I think that's really important, but I don't. Um, something made me really sick. Like, I don't know if it was—I can't remember what it was, but I can remember thinking "if someone comes home, I'm probably going to the hospital and I'm screwed." Um, that sick. But, uh, nobody came home so that was good. [laughs] And, r-running myself into a table that was probably the—just the perfect height. And I did that for a wh—a while. Like, probably a couple—'til the leg broke. Um, and if I had to guess, that's probably what induced my period but I don't remember the order that I tried these things in, and I don't remember—like, I don't think—it was probably a couple of weeks from after taking the test to bringing on a period. But, like, there was substantial bruising from the table. Um, I got suspended because I skipped gym so much. 'Cause I couldn't change. Like, substantial bruising, like, it was hard to lay down. Uh, yeah. It wasn't good. But, mission completed.

I: Yeah, well I guess you've been fortunate. You didn't hemorrhage when you were 14.

P28: Yeah. Yeah, I could have went bad.

I: Your uterus emptied completely

P28: Yeah, 'cause there—I- I don't know how far along I was. Like, I obviously couldn't have been that far along, because it probably would have been a lot more complicated, but yeah.

I: Lucky.

P28: Very lucky.

I: Chillingly lucky, really, if you think about it.

P28: Yeah.

I: And so, you didn't have close contact with a physician...

P28: No.

Numerous participants also mentioned their knowledge that “copious amounts of drinking” might bring on a miscarriage. The thought of self-induction was there:

P25: ... I thought about it. Um, no, I kept, like I didn't stop, I had been drinking around that period, I didn't stop drinking. I didn't stop smoking,I thought about it, and kind of typed on Google self induced and didn't, couldn't press enter....yeah. Thought about it, but I couldn't. And the idea of the possible self-injury and internal damage I could do was just, that was terrifying to me so....Yeah. But, I mean, who knows what would have happened had I got there and they said actually (scoffs) you're in your second trimester, which had I waited another week and a half I would have been. I don't know what I would have done then, 'cause I think the cost of a second trimester abortion is twelve thirteen hundred dollars, I think.

P36: I remember getting birth control pills, because I didn't even know you could get morning-after pills. I'm still not quite sure on the situation about that here, you know. But I remember taking, like, twelve birth control pills, soon after, thinking that, “Okay, that'll help if nothing else.” And I just basically waited and waited for that first period, and it didn't—so I found out very very soon, and I pretty much thought that whole time—what if, what if, what if—and I had it figured out in my mind what my decision would be. I remember him, oh god, I had no issues telling him I was having an abortion, he had no issues accepting that. But the money issue and the fact that we'd have to tell people was a pretty big one. So aside from taking the pills, there was moments where we decided we would get him to punch me as hard as he possibly could in my stomach about five or six times, until that was too much for either one of us to really go through any more. I remember we'd nervously joke about how easy it is, and how common it is, “People have miscarriages all the time! But we're working so hard here! And it's just not happening.”

I: You didn't want to be pregnant, and you were trying anything and everything—

P36: [laughs] Yeah, anything, just anything, just come on, a little—oh, god. And getting loaded. At first I couldn't even—even though I was getting an abortion, I tried to do everything possible to terminate the pregnancy. ... and I was set to go about a week from then, because you had to make the appointments a bit in advance, that weekend, going out and getting loaded, and my boyfriend got loaded, and then he cried, and he said that he raped me,

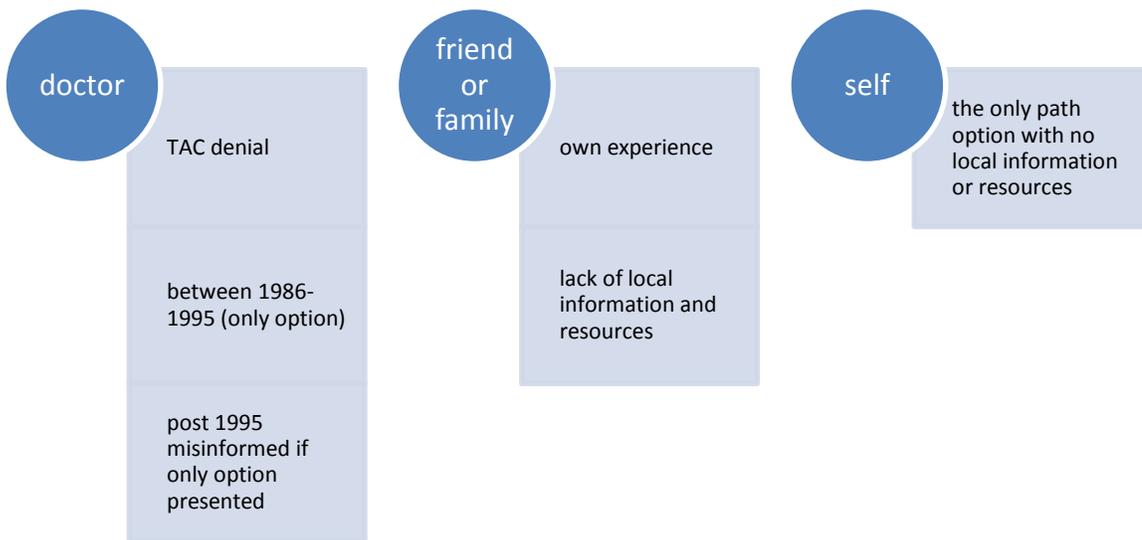
P6: Yes. Well, I looked it (self-induced abortion) up and tried to find like- I googled ways to do it but they all basically said you're not gonna succeed.... Yeah a lot of them. I couldn't find any that were going to convince me that it would work. And I was terrified like, I thought maybe I could just like do a lot of drugs and maybe drink a lot. And I was

terrified of that because what if it didn't work? And then- I'd have a baby that wasn't okay at all. Yeah I- I- I'd done that with Son's name too. I thought of- I tried to find any way I could possible think of where- to do it without having to get and actually get one... And then just never tell anybody. That was my plan. Didn't work. Because I couldn't find a way to do it.

TRAIL 4: SELF REFERRAL SURGICAL ABORTION PATHS OUTSIDE THE PUBLIC HEALTH SYSTEM: FIRST CHOICE, ONLY CHOICE, OR THE LAST RESORT?

Women's access to surgical abortion in the private fee for service system outside the province may have been through a physician, a friend, or family member, or they may have sleuthed the information for themselves. As Figure 5 indicates, some doctors did help women prior to 1982 to use fee for service clinics when the TACs refused their requests. Between 1982 and 1995, there was no option other than to guide women to off-Island abortion clinics. After 1995 when the public system would pay for abortions with physician referrals to the Halifax hospital, some doctors failed to inform their patients of this option or misinformed them their only option was to a private clinic. There was no public information from the Department of Health to inform women of their rights until December, 2011. Other women searched on their own but only found information about private clinics. Others obtained abortion information from friends and family who had experience with those options or who did the research on behalf of the woman and that was the only option they could find.

Figure 5. Various avenues for accessing private clinics where you pay for the service.



Women talked of being in a precarious position even when they had a supportive doctor:

P20: ...I remember the day that I went to my doctor, and she—the very practical woman that she is—was very matter-of-fact, and I'm thinking that she must have said, "Look, if this turns out to be positive, you might want to consider talking to Planned Parenthood," because I think they were the only resource at that point (1979), and of course she would have said to me, "And there's no way for you to have an abortion on this island, unless there is a medical reason why you can't carry this child to term, if it's dangerous to your health, or whatever." ...an older girlfriend of mine who had a couple of children and had been through some things herself, and was very worldly, I went to her. And she took care of the whole thing. ... And she said, "Well, you have to let him know." So I did let him know, which freaked the poor guy out, and by that time my friend had already said to me,

“Well, really the only option at this point is Montreal.” And so she said, “If you’re not going through with this, I will help you get there, and we’ll get this done.” So it’s a bit of a blur, the details around—... This happened in the summer. And so that October, she just—to me, it’s like some angel came along and took care of me. Because I just don’t remember a lot of the details. The love I have for this woman! That’s where I get emotional, because I’d do anything for her. ... she was there for me when nobody else was, and I couldn’t have gone to anybody else. So I don’t know. All she told me was, “I’ll pay for it, I’ll take you, I know you don’t have a lot of money, and you can’t tell your parents, and you can’t tell anybody else, so you can pay me back as you can, or as you will,” and I can’t even remember how much it all cost, you know? I think the abortion itself might have been two or three hundred, two-fifty, or something like that, 1979, does that sound right? And I think I came up with that amount—and the fellow, ... I sensed from him that he was not going to be able to deal with this very well, so he did say supportive things to me. He didn’t try to talk me out of it. So it was clear that he was not wanting to have a child with me. So I was very—there wasn’t even a question in my mind. I never stopped to say “foetus rights” or anything—I just knew I could not carry this through. (P20)

PEI did have TACs until 1986 but they were unpredictable even when the woman had medical evidence she needed the abortion. Participant 11 had a clear case of medical necessity and yet she was denied access in 1980:

P11: ... And at the time, the doctor said, “don’t get pregnant, because if you get pregnant, then you’ll have to have this operation again, and you’ll probably have to wear a colostomy,” I don’t know if they call that for urinary tract stuff, but— “for the rest of your life. So don’t get pregnant.” I said, “Don’t worry, I have an IUD—I’m not going to get pregnant.” So I went home—oh, and the operation took a long time—the man that did the operation was a urologist, but he called in this gynecologist, so there were two doctors involved in the operation. So I came home, and within two months I was pregnant. So I went to [doctor], and told him what the—oh wait, did I go back to—I went back to [first doctor] and I said, “I need to have an abortion. You need to help me.” And she was not supportive, but she said, “I need a letter from the doctor in Toronto saying what you said.” I said, “Okay,” called him, time’s marching on. And he said he was furious— “why do I need to do this? But I will,” and sent the letter. Well, she claimed she never got it. So at that point, then, I went to [second doctor] again, and he was furious. And he said, “Well, you know, there’s no problem here. We’ll look after you. I’ll take it to the board here, and we’ll—but unfortunately, that’s not for another, whatever—three weeks, or something.” And in the meantime, the doctor from Toronto sent another letter, and [second doctor] got it, and—oh, I know what—what happened—yeah, okay, that was as far as it got—maybe, did—oh, no [first doctor], did she take it to the board? No, she went to see somebody and the word came back, they said, “Well, no, she can just have a Caesarian, and then there’ll be no issue.” Anyway, [second doctor], when I eventually got to him, was really mad about all of this stuff, and he said, “No problem, I’ll look after you.” Took it again to the board, and—I remember him calling me—he was so upset. He said, “I just can’t believe I have to tell you that it was turned down. So you’ll have to go somewhere else, to Toronto.” So he did all the arranging—

What made P11 even more angry was the fact her IUD had been incorrectly inserted, failed to prevent the pregnancy, was embedded in the wall of her uterus and it had to be surgically removed. The gynecologist who removed it disdainfully asked her who had done that horrid job of inserting the IUD and when she informed him he was the one, he walked away without further comment. The health system failed her repeatedly.

For many women, having a supportive doctor was necessary, but so was having a family member or friend to count on. This becomes even more necessary when women must travel to the mainland for this procedure:

P23: It was pretty terrifying. But, I mean, I had my mother for support, so—I don't know what I would have done without that. My boyfriend at the time, he wasn't supportive at all. I actually—I still regret this part—I went behind his back, and he still doesn't know to this day. I mean, we broke up sometime afterwards, but he doesn't know and I still can't tell him. It's something that he'd never forgive me, but he wasn't looking at it from my point of view, you know, and it was rough. And my doctor was very—he was very open-minded. When I went in for the appointment for him to verify that I was pregnant, he said, “You know, there are options, if you want them. Here's the information.” He was very up-front. I felt very comfortable talking to him about it, so I'm very thankful for that. But—and calling the actual clinic, they were very supportive, too. We had to go to Halifax, which back then was terrifying. And my mother doesn't travel, and I don't drive, so she had to drive me and she's terrified to drive over there, and it was very very very stressful.

P23....At that point, I was just so overwhelmed I didn't care where I had to go, at that point. I just wanted it done and over with, and we would have gone wherever we needed to, but it would have been nicer somewhere closer. Probably would have taken a lot of stress off it—I think we were just numb, we were just completely numb at that point. It was just all—bad scene.

P23....There was some family stuff going on, too—my grandfather was dying and we were all very very close to him. It was just like—one more. We were very pressed for time, too. We knew he was going to die. It was like, “okay, we have to get this done before he dies.” It was all very morbid. But that was reality, it was just reality so we just had to just do it, and face it, and get it done.

P23... I remember just sitting in the car just trying not to think about it. Just, every second the pavement just went by was the closer I would be for it to be done and over with, and I could get on with my life. Like, it was—I felt very consumed by it all, my life was revolving around this one thing that I just absolutely didn't want. Never wanted children, and it was like—my life just doesn't have room for that. I don't want—I mean, I just don't even want w=my body to go through that. It was just very very terrifying, and I just kind of shut off from everything and everyone.

P23.... Very very few people even knew that I was pregnant. My boyfriend had started telling people, but I insisted that he keep it hush-hush, because I knew what I was going to do. I think it brought my mother and I closer—it definitely brought us a lot closer. The only people that know I had the abortion is my mother and her best friend. It was her best friend was going to come with us, but she couldn't, last-minute. She's the only other person that knows. It definitely put a wedge between my boyfriend and I. Because it was like this huge secret that I just—I couldn't tell him, and it was something that I needed to tell him, but he wouldn't understand, and I don't think he would understand to this day. I don't think he would. I mean, we're friends now, but—I still feel guilty when I talk to him. I still feel very guilty about that. But what can you do? That's the way it is.

P23... His family is religious, I think that **kind** of had a big part in his beliefs. ...

I: You had a sense that he and his family would not have approved of the abortion.

P23: Definitely not.... They were pretty pissed—I mean, they knew I was pregnant and they were very angry that I was. His grandmother refused to acknowledge my existence. But they still would not have—absolutely would not have approved. I definitely would have been dragged through the mud.

When the Morgentaler clinic set up in Halifax, some women's access was directly arranged by family with or without a physician's involvement. Women still had to go through hurdles to get there and especially past the protestors:

P15: Oh, I was seventeen or eighteen (1994). So I wasn't out of high school yet. My mother arranged everything. We went to Halifax, to the Morgenthaler clinic. I went over with two of my sisters, and I just—I didn't really know, I was just going with the flow. Going with what my mom said, and that kind of thing. I remember being there, and staying in a hotel the night before, and then we went to the clinic in the morning, and there I remember seeing protestors outside of the building, and that just kind of shocked me and scared me, as well, seeing these people standing out there with these placards, and with their signs, "You're killing your baby," and stuff like that. And that really affected me and kind of made me re-think the whole thing, like, "What am I doing?" And then I talked to my sisters, and we decided it was probably the best thing, because I wasn't even out of high school yet, and I had my whole life ahead of me, and whatnot. And then we pulled around back and there was people outside that worked at the clinic to let people in in the parking lot in behind, so we went in there, and then they couldn't see us—like, the protestors outside couldn't see us from the back, so then we went in and they were very nice people in the clinic, and explained everything to me and made sure everything was okay, and—I mean, it wasn't a bad experience inside the clinic, it was just going there was kind of the traumatic experience, for sure.....

I: Yeah, okay. Did you ever see your family doctor for post-abortion care?

P15: Afterwards, yeah.

I: And how was that?

P15: Um, she was fine, the doctor. I went there afterwards and I said, "I had a pregnancy termination," and she goes, "Oh, okay," and she just went on like it was a normal, everyday thing. So that was fine.

Even after public access to the service was set up through the off-island referral system, some women's doctors did not pass that information along, and persisted in giving out only private system information. For example participant 25 had her abortion in 2009, 14 years after the province had started paying for abortions with physician referrals:

P25...And, yeah, and I was like actually no I'm terminating the pregnancy I just have no idea where I'm suppose to go from here. And then her attitude and demeanour completely changed. Wouldn't look at me, and turned her back, and said okay I'll get the doctor and walked out. Oh yeah, it was it was something. And my physician came in and he I told him, and he said that I didn't need to be there. That I didn't need to see him about this, and I said I know but I'm not sure about where I'm supposed to go. So he wrote down the, I'm not going to be able to pronounce his last name properly, Mon, the Monty?

I: Morgentaler.

P25: Morgentaler clinic in Fredericton. And he gave me the name, and then that was that, and then he left.... andd when I called the clinic and I had said that my doctor referred me more or less to the clinic, and they said oh well honey, like, you don't need a doctors referral to come here you know, and I'm like oh I know I just, he was the one who gave me the name and number. And she said oh okay, and she sounded, I don't know, kind of surprised that I went to the doctor and that he sent me to her. Maybe that's because I didn't have to.

It was so difficult for women to find the information about public funding, many stories we heard from friends, family, and from women themselves echoed this despair at the lack of information and the stress of having to fundraise to have an abortion:

P35: Yeah. Well I mean, when I was first researching for my friend, that was one of the things that came up, and I was like, "I hate to tell you this but you're going to be doing some fundraising," you know? And she was at the time a single parent and on a very very

base income. And she just kind of had a moment of freak-out there, and I was like, “But no, no, keep going, keep going,” You know, call and talk a little bit more, and then we found out about the funding. So that was one thing that was a bit of a load off my mind, is I did know that there was the publicly funded—but I didn’t know that before last year. I thought the private clinic was the only option. That’s not common knowledge. And—yeah, I mean, if that’s not common knowledge for me, who’s someone who, you know, converses about these types of things, it definitely not common knowledge in most circles. Unless you know someone who’s been, you probably don’t know.

Coming up with the money to fund the abortion plus the travel resulted in delays to access the service for some women. And in some cases the delays pushed them close to their cut off time for a first trimester abortion:

P25: And so I took my number and went and telephoned, and they told me I had to, went through a huge list of questions. She was lovely and told me I had to make sure I was eight weeks in, and with the date of when my last period ended it would be very touch and go whether or not I would get over there and it would be too soon to perform the procedure. So they wanted me to wait for two weeks. They said I could come in at the next, ‘cause I think they do it every Tuesday of each week, I think I might not be correct about that. She told me I could come in, but the chance that they would have to send me home again, I mean, that’s bridge and gas and travel expenses. And because they want you over the night before when you go in, just because it starts at eight am and they don’t really want stressed out women driving over, and you have to have someone drive you ‘cause you’re not allowed to drive yourself. (sighs) So I had to, they suggested that I wait another two weeks so I didn’t go over there for nothing. So it was another two weeks of knowing that, what I was doing, and just kind of feeling so sick, and got over there and found out that I had actually been pregnant and had a period. So the interesting thing was that the ultrasound technician, whenever she did my ultrasound, she printed it off and left it directly beside me on the table so I could see it, and see how far along I was. I was actually just at the third month cut off yeah. So, um, I mean had I been able to have that done here they could have had my ultrasound realized that oh she’s absolutely ready, and I could have gotten that done a month earlier. But, um, with bridge fare and, I just couldn’t afford to make the trip and have it be for nothing, so. (sighs) So yeah, I find out that I was three months along, and missed having to have a second trimester abortion by about, like, a week and a half.

Delays jeopardize women’s health in multiple ways:

P25: But no, it was probably the most painful, aside from actual childbirth, experience that I’ve ever had. And then they said that was because it was so late. So another plus in why I just couldn’t have the ultrasound here, and discovered I could have got it done a month and a half ago almost. Yeah.... That, I think that’s what makes me, it’s just another reason it makes me so so angry that it’s just not accessible here, because it’s just, that’s a whole month and a half of pain and stress that just didn’t need to be there.

While it certainly could have been possible for some women post-1995 to gain referral through the public health system, no information was available about that option and many women simply contact the clinic directly. For example Participant 36 phoned the Morgentaler Clinic herself in 2001 and navigated the process on her own accord:

P 36: The whole thing is just so strange. Whenever you’re talking to them to make an appointment, I remember whenever I got there and the nurses were kind of laughing at me. They were like, “Oh, we thought you were a prank call at first!” Because I was so nervous that I wouldn’t say the word “abortion.” I just kept saying, “service,” or “procedure,” or something. And I didn’t know who I was taking to, and kind of paranoid that somehow this was some big bad person that was going to tell everybody in the world that I was sixteen and getting an abortion. They tell you—or they did—you couldn’t wear

any nail polish. And that was one thing I didn't really get. They said, bring slippers—or whatever. You had to have a person there, which was really hard for me because I really didn't want to tell anybody. But of course, the cost was really hard for me, because I was 16, and it was about 800 dollars. I had to go across and everything, and the whole cost was about 1000 bucks all together. My boyfriend at the time, his mother—and she did not have much money, she was a single mom, worked really hard for her kids. She actually—we told her and she actually came up with the money. And we called it a loan, and the day I paid her back she was so happy. She never, ever thought I would. I guess she was the only one that knew, was actually her family. My family still, nobody knows at all. So you get there, and there's all these people standing outside with all these signs, and telling you that you're a horrible person and everything. I'm like, "I don't understand," and I didn't understand it—like, I was 16, and it was available to me. It was a choice that I had made with full conscious—it's not like I just woke up and said, "Oh, gee, I'm pregnant. I'm going to go get an abortion," I just—well, education was really important to me. And family was really important to me, still is. And it's really important to have that certain foundation, and I did not have that. I could not do that. So you get there, and there's all these people. I didn't understand the judgment or why they could be there, and I remember wanting to scream at them, but I didn't. And I get to the front door, and that's when I found out why it was no nail polish: I was at the door, and it was like this glass door, and you'd hold up your ID to them, and they'd look at it, and that was one of the indications they knew that if it was a fake person that they'd never talked to, that they'd probably be wearing nail polish, because most women wear nail polish. So they told me that, after I got in there. And the first thing I saw was that spider, and it freaked me out. It was so strange of an atmosphere and you get in there, and there's all these people outside calling you down, and you walk in, and it's just this small group of women, some of them with husbands, older, some of them really young, like me, and it's so silent in there. So silent, and then—it's not like they just say, "Okay, your turn, you're up, come on, we're going to get this done." It's—you go in to this room with somebody who almost quizzes you [garbled]. It's counselling. Why are you here, are you sure you want to be here, da da da. So I really don't see any way I couldn't have been fully informed and aware of my decision. They make sure of it. A common misconception, it really bothers me when people think that you just, "Oh, they just walk in there and don't care at all," Like, you are counselled and there is a lot of thought that goes into it, but there isn't any of that services here. I don't really know what else to say about there, exactly.

She was too embarrassed to contact the doctor listed on the care sheet for a post abortion checkup.

Women who live in Prince Edward Island but who have health cards for other provinces while they are students here, such as Participant 41, phone the Halifax clinic and their claim is processed through their home province's health care so they aren't subjected to the same hurdles in access.

Islanders who travel to other provinces are in the position of feeling like they aren't in Canada. Participant 16 had been travelling and was in British Columbia when she discovered her pregnancy. She thought her Health Card would work for her abortion the same way she had been able to use it at other times when she needed to access health care in her travels. She was informed she would have to pay out of pocket.

Participant 18 was a student living in another province when she needed her abortion. After trying to self induce and getting sick using an herbal remedy, she went to a trusted professor for advice and was supported in driving to the Fredericton Clinic. She used her tuition money to pay.

POLITICAL ISSUE: WOMEN'S RESILIENCE AND STRENGTHS DEVELOPED

Participants clearly articulated the lack of access as a political issue. It is also a political issue that demands women demonstrate resilience and develop strengths in their journey to access abortion from PEI.

P23: I'm definitely stronger for it now, I think. Since I went through that, I kind of feel like I can get through anything. At the time, for a while, I felt very weak. Yeah.

Just because women can endure such indignities does not mean that we should. Like all barriers, they stand in the way of people's dignity and self-determination.

RESILIENCE

P 28: But I mean, I don't—it didn't, um, [laughs through words] it impacted me physically, but I don't think—well, I mean it did, but it didn't impact me negatively, like, I didn't, um, it didn't—it did change the way I thought about myself, I guess, but not in a negative way. It/um probably, um, probably was a starting point to see myself as someone who could actually, uh, impact ch- uh, change, or do something in my life that changed how things—'cause I think I was, uh, like, I was pretty—um, had the world-view that the world sucks and everything happens to me and so I'm just reacting and that's why everything's so shitty. Um, instead of, you know, I can control how I react to things, and that can change the outcome and things don't have to be—like, it wa- it changed from reacting to something else, I guess. But it didn't make me think I was a bad person or anything like that. It was, "This is what I need to do, and I'm gonna do it" and I did it, and then I just sort of moved on from there. So, I don't think it was really detrimental, that this was like some dark dep- like, suppressed memory that I was, like, not dealing with or something like that, it just—it really just—I moved on from it and it didn't surface again because it had no reason to, I guess.

P25: ...And, I don't know, I think, I just, I've become a lot more, like, I just don't care. I will tell anyone at any point if it comes up that, which it does come up very frequently in conversation, that, at parties, over supper. I don't know, maybe people, maybe I just bring it to the table. But it's discussed a lot, and (sighs) I don't care. I don't care if people aren't going to agree with me. I don't care if people are going to have different opinions, or think less, it doesn't bother me. I don't care anymore.

I: So that's a strength. That,

P25: [yes] I think so, absolutely...So I was really surprised and it opened my eyes a lot to the fact that I thought change needed to be made. It did take a long time for me to go from feeling sorry for myself and feeling guilty to feeling like, you know what? Maybe what I did wasn't wrong. And maybe I shouldn't have been made to feel that way by anybody else. I don't know. And I think that, I think I had my relationship with Son's name grew stronger too because after a while, a few months then I realized what we had and what it would have been like if I didn't do that. Maybe I appreciated it more or something, instead of being like "this is so horrible being a teen mom" it was like, "well this could be a lot worse" [laughter]. Like, yeah. I don't know. I don't know how else it changed me. We'll say it made me angry eventually. At first it didn't. At first it took a long time to get rid of the guilty feeling. I felt really guilty I guess. And then I felt guilty for knowing that I wouldn't have changed it. It was like, "well you can't be feeling that guilty if you wouldn't go back and change it." And I'm like, but I feel guilty about that [laughter]...And I think I'm still, I think part of me is still angry. Part of me just wants

more. Most of me wants to do something with that anger rather than just sit on it being angry now.

I- So anger is a tool for change.

P25- Yes. I think so. I think if I hadn't have gotten angry I'd still be sitting there feeling sorry for myself and feeling guilty and feeling like I wronged somebody. But in the end the only person I could have wronged was myself. And that's only if I judged myself. And I just feel like I'm choosing not to do that because I don't feel like- I don't feel like I've done the wrong thing... You have to self-reflect, and things like this really make you—force you to self-reflect. And at the end of the day, I personally—I'm proud of my decision. Um, I mean, I'm good with me. And there's nobody that could change my mind on that at this point. Which is wonderful to say that I got to that point, and I wouldn't have gotten there without this, you know, without going through that experience. It's a part of me, and it's become a positive influence in my life.

P26: It's so funny, like, I didn't really think—if you were to ask me before I came in, what would I think about these things, or what would I talk about, I really did not intend on talking about this stuff. But I'm glad I did, in some ways. The thing is that for me, that experience that I had, as an immature person, in life, I can forgive that child. Now, as an adult, I can say, "You did really well with what you had, and what you were dealt-with. And whatever control that you did have, you did really well with it." Then, I sort of say, okay, how does this fit into the bigger picture, here, you know

PERSUADED BY FAMILY- LIMITED OPTIONS

When family intervenes, it is not always to the woman's own preferences. A few participants talked about not feeling supported by family and deciding to have the abortion because family arranged it and they wanted what was best:

P3: ...I was dating my best friend and, um, I got pregnant, and I my initial reaction was that I wanted to keep the baby, and aw it didn't really turn out like that because no one really was very supportive..... well that was my initial reaction, but (laughing) most people around me were not extremely supportive of that especially, um, my parents and my boyfriend's parents, and him after his parents reinforced the fact that he didn't want to have a child..... It wasn't that I was being like coerced or forced, it was just, I was persuaded I guess. ... I think it was just lack of support where I was like I don't think I could do this without a lot of support.

Participant 26 stands out as one who was coerced by family to have the abortion. The following excerpt from my fieldnotes illustrates this:

Fieldnotes from P26 conversation: She was the only participant to correct me when I called the pregnancy 'unwanted'; it was an unplanned pregnancy for her, but she wanted to keep the baby. She was in a long term, cohabitating relationship with a fellow student at Holland College. She thought their 3 year relationship was leading to a deeper commitment once they graduated in the spring. They were in their last year and it was Christmas break. She discovered she was pregnant and phoned him with the jubilant news that they were going to have a baby together. Instead, he informed her that he didn't want to have a baby with her; he'd been living a duplicitous existence. He actually was engaged to marry a girl from his home town. She was devastated but thought she might keep the baby anyway. Her mother wanted her to have an abortion. Her mother was already overwhelmed with caring for a sick husband, had had (unknown to the participant) several of her daughters in the last few recent years pregnant and was just not capable of supporting another child. She understands why her mother treated her this way, but at the time it felt awful. The mother phoned her eldest daughter in a different

province to get information. It was decided that she would finish her school year, then two other sisters would drive her to Boston for the abortion. She went even though she didn't want to. At the Boston clinic, she was dropped off, and left to go through the procedure by herself. In her words, she 'lost it'. The doctor was angry that the abortion was later term than she had thought and that she was so emotionally distraught and was demanding to know where her support person was. It was a negative experience for her. Then, she couldn't return home. She had told everyone she was leaving PEI for Toronto to cover her story and then felt she had to stay away from PEI. With few material or emotional supports, she lived a very precarious life in Toronto. She thinks the negative abortion experience, with no support or counselling and all the silence has had a traumatic toll on her life.

What is telling however is that all participants, including the women who initially wanted to keep the pregnancy intact, expressly indicated how important they thought this project was to improve access. Most of all, they believed that choice is important. Reproductive justice is the power for women to decide if and when to have children, how many they will have, and the access to the resources to parent them:

P26: Like, it's not just an unplanned or unwanted pregnancy, it's—there are so many other linkages in that, that I just don't think you can offer one without supporting others. She needs to have a job. She needs to get some help to finish school, or to take a sabbatical from school. She needs—if she's been hurt or violated, she needs help with that, you know? Emotionally. And these things aren't tied directly to the procedure, but, I mean, I just think they all need to be looked-at in the same way. And I don't know how to achieve that. I don't think we have that anywhere. You know? I know we don't have that anywhere. We don't have equality, so I guess to be able to offer as much help as we can in some of those areas, I guess. But I do know that if women had some financial resources, that the situation would be different. They wouldn't have to rely on fathers that don't want to have children. They could rely on themselves, or there would be networks that they could get some support from, you know? But right now, we're just set up to fail. You know. We're just—the fact that any of us do okay, or do well, is an accident. You know?

LIMITATIONS AND STRENGTHS

As with all research, this project has limitations and strengths and has inspired new research directions.

Clearly the participants are people who are interested and able to reflect on their abortion experience in the context of a research conversation. The recruitment materials (Appendix A) explicitly invited people to share their experiences so that access could be improved. This was done deliberately and coherently as we understood well the principles of participatory action research and the necessity of working collaboratively toward goals of meaning to the community (Lykes & Mallona, 2008; Moanne, 2003). Various members of the reproductive justice community, including medical ethicist Kaposy, (2010) had expressed dire concern about PEI's policies restricting access to abortion. Our project was guided by values associated with social justice, rather than by detached objectivity; these values embrace a respect for people and for the knowledge and experience they bring to the research process, a belief in the ability of democratic processes to achieve positive social change, and a commitment to action (Brydon-Miller, Greenwood, and Maguire (2003, p. 15). Our research is part of a process that illuminates how the political structures create the everyday experiences of violence, poverty, stress, discrimination, and prejudice that are manifestations of oppression (Moane, 2003, p. 92). To pretend the PAR project did not have a core within the reproductive justice standpoint would have been disingenuous and unethical (Tri-Council Policy Statement, 2010). It is unlikely that anyone who rejected our purpose to improve access to reproductive options for women would have volunteered to participate. The strength of this project lies in its honest integrity to the experiences of women and their allies who want a better health system that includes the full range of reproductive options, including safe surgical abortions.

Critics using a post-positivist paradigm may feel that PAR approaches described herein appear to be biased and not objective, however PAR approaches are typically adopted by psychologists who endorse other philosophies of science, such as social constructionism and critical theory. To apply a post-positivist criticism to such paradigms is meaningless and antithetical to the purposes of the project and to the research question. PAR research is more politically and epistemologically helpful in that it is more directly relevant to participants (Cosgrove & McHugh, 2000, p. 832) and more directly relevant to the research questions addressed in the project.

Another strength of the PAR approach was the community engagement with the research question and the widely shared call to participate with more than 600 social media shares in 11 countries around the world in less than 3 days after we launched our recruitment efforts. Offers to participate were enthusiastic and indicated the enticement for them was that the project was based in action research. Our participants came from diverse backgrounds and we were contacted by women who lived in PEI currently and also by those who had their abortion experience in PEI and later left. We learned deeply from women and their allies who had struggled and did want to imagine a better way to improve access to abortion as part of a broader understanding of reproductive justice. We are aware that while we did speak with a diverse age range, reproductive outcome range, and level of marginality and vulnerability, likely the most vulnerable women or the most disenfranchised and marginalized women and girls did not lend their voices to this work. A forthcoming project has picked up this question to find ways to go deeper into the issues with more marginalized women.

Our research satisfies the various criteria used to assess the quality of qualitative research (Lincoln & Guba, 2000), in its rigorous approach and systematic analyses. Triangulation of the findings were built throughout the analysis with our PAG and with our feedback focus groups. Already our research findings satisfy the authenticity criteria of critical theorists, especially ontological authenticity wherein the research process helped participants develop more sophisticated understandings of the abortion issue. In our PAR approach to communications, we have educational authenticity to help participants appreciate other people's perspectives on this issue, and we have achieved catalytic authenticity through the stimulation of various actions including the formation of new activist groupings such as PRRO, ARN (Abortion Rights Network), and CARJ (Campus Alliance for Reproductive Justice). A number of students have been trained in the project including three Honours, one Masters students. These students have expanded our knowledge pool into discourse perspectives on reproductive controls in PEI and who have reimagined alternate ways to talk about the controversial subjects. Mentored in authentic community based research, their research presentations contribute to the knowledge pool through public community forums. In addition our research has been used to create a public interactive research display to communicate the various mazes for access to abortion at the October 2013 event for Sexuality, Gender, Health Expo which inspired new understandings of access issues. We have demonstrated tactical authenticity in the various empowerment processes that have underscored a resurgence of activism toward reproductive justice in PEI. While this research certainly is not solely responsible for inspiring the increased activity regarding reproductive justice in PEI, it can point to strong correlations of community activity pre and post research implementation.

CONCLUSION

Equality requires reproductive justice. In fact, equality cannot exist without reproductive justice. More than two decades after women in Canada gained better access to abortion services, women in PEI witnessed their access diminish. This project has illustrated that diminished access is coexistent with unsafe practices and risks to women's health. All women who participated in the project encountered some barriers and many experienced access to abortion as a needlessly complicated and intensely punishing regime; some were totally blocked so they are currently parenting children they did not want and others self-induced through painful procedures at home. All women were later in accessing their abortion than they wanted, sometimes delaying while funds

could be scraped together. Health and financial costs were ubiquitous with the delays to access and hurdles to be jumped. Most expressed frustration with their lack of personhood in PEI and all offered ideas about how to change the system for the better.

At a minimum, women in the project expressed hope for future generations to have improved access to abortion as part of a reproductive health program. It is no longer a question of whether we should provide safe access, but how? The first recommendation from this project honours that hope.

RECOMMENDATIONS

Local access matters. We recommend the Minister of Health establish a Reproductive Justice Task Force to implement changes to systemic barriers and to create local access to safe surgical abortions. Our research illustrates the WHO finding that restrictions on abortions do not reduce abortions, they reduce safety. Public policy must address local access to safe surgical abortions in keeping with the Canada Health Act and women's constitutional rights to autonomy of the person. The most innovative approach in this regard is through a coalition of government policy and decision makers and community advocates and researchers involved in reproductive justice options. Involving non-governmental bodies as well as professional associations connected to abortion care in the action group will improve the process of collaboration and integration into health structures and regulations. A systematic approach to addressing the various existing barriers to access and placing a time line to this work is important.

Women's safety is at risk where physicians turn them away from abortion care without referral. We recommend proactive action by The PEI Medical Society to redouble its leadership role in this regard. Other health care providers and technicians are also implicated in women's access experiences. Professional associations such as the Association of Registered Nurses of PEI as well as professional bodies regulating radiologists need to communicate ideals of non-judgmental care in women's abortion decision as an ethical standard. Violations of the ethic should have consequences for professionals. We recommend professional associations take a lead in ensuring women's access is not blocked, marred, nor hindered by their members.

Eliminate silence and stigma. Our research excavated the pain of our community's stigmatization of abortion as a woman's choice. The intense silencing of abortion needs to be addressed in creative and inviting ways. An enduring and sustained series of community events to support and to empower women's reproductive choices would undermine the stigma and address some of the silence. Finding community outreach possibilities is the purview of the community. Strategic funding from government as well as non-governmental agencies can facilitate community mobilization projects to address abortion stigma.

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APPENDIX A: RECRUITMENT BROCHURE – ALL PARTICIPANTS

UNDERSTANDING FOR A CHANGE: INTERROGATING EFFECTS FROM TWENTY YEARS OF DENYING WOMEN'S ACCESS TO AN ABORTION IN PEI.

We are a group of researchers and community allies interested in understanding women's experiences with accessing abortion in PEI and helping to create reproductive justice for women. We are interested in learning about your experiences so that we can change PEI's abortion policy to open access for women. If you have any questions about this research, you can contact the lead researcher, Dr. Colleen MacQuarrie Department of Psychology, UPEI at 902-566-0617 (cmacquarrie@upei.ca).

We want to speak confidentially with women in Prince Edward Island and our allies for access to abortion. We are interested in interviewing:

- a) women who have secured an abortion in PEI at any time in their life,
- b) women who had to leave PEI to secure their right to an abortion,
- c) women who requested the morning after pill, for themselves or for a friend,
- d) women who tried home remedies or other folk medicine to attempt an abortion,
- e) women who wanted an abortion but were blocked access in any way,
- f) women and men who have worked as abortion rights activists,
- g) women and men who accompanied friends or family to an abortion, and
- h) medical personnel interested in securing women's reproductive rights in PEI.

What Do You Want Me to Do?

- Take part in a one hour interview
 - about your experiences with accessing or trying to access abortion in PEI
 - Social messages you experience and their impact on you
 - Your opinion on how to improve access to abortion for PEI women

Where will the interview take place?

- In a confidential place that is convenient to you where you will feel comfortable.

You Have Rights

- If you participate in the interview you may
 - end the interview at any time
 - refuse to answer any question
- If you end the interview or refuse to answer a question there is no penalty.
- We will give you a ride to where the interview will occur, if you need it.

What Happens With My Interview Then?

The interview will be audio recorded and typed out. All information that can identify you or your location will be removed from the typed out copy. Only the members of the research team will see the typed out copy. Your story will be combined with others in your province to make a story about women's access to abortion.

Interested? If you would like to take part or would like more information, call Dr. Colleen MacQuarrie Department of Psychology, UPEI at 902-566-0617 (cmacquarrie@upei.ca).

APPENDIX B: INFORMED CONSENTS AND RESEARCH CONVERSATION GUIDES

Consent Form for Interviews

Understanding for a change: Interrogating effects from twenty years of denying women’s access to an abortion in PEI.

We are a group of researchers and community allies interested in understanding women’s experiences with accessing abortion in PEI. The results from this research will be used to educate the public and inform policy about the impact on women’s lives of the current policy. The lead researcher is Dr. Colleen MacQuarrie, Department of Psychology, UPEI. If you have any questions about this research, you can contact Dr. Colleen MacQuarrie at 902-566-0617 (cmacquarrie@upe.ca).

We want to speak confidentially with women in Prince Edward Island and our allies for access to abortion. We are interested in interviewing approximately 120 people from the following categories:

- a) women who have secured an abortion at any time in their life while living on PEI,
- b) women who had to leave PEI to secure their right to an abortion,
- c) women who tried home remedies or other folk medicine to bring about an abortion,
- d) women who wanted an abortion but were blocked access in any way,
- e) women and men who requested the morning after pill, for themselves or for a friend,
- f) women and men who have worked as abortion rights activists, and
- g) medical personnel interested in securing women’s reproductive rights in PEI.

Only the lead researcher and one of her co-researchers Cathrine Chambers (M.Ed, CCC) will know the identity of any of our participants. We will hold your information in confidence and anonymity.

We will ask about your experiences with the process of accessing abortion or with helping others to access abortion. We will ask you to reflect on the social messages you received at the time and the support or lack of support you felt from different people and institutions. We will ask you to give us advice about how to open access to abortion for PEI women.

We would like to invite you to volunteer to participate in this research. Either Colleen MacQuarrie or Cathrine Chambers will be the person who will be conducting the interviews. If you decide during the interview that you do not want to answer a certain question or that you would like to end the interview, please say so and your wishes will be respected and there will be no repercussions to you. Interviews are likely to last about 60 minutes.

You may find it beneficial to talk about your experiences. The information that you provide will be used to influence public policy on women’s reproductive rights in Prince Edward Island.

After the interviews, we will be creating a presentation of our initial analysis to invite feedback from various participants. Would you like to be invited to a closed group discussion with other research participants?

- Yes, please contact me about a closed group discussion.
- No, I do not want to attend a closed group discussion but I would like to give written feedback. Please contact me about this.

Name _____

Address _____

Daytime phone _____

Evening phone _____

Cell _____

Email _____

- No, do not contact me about any feedback from the initial findings.

This research project may create new questions for women's reproductive rights in PEI. If you are interested in being contacted for your potential participation in future studies on women's reproductive rights, please indicate this below.

- Yes, please contact me about participating in future studies.
- Use the contact information above or if you wish provide alternate contact information for this:

Name _____
Address _____
Daytime phone _____ Evening phone _____
Cell _____
Email _____

- No, do not contact me about participating in future studies.

It is possible that participating in this interview will be difficult for you, and you may wish to talk to someone about your experiences. For your convenience, we have attached a list of services that you can choose to access if you would like to. Cathrine Chambers (M.Ed, CCC), who is a trained counsellor has also agreed to be contacted by phone (902-830-3084) should you have any personal concerns that arise following the interviews and can assist you with a referral for assistance to other community supports.

The interviews will be audio-taped and then typed out. All of the information collected will be kept confidential. All conversations will be transcribed after Dr. MacQuarrie removes identifying information. The transcribers will be Dr. MacQuarrie's honours students. All transcribers will sign an oath of confidentiality which means they cannot disclose what they type. The typed conversations will be analyzed as a group. You personally will not be identifiable in the research reports.

The information you provide will be kept in a locked cabinet at the University of Prince Edward Island. Only the members of the research team will have access to the data collected. You will remain anonymous in all reports and presentations that result from this study. This means that your personal information, such as your name or anything else that could identify you, will be removed from the typed out copies. No one outside the research team will be able to see or hear any personal information that will let them know who has been interviewed. The data collected will be destroyed 5 years after the completion of the study.

Your signature below confirms that you have understood the information provided about this study and that you agree to take part in the interview.

I have received information about this study, and I have had the opportunity to have any questions about my participation answered.

I agree that non-identifying quotations from my interview can be used.

I agree that my interview will be audio-taped.

I understand that I can contact the UPEI Research Ethics Board at 902-620-5104, or by e-mail at lmacphee@upei.ca if I have any concerns about the ethical conduct of this study.

I have the freedom to withdraw from this study at any time and/or not answer any question.

I understand that I can keep a copy of this signed and dated form.

I understand that the information will be kept confidential within the limits of the law.

Participant's Signature _____ Date _____

Researcher's Signature _____ Date _____

If you would like to receive a summary of the results of this study, please provide either your mailing address or e-mail address below:

DISCUSSION GROUPS CONSENT FORM

Understanding for a change: Interrogating effects from twenty years of denying women's access to an abortion in PEI.

You participated in an interview in our project. As promised, we removed any identifying information and analysed our interviews across many participants. We have analysed the interviews and now want to get your feedback on what we understood from those interviews.

The lead researcher is Dr. Colleen MacQuarrie, Department of Psychology, UPEI. If you have any questions about this research, you can contact Dr. Colleen MacQuarrie at 902-566-0617 (cmacquarrie@upeii.ca). We want to share the findings with you to see how those findings fit with your experiences. Your opinions and your ideas are important to change reproductive justice for women in PEI.

The discussion group will be facilitated by Dr. Colleen MacQuarrie and Cathrine Chambers (M.Ed, CCC), the same two researchers who did the interviews for the project. The meeting will take place on the UPEI campus in Dr. MacQuarrie's research room, Dalton 104.

If you choose to participate in the research you will join a group discussion along with approximately 10 other people who also participated in our interviews.

Four separate discussion groups are held for women who:

have secured an abortion while living in PEI

have tried to obtain an abortion but were blocked from doing so,

tried home remedies for abortion and either were or were not successful in terminating the pregnancy

have accessed the morning after pill for themselves in PEI.

Two separate discussion groups are held for allies. If you were in our family/friends allies group, this group may include people who supported women by obtaining morning after pills at drugstores or who accompanied women to an abortion. If you were in our activist and medical professionals allies group, it may include people who have worked as abortion rights activists and medical personnel interested in securing women's reproductive rights in PEI.

The discussion will be about

your opinions on the ideas coming from the research

your ideas about other ways to work for reproductive justice in PEI

discussions will last about 2 hours

you will not be identified in the research findings

your ideas will be combined with others to improve the research

All discussion group participants are requested to hold the information confidential to the group.

This means that after the discussions you may discuss ideas you have with people outside the group, but that the other participant's names and identities should not be shared. It is unethical to share people's names outside this

group. Of course, we as researchers can not guarantee that all discussion group participants will adhere to this requirement and so neither confidentiality nor anonymity can be guaranteed from group discussions.

It is possible that participating in this group conversation may be difficult for you, and you may wish to talk to someone about your experiences. For your convenience, we have attached a list of services that you can choose to access if you would like to. Cathrine Chambers (M.Ed, CCC), who is a trained counsellor has also agreed to be contacted by phone (902-830-3084) should you have any personal concerns that arise following the group discussion and can assist you with a referral for assistance to other community supports.

The discussion will be audio-taped and the facilitators will be the only ones who have access to the audio tapes. Notes will be taken from the discussion. All of the information collected will be kept confidential. The group conversations will be analyzed to determine what needs to be added to the findings from the interviews. You personally will not be identifiable in the research reports.

The information from the group discussion will be kept in a locked cabinet at the University of Prince Edward Island. Only the facilitators will have access to the audio tapes. Any notes made from the tapes will not contain any identifying information. You will remain anonymous in all reports and presentations that result from this study. This means that your personal information, such as your name or anything else that could identify you, will be removed from any notes from the discussion group. No one outside the facilitators will be able to see or hear any personal information that will let them know who has been interviewed. The data collected will be destroyed 5 years after the completion of the study.

I hereby consent to be a participant in a research study led by Colleen MacQuarrie, PhD of the University of Prince Edward Island. I have read the information and understand that the purpose of this research is to understand my ideas and opinions about women's reproductive justice in PEI.

I acknowledge that:

- 1) I understand my participation is voluntary
- 2) I have the freedom to withdraw from the research at any time without penalty or prejudice
- 3) I have the freedom not to answer questions I am not comfortable with
- 4) I understand the information I share will be confidential within the limits of the law
- 5) I understand I can keep a copy of the signed and dated consent form
- 6) I understand that I can contact the UPEI Research Ethics Board at 902-620-5104, or by e-mail at

lmacphee@upe.ca if I have any concerns about the ethical conduct of this study.

Furthermore, I agree to keep all the information discussed in the context of the focus group confidential and anonymous. I can only share my ideas outside the group; I cannot share other's identities.

Participant's Signature _____ Date _____

Researcher's Signature _____ Date _____

If you would like to receive a summary of the results of this study, please provide either your mailing address or e-mail address below:

Research Conversation Guide

For women who have had an abortion:

1. Tell me about your experience with securing an abortion (or if applicable: with using the morning after pill).
Probes
 - a. Year/age/context
2. The time leading up to the abortion (using the morning after pill).
 - a. The abortion process (or the process of using the morning after pill).
 - b. Post abortion care (post morning after pill care)
3. When you think about the social messages that women who wanted an abortion were getting at the time, what were they? (or if applicable: with using the morning after pill)
4. How did those messages make you feel?
 - a. Can you think of how you were effected by those messages?
 - i. Strengths developed?
 - ii. Internalized negative messages?
5. If you could journey back in time with your current day wisdom, what would you tell yourself?
6. What, if any, changes would you like to see in the current situation for women's reproductive rights in PEI?
 - a. Intrapersonal (changes in how you think / feel / act about the issue?)
 - b. Interpersonal (changes in how you relate to others around the issue?)
 - c. Structural (changes in public policy or public discussion?)
7. What is important to keep in mind when we are doing work on women's abortion rights?
8. Is there anything we have not talked about that is important for me to know?

Research Conversation Guide

For women who tried home remedies for abortion and either were or were not successful in terminating the pregnancy

1. Tell me about your experience with using a home remedy to secure an abortion.
Probes
 - a. Year/age/context
2. The time leading up to the abortion (or if applicable, attempted abortion if pregnancy continued).
 - a. The abortion process (or if applicable, attempted abortion if pregnancy continued).
 - b. Post abortion care (or if applicable attempted abortion after care if pregnancy continued).
3. When you think about the social messages that women who wanted an abortion were getting at the time, what were they?
4. How did those messages make you feel?
 - a. Can you think of how you were effected by those messages?
 - i. Strengths developed?
 - ii. Internalized negative messages?
5. If you could journey back in time with your current day wisdom, what would you tell yourself?
6. What are some changes you would like to see?
 - a. Intrapersonal (changes in how you think / feel / act about the issue?)
 - b. Interpersonal (changes in how you relate to others around the issue?)
 - c. Structural (changes in public policy or public discussion?)
7. What is important to keep in mind when we are doing work on women's abortion rights?
8. Is there anything we have not talked about that is important for me to know?

Research Conversation Guide

For women who were blocked from obtaining an abortion:

1. Tell me about your experience with trying to secure an abortion.

Probes

- a. Year/age/context
 - b. Who/what was blocking you?
 - c. Who/what was supporting you?
 - d. What might have made a difference?
 - e. What happened to you as a result of being blocked in your efforts to exercise your right to an abortion?
2. When you think about the social messages that women who wanted an abortion were getting at the time, what were they?
3. How did those messages make you feel?
Can you think of how you were effected by those messages?
- iii. Strengths developed?
 - iv. Internalized negative messages?
4. If you could journey back in time with your current day wisdom, what would you tell yourself?
5. What are some changes you would like to see?
- a. Intrapersonal (changes in how you think / feel / act about the issue?)
 - b. Interpersonal (changes in how you relate to others around the issue?)
 - c. Structural (changes in public policy or public discussion?)
6. What is important to keep in mind when we are doing work on women's abortion rights?
7. Is there anything we have not talked about that is important for me to know?

Research Conversation Guide

For reproductive justice activists and medical professional allies

1. Tell me about your experiences with trying to secure abortion rights for women.

Probes

- a. Time span of most activism
 - b. Current day involvement
 - c. Who/what was blocking you?
 - d. Who/what was supporting you?
 - e. What might have made a difference?
 - f. What happened to you as a result of being blocked in your efforts to help women in PEI to exercise their human rights?
2. What are the social messages that women who want an abortion in PEI are getting?
- a. Historic versus current day messages? Any change?
3. How do those messages make you feel?
- a. What do you think the effects of those messages were/are?
4. If you could journey back in time with your current day wisdom, to your most activist time, what would you tell yourself?
5. What are some changes you would like to see?
- a. Intrapersonal (changes in how you think / feel / act about the issue?)
 - b. Interpersonal (changes in how you relate to others around the issue?)
 - c. Structural (changes in public policy or public discussion?)
6. What is important to keep in mind when we are doing work on women's abortion rights?
7. Is there anything we have not talked about that is important for me to know?

Research Conversation Guide

For Friends/Family Allies Accompanying Women for an abortion (or, if applicable, with accessing the morning after pill)

1. From your perspective as a friend/family member, tell me about your experience with helping to secure an abortion (or if applicable: with accessing the morning after pill.)
Probes
 - a. Year/age/context
2. The time leading up to the abortion (using the morning after pill).
 - a. The abortion process (or the process of using the morning after pill).
 - b. Post abortion care (post morning after pill care)
3. When you think about the social messages that women who wanted an abortion were getting at the time, what were they? (or if applicable: with using the morning after pill)
4. How do those messages make you feel?
 - a. What do you think the effects of those messages were/are?
 - b. Can you think of how you were affected by those messages?
 - i. Strengths developed?
 - ii. Internalized negative messages?
5. If you could journey back in time with your current day wisdom, what would you tell yourself?
6. What are some changes you would like to see?
 - a. Intrapersonal (changes in how you think / feel / act about the issue?)
 - b. Interpersonal (changes in how you relate to others around the issue?)
 - c. Structural (changes in public policy or public discussion?)
7. What is important to keep in mind when we are doing work on women's abortion rights?
8. Is there anything we have not talked about that is important for me to know?

Feedback Focus Group Discussion Guide:

Template For Eliciting Feedback:

You participated in an interview in our project. As promised, we removed any identifying information and analysed our interviews across many participants. We have analysed the interviews and now want to get your feedback on what we understood from those interviews.

We want to share the findings with you to see how those findings fit with your experiences. Your opinions and your ideas are important to change reproductive justice for women in PEI.

Facilitator takes 10 minutes to present an overview of the thematic findings from the research. Then each theme is discussed in turn by the group.

Facilitator presents theme 1 to participants.

Based on your experiences, what are your ideas about this theme?

What else should we understand about this theme?

What would you add?

What would you take away? (how might it be qualified?)

Each theme is presented systematically with this questioning stance.

Final concluding discussion,

1. Overall what is your opinion of these findings?
2. How fully was your experience portrayed by these findings?
 - a. How would you qualify the findings overall?
3. Is there anything we haven't talked about which is important for us to know about women's access to abortion in PEI based on your experiences?