Trials and Trails of Accessing Abortion in PEI[1] (Executive Summary)

Reporting on the impact of PEI's Abortion Policies on Women, January 2014

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

Provincial billing records in the period 1996 to 2013 show illegal abortions are a factor in women's health concerns (Lewis, 2014). Our project extends this understanding. We get underneath the numbers to expose the implications of the policies on access to abortion in PEI.

We used participatory action research methods to understand the various impacts on women's lives of PEI's abortion policies. We have conducted 45 research conversations[3] 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.

Using qualitative approaches, the researchers and the project advisory group analyzed the data for themes to communicate the impact of PEI's abortion policies. The findings were taken to feedback focus groups with participants to verify the interpretations.

Results & Discussion

There were 3 main findings in the project with several subthemes for each. The data structure is depicted in Figure 1 along with exemplary quotes for each finding.

The first main theme concerns the PEI context for the research and depicts the various information and resource barriers that women experienced depending upon the year of their abortion. Subcategories for this elaborated on the anti-choice structures operational within the province which sought to entrench silence around the concept of abortion.

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. 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

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[2] Copies of the report can be obtained by contacting the first author, Dr. Colleen MacQuarrie, by mail: 203 Memorial Hall UPEI, 550 University Ave. Charlottetown, PEI, C1A4P3; or by email cmacquarrie@upei.ca; or by visiting this site: http://colleenmacquarrie.blogspot.com/2014/01/research-report-understanding-for.html

[3] 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.

the attempts to "Self (Harm) Induce at Home Paths". Trail 4 are the "Self Referral Surgical Abortion Paths Outside the Public Health System."

The third organizing theme was to reorient the oppression of women in the denial of access to safe abortion services as a political issue. Participants spoke about the intense resilience and fortitude they required to navigate the oppressive structures in search of bodily autonomy but also how access to reproductive justice was fragile. Some women were eloquent in how their families held coercive power to enforce their idea for abortion when it was not an idea the woman wanted at the time. A salient point is that all participants in the project were adamant that reproductive justice was absent from PEI and they were participating so that women's bodily autonomy could be conserved and their constitutional rights embraced.

Figure 1: Thematic structure of the impact of PEI's abortion policies on women

PEI Context Anti-choice structures Silencing the concept of abortion Self Silencing	…people who have the money, and can go over (Mainland for an abortion) say, "Yeah, I'd prefer to do that, because it's more private,"…, but there are some people who don't have that option, and those are the people that are probably the most desperate (P28)
Maze Trail 1: The Surgical Abortion Paths through the Public Health System Abortion outside of a hospital: medical abortion Maze Trail 2: The Dead End Paths 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 Desperation & Self inducing practices Maze Trail 4: Self Referral Surgical Abortion Paths outside the public health system	I looked into abortion and seen how much it was going to cost and that I would need to find a way to Fredericton…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 (P6) 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 - I was just like oh my god (P29) 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] (P30)
Political Issue: Women's Resilience and Strengths Developed Resilience Persuaded by Family- limited options	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. (P23)

Taken together, the first voice accounts and the advocates' stories described the situation in PEI in recent historical and present day contexts. This understanding will continue the feminist project of promoting women's health and will be used to inform and influence abortion policy in PEI in particular and to address reproductive justice policy in general.

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 otherwise 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.