POLITICAL CHALLENGES AND DIGITAL FRONTIERS

Reproductive Health and Services in Southern Alberta

PARKLAND INSTITUTE

Carol Williams, Katelyn Mitchell & Carly Giles

CONTENTS

Political Challenges and Digital Frontiers: Reproductive Health and Services in Southern Alberta

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A professor of Women & Gender Studies and executive director of the Centre for Oral History & Tradition at the University of Lethbridge (Treaty 7 territory) **Carol Williams** teaches courses in women's history, reproductive justice, and incarcerated women. Her publications include *Indigenous Women: From Labor to Activism* (2012), a collection of essays by indigenous and non-indigenous scholars; a monograph, *Framing the West: Race, Gender, and the Photographic 'Frontier' in the Pacific Northwest* (2003); and, more recently, "Residential School Photographs: The Visual Rhetoric of Indigenous Removal and Containment" (2018) and "Reproductive self-determination and the persistence of 'family values' in Alberta from the 1960s to the 1990s," in *Call To Action: Histories of Women's Activism in Western Canada*, coedited by Sarah Carter, Nanci Langford, and Claire Thomson (forthcoming).

In spring 2019, **Katelyn Mitchell** was awarded a master's degree in the University of Lethbridge's Cultural, Social, and Political Thought program, having received her BA in Sociology with Great Distinction in 2016. She also contributed to Dr. Claudia Malacrida's "Childbirth & Choice" and "Eugenics to Newgenics" projects during her time as a research assistant at the University of Lethbridge. Mitchell's own research focuses on the experiences of women who have sought abortion services and information in the context of southern Alberta, and she has presented on this topic for various academic and public audiences.

Carly Giles began her educational career at the University of Lethbridge in 2013, hoping to pursue a social studies teaching profession. However, through health science electives and courses such as Liberal Education and Women and History, Giles fell in love with issues relating to health care laws, access and equity and switched majors to Public Health, graduating with a Bachelor's of Health Sciences in 2018. Reproductive health care is her current favourite research area. This passion started after working with Dr. Carol Williams to complete a Chinook Grant with a focus on historical and contemporary sources relating to reproductive health care in southern Alberta. In 2017, Giles began studying the under-profiled issue of male-centered online anti-abortion content, which she presented at the 2018 Congress of the Social Sciences and Humanities at the University of Regina. Giles started law school at the University of Alberta in fall 2019, hoping to focus on health care law and ways to increase crucial health care access and equity for all Albertans.

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Executive Summary

Within a global context of the resurgent political right, mens' rights movements, and neoliberalism, reproductive health services and reproductive justice are under political threat. American states like Ohio and Alabama made news this spring for passing fetal heartbeat laws and near-total abortion bans. In Canada, debates around social issues are consistently polarized along political lines. In Alberta, as discussed in the papers that follow, the new United Conservative Party (UCP) government includes cabinet ministers with histories of anti-abortion activism.

The three papers in this report, which emerge from a 2015 Parkland Institute faculty research award won by the University of Lethbridge's Dr. Carol Williams, chronicle the challenges to reproductive health, access to contraception, and access to abortion in Alberta in 2019. They chart the history of reproductive justice and health in Canada and Alberta, and survey emerging trends. Collectively these reports foreground not only how attitudes on the matter of reproductive autonomy have evolved or been popularized, but also forced onto the political agenda by the resurgence of "anti-abortionist" rhetoric.

The first paper, "'Reproduction Matters'—A Southern Alberta Case Study" introduces the contested landscape of reproductive health in southern Alberta. Author Carol Williams provides a summary of the history of reproductive politics in Canada, and the tools deployed to contest access to health services by a national and regional anti-abortion movement. The paper emphasizes the roles that inadequate sex education, restricting access to comprehensive reproductive health services, and the inequalities faced by women in paid labour and the public sphere play in undermining reproductive justice. The issue of access to medical and surgical abortion is centrally motivated by the inordinate spotlight cast on abortion by religious conservatives, especially south of Calgary. The report discusses the risky and underreported activism accomplished by feminist reproductive justice movements in Alberta—work that many Albertans never learn about. Williams enumerates the political, legal, and media challenges to reproductive self-determination gaining steam in recent years, and concludes by specifying the political, educational, and pastoral tactics employed by the anti-abortion movement to acquire wide-ranging power and support.

The second paper, Katelyn Mitchell's "Access in Alberta: Understanding Barriers to Abortion and the Role of Crisis Pregnancy Centres," describes social and political barriers those seeking advice or counsel face when attempting to make a decision on an unplanned pregnancy, with a specific focus on the role of Crisis Pregnancy Centres (CPCs). Whereas most clinically based public health service providers aspire for neutrality, Mitchell explains that CPCs are polemical or ideologically charged, and recruit those

in need of guidance regarding pregnancy options. Notably, abortion as one available option is never fully described or explained on CPC websites. As Mitchell contends, CPCs perform a disservice to pregnant persons by removing their ability to make fully informed, autonomous, or independent decisions.

In the final paper, "New Terrains of Anti-abortion Activism: Men and Social Media," Carly Giles reviews how conservative social media platforms directed at male consumers deliver anti-abortion messaging across national borders and constituencies. These digital outlets are frequently committed to the export of communication strategies hostile toward feminism as well as opposed to reproductive health and services. Giles conclusively shows how, in a province lacking comprehensive sex education at all tiers of the school curriculum, the internet has emerged as a premier—or sole—source of information about sex and reproduction for young people.

Although grounded in the particular political and health care landscapes of Alberta, these three papers intersect with national and global discussions around reproductive justice and access to health services for all.

Preliminary Note on Language

Cis-gender women historically have been the primary targets of political campaigns intended to control their reproductive bodies. Significant changes in reproductive technology have revolutionized intimacy and these changes reconstitute the reproductive family. This report uses "woman" when referring to historically specific circumstances or in discussions related to statistics, laws, policies, or other rhetoric that identify women as the primary constituents. When speaking to debates in the present, gender-neutral identifiers such as "people who can become pregnant" are preferred. These decisions point to the complexity of the new "reproductive landscape" but also mark our commitment to inclusion. By avoiding binaries more generally, abortion, reproductive politics, and the lived experience of those who seek reproductive health services, or reproductive justice, is acknowledged as extremely complex.

Except in cases of self-identification or quotations, this report generally uses the general terms "anti-abortion" and "pro-choice" when referring to the differing positions in the debate over access to abortion. Over the past decade, the term "reproductive justice" has been more widely employed by advocates around the world, and is also used in this report in reference to the contemporary movement. Reproductive justice is understood as describing the fullest range of advocacy work undertaken by activists to improve reproductive rights and health care for all individuals who seek it. At the basic level, reproductive justice implies that all individuals require and deserve to make the right reproductive decisions for themselves.

Introduction

Within a global context of the resurgent political right, mens' rights movements, and neoliberalism, reproductive health services and reproductive justice are under political threat. American states like Ohio and Alabama made news this spring for passing fetal heartbeat laws and near-total abortion bans. In Canada, debates around social issues are consistently polarized along political lines. Intersecting with other phenomena that disproportionately impact women, girls, non-binary, and racialized subjects, such as housing unaffordability, income inequality, and precarious employment, threats to reproductive health have become more visible in the Canadian public sphere. In Alberta, as discussed in the papers that follow, the new United Conservative Party (UCP) government includes cabinet ministers with histories of anti-abortion activism, including Education Minister Adriana LaGrange.

Factors such as these combine to position reproductive health as an even greater wedge issue in elections, and to intensify the political polarities between conservative and progressive public discourse.

The origins of the following three papers emerge from a 2015 Parkland Institute faculty research award won by the University of Lethbridge's Dr. Carol Williams for a research project entitled "Campaigns Against Reproductive Autonomy and the Fetal Rights Movement in Southern Alberta." Troublingly, reproductive justice and reproductive self-determination remains an urgent topic, particularly for the health of women, girls, and those who identify as gender non-binary. The papers in this report chronicle the challenges to reproductive health, access to contraception, and access to abortion in Alberta in 2019. They chart the history of reproductive justice and health in Canada and Alberta, and survey emerging trends. Collectively these reports foreground not only how attitudes on the matter of reproductive autonomy have evolved or been popularized, but also forced onto the political agenda by the resurgence of "anti-abortionist" rhetoric. Significantly, all three reports reinforce the many, and ever-expanding, barriers faced by those seeking value-free reproductive health services across Alberta.

The first paper, "'Reproduction Matters'—A Southern Alberta Case Study" introduces the contested landscape of reproductive health in southern Alberta. Author Carol Williams provides a summary of the history of reproductive politics in Canada, and the tools deployed to contest access to health services by a national and regional anti-abortion movement. The paper emphasizes the roles that inadequate sex education, restricting access to comprehensive reproductive health services, and the inequalities faced by women in paid labour and the public sphere play in undermining

reproductive justice. The issue of access to medical and surgical abortion is centrally motivated by the inordinate spotlight cast on abortion by religious conservatives, especially south of Calgary. The report discusses the risky and underreported activism accomplished by feminist reproductive justice movements in Alberta—work that many Albertans never learn about. Williams enumerates the political, legal, and media challenges to reproductive self-determination gaining steam in recent years, and concludes by specifying the political, educational, and pastoral tactics employed by the anti-abortion movement to acquire wide-ranging power and support.

The second paper, Katelyn Mitchell's "Access in Alberta: Understanding Barriers to Abortion and the Role of Crisis Pregnancy Centres," describes social and political barriers those seeking advice or counsel face when attempting to make a decision on an unplanned pregnancy. Crisis Pregnancy Centres (CPCs) propose to serve this pastoral need. As historian Shannon Stettner observed in her research on these facilities, "those who volunteer at [or run] CPCs have no formal medical or mental health training, and investigations into such centres reveal that they offer disturbingly inaccurate information about abortion in an effort to steer women away from the idea of termination an unwanted pregnancy."[1] Katelyn Mitchell concurs. Whereas most clinically based public health service providers aspire for neutrality, Mitchell explains that CPCs are polemical or ideologically charged, and recruit those in need of guidance regarding pregnancy options. Notably, abortion as one available option is never fully described or explained on CPC websites. As Mitchell contends, CPCs perform a disservice to women and girls by removing their ability to make fully informed, autonomous, or independent decisions.

In the final paper, "New Terrains of Anti-abortion Activism: Men and Social Media," Carly Giles reviews how conservative social media platforms directed at male consumers deliver anti-abortion messaging across national borders and constituencies. Unlike reproductive justice advocates, anti-abortion organizations are successfully utilizing social media. These digital outlets are frequently committed to the export of communication strategies hostile toward feminism as well as opposed to reproductive health and services, such as those offered by Planned Parenthood. Giles conclusively shows how, in a province lacking comprehensive sex education at all tiers of the school curriculum, the internet has emerged as a premier—or sole—source of information about sex and reproduction for young people. While the internet is not entirely bad as a source, it also conveys misinformation and is not as reliable as many conscientious parents or guardians might hope. Furthermore, youth may not command the critical lens required to accurately discern political biases embedded in websites professing to educate them about the realities of intimacy.

Although grounded in the particular political and health care landscapes of Alberta, these three papers intersect with national and global discussions around reproductive justice and access to health services for all. We hope that these papers will crystalize for readers the ongoing research and activism of a range of interested scholars, policy makers, and public health professionals who strive to defend access to reproductive health care across all frontiers of oppression and resistance for any individuals who can become pregnant.

‘Reproduction Matters’—A Southern Alberta Case Study

Carol Williams

After touching on some aspects of contemporary politics impeding democratic access to reproductive health in Alberta, this paper contextualizes the fight for gender and social equity and for reproductive justice. This history disputes Alberta’s reputation as effectively contained by religious conservativism or continuous Progressive Conservative party political rule over 43 years (until Rachel Notley’s NDP won a majority government in 2015). By returning to Alberta’s history of reproductive matters, other scholars similarly unsettle the preponderant myth that the province is ruled by hegemonic social conservatism.[2] This return to Alberta’s history promises to deepen our understanding of how events and policies in the past contribute to circumstances we confront in our political present.

Since 1996, I have taught an annual course on the complex landscape of reproductive health, history, and behaviours. I designed this course first for nursing and history students at the University of Northern British Columbia and, after 2002, in Women’s and Gender Studies at the University of Lethbridge in southern Alberta. Rural Albertan students have revealed the many barriers they face in their search for accurate or even basic knowledge about sexuality, intimate relations, and reproductive health. As I have discovered in the classroom over the past two decades, the convergence of religious and political conservatism in rural and small-town Alberta, inclusive of federal Indigenous reserves,[3] prevents easy or available access to informed perspectives on reproductive health services or practical resources to accurately inform youth around sexuality.[4]

Alberta schools delegate curricular instruction of sex education to individual school administrators and teachers under the general umbrella of a course known as Career and Life Management (CALM).[5] The content of CALM dramatically varies between schools, with parents granted the right to exempt their children from attending CALM coursework if they determine the content misaligns with religious belief.[6] Anecdotal evidence provided by students over many years reveals that many schools (inclusive of home schoolers) in southern Alberta censor or control students’ access to information. Many parents demand, and are afforded, exemptions to excuse their children from attending CALM. Further, it is not uncommon for religious-based schools to sustain an exclusive focus on abstinence or limit sex-education to basic biology.[7] Important social concerns such as consent, same-sex relationships, safe sex, sexuality, or birth control options are often neglected or omitted. The presence of anti-abortion advocacy in the

classroom is also not unusual, as historian Karissa Patton illustrated in her consideration of parental rights in Alberta classrooms and the fight of one teen and her mother to expose the limitations of the "pro-life" instructional bias in an Edmonton classroom.[8] Furthermore, as students consistently reveal to me, medical practitioners in smaller towns may refuse to provide non-judgemental advice if consulted about non-conforming sexuality or asked to provide access to birth control or abortion. By 2015 students, school boards, and teachers demanded that content and approaches to CALM be updated to reflect the realities of their youthful constituents. David Eggen, then the provincial education minister, affirmed that a wide review of CALM's content was justified.[9]

While in Lethbridge the provincially funded Reproductive and Sexual Health clinic offers comprehensive, non-judgemental, all-age and accessible public health services and counselling on all these matters, I discovered that a majority of students are unaware that this service exists.[10] Those individuals who actually seek abortion but lack local information or counselling commonly navigate an independent path to Calgary's Kensington Clinic, which has long provided a vast array of reproductive services to those south of Calgary.[11] Part of the barrier of access to adequate reproductive health care or counselling on a full range of options is that reproductive health providers are minimally visible either through public outreach or via digital platforms.[12] Provincial public health has been completely outdone by more conservative, media savvy campaigners. As both Katelyn Mitchell and Carly Giles similarly determine, religious conservatives (many of whom are anti-abortion or anti contraception) recognize that an ever-expanding digital and public presence feeds the appetite for reproductive health information that students fail to receive at home, from public health providers, or in the classroom. Students of all ages have become the primary targets of anti-abortion campus and school-based campaigning.[13] Youth lacking informed, well-rounded perspectives on reproductive health and sex education from more neutral sources are particularly vulnerable to the misinformation on which anti-abortion activism thrives. I argue, therefore, that the digital delivery of information on reproductive health and resources is absolutely critical to effective sex education and reproductive health care outreach.

Recent events and litigation waged by anti-abortion interests contest the misconception that reproductive matters are a private concern. A comprehensive review of relevant legislative shifts on reproductive health both provincially or federally shows extreme oscillations between progressive and regressive advocacy. Historically, the omnibus Bill C-150 of 1969 and the subsequent *R. v Morgentaler* Supreme Court decision of 1988 unshackled procreation from sexuality; this change was momentous in enabling more autonomy for women relative to their reproductive bodies.[14] After 1969, the

availability of the hormone-based birth control pill afforded those vulnerable to unplanned pregnancies even greater freedom to engage in sexual activity outside of marriage and to do so without the risks experienced when the sale or use of oral contraception or the distribution of educational materials relating to family limitation were criminalized.[15] However, while Bill C-150, known as the *Criminal Law Amendment Act 1968-1969*, federally decriminalized contraception, abortion was only partially decriminalized.[16] Until the so-called Morgentaler decision of 1988, *Section 251(1)* of the Criminal Code required anyone seeking an abortion to secure the written consent of a least three physicians. Approvals commonly occurred only if the pregnancy was proven to endanger the life or health of the applicant. This placed significant pressure on the referring physician and on the narrative rationale each person requesting an abortion provided.

Between 1969 and 1988, abortions were available at a number of hospitals south of Calgary, although, as noted, access was mediated by medical professionals of the Therapeutic Abortion Committees (or TACS).[17] Causing worrisome delays for anyone seeking abortion in a timely manner, travel to other jurisdictions was common for those who could afford it.[18] Grassroots volunteer, non-profit, feminist women's health advocacy groups emerged in Calgary and in Lethbridge to counsel and refer women for abortion and other health concerns.[19] The Calgary Abortion Information Centre (CAIC) was organized in 1971 by 25 women initially as an abortion counselling service. They survived "financially 'from hand to mouth' dependent on the help we receive from progressive organizations."[20] The organization's spokeswomen were fierce in their commitment to help women and analytically precise in their well-researched communications to provincial officials, doctors, and professional medical associations. CAIC programming educated teachers, nurses, unions, counsellors, social workers, churchgoers, and advocates of family planning. They well understood the need to canvas "physicians to ascertain which ones would accept referrals from us."[21]

Founded in 1973, the Lethbridge Birth Control and Information Centre (LBCIC) was directed by a public health nurse, Pauline Hoskins. The service also included a counsellor and public health nurse, Margaret Aubert, and a part-time secretary, Joyce Langford. The operation was guided by a non-profit board populated by a mixed slate of supporters, including clergy and medical professionals.[22] These provincial organizations, and other pro-access activists, lobbied effectively to overturn federal legislation that upheld the physician-mediated approval process. Only recently has this significant and influential history of women's health activism and advocacy initiatives in southern Alberta gained fuller acknowledgement from historians and scholars.[23]

LBCIC and CAIC both operated from a theoretically sophisticated insistence that women required authority and autonomy over their bodies; with a focus on sexuality, marital relations, child custody, and reproductive and maternal health. In providing knowledgeable service of women's basic health, LBCIC and CAIC strode well ahead of provincial physicians or other professionals in sexual and reproductive health services. They brought doctors who lacked training on matters of reproduction up to speed. Furthermore, CAIC and LBCIC recognized that privately operated abortion clinics might reduce barriers of access to services women desperately needed.[24] CAIC called for "a facility close to but outside the hospital environment where abortion can be performed at early stages of gestation safely, efficiently and economically for all concerned."[25] This facility, they claimed, would grant women the right "to control her own fertility."[26] Women's health advocates of the 1970s and 1980s strongly believed that abortion should be "a matter between the doctor and the patient—like any other medical matter," and this claim of the right to reproductive self-determination was eventually formalized by the 1988 Morgentaler decision.[27] After 1988, women could legally and independently decide, in consultation with a physician, whether to terminate a pregnancy.

Legal transformations advanced by this feminist health activism of an earlier era permits us to mistakenly assume that an individual's right to make autonomous decisions about consent, birth control, sterilization, or abortion are settled or uncontestable. Yet, the current landscape of reproductive politics remains dynamic, with the uniform access to reproductive health neither guaranteed nor uniform, as health organizations and journalists recently report.[28]

While the Morgentaler decision insisted that abortion in Canada "must be performed by a medical doctor [and] … covered by Medicare as a medically necessary service," regional disparities persistently linger. Individual provinces "routinely limit abortion access, either directly through public policy or indirectly by allowing local health systems to limit such access."[29] Stettner, among others, reviews the bureaucratic barriers erected after the Morgentaler decision, including in Nova Scotia, New Brunswick, and Newfoundland.[30] Certain trends are observed: a decrease in hospitals that provide services; services poorly dispersed across Canada with the access largely concentrated in urban areas; individual experiences in obtaining health services varying within regions; and wait times, gestational limits, and availability of counselling also varying widely.[31] While oral contraception remains the prevailing means of pregnancy prevention in Canada (43 percent of users), rates of failure expose that abortion is still needed and actively sought. If sexually active adolescent youth are increasingly aware of emergency contraception such as Mifegysmo, they are less familiar with the time-limit efficacy of such methods.[32] Pharmaceutical contraception, and particularly access to Mifegysmo, which may serve rural women who lack access to clinical services, is not consistently guaranteed or supported.[33] And,

unfortunately, condom use is on the decrease, especially among adolescents who employ oral contraception. This suggests that youth may be particularly vulnerable to STIs in addition to unplanned pregnancies when contraception fails.[34] In southern Alberta today, "abortion travel" to clinics and practises either in Calgary or Edmonton remains the regional norm, and can be costly for anyone needing to travel, even two hours from home, for a procedure.[35]

Notably, despite the establishment of non-profit access to reproductive health care and resources waged by an earlier generation of feminist health activists, religiously conservative women in Alberta have mobilized to repeal or impede access to reproductive self-determination.[36] In the 1980s, organizations such as the Alberta Women of Worth (later known as Alberta Federation of Women United for Families) introduced the now well-rehearsed rhetoric of "family values" to highlight "the virtues and efficacy of the heterosexual nuclear family" and to oppose "extending the legal definition of marriage to include gay and lesbian couples."[37] Provincially, the growth of a national and provincial "pro-life" organizational presence in the 1980s converges with the incorporation of "pro-family" values within political rhetoric.[38]

The cause of resurgent anti-abortion advocacy is threefold:

1. Anti-abortion activism benefits from the 2019 election of Premier Jason Kenney and members of the UCP;
2. The conservative right has taken occupation of social media, with growing evidence that Canadian anti-abortion organizations are sharing rhetoric and strategies;
3. Canadian anti-abortion organizers are emboldened by the aggressive attacks waged on public health providers by courts in the United States, US President Donald Trump, and his extreme evangelical allies.

The expansion of anti-abortion organizational capacities is increasingly sophisticated, with campaigns for legislative change leveraging significant political and financial force. Vocal and ideologically driven conservativism possesses considerable sway in journalism, the courts, and political and public discourse. Expressions of need for a pregnancy termination, or experiences of miscarriage, are closely examined or met with suspicion.

With this morality-charged transnational populist backlash against public health providers, those who require reproductive health care may be victimized. For this reason, it makes sense that that Albertans take stock of the conservative interests lobbying the current political leadership in the province. While the NDP government was receptive to the guarantee of reproductive autonomy—as demonstrated by its substantive support

for families with the affordable childcare pilot program and by the implementation of Bill 9 to insure non-harassment or "bubble" zones around clinics that provide abortions[39]—the change in political leadership threatens the safety of all those who practice at, or use, reproductive health facilities. Bill 9 is particularly relevant, as it insisted that health care professionals and clinic volunteers be free from violence and that those who require abortions should be able to confidentially access clinic services without fear of retribution, harassment, shame, or violence.

Political Change

The 2019 election of the United Conservative Party (UCP), headed by Jason Kenney, does not bode well for unimpeded access to reproductive health services or unbiased counselling. Kenney has a well-documented record of anti-abortion activism. In 2000, for instance, he publically called on "pro-life" supporters to politically mobilize, stating, "The question is whether this new generation of prolife activists will take more seriously their responsibilities as political actors as well. I am hoping they will."[40] Moreover, Kenney's appointment of Adriana LaGrange as education minister is worrisome. A former president of Red Deer Prolife, LaGrange similarly politicizes reproductive health.[41] Recent newsletters issued by Red Deer Prolife call on its membership to embrace the rhetoric and extremist strategies of American-influenced anti-abortion campaigning.[42]

Sex education has also become politicized under the UCP government. Minister LaGrange's rejection of Gay Straight Alliances (GSAs) in Alberta's schools strives to undercut policies implemented by the Notley government. Teachers and LGBTQ+ parent organizations and allies were critical of the UCP government's pledge to repeal certain policies or progress made under the previous government.[43] Specific concerns were raised that the introduction of Bill 8, which implements the *Education Act*, a piece of Progressive Conservative legislation from 2012 that was never passed, would roll back protections for students in gay-straight alliance clubs (GSAs).[44] Despite widespread opposition, the bill was ultimately passed by the government, and came into force on July 18, 2019.[45]

Inspired by US-based anti-abortion organizations such as the Centre for Bio Ethical Reform (CBR)[46] and March for Life,[47] Pregnancy Care Centre movement[48] organizations such as We Need a Law[49] and the Wilberforce Project,[50] and local church-associated anti-abortion community groups stage high-profile graphic campaigns in southern Alberta communities, including on university, college, and high school campuses.[51] As my research into the Calgary-based Canadian Centre for Bio-Ethical Reform (CCBR) determined, the strategies designed by international conservative political forces are being adopted word for word by smaller, older or youth-run anti-abortion

organizations.[52] In 2017, Prolife Red Deer featured a guest lecture by CCBR's communications officer, Jonathan Van Maren, while at the same timed urging members to join Central Alberta Against Abortion, a group described by Red Deer Prolife as working collaboratively with the CCBR to "reach the general public with the truth about abortion."[53]

Pro-choice antagonism to intrusive graphic public displays funded by various anti-abortion franchises has recently sharpened. In Lethbridge, for example, local residents disputed a Lethbridge & District Prolife "PreBorn Babies Feel Pain" campaign[54] by organized letter writing to Lethbridge city council, Lethbridge Transit, and the Advertising Standards Council (Ad Standards). The result was a near-immediate removal of the transit and bus shelter anti-abortion signage. Ad Standards was encouraged by writers to look more systematically at the misinformation promoted by anti-abortion graphics, and quickly determined that "the advertisements demeaned and disparaged women who have had or are considering having an abortion, by implying that women who decide to terminate their pregnancy intentionally inflict pain on their unborn foetus[sic]."[55] In response, Prolife Lethbridge & District Prolife hired Carol Crossen, an anti-abortion Airdrie-based lawyer with a proven litigation record,[56] to apply for a review of the case in front of Alberta Court of Queen's Bench.[57] Litigation requires substantial financial backing, but the willingness of anti-abortion organizations to back Charter litigation—as lead by Crosson in BC, Ontario, and now in Alberta—shows that they see this avenue as promising.

Vigilance of this campaigning-followed-by-litigation cycle is critical for those who support democratic access to health care and other human rights. The chilling effect of negative anti-abortion content and campaigning, whether on the ground at school and on campuses, on municipal transport, or as signage in the public and commercial domain, is serious. The rhetoric of these campaigns intentionally personalizes their shaming or blaming of anyone who seeks, or provides, reproductive health care. This leads to self-censorship and the public marketing of this rhetoric of shame-and-blame intimidates young women in particular. As a result, open, neutral policy discussions on reproductive health care are seriously constrained by this type of adverse market campaigning. Moreover, the extent of these graphic campaigns exposes how well-financed the anti-abortion agenda has become.

Debates south of the border expose how marginalized or racialized women and girls suffer even more substantially in such rapidly changing circumstances because the social behaviours of these women are disproportionately monitored or judged by the criminal justice system.[58] Moreover, personal decisions with respect to family care or self-care potentially impact their qualification for welfare or social benefits.[59] Historically, poor and marginalized women have been singled out as abusing

the medical system, and within the contemporary climate some are depicted as misusing abortion as birth control. Furthermore, with the advent of legal arguments made for the personhood status of the "fetus," those living in poverty or battling addictions are being charged with endangerment of the "fetus/unborn child."[60] The University of Toronto's Reprohealthlaw blog regularly documents increasing incidents of poor women around the world being criminalized or incarcerated for abortion, miscarriage, or "illicit" use of contraception or abortifacients.[61]

Conservative Politics and the Anti-abortion Movement

According to a former anti-abortion organizer invited to speak in my classes on reproductive histories and justice, current anti-abortion campaigns are dedicated to the recruitment and training of vocal youth willing to evangelize anti-abortion views on the organizational frontline. Framing abortion as a civil rights infraction, they may also be prepared or trained to weigh in on other health-related social controversies, including physician-assisted suicide or voluntary active euthanasia. Figure 1 lists a number of active anti-abortion organizations which have revolutionized their rhetoric, audiences, and strategies.

Table 1. Review of Transnational and Alberta Active Anti-abortion Websites

Organization	Mandate & Goals	Geographical Scope	Religious & Political Affiliations	Traditional Rhetoric	New Rhetoric
Lethbridge & District Pro-Life	"To proclaim the inherent value of human life from conception" Public education campaigns	Lethbridge & surrounding area Replicates campaigns from larger organizations including Life Canada & CCBR	No officially declared affiliations Events occur at Protestant churches and involve conservative politicians	Emphasis on abstinence Focus on fetal personhood Abortion seen as a threat to traditional gender roles	Mention of supposed harm of abortion to women
Feminists for Life	To address the societal determinants that lead women to abortion To mobilize resources for working and student mothers Identify with first-wave feminism	Based in Washington, D.C., operates throughout the United States	No religious or political affiliations	Fetal personhood arguments are occasionally invoked	Secular Focus on harm of abortion to women
Center for Bio-Ethical Reform (CBR)	Justice for "prenatal life" Likens its approach to "non-violent resistance" of civil rights activism Aimed at changing opinion through graphic displays	Based in California, operates throughout United States International connections through the CCBR and Chinese anti-abortion initiatives	Christian focus, though not as religious as Canadian branch Strong opposition to Barack Obama Supportive of select Republicans, including Carly Fiorina	Fetal personhood Condemns oral contraception	Linkages between abortion and breast cancer Focus on cultural change
Canadian Center for Bio-Ethical Reform (CCBR)	Mission aligns with the CBR (i.e., graphic campaigning in defence of fetal rights)	Offices in Toronto and Calgary Active in southern Alberta (Calgary & Lethbridge)	Christian-based. Views abortion as sinful Opposes Justin Trudeau and other pro-choice politicians.	Religious focus Fetal personhood Espouses sexual purity	Focus on cultural change
RightNow	Election of anti-abortion candidates	Across Canada	Ostensibly secular Critical of Justin Trudeau Supports Andrew Scheer	Legislative change Events take places in churches, despite stated secularity	Extensive young women membership Attempting to innovate anti-abortion politics.
National March for Life	To restore anti-abortion laws Views "pro-life" activism as "the leading civil rights movement of the day"	National annual Marches in Ottawa Supported by other Ontarian organizations Affiliated regional marches	Christian affiliation Nationalistic rhetoric used, i.e., fetuses presented as Canadians	Goal of legislative reform	Appealing to a pro-woman stance
Alberta March for Life	Celebrate human life at all stages and in all forms	Edmonton	Affiliation with Former Conservative MP Ken Epp Multi-denominational Christian	Christian focus	Focus on cultural change

Source: Compiled by Carly Giles, 2016

Whereas campaigns of the 1980s to the 1990s were characterized by male-dominated and religious-based picket lines in front of clinics, with protestors harassing those seeking abortion and violently stalking the practitioners who provided them,[62] today's campaigns enlist a softer sell with the purpose of transforming the attitudes of youth, men, and women.[63] Political scientists Paul Saurette and Kelly Gordon convincingly document this evolution in philosophy from the more aggressive male-dominated protests to the sophisticated appropriation of feminist or civil rights rhetoric.[64] As early as 1987, cultural historian Rosalind Petchesky had predicted this conscious and strategic move away "from religious discourse and authorities to medico technical ones" in order to conceptually reframe arguments for fetal viability and to expand their "effort to win over the courts, the legislatures, and popular hearts and minds."[65] Saurette and Gordon also show how the ambition to change attitudes or legislation around reproductive autonomy have intensified.[66] Today, many anti-abortion websites depict an attractive array of diverse youthful followers, and religious rhetoric is subdued and less explicit in organizational public communication.[67]

Nonetheless, a dedication to redressing the legal status of the fetus, and revising the popular acceptance of pharmaceutical birth control prevails. As noted in Figure 1 above, Lethbridge & District Pro-Life typifies the mission to "proclaim the inherent value of human life from conception until natural death"[68] and the Calgary-based Canadian Centre for Bioethical Reform condemns abortion as well as "other mechanisms that jeopardize the lives of pre-born human beings, such as abortifacient birth control and some reproductive and scientific technologies."[69] Organizational mandates also subscribe to the belief that fetal subjects are distinct from the maternal body; that abortion is linked to breast cancer; or, in their attempt to empathize with women or girls who have abortions, suggest that remorse or regret, termed "post-abortion syndrome," is standard to any post-abortion experience.

Whereas frontline activists are local and quantifiable, the digital sites imply a much larger organizational force. An army of street-level youthful recruits needed on the protest line is therefore augmented by a sophisticated and actively maintained internet presence. Digital platforms demand a well-funded paid crew of skilled technicians, as well as public relations and communications strategists to keep the presence lively. This pool of educated "experts" coordinate messaging, organize legal battles, and stage trainee workshops. Many of the activists, as the Red Deer Prolife newsletters prove, traverse the border between Canada and the US. The investment in a cohesive digital presence, and professional networks and workshops across the border, enables organizations to expand, mobilize, and tithe beyond local communities. High-profile, popularly subscribed anti-abortion organizations operate not only inside Canada but across transnational anti-

abortion networks. They are nimble in their use of social media platforms to disseminate views about what women should or should not do. As the national boundaries of the anti-abortion movement evaporate, digital anti-abortion activism is expanding and responsive to an evolving political landscape. These changes are worthy of serious consideration by all those who are invested in guaranteeing public health and sex education for all.

Anti-abortion advocates have adopted a three-pronged strategy—political, educational and pastoral—to counter feminist arguments for open and value-free access to reproductive health care and resources. Organized anti-abortion non-profit groups, backed by enthusiastic cohorts of volunteers and churchgoers, have long commanded the political environment in hope of systematically eroding uniform delivery of services within the provinces.[70] Access has been routinely restricted either directly through public policy or indirectly by allowing regional health systems to set limits or restrictions to abortion procedures as has been the case in the Maritimes, northern Canada, and Alberta.[71] Those targeting the political realm also target sympathetic, or undeclared, federal members of Parliament who, in turn, are encouraged to propose independent legislative interventions (around "fetal subjectivity" or defunding abortion).[72]

Student or campus anti-abortion groups and church volunteers operate in the realm of community-focused education, delivering leaflets door to door, writing elected representatives, and staging marches or silent protests.[73] They surprise and confront pedestrians and mallgoers by staging visually graphic displays such as the "Genocide Awareness Project," a series of widely marketed imagery that feature gargantuan disembodied fetal remains cross-referenced with images of lynching and signifiers of the genocide against Jews under the Nazis.[74]

Local anti-abortion campaigns are pastoral wherein non-medical "crisis pregnancy" counselling and advising is directed to those attempting to make effective decisions about pregnancy options. This includes well-established international non-profit volunteer organizations such as BirthRight, founded in the early 1970s in Canada, as well as the more-recent Canadian franchise of Pregnancy Crisis Centres.

The Economics of Reproductive Health

Without question, gender asymmetries have impeded women's economic livelihood in Alberta. Women's disproportionate obligations to maintain the household means that, for women, rearing children may "deter women from seeking employment."[75] The domestic imperative has long stood as a gender norm, "crystallized in the social institution of motherhood which idealizes the woman who caters to her children to the exclusion of everyone

(even herself)."[76] Yet, admittedly, a double wage is increasingly essential to sustain the household economy. So women opt-in to waged labour in ever-increasing numbers. An unexpected or unplanned pregnancy for those who already have children may economically disadvantage women disproportionately because once childcare is required, the caregiver's ability to sustain a wage is significantly disrupted. Her ability to return to full-time work is tested and, further, in a society where precarious or part-time labour is the norm not every worker is eligible for family leave benefits. Requiring flexibility in waged work in order to meet the domestic imperative traps women in particular within the double shift, or, increasingly, in a sandwich relation wherein they care for both children (or grandchildren) and elderly relatives. Kathleen Lahey reviews this double jeopardy as follows:

> … women's socially assigned responsibilities for significant amounts of unpaid work prevent them from gaining equal access to full-time, full-year paid work at a decent liveable wage … if women cannot get out the door to engage in paid work because of heavy care or other unpaid work responsibilities, they will not be able to spend enough time in full-time, full-year work of any kind, whether at minimum or higher wages, to gain a sustainable livelihood income. Women with disproportionate responsibilities for unpaid work are often able to find ways to engage in part-time, temporary, seasonal, intermittent, or ad hoc paid work.[77]

Gender wage differentials are particularly acute in Alberta even for women with post-secondary qualifications. In 2016, Alberta women's after-tax income was just 59.3% of their male peers.[78] As a University of Michigan longitudinal study found, economic inequity is linked to the lack of reproductive autonomy.[79] "Even conservative estimates suggest, that the Pill's power to transform childbearing from probalistic to planned shifted women's career decisions and compensation for decades to come."[80] These findings affirm that access to reliable family planning methods correlate with social and economic mobility, especially for those historically disadvantaged in the labour market. Women absolutely require the ability to make reproductive decisions in order to reduce the chances of "accidental motherhood."[81] When motherhood (or parenthood) is planned or delayed by a self-determined use of oral contraception or other options, the opportunity for better wages, and secure rather than precarious employment, are more likely. Moreover, when primary caregivers gain opportunities to earn a living wage, child or family poverty is reduced, or offset.

In sum, the provision of equitable reproductive health services makes sense in a province striving to adapt to the economic and social realities of climate change during the transition from non-renewable to renewable resources. For this reason, reproductive health care equity promises a potential resolution to Alberta's persistent gender wage gap. Secure, reliable, and non-judgmental access to a fulsome range of reproductive health services, including medicare-funded Mifegysmo, pharmaceutical or surgical abortion, and oral or other forms of contraception, is fundamental to achieving economic equity. Sadly, in failing to understand the larger ramifications of gender inequity, the current government will never succeed in fueling positive social or economic transformation in Alberta.

Endnotes

1 Shannon Stettner, editor, *Without Apology: Writings on Abortion in Canada* (UAthabasca Press, 2016):52. One precedent of Crisis Pregnancy Centres is Birthright. Birthright, a non-profit, religiously informed but explicitly non-political organization started in 1960 as a volunteer organization, is now international and a branch of Birthright remains active in Lethbridge. http://birthright.org/lethbridge/ Accessed 13 January 2019.

2 University of Lethbridge graduate and undergraduate students Shannon Ingram, Katelyn Mitchell, Karissa Patton, and Carly Giles all conduct research relevant to the reproductive and public health history of Alberta. Shannon Ingram, "Silenced Histories: Accessing Abortion in Alberta, 1969 to 1988," *ActiveHistory*, January 26, 2017; Karissa Patton, "The New Abortion Caravan," *ActiveHistory*, May 25, 2015; Karissa Patton, "'We were having conversations that weren't comfortable for anybody, but we were feisty': Re-conceiving Student Activism against Reproductive Oppression in Calgary and Lethbridge during the 1960s and 1970s," MA Thesis University of Lethbridge, 2015; Karissa Patton, "Community, Contraception, and Controversy: A History of the Lethbridge Birth Control and Information Centre in the 1970s," Honours thesis, University of Lethbridge, 2013; Katelyn Mitchell, "'It was everyone's judgement': Experiences seeking abortion in Southern Alberta (2007–2017)" MA Thesis University of Lethbridge, 2019.

3 Aboriginal Nurses Association of Canada. *Report of the Aboriginal Roundtable on Sexual and Reproductive Health*, report, 1999; Kristin Burnett, "Different histories: Reproduction, Colonialism, and Treaty 7 Communities in Southern Alberta, 1880-1940," *Abortion: history, politics and reproductive justice after Morgentaler*. Eds. Shannon Stettner, Kristin Burnett, and Travis Hay. (Vancouver: UBC Press, 2017): 35-54.

4 Jane Cawthorne, "Same as it Ever Was: Anti-Choice Extremism and the "Third Way," Ed. Shannon Stettner, *Without Apology: Writings on Abortion in Canada.*(Athabasca University Press, 2016): 209–230.

5 Alberta Education, "CALM Guide to Implementation to support High School Career and Life Management" 2015.

6 Alberta Education, "High School Career and Life Management," n.d. "Parents of students who are not at the age of majority or living independently have the right to exempt their child from school instruction in human sexuality education by submitting a letter to the school indicating their intention to do so. Schools will provide alternative learning experiences for those students who have been exempted from human sexuality instruction at the request of their parents."

7 Laureen F. Guenther, "Strathmore Pregnancy Care Centre Offers Education about Healthy Relationships," *Strathmore Times*, September 5, 2014; Carmen Wittmeier, "Safe Sex or No Sex?," *Alberta Report* 26, no. 37 (September 27, 1999): 38.

8 Karissa Patton, "Parental Rights, Reproductive Rights, and Youth's Sexuality in Alberta, Then and Now," *ActiveHistory,* July 25, 2014.

9 Nola Keeler, "High school students say mandatory CALM class leaves them feeling anything but," *CBC*, December 29, 2016; Wallis Snowden, "Alberta School Boards want consented added to sex education curriculum," *CBC*, November 18, 2015.

10 Started by grassroots committee of volunteers and medical practitioners over 30 years ago, the Lethbridge Reproductive and Sexual Health Program is currently funded by Alberta Health Services. It provides counselling, health advocacy, and education for all ages and cost-free clinical services for male or female clientele up to and including age 24. Clinical services include pregnancy tests, pelvic exams, pap smears, STI/HIV testing and treatment (for any age), as well as prescriptions and supplies. The program is staffed by two full-time and two half-time registered public health nurses and six doctors on rotation for clinical services. All RN's are active educators serving high schools, colleges, and the university as well as other unique clientele such as Lethbridge Immigrant and Family Services. Half-time RNs dedicate half their time to sexual health and half to outreach nursing services, caring for homeless and those at risk for homelessness. Guidance and educational resources are available to all and to teachers who seek class lesson plans on sexual health. All services are free and confidential. Alberta Health Services, "Programs & Services: Sexual and Reproductive Health," (Lethbridge), n.d. https://www.albertahealthservices.ca/findhealth/Service.aspx?id=3792&serviceAtFacilityID=1046256 ; Sandra Hargreaves, "Sexual Health Centre Sexual and Reproductive Health Program," Lecture, Women and Gender Studies 3010/5010: Reproductive Rights, Histories and Behaviours, University of Lethbridge, Lethbridge, September 2017.

11 Founded in 1992, Calgary's Kensington Clinic is a free-standing clinic funded by Alberta Health Services. When the clinic opened, only three hospitals performed abortions in Alberta, with one turning away approximately 50 women per week. In the 1990s, when domestic terrorism targeted practitioners preforming abortions, the Kensington Clinic required police protection to restrain protests and protect clinic staff against bomb and death threats (Laura MacKinnon, "Reproductive Rights in Alberta," *Healthsharing* [Spring Summer 1992]:7). Access to Kensington Clinic has been simplified with the ability to self-refer. While

physician referrals are no longer essential, some clients—particularly those in rural communities—may be unaware the clinic exists. Blood work and ultrasound is conducted at the clinic (formerly the client would be required to secure them in advance in their home communities or elsewhere). A range of services including medical and surgical abortions, pre- and post-abortion counselling, STI testing and treatment, emergency contraception, and affordable birth control are provided, and many of these services are covered by Alberta or Saskatchewan health care coverage. However, fees are charged if the client is partially insured, without insurance, or from other provinces. Clients from outside Calgary must secure overnight accommodation, which poses an additional expense for anyone travelling from a region where no services are available. Kensington Clinic "Home Page," n.d.

12 Alberta Health Services, "Sexual and Reproductive Health," n.d.

13 Carol Williams, "Campus Campaigns against Reproductive Autonomy: The Canadian Centre for Bioethical Reform and the Use of Visual Spectacle as Propaganda for Fetal Rights," *ActiveHistory*, December 22, 2014; Carol Williams, "Reproductive self-determination and the persistence of "family values" in Alberta from the 1960s to the 1990s," *Call to Action: Histories of Women's Activism in Western Canada.* Eds. Sarah Carter, Nanci Langford, and Claire Thomson (University of Manitoba Press, forthcoming).

14 R. v. Morgentaler, [1988] 1 SCR 30, 1988; The Morgentaler Decision: A 25th Anniversary Celebration, "Key Excerpts From the 1988 Decision," n.d.

15 The *Criminal Law Amendment Act 1968–1969* (Bill C-150) legalized contraception and allowed abortions to be performed in accredited hospitals. Shannon Stettner, "A Brief History of Abortion in Canada," *Without Apology: Writings on Abortion in Canada*. Ed. Shannon Stettner (Edmonton: Athabasca University Press, 2016), 43.

16 Lorna Weir, "Left Popular Politics in Canadian Feminist Abortion Organizing, 1982-1991," *Feminist Studies*, Vol. 20, No.2 (Summer 1994):249-274.

17 Statistics Canada, "History of the Therapeutic Abortion Survey," March 15, 2006.

18 Beth Palmer, "'Lonely, tragic, but legally necessary pilgrimages': Transnational Abortion Travel in the 1970s," *The Canadian Historical Review* Vol. 92, No. 4 (December 2011): 637-664; Christabelle Sethna, Beth Palmer, Katrina Ackerman, and Nancy Janovicek, "Choice, Interrupted: Travel and Inequality of Access to Abortion Services since the 1960s," *Labour/Le Travail* 71 (Spring 2013): 29–48; Laura MacKinnon, op. cit., "Reproductive Rights in Alberta," 1992, p. 7;

Christabelle Sethna and Gayle Davis, editors, *Abortion across Borders: Transnational Travel and Access to Abortion Services* (Johns Hopkins Press, 2019).

19 Patton, op. cit., "'We were having conversations that weren't comfortable for anybody, but we were feisty,'" 2015; Patton, op. cit., "Community, Contraception, and Controversy," 2013; Williams, op. cit., "Reproductive self-determination and the persistence of "family values," forthcoming.

20 Calgary Abortion Information Centre, Letter from Linda Morrill, "Publicity and Press 1970-71," file #13 Fond M7765. Glenbow Archives.

21 Calgary Abortion Information Centre, "The History of the Abortion information Centre," file #8, p3. Fond M7265. Glenbow Archives.

22 LBCIC's formal board included Dr. Robert Arms, John Brown, Ruth Daw, Tim Firth, Dr. Robert C.H. Hall, Reverend Kay Hurlburt, Dr. Lloyd W. Johnston, Marg Koep, Dr. Enid Melville, Brian Huston, and Tim Johnston. "Lethbridge Birth Control and Information Centre 1973–1976." Fond 20171104 Galt Museum and Archives.

23 Patton, op. cit., "'We were having conversations that weren't comfortable for anybody, but we were feisty,'" 2015; Patton, op. cit., "Community, Contraception, and Controversy," 2013; Palmer, "Lonely, tragic, but legally necessary pilgrimages," 2011; Erika Dyck, *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice* (Toronto: University of Toronto Press, 2015); Erika Dyck, "Sterilization and Birth Control in the Shadow of Eugenics," *CBMH/BCHM*; Nanci Langford, *Politics, Pitchforks, and Pickle Jars: 75 Years of Organized Farm Women in Alberta* (Calgary: Detselig Enterprises, 1997); Amy Kaler, *Baby trouble in the last best West: making new people in Alberta, 1905-1939,* 2016; Cawthorne, op. cit., "Same as it Ever Was," 2016; Williams, op. cit., "Reproductive self-determination and the persistence of "family values," forthcoming; see also primary sources such as "Women Protestors Say Abortion Is Our Right," *The Lethbridge Herald*, April 30, 1970, 2; Calgary Abortion Information Centre (CAIC), "The History of the Abortion Information Centre," file #8, p5, Fond M7265. Glenbow Archives.

24 CAIC, "Press and Publicity 1970-1971" File #13 Fond M7265 Glenbow Archives; Williams, op. cit., "Reproductive self-determination and the persistence of "family values," Forthcoming.

25 CAIC, "We Need an Abortion Clinic," "Press and Publicity 1970-71" File #13 Fond M7265 Glenbow Archives.

26 Ibid.

27 "Status Report Backed," *The Lethbridge Herald*, 9 December, 1970; *R.v. Morgentaler* [1988] SCR 30 case number 19556.

28 For up-to-date information regarding geographic disparities in women's access to abortion across Canada see the website *Action Canada for Sexual Health and Rights* https://www.actioncanadashr.org/ and https://www.actioncanadashr.org/news/2019-09-19-2019-launch-access-glance-identifies-realities-abortion-access-canada. For a searchable map on clinics that perform abortions see *National Abortion Federation* http://www.nafcanada.org/access-region.html. Kelly Grant, "Provinces Take Patchwork Approach to Funding for Abortion Pill Mifegymiso," *The Globe and Mail*, September 3, 2017. Some public health providers thought that Canada's approval of Mifegymiso, a medical alternative to surgical abortion, might alleviate problems of access that rural women face. CBC news, "Health Canada Eases Access to Abortion Pill," November 7, 2017.

29 Howard Palley, "Canadian Abortion Policy: National Policy and the Impact of Federalism and Political Implementation on Access to Services," *Publius* v.36, n.4 (2006):568.

30 Shannon Stettner, editor, *Without Apology: Writings on Abortion in Canada* (Athabasca University Press, 2016):50-53.

31 Jessica Shaw, *Reality Check: A Close Look at Accessing Abortion Services in Canadian Hospitals* (Canadians for Choice, Ottawa: 2006), 1.

32 Kelly Grant, "Provinces Take Patchwork Approach to Funding for Abortion Pill Mifegymiso," *The Globe and Mail*, September 3, 2017. Some public health providers thought that Canada's approval of Mifegymiso, a medical alternative to surgical abortion, might alleviate problems of access that rural women face. CBC news, "Health Canada Eases Access to Abortion Pill," 7 November 2017.

33 Carly Weeks, "Abortion-pill inequality: How Access varies widely across Canada," *The Globe and Mail,* October 13, 2018: A12. Approval for medical abortion, via Mifesgysmo, was passed in Canada. Laura Payton, "Abortion debate may return as Health Canada weighs RU-486 approval, *CBC,* January 28, 2014.

34 Canadian Institute of Health Information (CIHI), *Women's Health Surveillance Report* (Ottawa 2004): 51-52.

35 Mitchell, op. cit., "It was everyone's judgement": Experiences seeking abortion in Southern Alberta (2007-2017)," 2019; Christabelle Sethna and Gayle Davis, editors, *Abortion across Borders: Transnational Travel and Access to Abortion Services* (Johns Hopkins Press, 2019).

36 Jane Cawthorne, "Same as it ever was: Anti-Choice Extremism and the "Third Way," Shannon Stettner, Ed., *Without Apology: Writings on Abortion in Canada* (Athabasca University Press 2016): 209-230.

37 Gillian Anderson and Tom Langford, "Profamily Organizations in Calgary, 1998: Beliefs, Interconnections and Allies," *CRSA/RCSA* Vol. 38, No.1 (2001): 38.

38 Anderson and Langford, op. cit., "Profamily Organizations in Calgary, 1998," 2001.

39 Dean Bennett, "Alberta passes bill for no-protest zones around abortion clinics," *Lethbridge Herald*, May 31, 2018, A1-A2. In June 2018, twenty five UCP MPs inclusive of leader Jason Kenney, opposed Bill 9 "no-harassment zones" around facilities that provide abortions. Peggy Revell, "UCP members are doing a disservice to those who elected them," *Medicine Hat News*, June 5, 2018.

40 Terry O'Neill, "Real counter-culture (Reform politician is a vocal anti-abortion activist)," *The Report Newsmagazine*, March 27, 2000, 37. As a supporter of anti-abortion political activism Kenney deployed strategies derived from US-based reproductive politics. It is not difficult to imagine that under Kenney's leadership the UCP will advocate to defund abortion or increase restrictions to services. Terry O'Neill, ''Show the truth,'' *Alberta Report*, April 2, 2001: p.26.

41 "Jason Kenney appoints former president of anti-abortion group as Alberta's new education minister," *Press Progress*, April 30, 2019.

42 Angela Shaw's short report critiques NDP's then Minister of Education Dave Eggen. Angela Shaw, "Minister of Education, David Eggen, takes notice of a simple pro-life presentation by Red Deer Pro-Life to a Catholic School," *Red Deer Prolife Newsletter*, Fall 2017, p.1, p.3. Also promoted in this issue of the newsletter is their organizational attachment with the *Canadian Centre for Bio Ethical Reform*.

43 Jonny Wakefield, "New Alberta education minister speaks to teachers' union wary of UCP reforms," *Edmonton Journal,* May 20, 2019.

44 Ibid. As I write, debates around GSA protections, as established in proposed Bill 8, remain in play. Michelle Bellefontaine, "Education minister walks back earlier statement on Alberta GSA protections," *CBC News,* June 17, 2019.

45 Legislative Assembly of Alberta, "30th Legislature, 1st Session (2019): Bill 8: Education Amendment Act, 2019 (LaGrange),"2019.

46 https://www.abortionno.org/what-we-do/ is website of the US-based organization that served to influence the Canadian Centre for Bioethical Reform. I track the links between these two organizations in Williams, op. cit., "Campus Campaigns against Reproductive Autonomy,"2014.

47 March for Life Canada is a subsidiary of March for Life Washington.

48 Karissa Haugeberg, *Women against Abortion: Inside the Largest Moral Reform Movement of the Twentieth Century,* (Urbana: University of Illinois Press, 2017) provides a detailed history of Pregnancy Care Centres (PCCs) in the United States, Regional branches of these centres communicate their policies and services using commercial street advertising. Their mandate and services are described on their websites. See, for example, Lethbridge's Pregnancy Care Centre, https://lethbridgepregcentre.com/.

49 The mission of We Need a Law is to "mobilize Canadians and persuade our political leaders to pass laws that protect children before birth." *We Need a Law,* https://weneedalaw.ca/, n.d.

50 NDP St. Albert MLA Marie Renaud (who was reelected in the 2019 election), has been criticized by the Wilberforce Project as follows: "Renaud introduced M-506 … a private member's motion which asks the government to increase abortion related resources … If more government resources are made available to make abortion easier (and hence put more girls, women, and the pre-born at risk), then there will be more children killed by abortion." Renaud continues to battle on social media against attacks on her waged by the Wilberforce Project. "No to M-506," *The Wilberforce Project*, n.d.

51 Many of the anti-abortion billboards situated along Alberta's Highway 2 between smaller towns south of Calgary are supported by the national political organization We Need a Law. This organization is described by Red Deer Prolife as follows: "Thanks to your generous support We Need a Law was able to secure a contract for 27 billboards and 6 digital billboards from Victoria to Halifax. They have been promoting an International Standards Law that would bring Canada into line with countries such as Germany, France and Spain. Such a law would regulate abortion after the first trimester and introduce independent counselling requirements and a waiting period prior to having an abortion. Here are a few tangible actions that you could participate in to help advance pre-born human rights and maximize the impact of these billboards…" "Billboards from Coast to Coast: WeNeedaLaw," *Red Deer Prolife newsletter,* Fall 2018, p. 3.

52 Carol Williams, "Campus Campaigns against Reproductive Autonomy: The Canadian Centre for Bioethical Reform and the Use of Visual Spectacle as Propaganda for Fetal Rights," *ActiveHistory*, December 22, 2014.

53 Shaw, op. cit., "Minister of Education," Fall 2017.

54 Lucie Edwardson, "'I'm emotionally harmed': Anti-abortion ads on Lethbridge buses traumatic for some residents," *CBC News,* March 28, 2018.

55 Personal correspondence from Yamina Bennacer, Manager, Ad Standards Canada. *Complaint #144156/Case #541427 Lethbridge & District Prolife - Preborn Babies Feel Pain*, May 30, 2018.

56 Toronto Right to Life hosted a public lecture by Crosson on July 22, 2017. It described her political ambitions as follows: "Crosson represents pro-life clients all across Canada on their Charter right to share the pro-life message. Her objective is to ensure that pro-lifers can raise their voice on behalf of the pre-born child who has no voice. She has recently appeared in Alberta, BC and Ontario in four cases on the right to post pro-life ads on government buses, on the same basis as everyone else, and will appear at the Alberta Court of Appeal shortly on one such case. She also regularly represents activists as they share out on the streets and assists pro-life students on campuses across Canada. Recently, Carol commenced claims against government, on behalf of three pro-life organizations including Toronto Right to Life, for refusing to award summer student funding on the basis of pro-life belief. If government can decide to award funding on the basis of belief and opinion than every Canadian is in danger of being discriminated against on the basis of the opinions they hold and share-- not just on the issue of abortion but on any issue. The implications are stark. We all see an assault on the values we hold dear but we are not alone in our effort to defend them. Many who share the same values are engaged in this effort every day across Canada." Toronto Right to Life Facebook page, https://www.facebook.com/events/1208527439258917/, accessed 2 July 2019.

57 Andrew Ehrkamp, "Court date set after Lethbridge pulled five ads promoting pro-life message," *Catholic Register,* February 8, 2019. A similar challenge occurred in Grand Prairie in 2017. Dave Lazzarino, "Alberta court ruling an affront to free speech, lawyer says," *Edmonton Journal,* January 6, 2017.

58 Dorothy Roberts, *Killing the Black Body***:** *Race, Reproduction, and the Meaning of Liberty* (Penguin Random Books, 1998). This book remains a valuable long history of how African American poor women, in the United States, are victimized by policies and practices of the state.

59 *Black Women's Reproductive Health Imperative*, https://bwhi.org/, accessed 30 June 2019.

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61 ReproHealthLaw blog is issued by the International Reproductive and Sexual Health Law Program, Faculty of Law, University of Toronto. It is a scholarly network of collaborative research on reproductive health issues. *Reproductive Health Law and Policy Advisory Group,* https://reproductivehealthlawpolicy.wordpress.com/blog/.

62 "The Abortion Sniper," *1995podcast*, January 10 2019.

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65 Rosalind Petchesky, "Fetal Images: the Power of Visual Culture in the Politics of Reproduction," *Feminist Studies* 13, No. 2, Summer 1987, pp. 264-265.

66 Kelly Gordon, and Paul Saurette, *The Changing Voice of the Anti-Abortion Movement: The Rise of "Pro-Woman" Rhetoric in Canada and the United States* (University of Toronto Press, 2015). On the appropriation of feminist discourse around abortion, see also Patton, op. cit., "The New Abortion Caravan," 2015.

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76 Ibid., 358.

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78 Kathleen Lahey, *Equal Worth: Designing Effective Pay Equity Laws for Alberta*, Parkland Institute, 2016, p. 8.

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Access in Alberta: Understanding Barriers to Abortion and the Role of Crisis Pregnancy Centres

Katelyn Mitchell

It has been more than three decades since abortion was decriminalized in Canada following the *R v. Morgentaler* decision. However, despite this step forward, consistent and equal access to abortion as a viable reproductive option has yet to be a reality in Canada. Given the recent surge in tensions surrounding abortion across the US, conversations on this topic have also grown in Canada, providing an important opportunity to critically reflect on the state of abortion access in our own backyard.

Numerous barriers persist for those seeking access to abortion services and information in Canada, including practical concerns of logistics and cost, continuing debates over public policy, and social issues of stigmatization. While abortion remains legal in Canada, little has been done to meaningfully fill the gaps in access that are still experienced by those seeking abortions, or to address newly developing problems. Threats to abortion access are "alive and well in Canada,"[1] and a closer look at the Alberta context makes clear just how many obstacles continue to plague individuals seeking abortion care.

In this paper, I explore the current landscape of abortion access in Alberta. I begin by examining several persisting barriers to abortion care, highlighting the inequities created by limited providers, as well as prohibitive costs of the procedure and related expenses. Moving on to political threats to provincial abortion access, I explore the potential impacts of the recent shift in government. Finally, I discuss how the prevalence of abortion stigma across Alberta works to uphold and maintain other obstacles to abortion care. After providing this overview, I focus on the particular significance of barriers to abortion information. Concentrating on the impact of anti-abortion organizations known as Crisis Pregnancy Centres (CPCs), I explore their problematic influence over public abortion information. Finally, I provide recommendations for ways to improve abortion access in Alberta.

Access Denied: Persisting Barriers to Abortion in Alberta

Alberta represents a difficult space for anyone in need of abortion care. Several potential barriers to abortion access are outlined here, and these obstacles make the province both uniquely challenging and reflective of broader issues.

Practical barriers

At an essential level, many Canadians who need abortion are unable to access it due to practical issues of distance and cost.[2] For those seeking abortion in Alberta, there are often no local abortion providers. According to Alberta Health Services' public information on abortion providers, the province is broken down into five zones: North, Edmonton, Central, Calgary, and South.[3] However, AHS lists only three providers. Two locations—the Kensington Clinic and the Women's Health Clinic at the Peter Lougheed Centre—represent the only options for those in the Calgary area and the southern part of the province.[4] For the north and Edmonton zones, only one clinic is available, Women's Health Options in Edmonton.[5] Those that fall into the central zone may choose to attend a provider in either Calgary or Edmonton—clearly, services are problematically focused within Alberta's two major cities.[6]

These extremely limited options can mean extensive travel to reach a provider for abortion care. For example, someone from Lethbridge would be required to travel more than 200 kilometres to the nearest provider, and someone living in Grande Prairie would need to travel more than 450 kilometres. It is important to note that these gaps in care often disproportionately impact Indigenous individuals and those living in rural areas, with these groups being among those which tend to travel the farthest for abortion care.[7]

It is estimated that 75 percent of abortions in Canada are currently performed in abortion clinics.[8] Outside of the three abortion clinics operating in Alberta, only six percent of hospitals provide abortions.[9] The Abortion Rights Coalition of Canada has recognized the difficulty of even knowing if one's local hospital provides abortion services, as many hospitals avoid publicly listing abortion under their offered services, potentially to avoid a backlash from opponents of abortion.[10] Similarly, the coalition suggests that many provinces limit the amount of information made widely available about the location of abortion providers, in order to ameliorate safety concerns.[11] Whether or not abortion is provided in a given community can also be connected to the hospital regulations set by boards and staff who may object to abortion, meaning that even in areas with physicians willing to perform abortions, it can be impossible to utilize hospital resources.[12] Compounded by issues of distance and cost, we begin to see how stigmatization can perpetuate barriers to abortion access by creating voids of information that prevent patients and providers from reaching one another.

Although the approval of Mifegymiso (a combination of the drugs Mifepristone and Misoprostol used to terminate pregnancy up to nine weeks' gestation) was intended to increase access to abortion services, many of the same barriers remain. While any prescribing physician in Alberta can technically provide Mifegymiso to their patients, not all will—whether because they are still unfamiliar with the drug and related procedures, or as a result of their right to "conscientious objection."[13] Health professionals in Canada are not required to provide abortion (including via Mifegymiso) if they refuse to do so, and are similarly not obligated to refer patients to other providers, except in Ontario.[14] Further, given the intense stigma against abortion, physicians open to prescribing Mifegymiso may also feel reluctant to openly identify themselves as providers.[15] No matter the reason, a physician's inability or unwillingness to provide medication abortion can result in a critical delay in care that may lead the patient to require a surgical abortion. There is no directory of physicians in Alberta that will prescribe medication abortion—even the Alberta Health Services website only directs those seeking medication abortion to the Kensington (Calgary) and Women's Heath Options (Edmonton) clinics for access. Unsurprisingly, one report found that 73 percent of Mifegymiso prescriptions in the province in 2018 came from the Kensington Clinic.[16] Without the cooperation and support of local physicians to provide close-to-home access to Mifegymiso (and the necessary follow-up appointment), travel is still required for those seeking medication abortion, and thus problematic gaps in access remain.

In addition to the logistical issues impacting abortion access in Alberta, there are also financial barriers. Across Canada, coverage for the abortion procedure varies. In Alberta, the cost of an abortion depends on a variety of factors, including how many weeks the pregnancy has progressed, what method of abortion is being used (medication or surgical), and whether the abortion is being performed at a clinic or hospital.[17] Surgical abortion—which involves an internal procedure chosen from two possible types based on the stage of pregnancy from five to 20 weeks—is fully covered by the Alberta Health Care Insurance Plan. However, for those not necessarily eligible for provincial coverage—like a student or worker from another province[18] or a recent immigrant from outside of Canada[19]—out-of-pocket costs for surgical abortion can run from $450 to $2,000, depending on other insurance or health care coverage an individual has. When opting for a medication abortion, which involves using Mifegymiso, the cost is $450, but coverage can still vary.[20] Although Mifegymiso has been approved for use in Canada and is covered by provincial insurance, again, not everyone seeking abortion in Alberta will qualify for this coverage. Given the time-sensitivity of accessing abortion, it is important to consider the potential barriers that the financial burden of abortion can present.

While understanding and dealing with the potential costs of the abortion procedure or medication can be difficult, there are also other financial costs involved in accessing abortion. The costs related to having to travel for abortion care are significant, and can include transportation to and from the hospital or clinic, accommodation, child care, and time away from work.[21] Even for those who do not have to pay out-of-pocket for abortion care, these secondary expenses can be prohibitive and may prevent someone from reaching a provider, especially in a timely manner. Given that many of these costs are inevitable for someone living in a community without local abortion providers, it is critical to include them in analyses of financial barriers to abortion, and to understand the ways that they are tied to gaps in abortion access.

Finally, it must be noted that these multiple financial barriers have a more significant impact on some groups than others. For those with financial privilege, these obstacles may pose little, if any, problem in accessing the care they need. However, the situation is often much more dire for marginalized persons seeking abortion, such as those that are young, rurally located, First Nations, or Métis.[22] Further, transgender and non-binary persons seeking abortion may face additional challenges and discrimination.

Political barriers

As the second-wave feminist adage states, "the personal is political," and politics can play a central role in determining the landscape of abortion access in a particular region. The political environment in which a pregnant person finds themselves can have damaging effects on their ability to safely and legally access the health care they require, and this is particularly true for those seeking abortion. In Canada, political attempts to recriminalize and restrict abortion have continued well beyond the 1988 *R v. Morgentaler* decision. As Karine Richer traces jurisprudence and political responses surrounding abortion in Canada since the Morgentaler decision, she highlights ongoing legal and political contestation over women's rights to access abortion as part of their reproductive lives, and describes multiple private members' bills that were introduced from 2006 to 2008.[23] The National Abortion Federation has also continued to track proposed legislation that has attempted to bring the legality of abortion in Canada into question,[24] and the Abortion Rights Coalition of Canada has documented at least 46 anti-abortion private members' bills and motions that have been introduced in Canada since 1987.[25]

Across the country, anti-abortion organizations have strategically worked toward the election of more anti-abortion candidates.[26] This work was recently focused on Alberta, as prominent anti-abortion organization

Campaign Life Coalition endorsed Jason Kenney, citing his "100% record on pro-life [and] pro-family issues."[27] Several members of the United Conservative Party (UCP), including Premier Kenney, have demonstrated problematic attitudes on abortion access. As an MP in 2003, Kenney made an inquiry asking parliament to examine the potential health risks of abortion and whether or not it was medically necessary, and in 2012 supported a motion that asked for a review of the section of the Criminal Code that defines a fetus as a human being only after birth.[28] The understanding of abortion as a medically necessary procedure and the definition of personhood beginning only after birth are absolutely essential to upholding the decriminalization of abortion and bodily autonomy of pregnant persons. In May 2018, the UCP opposition caucus refused to participate in debate and votes on Bill 9, the *Protecting Choice for Women Accessing Health Care Act*, which created "buffer zones" to allow greater protection for abortion clinics in Alberta by requiring anti-abortion protesters to remain at least 50 metres from the clinic premises.[29] Also of significance is the election in the riding of Cardston-Siksika of Joseph Schow, a UCP member MLA who was quoted in 2016 saying he would fight for restrictions on abortion access.[30]

Concerns about ties between the UCP and anti-abortion organizations have also come to light, as prominent groups like RightNow and the Wilberforce Project encouraged their members to become involved in the UCP to help get anti-abortion candidates on the ballot.[31] The Wilberforce Project also formally endorsed Jason Kenney during the UCP leadership race.[32] Indeed, following the UCP's election, prominent anti-abortion organizations have expressed excitement at the prospect of what this means for abortion policies in the province, and have already called upon Premier Kenney to make immediate legislative changes, including the repeal of Bill 9.[33]

Social barriers

Social stigmatization of abortion functions as an essential tool for maintaining the other barriers to full reproductive access discussed above, and has widespread impacts. Research suggests that abortion stigma is not necessarily a universal inevitability; instead, abortion stigma has been found to be produced (and reproduced) through discourse, political structures, social institutions, and within communities and personal interactions, founded upon particular power inequalities, thus being made present in "profoundly local ways."[34] This stigmatization reaches well beyond the person obtaining the abortion; it also has important and tangible impacts on abortion providers and their interpersonal connections, creating tensions that can ultimately discourage health professionals from participating in abortion care.[35]

The prevalence of abortion stigma in Alberta— made most visible through anti-abortion billboards, advertisements, and clinic protesters—fosters a climate in which there is a gap in social support for individuals seeking abortion and those who have undergone abortions. This lack of support creates isolation, potentially leading to post-abortion emotions of guilt, regret, and shame.[36] Anti-abortion advocates exploit these feelings by framing them as inevitable consequences of abortion. This strategy not only generates a sense of fear, but further stigmatizes abortion, and works to solidify existing barriers to abortion access—bolstering the lack of resources for support, information, and services.

This multifaceted stigmatization is central to inequities in abortion access. As stigma thrives, abortion care is relegated to "whisper networks"[37] rather than open channels of factual information-sharing and balanced support. The more stigmatized abortion is, the less it is discussed; the less abortion is discussed, the greater the stigma. In order to break this perpetual cycle of shame, it is imperative to create clear, accessible spaces for fair and full information on abortion—not only filling in the gap, but also actively combating rampant misinformation.

Barriers to information

Practical barriers to abortion services, including the necessity of travel and associated financial burdens, are important to fully understanding the lack of access to abortion in Alberta. However, even before someone is able to make the decision to seek an abortion, they may face difficulty accessing complete and accurate information about all their reproductive options, especially where abortion is highly stigmatized. Without access to legitimate, comprehensive resources, anyone considering a pregnancy termination may be rendered unable to make informed decisions about their body and reproductive life. Those who need to know about their pregnancy options should be able to access resources that provide full, balanced, accurate, non-judgemental counsel and information.

Gathering information is often the first step one takes in considering their options when faced with a pregnancy they may be unable to continue. Unfortunately, the obstacles preventing access to complete and fair information can be uniquely difficult to overcome. Access to information about abortion can be hindered by many of the same types of practical barriers to services, such as a lack of local resources or the refusal of medical professionals in the community to present a full range of available options. In addition, individuals seeking abortion information may encounter not only a lack of resources, but an abundance of misinformation. As abortion has become increasingly politicized and polarized, those seeking abortion may

be confronted with a maze of competing discourses, as well as traumatizing propaganda campaigns against abortion.[38]

Information on abortion today may be both more accessible and potentially less reliable than ever due to increasing reliance on digital resources. Unfortunately, the Alberta Health Services online resource on abortion has been described as "perplexing" and "unclear" with "very little medical information on the abortion procedure," doing little to mitigate misconceptions about abortion.[39] As a result, those who need information about abortion may have difficulty finding useful resources, and it may be challenging for them to discern fact from falsehood due to the excess of misinformation circulated online.

Despite recent efforts to expand access to abortion services in Alberta—including approved provincial health care coverage of medication abortion and the institution of clinic "bubble zones"[40] under the former NDP government—little is being done to combat the abundance of prominent, well-funded anti-abortion messaging. These misleading and shaming communications can make it incredibly difficult for an individual to exercise their bodily and reproductive autonomy without fear of moral judgement. When making decisions about a pregnancy, people must have information that they can trust, and experiencing anti-abortion imagery and rhetoric daily can be a significant hindrance.

The Role of Crisis Pregnancy Centres in Creating Barriers to Abortion Information

Many anti-abortion organizations in Canada have begun to form "support" resources for women seeking advice about pregnancy options. These programs reflect a new strategy of the anti-abortion movement, which includes an increasing use of "pro-woman" rhetoric that focuses on ideas of support and care.[41] While some organizations remain explicitly opposed to abortion, others, like Crisis Pregnancy Centres (CPCs), have employed the strategy of presenting a façade of neutrality, pledging to provide non-judgmental information about adoption, parenting, and also abortion to women in need (see Figure 1). Despite these claims, research shows that CPCs do not offer their clients a full range of information on all available reproductive options, particularly with regard to abortion. Nonetheless, CPCs maintain their image as a supportive resource by using language about choice and care co-opted from feminist activism.[42] CPCs are not currently regulated in Canada,[43] and present a unique type of barrier to abortion information, and therefore a significant threat to comprehensive abortion access.

Figure 1. Lethbridge Pregnancy Care Centre Advertisement

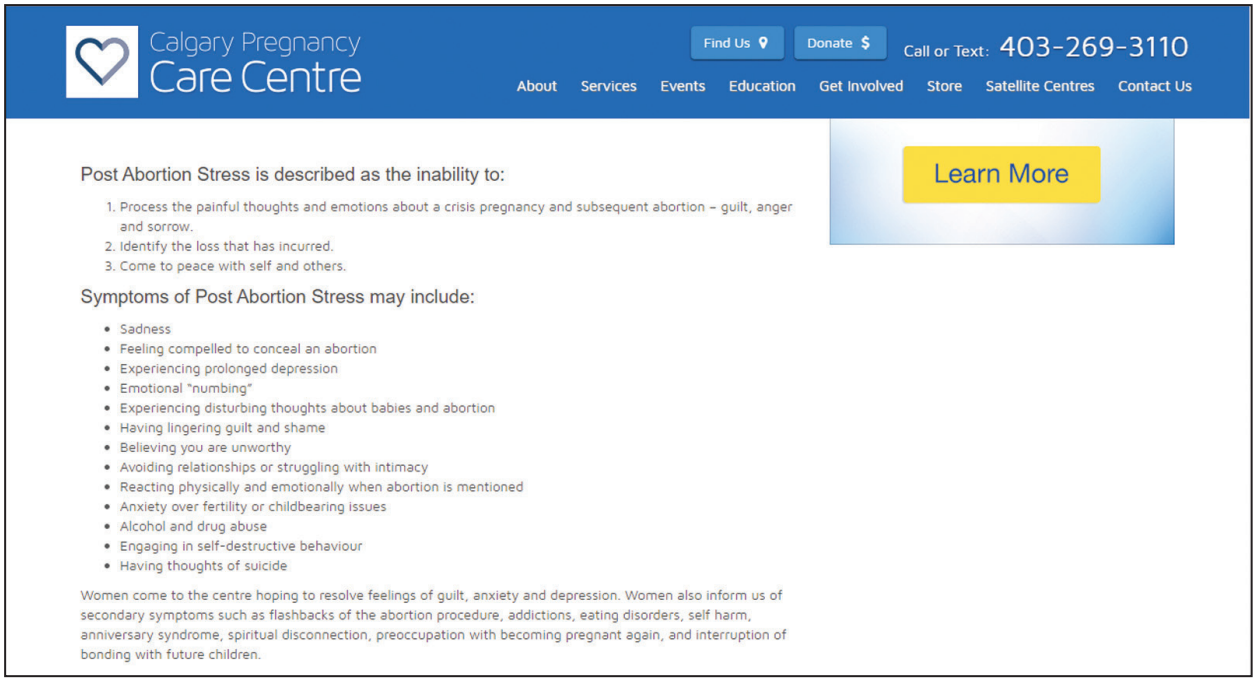
Source: Lethbridge Pregnancy Care Centre. "Advertisement." Digital Image. Lethbridge Campus Media, March 18, 2016. https://lethbridgecampusmedia.ca/wp-content/uploads/2016/03/END031816.pdf.

Though CPCs do not refer clients to abortion-related services, almost 40 percent of CPCs in Canada fail to disclose this on their organizational websites.[44] Further, seven percent of Canadian CPC websites bury their anti-abortion philosophy and/or disclaimer in privacy statements or fine print at the bottom of a page.[45] Nevertheless, these organizations still communicate multiple promises to provide accurate information on all options, including abortion. This pledge becomes increasingly questionable when the information about abortion provided on CPC websites is analyzed.

There are at least 20 CPCs located in Alberta,[46] compared to just three recognized abortion providers. The content found on many CPC websites across Alberta is similar, and even identical in some cases. In general, abortion is described more negatively than adoption or parenting. The Lethbridge Pregnancy Care Centre website, for example, describes parenting as "…one of life's most exciting and rewarding experiences," and adoption as "an excellent option for you and your baby."[47] At the same time, it suggests that "some women *believe* abortion is their best and only option," while others "are ambivalent about abortion" or "feel pressured by others to consider abortion."[48] These subtle language choices suggest to the reader that adoption and parenting are highly desirable, whereas abortion is associated with feelings of ambivalence and social pressure. The assertion that some people might only believe abortion is best for them fails to acknowledge that abortion may be the best (or even the only) option for many.

Rather than offering a balanced account of the potential pros and cons of abortion, CPCs also focus disproportionately on the perceived risks of abortion. Abortion is portrayed as dangerous to one's psychological well-being by frequent references to post-abortion stress (PAS), which is identified by a range of adverse mental and emotional symptoms (see Figure 2). Proposing that PAS is a recognizable disorder is deceptive, as PAS has been debunked by several reliable studies that reviewed the potential effects of abortion on mental health. For example, the renowned Turnaway Study, a long-term study in the US which surveyed the health and socioeconomic impacts of either receiving or being denied an abortion and included over 900 women across five years, found that "abortion does not increase women's risk of having suicidal thoughts, or the chance of developing PTSD, depression, anxiety, low self-esteem, or lower life satisfaction."[49] However, the claim that PAS is a legitimate condition remains a narrative heavily relied upon by anti-abortion groups.[50] Indeed, the validation of ideas about PAS is deeply tied to the grassroots work of CPCs, along with the broader anti-abortion movement.[51] The implication that abortion causes negative emotional outcomes of regret, guilt, and shame also works to support the provision by CPCs of post-abortion grief counselling, which is typically the only abortion-related service they offer.

Figure 2. Calgary Pregnancy Care Centre Website



Source: Calgary Pregnancy Care Centre. "Description of Post Abortion Stress." Digital Image. Accessed November 9, 2018. https://www.pregcare.com/post-abortion-support/

Of course, having an abortion can be a difficult decision, and those who do experience complicated emotional responses following an abortion deserve to be heard and supported. Post-abortion experiences, however, are not one-size-fits-all. Research has found that 95 percent of women who have an abortion do not regret their decision.[52] Further, many negative post-abortion feelings are attributed to compounding factors, including stigma, lack of support, or even abuse.[53] Importantly, being unable to access an abortion has been shown to increase women's odds of being unemployed, living in poverty, and remaining in violent partner relationships.[54]

Many CPCs also disproportionately emphasize the supposed physical dangers of abortion. While they claim to provide information about all options, CPCs fixate on "risks associated with abortion, and alternatives to abortion."[55] Despite this emphasis, the reality is that abortion is a very safe procedure, with a rate of complications after abortion of less than two percent, most of which are minor and treatable. When accessed early in pregnancy, abortion is safer than childbirth.[56] It has also been found that "continuing an unwanted pregnancy and giving birth is associated with more serious [physical] health problems than abortion."[57]

This misinformation about abortion by CPCs is even more concerning because of how easily these organizations can be mistaken for medical clinics. Although they are not licensed as medical facilities, there is no requirement for CPCs to disclose this fact to potential clients. This lack of transparency is misleading to those who seek accurate information about the medical aspects of the abortion procedure, and can put them at risk of mistakenly assuming the information they receive from the CPC is based on the knowledge of medical professionals.

Given the data available on abortion outcomes, it is entirely inaccurate to suggest that severe physical, psychological or emotional problems are a common occurrence following abortion. CPCs employ distortion to dissuade clients from considering abortion as a viable reproductive option, while keeping their promise to provide "information" about abortion. By misrepresenting abortion—both explicitly and implicitly—and presenting unsubstantiated claims of alleged risks and falsehoods about poor outcomes as the sole abortion-related information on their websites, CPCs may be seen to be deceptive and manipulative.

'I felt smothered…'—An Encounter with an Albertan CPC

In my research examining the lived experiences of individuals accessing information and services related to abortion in southern Alberta,[58] one participant shared her encounter with a local Crisis Pregnancy Centre. Abigail (a pseudonym), a self-identified cis-gender woman in her mid-30s, recalled finding the website for a local CPC online as she searched for a medical clinic to confirm her pregnancy, saying, "I was looking for pregnancy testing, and [the Pregnancy Care Centre] had that… I think even if you Google 'abortion options Lethbridge' they'll come up as the top result."[59]

Abigail remembered her visit to this CPC, observing how the atmosphere of the room changed after her pregnancy test was determined to be positive. She described an unsettling shift from seemingly genuine support to a "sickly sweet"[60] and overbearing presence, recalling that "…all of a sudden there was two people there, and I [felt] suffocated. I felt smothered… it was almost like they were… not backing me into a corner, but definitely herding you to a decision. And I felt very uncomfortable with that."[61]

When I asked Abigail what kind of information on abortion was provided by the CPC, she said a few pamphlets were offered on topics including the "risks of abortion" and "depression after abortion."[62] Abigail experienced not only a barrier to abortion services—CPCs refuse to refer patients to abortion providers—but was also not provided with full or reliable information about abortion, despite what was promised online.

At the time Abigail decided to visit this CPC, she was under the mistaken impression that it was a medical clinic. By the time she realized this was not the case, it was too late, and Abigail was left feeling both uncomfortable as a result of the encounter and deceived. As she explained, "I would've preferred a nurse, or a clinician, or someone without any bias to go to. And I thought they were a clinic. I honestly thought they [the CPC] were a sanctioned clinic."[63]

Abigail's experience highlights how those needing to consult about pregnancy options inclusive of abortion can be made vulnerable by CPCs. Her experience also points to the way that concepts of unconditional care and support are used as a façade by CPCs. These organizations employ the appearance of compassion to entice clients in, and subsequently exploit the vulnerable state of these individuals.

My aim in including excerpts from Abigail's story in this paper is to provide a small reminder that beyond the politics and the popular debates, questions of abortion access are not abstract, they intimately impact real people. While seeking support during a difficult time in her life, Abigail reached out to an organization that she ultimately found to be disingenuous—less concerned about her well-being, and more focused on pursuing a particular agenda. This is not the type of care that people seeking abortion, or information about any reproductive option, deserve. Truly compassionate support, the kind CPCs promise, should not make clients feel "smothered," uncomfortable, or pressured. Abigail's experience reinforces the importance of clear, open access to reliable abortion information and services which provide trustworthy support in helping individuals make an important and well-informed decision about their bodies and futures.

Moving Forward

Barriers to abortion come in many forms, and they hinder access not only to abortion services through spatial disparities and potential out-of-pocket costs, but also to accurate information about abortion. When we allow barriers and inequities in abortion access to persist, we create an environment where abortion is easily stigmatized, fostering a climate in which CPCs thrive. Overall, this has been one of the critical aims of this paper: to situate the abundance of CPCs in Alberta as both a key example of and contributor to barriers to abortion information and services. CPCs represent a barrier in themselves by misleading and misinforming clients about abortion, and failing to provide the full support for "choice" that they promise. As well, CPCs' reinforcement of stigma through their messaging about abortion works to further uphold various other types of barriers to access.

Despite the many issues to overcome, there are shifts that can help to improve access to abortion services and information in Alberta. First, it is imperative that we not grow complacent about the danger of electing representatives who do not support the right to abortion. Threats to abortion remain relevant across Canada, and the new UCP government in Alberta contains several members whose past and present stances on abortion are cause for concern. Policy and legislation are powerful tools when it comes to abortion care; they can be used to further restrict access to abortion or to provide the most vital avenues to remedy inequities in abortion care. Policies that set acceptable standards for the availability of abortion providers and abortion medication in communities outside the major cities would help increase critical access across the province. Requirements for medical professionals who refuse to offer abortion services to more consistently and effectively refer patients to willing providers could help ensure that

those seeking abortion receive timely and complete care. Furthermore, the improved provision of comprehensive abortion information on Alberta Health Services websites, as well as the regulation of CPCs in Alberta, could help combat harmful misinformation about abortion.

Second, it is essential to increase the visibility of organizations that work to provide important abortion-related information and support. Nationally, the Abortion Rights Coalition of Canada has produced numerous useful publications and critical research on abortion, alongside their advocacy for abortion access. Action Canada for Sexual Health and Rights also provides important materials on Mifegymiso and actively campaigns for greater access to medication abortion.[64] ChoiceConnect,[65] an online resource created by the SHORE Centre, is another resource working to connect people seeking abortion in Canada with local providers. In Alberta, the Calgary-based Centre for Sexuality[66] provides comprehensive information on pregnancy options, including abortion and the abortion procedure. Many grassroots organizations that support abortion access have also begun to form across Alberta, including the Pro-Choice Society of Lethbridge and Southern Alberta,[67] and the Alberta Pro-Choice Coalition.[68]

Finally, whether facilitated through government bodies, non-profit organizations, or a combination of both, abortion access in Alberta would be greatly enhanced by a provincial education campaign aimed at more broadly providing balanced public information on abortion, building abortion information into comprehensive sex education curriculums, increasing awareness of the need for better abortion access, and combatting myths and misinformation about abortion. Such an initiative could also help to reduce abortion stigma by encouraging thoughtful, healthy, open conversations about abortion.

When access to a full array of abortion resources and services is hindered by barriers of distance, cost, incomplete or inaccurate information, and intense stigma, no informed reproductive decision can be made, depriving those seeking access of meaningful control over their lives and bodies. In one way or another abortion remains inaccessible for many people across Alberta, and these inequities must be addressed. Moving the province forward from its current disparities will mean taking a critical look at the barriers that continue to prevent fair access to supportive abortion information and services, interrogating the notion that abortion stigma in Alberta "isn't that bad,"[69] and recognizing that we can—and must—demand better.

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New Terrains of Anti-abortion Activism: Men and Social Media

Carly Giles

Introduction

Social media platforms such as Facebook, Twitter, Snapchat, and YouTube are increasingly dominating twenty-first century conversations surrounding abortion rights. Much of the content produced on these platforms by anti-abortion organizations takes on a humorous and satirical tone. This content represents an attempt by the anti-abortion movement to alter their emotional angle in the hope of attracting young men who may not be moved by the grave, religious tone of traditional messaging. It is critical that the reproductive justice movement respond actively to these powerful anti-abortion tactics.

Methodology

Apart from a brief discussion of other online platforms, this paper focuses on Facebook, Twitter, and YouTube. These platforms all contain anti-abortion and pro-choice accounts with significant numbers of followers, including both accounts run by individuals and by organizations. Additionally, all are conducive to both visual content (digital images, memes, and videos) as well as written and/or spoken text. Therefore, these platforms allow for analysis of both verbal and visual argumentation, with a more equal balance between the two than is found on many online platforms.[1] Future research on abortion-related social media might consider content posted on Pinterest, Instagram, Snapchat, Tumblr, or other online platforms.

In order to identify the most dominant accounts, as well as broader themes, I looked through the first 50 results on these three platforms using the following search terms: "pro-life," "pro-choice," "reproductive justice," "anti-abortion," and "abortion access." I subsequently analyzed accounts, videos, and content representative of the most popular themes, focusing primarily on content with a large numbers of views. I also attempted to locate the original source of all digital images found on Facebook and Twitter, a process which often led to the pages of conservative organizations such as Students for Life, the Daily Wire and ChurchPop. While individual users play an important role in sharing images, in most cases official organizations create the content.

Social Media: A Rising Force in Anti-abortion Activism

Social media user rates across all segments of society are rising. Approximately 94 percent of Canadian adults hold a social media account, and Facebook and YouTube represent the most popular platforms based on the percentage of Canadians subscribed to these platforms. Eighty-four percent of online Canadians have a Facebook account and 59 percent have a YouTube account.[2] Both individuals and organizations have capitalized on this burgeoning audience, and have created sophisticated and innovative online campaigns to communicate sociopolitical messages. These campaigns have been derided by critics as "slacktivism" that lacks the passion of traditional activism. Nonetheless, social media activism can have profound real-world effects.[3] The most noted example is the so-called "Arab Spring" revolutions of 2010 to 2012, which were fuelled in part through social media communication.[4] More recently, Black Lives Matter and the #MeToo movement have emerged as sociopolitical movements facilitated by social media.[5]

Anti-abortion activists have not missed the opportunity to utilize social media. Online anti-abortion campaigns attract audiences as large as two million.[6] I suggest that social media anti-abortion campaigns are beginning to outstrip traditional anti-abortion activism methods such as billboards, protests, or the personal blogs of the early 2000s, which lacked the capacity of social media for rapid interaction.[7] Indeed, as Butler[8] describes, traditional forms of activism amongst many sociopolitical causes are waning in favour of social media. This trend is clearly seen within the anti-abortion movement. Live Action, one of the largest North American anti-abortion organizations, frames its online work as cutting-edge in its ability to capture audiences. "Using social media," its website argues, "we reach people right where they are—at school, work, home, out and about—and inspire and activate them to defend the most vulnerable."[9] Even the Center for Bio-Ethical Reform, known for its "old-style" campaigns revolving around billboards, protests, and postcards, has recently revamped its Facebook page, posting humorous images and asking followers to share content online.[10] Clearly, social media is rising in importance within anti-abortion activism. Unfortunately, however, scholarly research on anti-abortion social media campaigns has not caught up, and most scholarship continues to focus on traditional activism.[11]

Perhaps one of the reasons for this research gap is the difficulty in profiling the extent and range of online activism. Unlike traditional protest movements, many social media campaigns lack a clear leader, with the original author becoming indiscernible once a post is shared widely.[12] Indeed, many widely shared anti-abortion memes, tweets, and slogans

are kept "alive" by viewers who share the posts with a single click. This is economically beneficial to the site's sponsors, as no time or financial resources are expended.[13] The geographical range of site content is also hard to determine, as posts are rapidly shared through a worldwide audience.[14] What is certain is that anti-abortion social media campaigns are reaching tens of thousands of people on a daily basis.

The reproductive justice movement has also created social media campaigns, including the recent #ShoutYourAbortion campaign.[15] However, as Table 1 shows, in both Canada and globally, anti-abortion content is more prevalent and attracts more followers. That anti-abortion YouTube content so significantly outnumbers pro-choice content should be especially concerning to abortion rights advocates. Not only are anti-abortion advocates more active in presenting their views, but YouTube users are more likely to find anti-abortion content, intentionally or unintentionally.

Table 1. Anti-abortion vs. Pro-choice Presence on Online Platforms

Anti-abortion Online Presence	Pro-choice Online Presence
Over 71 million search results on YouTube for "pro-life"	Approximately 7 million search results on YouTube for "pro-choice"
Largest Canadian anti-abortion Facebook pages have up to 13,000 followers	Largest Canadian pro-choice Facebook pages have up to 7,000 followers
Over 600,000 Instagram search results for "pro-life" and approximately 28,000 for "anti-abortion"	Approximately 500,000 Instagram search results for "pro-choice" and 51,000 for "reproductive rights"
Largest anti-abortion page on Reddit has over 7,000 subscribers	Largest pro-choice page on Reddit has over 4,000 subscribers.

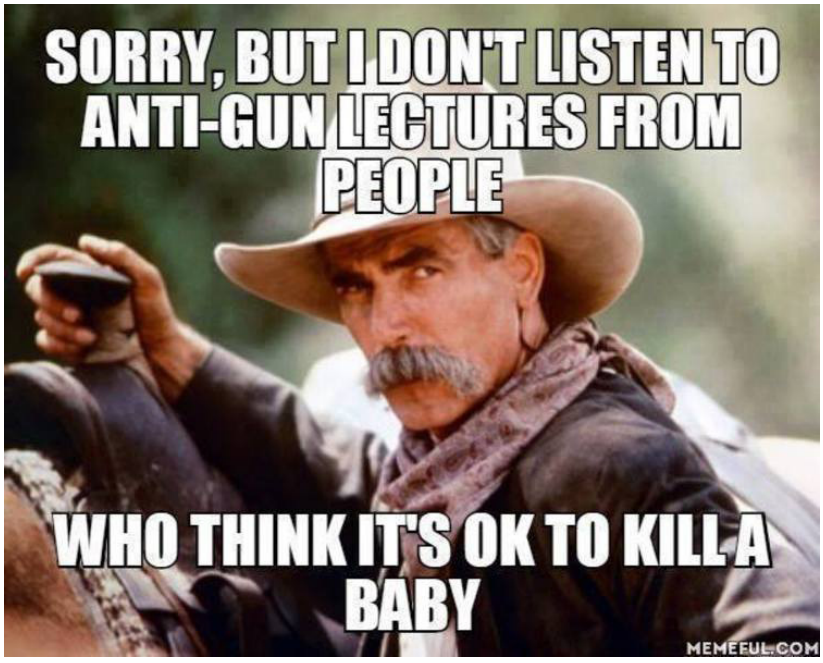
Participants of Online Anti-abortion Activism

One of the anti-abortion organizations with the largest online audiences is Live Action.[16] Live Action is one of the most visible North American anti-abortion entities, whose activities, including alleged undercover stings of abortion clinics, have attracted widespread media attention.[17] One of their main prongs of the group's activism is a YouTube channel, which has received more than 27 million views from worldwide users. LiveAction's rhetoric closely resembles what Saurette and Gordon[18] describe is typical of modern anti-abortion discourse. Specifically, LiveAction's content is pro-woman in tone, often framing abortion as an issue that negatively impacts females, many of whom have attempted to break away from traditional anti-abortion messages regarding religious morality and fetal personhood. Notably however, approximately 67 percent of the channel's viewers are male.[19] Therefore, the impact of Live Action's messages on men must be considered.

While Live Action doesn't specifically target a male audience, other anti-abortion YouTube channels do. For example, conservative commentator Steven Crowder's channel covers a variety of sociopolitical issues from a conservative perspective. The channel is largely targeted towards young men, with men representing an overwhelming 97 percent of viewers.[20] Crowder's channel features dozens of videos covering abortion, and while some are sombre in nature, the majority satirically respond to pro-choice viewpoints. Other male-centered conservative channels that have broached abortion include Sargon of Akadd,[21] The Daily Wire,[22] Rebel Media,[23] and Christopher Massoglia.[24]

While YouTube represents one of the largest platforms delivering anti-abortion messages, digital images also play an important role. Particularly prominent are internet memes, which Merriam-Webster[25] defines as "an amusing or interesting item (such as a captioned picture or video) or genre of items that is spread widely online especially through social media." Memes often convey powerful cultural understandings, especially through repeated exposure.[26] As part of anti-abortion activism, various memes are created by organizations and subsequently shared by individual users (see Figures 1 and 2 for examples).

Figure 1. Anti-Abortion Cowboy Meme



Source: Digital Image. *Daily Wire*. January 6 2016, https://www.dailywire.com/news/2381/memes-make-your-leftist-friends-crazy-chase-stephens

Figure 2. Anti-Abortion Baby Meme

Source: Digital Image. *ChurchPop*. January 26 2017, https://churchpop.com/2017/01/26/17-pro-life-memes-to-get-you-pumped-for-the-march-for-life/

One major trend within anti-abortion memes is the term "bro-choice," often written on social media platforms as #brochoice. The term was originally created by URGE: United for Reproductive and Gender Equality (formerly known as ChoiceUSA).[27] URGE's bro-choice campaign encouraged men to become actively involved in discussions surrounding reproductive justice and sexual assault. Andrew Jenkins, an associate with URGE, explained that the main aim of the campaign was to "turn men into vocal stakeholders in the fight against sexual assault."[28] Shortly after the term bro-choice reached the internet however, it became rapidly appropriated by anti-abortion content creators. As the anti-abortion site The Christian Post wrote in 2013, the anti-abortion movement leapt at the idea that it "represented male desires for casual sex free of consequences."[29] Six years later, bro-choice "continues to hold this connotation within online anti-abortion circles, with organizations like Students For Life of America (see memes in Figures 3 and 6 below) frequently using the term in memes in order to evoke feelings that men who support abortion rights only do so in order to embrace a promiscuous lifestyle. Much of the humour within these memes focuses on creating a satirical caricature of the irresponsible and predatory bro-choice man.

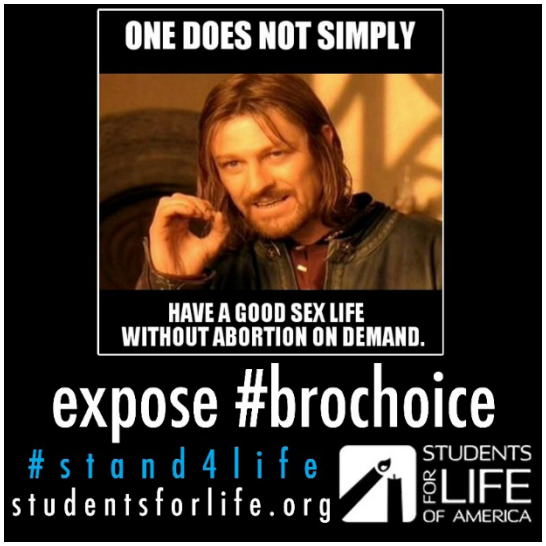
The anti-abortion work of conservative YouTube channels, as well as the circulation of memes, makes it apparent that anti-abortion social media content is often created by and targeted towards men. Therefore, the affect and rhetoric that anti-abortion activists use to reach a male audience is worth close exploration.

Recruiting Men: Using Humour and Satire

Carol J.C. Maxwell and Ted G. Jelen write that traditional anti-abortion rhetoric focused on depicting abortion as a holy battleground, with male activists serving as "commandos for Christ."[30] Current anti-abortion videos contrastingly employ satire and mockery. One of the most widely-viewed examples is the Steven Crowder YouTube video entitled "Affordable Abortions Are FUN!!!" Crowder portrays the role of an unscrupulous salesperson trying to "sell" abortion to a woman attending Planned Parenthood, telling her that abortion will ensure she won't lose her figure.[31] The insinuations of this video are obvious: that abortion providers are profit-motivated, and that abortion seekers are concerned solely with vanity. Such messaging is common in anti-abortion humour, consistent with an internet trend of anti-"Social Justice Warrior" content.[32] The Social Justice Warrior (SJW) caricaturizes women activists as "the monstrous feminine," in other words women who are unrestrained and non-conforming. Within the context of anti-abortion content, a woman who chooses to receive an abortion is understood as an SJW.

Anti-abortion humour is not limited to videos. Digital memes shared on Facebook, Twitter and other platforms form a crucial part of anti-abortion campaigning. Anti-abortion memes capitalize on cultural understandings that have already been popularized online, and thus are familiar to viewers. For example, the meme illustrated in Figure 3 relies on the popular "One does not simply …" line from the 2001 movie *Lord of the Rings: The Fellowship of the Ring*, which is the basis for millions of other online memes.[33]

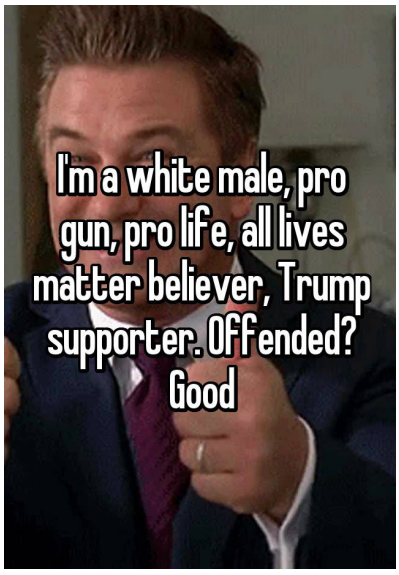
Figure 3. 'One Does Not Simply …' Anti-Abortion Meme



Source: Digital Image. *Studentsforlife.org*. July 11 2013, https://studentsforlife.org/2013/07/11/expose-brochoice-for-what-it-really-is/

Some humorous memes also play at darker themes. The meme illustrated in Figure 4 implies that straight Caucasian males represent an oppressed group. Although the pitch is satirical, there is evidence that a narrative of male oppression is increasing amongst male conservatives. A recent survey by YouGov found that a majority of Trump voters felt men to be the most oppressed American group.[34] These results demonstrate that memes like the one illustrated reconstitute potent beliefs.

Figure 4. Male 'Pro-Life' Oppression Meme



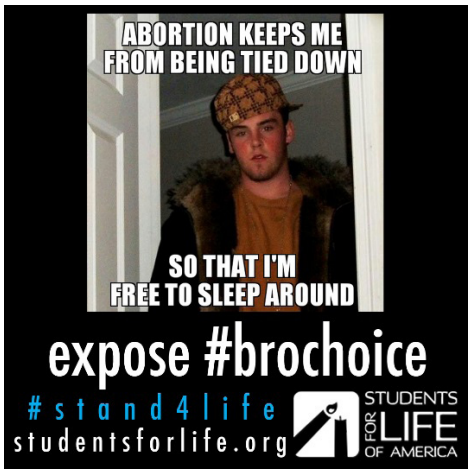
Source: Digital Image. *Whisper.com*. n.d., http://whisper.sh/whisper/053c164af92e59c47d5217bbc86d672ec9bdf2/Im-a-white-male-pro-gun-pro-life-all-lives-matter-believer-Trump-s

An important feature of anti-abortion online content are debates around normative masculinity.[35] Men who support abortion rights are perceived as selfish, promiscuous, and weak (see Figures 5 and 6), in contrast to anti-abortion men who are depicted as masculine. The now-inactive "Simpsons Prolife Memes" Twitter account made extensive use of this opposition. Created primarily in response to the Irish referendum on abortion, the account characterizes pro-choice men as "unmanly" and "manipulated little bitches."[36] This exemplifies anti-abortion humor targeting fears of dwindling male power.

Figure 5. Irresponsible Men Love Abortion Bumper Sticker

Source: Digital Image. *LifeDynamics.com*. https://lifedynamics.com/product/pro-life-bumper-stickers/

Figure 6. Abortion Sexuality Satire Meme



Source: Digital Image. *Studentsforlife.org*. July 11 2013, https://studentsforlife.org/2013/07/11/expose-brochoice-for-what-it-really

Humorous male-centered social media content represents a sharp break from the traditional approaches previously taken by the anti-abortion movement that centered on dire messages about religion, fetal personhood and the evocation of abortion-triggered sadness and anger.[37] There are many potential explanations for the shift away from this content and towards more humorous material. One may be the worldwide decline of religiosity amongst young males, which makes it logical for anti-abortion organizations to focus on secular argumentation.[38] However, it should be noted that male-

centered anti-abortion content has not taken a complete break from religious influences. Indeed, many of the norms expressed in this content regarding manhood, abstinence, and family values can be situated within traditional Christian aspects of the anti-abortion movement. However, as noted above, the content on many male anti-abortion sites is at least ostensibly secular, with almost none of the sources I profiled explicitly mentioning religious concepts. The shift to present anti-abortion content without mention of religion is likely intended to capture an increasingly secular population of North American men.

Another reason for the trend of humorous male-centered content may be the fact that populist male conservative humour has become a profitable. In the current North American political climate, humorous anti-SJW and conservative messages are not only legitimate forms of political and cultural identity, but also financially lucrative.[39] Large audiences of young male consumers now buy into conservatism, whether by watching monetized channels or directly purchasing memorabilia such as mugs labelled "liberal tears," of which hundreds of versions are sold on Amazon.[40] Overall, humorous conservative messages are becoming increasingly profitable and this may be part of the reason why many anti-abortion organizations are turning to comedic messaging.

It should be noted that many of the memes profiled above don't only emanate humour and satire, but also anger at reproductive justice and construed sexual irresponsibility. While anger is certainly a predominant theme in much male-centered anti-abortion content, I would suggest that using mediums such as memes and other social media cultural icons to portray the messages shows the attempt to also couch their messages within a humorous and satirical package. Indeed, many scholarly conceptualizations of digital memes have focused on humour as an essential aspect of this medium, including analysis by Viriya Taecharungroj and Pitchanut Nueangjamnong,[41] Vasiliki Plevriti,[42] and Viktor Chagas, Fernanda Freire, Daniel Rios, and Dandara Magalhaes.[43]

Implications for the Reproductive Justice Movement

It is crucial for the reproductive justice movement to respond to anti-abortion social media campaigns. First, a greater social media presence is needed to enable pro-choice organizations to counter the anti-abortion social media presence by creating social media pages that similarly utilize innovative means of cultural communication, including memes and YouTube videos. Additionally, men who support reproductive choice might contribute by making their views visible on social media so that young men are exposed to pro-choice messages from their demographic. Some

major campaigns in this vein have already occurred, including NARAL'S #MenforChoice project.[44] However, more projects are needed to match the near-constant creation of anti-abortion social media content. In order to be effective, the reproductive justice movement requires an assertive and proactive social media presence.

However, it should be noted that gaining a genuine and useful social media presence must not simply involve mass-producing content without careful consideration of the possible reception or outcome. Many anti-abortion organizations are well-prepared to unleash a timely response to reproductive justice campaigns, sometimes subverting the messages into their own anti-abortion framework.[45] It is important to reflect upon the fact that, as described earlier, "bro-choice" was originally a term put out to represent reproductive and sexual justice, whereas it has now become a central feature of hundreds of anti-abortion memes, tweets, and online articles.[46] Therefore, more research on anti-abortion social media campaigns will be necessary, in order for pro-choice campaigns to effectively and proactively address opposition. In the current online climate, where terms and phrases are often misinterpreted, subverted, and shared repeatedly with little context or explanation, it may be more important to focus on creating spaces for conversations and messages, rather than simply trying to find the next catchphrase or Twitter hashtag.[47]

Alberta Policy Implications

Future policies in Alberta must understand the potential power of anti-abortion politics and anti-abortion-based social media in influencing reproductive health care access. From the early stages of its formation and election preparation, the United Conservative Party (UCP) has posed a formidable challenge to reproductive justice within Alberta. Several months ahead of the 2019 election, in partnership with anti-abortion organization RightNow, a former Jason Kenney staffer engaged in an effort to elect anti-abortion candidates.[48] The anti-abortion organization The Wilberforce Project declared ahead of the election that if the UCP formed government, Alberta would be led by "the most pro-life legislature in decades and maybe ever."[49] Among the anti-abortion candidates elected in April is Adriana LaGrange, a former president of Red Deer Pro-Life and now Alberta's education minister. In her role with the organization, LaGrange prepared a variety of anti-abortion presentations for schools, underscoring the importance of considering the relationship between biased and limited sexual education and online anti-abortion content.[50]

While in opposition, UCP members walked out en masse during debate and votes on the NDP's Bill 9, which created "bubble zones" prohibiting protests within 50 metres of abortion clinics.[51] While legislation like Bill 9 is crucial

in reducing barriers to abortion, future policies must realize that barriers don't solely take the form of clinic protests. Anti-abortion websites that shame or humiliate those who choose abortion, as well as their male partners who participate in this choice, also pose obstacles to reproductive justice. However, perhaps the greatest threat to reproductive justice in Alberta is a lack of accurate sexual health information. Many Alberta students are subject to sex education classes that are highly conservative and fail to provide crucial information on reproductive health care.[52] A quick examination of Alberta Education's curriculums for Health and Life Skills and Career and Life Management (CALM) hints at why some of these problems exist. In the official learning objectives, abortion is not part of the required topics.[53] Today, up to 75 percent of youth worldwide find sexual health information online, with many citing inadequate school education on sexual health as a motivating factor for turning to the internet.[54] Searches relating to contraception, pregnancy, and abortion will often lead to anti-abortion content websites. In the context of this absence of adequate, provincially consistent sexual education, online content plays an important role in "educating" young Albertans.

Needed is a curriculum that provides students with a balanced view of reproductive choices and follows the comprehensive model of sexual education, which has been shown to reduce rates of unintended pregnancy and increase sexual health knowledge.[55] A comprehensive sexual education program promotes the overall healthy development of students and provides open education, rather than stigmatization of their sexual and reproductive lives.[56]

Conclusion

Social media is an increasingly powerful force in all facets of abortion politics. Anti-abortion social media content is increasingly pervasive, with accounts garnering large audiences. Much of this content, and anti-abortion social marketing, is targeting men. The use of comedy to attract men into the abortion debate is significant. It is crucial that reproductive justice organizations respond by adopting an active social media presence in order to counteract the potentially damaging messages promoted by anti-abortion organizations and communities.

There is also a critical need for more scholarship to profile online anti-abortion and pro-choice messaging. The current abortion debate requires an accurate understanding of who is the typical anti-abortion activist, and as this paper has argued, that the most pervasive and influential anti-abortion influences are not on billboards or outside abortion clinics, but rather on Facebook pages, Twitter feeds and YouTube channels.

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