Wealth and Stealth: The 21st Century Challenge to

Comprehensive Reproductive Health Education and Services in Canada

by

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Abstract

This qualitative study explored the information available on abortion, contraception and parenting from websites accessible to internet users in Canada. The research questions focused on a comparison of pro-life and pro-choice websites on the discourse in Canada around reproductive rights. A textual analysis was conducted of five websites, with data analyzed using phenomenological research methodology. Themes emerged highlighting key differences between pro-choice and pro-life websites. Pro-choice websites offer accurate and up-to-date information presented in a static resource format, while pro-life websites offer value-laden and inaccurate information presented in an interactive, user-friendly fashion. The analysis highlights how the internet, as an emerging 21st century information resource, is also a site of production for reproductive rights discourse in Canada. These results have direct implications for social work practice and policy, particularly emphasizing the need for client referrals to accessible and accurate websites, and engagement with reproductive rights advocacy and public health education.
FOR NICOLE

The best friend, confidante, editor, partner-in-crime and sister one could ever have.
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CHAPTER 1: Introduction

Reproductive Rights Legislation in the United States and Canada

While examining the effect of U.S.-based pro-life literature on the discourse around abortion in Canada within any context, it is necessary to understand the legal and social history of women’s and reproductive rights in both countries. Eighteen-sixty nine was a defining year for both relatively new countries in recognizing and enacting laws regarding abortion. In the U.S., abortion legislation was enacted in a number of states following the Catholic Church’s official condemnation of the procedure (International Planned Parenthood Federation, 2006). In Canada, Parliament passed a law that made abortion a crime punishable by life in prison (Pro-Choice Action Network, 1999). In both fledgling countries, abortion was difficult to obtain for most women except on the illegal grey or black market. A series of lawsuits set off by the activism of Margaret Sanger and early contraceptive activists in the U.S. led to the Supreme Court’s passing of Roe v. Wade in 1973 (IPPF, 2006). Although subject to amendments since its passing that have created barriers for some groups of women, Roe nominally protects married couples’ and individuals’ rights to privacy in obtaining information about abortion and abortion services from health care providers (IPPF, 2006).

In Canadian courts, the legal status of abortion followed a similar path: a series of lawsuits in various provinces in response to the opening of Henry Morgentaler’s abortion clinics culminated in the Supreme Court of Canada ruling that Canada’s existing abortion legislation

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1 The term “pro-life” is used throughout this document to denote a belief system which espouses a “right to life” from the moment of conception to natural death. Essential to a pro-life worldview is the belief that abortion and euthanasia are forms of murder (Feldt, 2004; Mandelis, 2008).
was “unconstitutional” (Abortion Rights Coalition of Canada, 2008). Justice Bertha Wilson stated in the 1988 case that

> [t]he right to liberty…guarantees a degree of personal autonomy over important decisions intimately affecting his or her private life. … The decision whether or not to terminate a pregnancy is essentially a moral decision and in a free and democratic society, the conscience of the individual must be paramount to that of the state. (Pro-Choice Action Network, 1999)

The outcome of the 1988 Supreme Court of Canada decision stands today. Health care providers are permitted to perform medical (therapeutic) abortions, and a woman’s right to terminate a pregnancy is protected under the Canadian Charter of Rights and Freedoms (Government of Canada).

Even though Canadian women’s right to sovereignty over their bodies is assured by the state, other identifiable factors threaten their social, economic and political equity. According to Leslie Harman, a Canadian scholar who studies the feminization of poverty, “[t]o be a woman in Canada today is to face a strong likelihood of being poor at some time in one’s life” (1992). Harman identifies the influence of the dominant political philosophy of the 1980s and 1990s, neoliberalism, as a key factor in the defunding and dismantling of social assistance programs such as Ontario Works which are ostensibly designed to help keep individuals and families out of poverty. Social policy based upon neoliberalism persists in Canadian politics, having ideologically defined Ontario’s government under Mike Harris as recently as 2001 (Cohen, 2001). Dismantling and reimagining of the federal role in progressive social policy has been a key element of the minority government formed by Stephen Harper’s Conservative Party of Canada.
defunding of Government of Canada Status of Women Offices is but one example of this restructuring in action (McDonald, 2010). The risk to women’s sovereignty over their bodies posed by such regressive social policy will be further explored in the final chapter of this thesis.

Just as the history of the legal status of abortion has followed similar paths in both countries, so have the pro-choice movements in maintaining and improving the status quo, and so the pro-life movement has responded with shrewd political, cultural and economic tactics and strategies such as online communities (IPPF, 2006). It is necessary, then, for those concerned about reproductive rights in both the U.S. and Canada to recognize that the advent of the internet has brought with it the ability for such political movements to further refine their cross-border strategic efforts.

**Shifting Mediums: The Reproductive Rights Debate Goes Online**

While the “culture war” between the pro-choice and pro-life has endured and changed with the political and social landscape of the decades since Roe, the medium has also changed. The pro-life movement, which includes a network of private and semi-private organizations and institutions, has been building a “detailed and comprehensive vision” to proselytize its agenda (International Planned Parenthood Federation, 2006). As the popularity of the internet has grown over the past decade, pro-life groups have begun using it to organize and garner political support outside of U.S. borders (Mandelis, 2008). The influence of U.S. commercial and political interests on search results returned by common search engines such as Yahoo! has been
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noted in the literature (Wilson, Quayyum & Boshier, 1998). A 2009 communication with a social worker who provides pre- and post abortion counseling in her downtown Toronto, Canada practice notes that young women seeking information on abortion often arrive at her practice with misinformation regarding the risks of abortion (personal communication, 2009). This suggests that the internet is a potential source of misinformation on abortion.

Social workers must respond to the growing popularity and ubiquity of the pro-life ideology that threatens client self-determination (on both individual and community levels) with creative and innovative intervention. In order to facilitate development of appropriate clinical and policy-based interventions, research must be carried out to further understand the nature and scope of the problem. This study provides an analysis of the choices in language and its juxtaposition on selected pro-life websites with visual images based on Michelle M. Lazar’s (2007) model of feminist critical discourse praxis. This exploratory research is groundbreaking, and as such there was no previously established framework from which to critically analyze the issue. Due to the relative newness of the Internet, little formal research exists on the impact of informational websites on individuals or groups. Nevertheless, this research assumes that there is an impact from this information, significant enough to be identified, measured and support future research on the topic.
CHAPTER 2: Theoretical Framework

In analyzing the history of the legal status of abortion and the social and cultural history of the reproductive rights movements in the United States and Canada, it is essential to take a critical viewpoint. This is why I have chosen to use Michelle M. Lazar’s model of feminist critical discourse analysis and praxis, the historical underpinnings of which are found in two texts: Michel Foucault’s *The History of Sexuality, Volume 1* and Simone de Beauvoir’s *The Second Sex*.

Feminist Critical Discourse Analysis/Praxis

In order to provide an analysis of the data from an anti-oppressive, critical feminist lens, feminist critical discourse analysis has been used. The specific conceptual framework which has guided the study will be Michelle M. Lazar’s (2007) feminist critical discourse analysis, based upon her article “Feminist Critical Discourse Analysis: Articulating feminist discourse praxis”. The primary theoretical framework used is Michelle M. Lazar’s (2007) model of feminist critical discourse praxis. Lazar defines “discourse” as

[…] in Foucauldian terms] to mean a set of related statements that produce and order a particular order of society, and which within that reality makes available specific subject positions”. (Lazar 2000)
Also referenced is Lazar’s (2007) model of feminist discourse praxis which incorporates feminist critical discourses analysis. Praxis in social work is defined by Malcolm Payne as:

where working with people suffering from experience of injustice and inequality informs our ideological understanding of how society works and strengthens our capacity to pursue social transformation. (2005)

Praxis, according to Payne (2005) is an ideal social work concept with which to approach this research, as its findings reveal implications on both direct social work practice and the development of social policy.

Lazar’s (2007) key elements to feminist critical discourse praxis provide a broad range of relevant foci with which to explore the research questions. The key elements are:

1. **Feminist analytical activism**: Lazar (2007) describes this as a critique of discourses which sustain a patriarchal social order that is “openly committed” to the maintenance of inequity and social injustice. In this study, the discourses examined are around abortion, parenting and contraception. This basis of this study in anti-oppressive, feminist framework emphasizes that the findings are meant to inform social work practice and policy in women’s sexual and reproductive health which promote equity and social justice.

2. **Gender as an ideological structure**: this concept recognizes the hegemony of language which socially constructs the meaning of “man” and “woman”. In the context of this study, the social construction of gender through language is
recognized through analysis of gendered nouns and pronouns found in sampled websites with reference to topics of abortion, contraception and parenting.

3. **Complexity of gender and power relations:** this recognizes intersecting sites of gender and power as dynamically shifting within the context of different social orders. For the purpose of this study, the agency of women with varying levels of power who experience an unintended pregnancy and access the internet for information on abortion is analyzed with a critical feminist Marxist, critical disability and critical race perspective.

4. **Discourse in the (de)construction of gender:** this concept recognizes the on-going construction and iteration of gender through language. It posits that the use of gendered language can be used to either reinforce or challenge a patriarchal social order. This study engages with the concept in some sampled websites that evokes feminist history and values to support an anti-abortion viewpoint.

5. **Critical reflexivity as praxis:** reflexivity in feminist critical discourse analysis is recognized by Lazar (2007) as occurring at both the institutional and individual level. It recognizes that critical analysis can be co-opted by the patriarchal social order so as to maintain superiority. This concept informed the study’s design and analysis, in addition to offering me a lens with which to engage in critical analysis of how the study findings may be received and used by other academic and/or non-academic sources.

As demonstrated above, feminist critical discourse praxis promotes research and analysis that draws from a variety of disciplines relevant to the study, including sociolinguistics,
women’s studies and social work (Lazar, 2007; Payne, 2005) and discourse around and production of social policy (Shaw, 2004).

The “ideological understanding” of society to which Payne (2005) refers may be described as critical feminist in the context of this study, because it seeks to analyse, critique and act upon the dissemination of pro-life literature within two societies (Canada and the United States) whose politics, society and economy are based on historically patriarchal values. The intersecting of these lenses offers a rich critical feminist framework with which study findings have been analyzed.

Theories of Power and Sexuality

Michel Foucault’s *The History of Sexuality, Volume 1* and Simone de Beauvoir’s *The Second Sex* provide theoretical underpinning to the study’s engagement with and analytical use of social construction theory. Foucault’s *History of Sexuality, Volume 1* demonstrates how the existence of unequal power relations in medicine, the institution which informs the research and available women’s health services in the U.S. and Canada, is constructed through discourse of sexuality. Foucault’s (1976) critique of the power structures that inform and produce modern medical intervention lays the theoretical groundwork for a feminist critical discourse analysis on this topic. Foucault (1976) defines the methods by which science and medicine came to be regarded as the source of an objective “truth”: 
1. **Rule of immanence:** here Foucault speaks of the institutional power that recognized and defined sex and sexuality as requiring a truth-based discourse. Feminists may consider this power to be the patriarchal institution.

2. **Rule of continual variations:** Foucault describes this as the distributions of power in sexuality always changing according to key players: mother/father; parent/child; doctor/child; doctor/parents etc. This power changes based on the context of the power-based relationship according to the needs of the institution (Foucault, 1976) and has particular implications for women, who experience oppression institutionally as well as in matters of sexuality.

3. **Rule of double conditioning:** this refers to the need for a “norm” by which to define an “other”. Foucault describes this as a tactic, linking it to a larger strategy for gaining power through knowledge production (1976).

4. **Rule of the tactical polyvalence of discourses:** Foucault places some power back into the hands of research subjects. The power of silence is recognized as a tool by which the construction of truth may be influenced (Foucault, 1976). This has particular implications for the analysis of the pro-choice movement’s response to Pro-life strategies, as well as applying to a feminist critique that views patriarchy as dominating knowledge production.

As illustrated above, the critique presented in Foucault’s *History of Sexuality, Volume 1* provides a useful historical and sound theoretical base in which this study is grounded.
In order to complement Foucault’s theoretical model, the study’s theoretical base incorporates critiques developed by Simone de Beauvoir in the seminal feminist text *The Second Sex*, published in 1949. With her declaration that “[o]ne is not born, but rather becomes, a woman” de Beauvoir (1949) summarizes what has become a major 20th century feminist critique of traditional gender roles, including the socially constructed view that motherhood is (or should be) a natural vocation of womanhood. To enrich the analysis offered by Foucault, I will also draw upon de Beauvoir’s views on how knowledge production regarding biology and reproduction shapes the social construction of women and therefore, the way women’s health services are designed and provided.

**Communications Theory**

Since the internet as the medium of communication is central to the research question and methodology, it is essential to be guided by relevant communication theory. Marshall McLuhan’s (1967) *Medium is the Massage*\(^2\) explores how the delivery of print and televised media shape the production and consumption of ideas. Several key themes provide reference points for the proposed study:

1. *On the printed word:* “Until writing was invented, man lived in acoustic space – boundless, directionless, horizonless, in the dark of the mind, in the world of emotion. […] It created the portable book; which men could use in privacy and in isolation from others. Man could now inspire – and conspire” (McLuhan, 1967).

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\(^2\) Upon receiving the first edition of *The Medium is the Massage* from the printers, McLuhan noted the spelling error (“message” spelt as “massage”) and decided to leave it in. Given this history, the book’s title may be interpreted four ways: *The Medium is the Massage/Mass Age/Message/Mess Age* (marshallmcluhan.com)
1967). McLuhan’s critique of the isolated way we consume media deepens our understanding of the psychological factors implicated with the success of the internet based Pro-life movement.

2. **On time and space:** “‘Time’ has ceased, ‘space’ has vanished. We now live in a global village… a simultaneous happening. [...] We have had to shift our stress of attention from action to reaction. We must now know in advance the consequences of any policy or action, since the results are experienced without delay” (McLuhan, 1967). In times when communications were not so instantly shared, it would have taken days to organize a protest march. With pre-existing social networks and instant messaging, movements such as pro-choice and pro-life have the ability to mobilize instantly, whether in an online or real-time context.

3. **On film and television:** they have encouraged socio-cultural revolutions by showing some what others have (McLuhan, 1967). The internet can be similarly used to play upon peoples’ sentiments and beliefs through use of similarly “engaging”, user-friendly technologies such as chat rooms, message boards and interactive blogs.

The processes and theories McLuhan explores with regard to television (and by logical extension the internet, the medium researched in this project) will inform the theoretical orientation when analyzing the ways the pro-life and pro-choice movements use online media to communicate messages, garner support and organize. Although *The Medium is
the Massage is over 40 years old, is visionary concepts can be applied to the internet
given its prevalence as an influential source of information to 21st century people in
Canada which has yet to be thoroughly critically researched and reported upon within
academic literature.
CHAPTER 3: Literature Review

Preface

This study focused on understanding how the pro-life movement has used both language and technology in order to promote its agenda. This is a research topic that has never before been studied and reported on in academic literature. Before I began to search the literature, I determined with which fields of knowledge I would need to be familiar: social work and reproductive rights, feminist/social construction/communications theory, and the role of websites which contain information on reproductive health. To this end, I conducted literature reviews on three main topics: the role of social work and other health care providers in providing access to safe and legal abortion and counseling services, the history of the pro-life movement in the context of the reproductive rights movement in the U.S. and Canada, and the availability and quality of comprehensive online sexual health education. The results and analyses of the literature review are presented below.

The literature review demonstrated that there is little critique of pro-life materials available online. The literature search was carried out by searching for terms such as: “sexual health”, “sex”, “adolescent”, “education”, “online”, “internet” on MedLine, CINAHL, and PsychInfo. Only English articles were included. Once relevant articles were found, key sources cited in those works were explored to expand knowledge in the field.
Role of Social Work in Reproductive Rights

Social work practice and intervention around improved access to abortion services has been a part of women’s health care since before the landmark Supreme Court decision of *Roe v. Wade* in the United States (Hendershot & Grimm, 1972). The National Association of Social Workers encourages social workers to protect individuals’ “unimpeded access to family planning and reproductive health services, including services, [as] a fundamental human right that contributes to the advancement of women worldwide” (NASW, 2003).

In researching the role of social work in the reproductive rights movement, I searched the relevant databases using the following terms: “social work”, “abortion” and “reproductive rights” which provided me with the most up to date results in academic, peer-reviewed literature. The role of social work in the reproductive rights movement has been well documented (Hendershot & Grimm, 1972; Gold, Blayney & Cook, 2007; Alzate, 2009). Healy (2008, cited in Alzate, 2009) describes social work as a “human rights profession”. Alzate notes that “social workers make up the majority of mental health professionals” in the U.S. (Substance Abuse and Mental Health Services Administration, 2007, cited in Alzate, 2009).

The role of social work in sexual health involves macro/policy interventions such as activism (Alzate, 2009) and micro/clinical interventions such as pre- and post abortion counseling, including decisionmaking counseling (Gold, Blayney & Cook, 2007). Alzate (2009) presents a framework of sexual and reproductive rights drawn from Cabal et al.’s (2001, cited in Alzate, 2009) 10-point framework with which to analyze “treatment of matters of reproduction and sexuality”. This was based upon the United Nations conferences on women held between
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1975 and 1995 (Alzate, 2009). Alzate’s (2009) framework includes the following four rights, identified as particularly relevant to social work intervention and practice:

1. *Right to health and reproductive health;*

2. *Right to decide the number and interval of children;*

3. *Right to physical integrity and a life free from violence;*


Social workers may engage in interventions promoting clients’ access to resources ensuring client access to these rights on either a macro/policy and/or a micro/clinical level. In order to ensure client and client groups’ right to self-determination as well as maintain commitment to work towards social justice (CASW, 2005) social workers must seek to understand the scope of clients’ issues on multiple levels if they are to provide quality care. The Canadian Association of Social Workers’ Code of Ethics recognizes “service to humanity” as a core social work value and principle: “the social work profession upholds service in the interests of others, consistent with social justice, as a core professional objective” (CASW, 2005). Increased knowledge of the scope and impact of pro-life literature on clients’ experiences and actions will assist social workers engaged in decision-making and post-abortion counseling. It also provides insight on populations affected by the abortion issue, needed for social work policy and activism. It is anticipated that this research will better equip social workers to promote and facilitate clients’ right to self-determination in interventions, also consistent with the CASW Code of Ethics (2005). Social work’s history of working within and liaising between different systems
including law, public education and child welfare, highlights the essential role social work can play in psychoeducational initiatives aimed at youth.

**Online Sexual Health Education**

The results of this literature review suggest the need for a critical feminist analysis of “abortion information” materials produced by the pro-life movement available online. Existing literature supports this conclusion (Shpritz, 1997; Gotlib & Fagan, 1997; Roffman, Shannon & Dwyer, 1997; Mangiardi, 2006; Williams & Bonner, 2006).

Borzekowski & Rickert’s (2001) study demonstrated that 31% of teenagers use the internet to access health information, and that females are more likely to do so than males. Williams & Bonner (2006) found that young adult women rated the internet as their third highest preferred source for sexual health information. A 2006 study carried out by the Pro-Choice Action Network in British Columbia (PCAN) was entitled “Exposing Crisis Pregnancy Centres in British Columbia” and contained numerous candid accounts of potential clients receiving misinformation regarding the accepted procedures, safety and status of legal abortion in Canada. It demonstrated that decades after the Supreme Court of Canada’s decision that the option to terminate a pregnancy is between a woman and her health care provider, the physical pro-life movement had become well established in Canada (PCAN, 2006). With their physical space gained, all that has remained to conquer is the virtual. While the popularity of the internet since these studies were completed has endured and flourished, so has the pro-life movement: Examples of this include the May 31, 2009 murder of second and third trimester abortion

Since the 1990s, several studies have recommended further research to explore the quality and effectiveness of these as a replacement or adjunct to psychoeducation and/or sexual health intervention (Shpritz, 1997; Gotlib & Fagan, 1997; Roffman, Shannon & Dwyer, 1997; Borzekowski & Rickert, 2001; Williams & Bonner, 2006). Mangiardi (2008) recommends that online sexual health education should be administered in tandem with a classroom component. She recommends that sexual health educators use Brown & Brown’s (2002, cited in Mangiardi, 2008) tool designed to assist adolescents in critically evaluating reproductive and sexual health information available online. It is hoped that the results of this study will contribute to the existing knowledge in the literature on the role and impact of the internet on reproductive and sexual health education.
CHAPTER 4: Design & Methodology

The findings of this project will be of interest to a wide range of organizations and professionals. They will provide a theoretical base on which future feminist critical discourses analyses in sexual health/reproductive rights materials may be modeled; whether these are for academic or popular audiences.

Research Questions

This study examined, from an exploratory, critical feminist framework, the influence of the pro-life discourse based in the U.S. on the discourse around reproductive rights in Canada. The study focused on the following research question: “What is the influence of pro-life websites based in the U.S. on the Canadian discourse around abortion rights?” To expand the scope of inquiry, sub-questions include

1. Which key terms are found most frequently in pro-life print materials (e.g. pamphlets)?

2. How are these key terms reproduced/represented in the online materials?

3. What meanings may be ascribed to these terms from a critical feminist perspective?

4. What are the implications of these findings on social work practice/policy?
This study has empowering implications for both social workers and their clients, particularly around access to comprehensive sexual health information and services.

**Study Design**

This study used a qualitative inquiry model. Since there is no prior research on this topic, there is no theoretical model on which to base a set of interview questions and it has been subject to emergent design. I have used a phenomenological strategy for bracketing and data analysis, which has focused on emerging categories and themes. The primary theoretical framework I chose was Michelle M. Lazar’s (2007) model of feminist critical discourse praxis. Lazar (2000) defines “discourse” as

[… in Foucauldian terms] to mean a set of related statements that produce and order a particular order of society, and which within that reality makes available specific subject positions”.

Lazar’s (2007) key elements to feminist critical discourse praxis (summarized in Chapter 2) provide a broad range of relevant foci with which to explore the research questions. It promotes research and analysis that draws from a variety of disciplines relevant to the study, including linguistics, women’s studies, social work and social policy (Lazar, 2000; Lazar, 2007; Shaw, 2004). This makes it a highly appropriate theoretical and analytical model for this study.
Establishing Trustworthiness

In this chapter I provide information about my previous experiences with the feminist pro-choice movement as well as the steps I have taken to identify and challenge my biases as they arose during data collection and analysis. My background includes several years of pro-choice activism and an undergraduate degree in English and Women’s Studies from the University of Toronto. I am currently a Master of Social Work candidate at the University of Toronto, specializing in Diversity and Social Justice. I am pro-choice, seeking to support access to the full range of reproductive options including safe and legal abortion. For these reasons, a critical feminist lens has been used to analyze data and findings. I recognize my bias in favour of the pro-choice movement, rooted in my education and identification with feminist history and theory.

Credibility in qualitative studies is identified by Drisko (1997) as one of the six criteria for conduct and evaluation of qualitative research. According to Drisko (1997), “direct observation or reports from primary sources enhance both credibility and confirmability”. After analysis of the initial three websites, themes in coding were attributed to a constant set of categories. After consultation between all members of my thesis committee, I agreed that saturation could be considered to have been reached when no new categories emerged in the initial sample, and an example of an outlier\(^3\) could be found. To this end, I have provided samples (e.g. textual passages) so that readers may judge for themselves my interpretation within the context of the primary source.

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\(^3\)“Outlier”: a sample whose attributes provide a contrast to emerging trends identified in the research process.
**Epoch/Bracketing**

I have engaged in what Moustakas (1994) refers to as the practice of reflective meditation in the epoche. This has taken place over several sessions with conscious participation by myself, as described by Moustakas (1994):

>[the preconceptions and prejudgements are allowed to] enter consciousness and leave freely, being just as receptive to them as I am to the unbiased looking and seeing. This meditative procedure is repeated until I experience an internal sense of closure. As I do, I label the prejudgements and write them out. I review the list until its hold on my consciousness is released, until I feel an internal readiness to enter freshly, encounter the situation, issue, or person directly, and receive whatever is offered and come to know it as such.

The epoche as outlined above was practiced using a research journal format. A priori assumptions regarding the research question and subquestions, the emergent research design and meaning interpretation of findings were reflected on in the journal. Although it is not possible to gain awareness of all biases that inform one’s world view, every effort was made to this end so as to increase trustworthiness throughout all stages of the project. In order to engage in and bracket my first epoche, regular consultation was held with the thesis supervisor to identify and challenge previously unrecognized biases.
Sampling Procedures

Purposive sampling, a form of non-random sampling, as described by Creswell (2005) was employed to select specific web-sites. The use of purposive sampling in this study allowed me to being analysis with one pro-life website, the Center for Bio-Ethical Reform. On this site, I clicked through to the Links page. From this resource I was able to access websites endorsed by the CBR. This facilitated selection of other pro-life websites that fit the inclusion criteria in the study. Furthermore, it mimics the natural process that an internet user may undertake in researching information on abortion, contraception and parenting.

The one pro-choice website (Women’s Health Matters) analyzed was also selected using purposive sampling (Creswell, 2005). It was specifically selected from Google search results as a pro-choice resource, due to my professional relationship (MSW student intern) with Women’s College Hospital in Toronto.

The samples chosen for this study were abortion information websites. The inclusion criteria were as follows:

1. Websites must be available for consumption by U.S. and/or Canadian internet users

2. Be accessible to users accessing the internet from Canada;

3. Contain information on sexual health, abortion, and parenting options.

Selected web-sites for the sample were viewed “live” on the computer and archived according to date and organization/web address in order to create “hard copies” of digital
data. These documents were used for analysis so as to ensure consistency throughout the study, as material on websites can be removed or replaced at any time. The websites were read and reviewed for inclusion criteria and broad categories were developed. After analysis of 3 websites, it appeared that categorical saturation was reached, however I sought one more website as a negative case to ensure that an outlier was represented. This was the Women’s Health Matters website. In total, five websites were subject to feminist critical discourse analysis.

Data Collection

The research was not designed to utilize human subjects therefore an application to the University of Toronto Ethics Board was not necessary. Websites based in both the U.S and Canada were identified and selected for this study according to specific criteria outlined in Chapter 5 (Findings). The process of selecting and coding data using N*Vivo took place over a period of 3 months (December 2009-February 2010). Analysis of data took place within a Canadian context. In each section in Chapter 5 (Findings), textual excerpts of American and Canadian websites are provided and analyzed so that the reader may compare and contrast content and meaning for herself. Primary website selection is referenced from pro-life organizations identified during the literature review. Secondary websites have been selected from the “Links” pages of primary websites. This method of website selection has sought to minimize researcher bias by following up on examples
provided in the literature, as well as following the natural path that an internet user may encounter in her search for information on abortion.

**Data Analysis**

Data were organized using a coding system adapted from Kvale (1996). Since Kvale’s (1996) methodology is designed for qualitative interviews with human subjects, I have adapted his methodology using the key point’s of Lazar’s (2000) feminist critical discourse analysis. The use of Kvale’s (1996) methodology to conceive of and develop this project is summarized in *Figure 1*:

<table>
<thead>
<tr>
<th>Form</th>
<th>Online/virtual resources (e.g. websites)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meaning Condensation</strong></td>
<td>Identify and examine certain aspects of websites, e.g. Facts, Question &amp; Answer</td>
</tr>
<tr>
<td><strong>Meaning Categorization</strong></td>
<td>Critical analysis of which passages to include based upon inclusion criteria</td>
</tr>
<tr>
<td><strong>Narrative Structure</strong></td>
<td>Accounting for information presented as “fact” (presentation on website, reference to academic literature) or as “experience” (testimonial)</td>
</tr>
<tr>
<td><strong>Meaning Interpretation</strong></td>
<td>Current political discourse in Canada and United States according to print and online</td>
</tr>
</tbody>
</table>
media; current feminist discourse on the internet (jezebel.com; feministing.com)

**Generating Meaning**

Feminist critical discourse analysis (Lazar, 2007); analysis according to Mangiardi (2009), Foucault (1976), de Beauvoir (1949) and others cited in Chapter 3

*Fig. 1: Process adapted from Kvale (1996)*

From each website, the sections pertaining to contraceptive options, parenting/adoption, abortion methods, and other related topics were imported into N*Vivo, a software program designed to facilitate coding and categorizing of text to help identify emerging themes. Codes were first developed in the initial readings of the text and then further refined into categories and sub-categories as analysis proceeded. In the last stages themes were identified as they emerged. N*Vivo nodes designated at the start to organize data were as follows: abortion information; parenting/motherhood as responsibility/choice; promotes contraception/safer sex/condom use; promotes abstinence as only or preferred method of birth control; age of source and use of the term “abortifacient”. These were determined as categories once saturation was reached and then sub-themes were further developed.

Printouts of samples were obtained and catalogued using the inclusion criteria identified above. Initial analysis was carried out by analyzing terminology according to Lazar’s (2007) theoretical model. Saturation was considered to have been reached “once the coding scheme [was] saturated” (Drisko, 1997); that is, when no new meanings
emerged as a result of data analysis. As the samples under investigation are public domain material, no specific security precautions were used during storage and/or analysis. Portions of investigated samples have been reproduced with appropriate referencing for analytical purposes in the final thesis document.
CHAPTER 5: Findings

Sampled Websites

Five websites were sampled according to the inclusion criteria outlined above, and several web pages from each site were analyzed. The distribution of sampled websites is consistent with Creswell’s (2005) method of purposive sampling. This ensured that the sample included websites based in the United States and Canada, as well as those which espoused both anti- and pro-choice philosophies. Please refer to Figure 2 for further details.

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pro-life</td>
<td>Centre for Bio-Ethical Reform</td>
<td>Canadian Centre for Bio-Ethical</td>
</tr>
<tr>
<td></td>
<td>AbortionFacts</td>
<td>Reform</td>
</tr>
<tr>
<td></td>
<td>Feminists for Life</td>
<td></td>
</tr>
<tr>
<td>Pro-Choice</td>
<td>N/A</td>
<td>Women’s Health Matters</td>
</tr>
</tbody>
</table>

Fig. 2: Distribution of sampled websites according to inclusion criteria.

From each of these websites, some web pages were selected for analysis based upon content requirements established by the study’s inclusion criteria. The following chart provides a visual representation of the relationship between textual passages analyzed in the study and their websites of origin.
Findings are displayed below, divided by the themes identified in the final coding scheme used to analyze data. In the N*Vivo computer program, the final coding scheme (known as “nodes”) included 5 tree nodes, some of which were further divided into more specific
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categories. Nodes were not mutually exclusive. The evolved coding scheme is shown in Figure 4.

Figure 4: Coding scheme.

The following sections will reproduce selected portions of data coded according to this scheme. For most of the five main categories, examples demonstrating the theme in its “pure” form will be compared and contrasted with a web-site passage that demonstrates the intersecting of several themes (e.g. Abortion Information and Factual). Further analysis reflecting upon the implications of these findings may be found in Chapter 6.
Abortion Information

The Abortion Information node is defined as: “any information pertaining to abortion (includes usage in medical, political and any other context”). Since almost all of the material studied in this project pertained to abortion, this category included by far the broadest range of categories and subthemes in all websites. The node was further divided into two subcategories: Factual and Value-Laden. These are not mutually exclusive. Factual is defined as: “information presented as fact”. Value-Laden is defined as “information presented as opinion or otherwise value-laden”.

Examples of factual information within the Abortion Information category may be found below:

All of the evidence, whether at a microscopic, a macroscopic, or an immunological level, strongly supports the argument that the [birth control pill] causes and (sic) early abortion at times. (CCBR.org – Abortion Facts)

This passage occurs on the Abortion Facts page of the Canadian Centre for Bio-Ethical Reform’s website. While this statement is consistent with the pro-life view that the birth control pill (BCP) is an “abortifacient”, that term is not used here and thus the causative connection drawn between abortion and the BCP is more subtle. It is also consistent with the fact that hormonal methods of contraception do not necessarily prevent ovulation and thus fertilization of an ovum is possible while a woman is using one of these methods (Boston Women’s Health Collective, 1998). For this reason, it may more readily be accepted by an internet user as a widely known fact, as opposed to a view informed by values held by the CCBR.
Some textual passages on sampled websites presented factual information that is consistent with peer-reviewed, up-to-date literature. The following provides one such example:

Manual vacuum aspiration (MVA): What is it? This is a simple procedure done early in pregnancy, which uses the suction of a syringe to remove the pregnancy tissue from the uterus. A local anaesthetic is used to numb the cervix and medicines to reduce pain and anxiety may also be offered. A thin tube is guided through the cervical opening into the uterus. The syringe is attached to the tube and used to remove the contents of the uterus. It takes less than ten minutes. You should have a follow-up exam three weeks later to make sure it was a success.

(Women’s Health Matters.ca – Abortion Information)

The above passage is from the Canadian pro-choice website sampled in the study, Women’s Health Matters. It contains factual information that is consistent with peer-reviewed and up-to-date practices in women’s sexual health and reproductive services. In contrast to the above passage from the Canadian Centre for Bio-Ethical Reform, this passage uses advanced medical terminology and references procedures which may sound complex and risky. Compared to the passage from CCBR, it is therefore less user-friendly. Within the same section of the Women’s Health Matters website, similar descriptions of other abortion procedures (e.g. dilation and evacuation) are offered. Website viewers are advised to contact their health care provider or a women’s health clinic for a personalized assessment by a licensed health care professional on whether an abortion is indicated. Links to other pro-choice sources are provided if viewers wish to further research the topic online.

The Abortion Information category is not mutually exclusive in and of itself. The category intersects with other categories/nodes. Text was likely to be coded concurrently with
other nodes, primarily “Abortion Information – Value-Laden” and “Parenting Information – Responsible Parenting”. Examples of these are found below.

[Abortion in the U.S.] is discrimination on the basis of place-of-residence. If the child in the womb can escape from his first place-of-residence (the womb) the day before his scheduled execution, his life is protected by full force of law. As long as he remains in the womb, however, he can be killed at his mother’s request. (AbortionFacts.com – Discrimination)

This passage from AbortionFacts juxtaposes the nearly universally known fact that in North America and many other jurisdictions, the act of murder will result in punishment and/or sanctions to personal freedom. This ignores the fact that in many of these jurisdictions including Canada and the United States, a fetus is not recognized as enjoying the same legal status as a born person (Abortion Rights Coalition of Canada, 2008; Mandelis, 2008). Thus, no individual (such as a woman who chooses to have an abortion, or a doctor who performs the abortion procedure) can be accused or convicted of murder. The passage conflates the legally recognized definition of murder and abortion as murder.

Feminists for Life takes a slightly different approach to presenting factual and value-laden abortion information. Their website asks:

Could you look at someone conceived in violence and tell her that she never should have been born? What if it turned out to be your best friend – or a relative? Would that change the way you felt about her? Would you think less of her mother? Rebecca Kiessling, a young attorney and mother who was conceived through sexual assault, asks “Did I deserve the death penalty?” (Feminists for Life – Pro-Life Answers to Pro-Choice Questions)
Like the passage from AbortionFacts, Feminists for Life makes reference to the illegality of murder to frame their anti-abortion stance. In contrast, however, the website viewer is asked to consider the humanity of the fetus conceived as a result of rape. This appeal to emotion places the value of the fetus’ life above that of the mother who is a victim of rape – the classic “right to life” argument favoured by anti-abortion activists and politicians in Canada (IPPF, 2006; Canadians for Choice, 2007; McDonald, 2010).

Value-Laden

The other subcategory in Abortion Information is Value-Laden. Value-Laden is defined as “information presented as opinion or otherwise value-laden”. Most of the text coded in this category was additionally coded in other categories. Examples of text coded only as Value-Laden are found below.

“Late-term abortions are never medically necessary.” (Feminists for Life – Pro-Life Answers to Pro-Choice Questions)

This passage ignores the fact that there are instances in which abortion during the third trimester may be indicated for a range of health-related reasons (Boston Women’s Health Collective, 1998). The tone is authoritative, suggesting there is no space for disagreement with Feminists for Life’s anti-abortion stance on the website viewer’s part. The placement of this factual statement in a “question and answer” page on its website suggests that it is meant to be viewed by a range of website visitors, from those who explore all materials on the Feminists for Life

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4 “Late term abortion” refers to a medical abortion that takes place in the third trimester of pregnancy (Boston Women’s Health Collective, 1998).
website to those who consult this page for a summary of information about abortion according to Feminists for Life.

In addition to conflating pro-life values with factual information about abortion, Feminists for Life uses the topic of abortion to expand on its interpretation of the history and meaning of the feminist and reproductive rights movements:

> When women think they have to lay their bodies down or swallow a bitter pill for an abortion in order to compete in the workplace or make their way in the world – that is not feminism. In addition, abortion has hurt women by diverting feminist attention from other issues, particularly those that help mothers, such as affordable child care, comprehensive health care, and a living wage. (Feminists for Life.org – Pro-Life Answers to Pro-Choice Questions)

To website viewers with cursory knowledge as to the history and substance of the feminist movement, the above passage appears to present a rational argument against abortion on feminist grounds as it incorporates a clear Marxist-feminist philosophy. However, it ignores the fact that there are a wide range of factors which influence a woman’s decision of whether or not to carry a pregnancy to term, including the individual and community resources to which she has access, in particular improved access to the full range of contraceptive methods. Women need access to safe and effective contraceptive methods to assist in planning their family as much as they need affordable child care, comprehensive health care, and a living wage to support their families.

Text was much more likely to be coded as Value-Laden in addition to other codes, primarily Abortion Information/Factual and Parenting Information/Responsible Parenting. Examples of these may be found below:
Remember, if “birth control” is taught to your children in your school, these courses often will promote not just contraception, but also abortion. (AbortionFacts.com – Contraception)

Evident in this passage is the pro-life perspective which conflates safer sex practices (e.g. use of BCP and condom) with endorsement of a pro-choice worldview,. Furthermore, the theme of responsible parenting in accordance with a pro-life perspective is espoused on two levels: first, that responsible parents do not use contraceptives; second, that responsible parents do not allow their children to learn about contraceptive methods because they are tantamount to abortion and therefore, murder.

We support nonviolent choices- single motherhood, fatherhood, grandparenthood, marriage and various adoption options – along with practical resources and support. […] A society that promotes abortion as a “necessity” or “necessary evil” underestimates women and the violence of abortion and disregards what women really want. (Feminists for Life.org – Pro-Life Answers to Pro-Choice Questions)

This passage argues that both individuals and groups are responsible for coercing women into abortions they do not wish to have. The use of the term “nonviolent choices” suggests that abortion is an act of violence as opposed to a safe and legal medical procedure. Responsible parenting is defined as carrying a fetus to term; a woman is not considered a “responsible” parent if she has an abortion, even if it is to ensure the health and stability of children that she chooses to parent or give up for adoption. Agency and the freedom of choice of women, their partners and those on whom they depend for support is denied in the name of feminism. It is assumed by Feminists for Life that what “women really want” is for abortion not to be available, suggesting
that women themselves believe that the most suitable role for women is that of childbearing and childrearing.

Conclusion

As this study focuses on abortion information available on a sampling of websites, text was coded with the node Abortion Information on all five sampled websites. Abortion Information fell into two categories: information on the method and availability of the procedure itself, and information on the history and impact of abortion on women, their families, and communities. While information on the method and availability of the procedure was found on both pro-life and pro-choice websites, information on the history and cultural impact of abortion was found exclusively on pro-life websites.

A review of the literature demonstrates that young people in Canada use the internet to seek sexual health information online (Mangiardi, 2008) and that best practices in women’s sexual and reproductive health includes access to information on the comprehensive range of contraceptive options including safe and legal medical abortion (Society of Obstetricians and Gynecologists of Canada, 2010). The pro-choice website sampled in this study, Women’s Health Matters, provided accurate and up-to-date information similar to that which is found in peer-reviewed literature referenced by health care professionals. In contrast, the corresponding information on pro-life websites is presented without adequate referencing and is conflated with
patriarchal values espoused by the pro-life movement (IPPF, 2006; PCAN, 2006). However, the information presented on pro-life websites uses much more basic language and is often juxtaposed with attractive and interactive layouts and web content. The result is that the pro-life sources may be viewed as more user-friendly by internet users. This is a compelling “pull factor” (Shpritz, 1997; Mangiardi, 2008) which may result in internet users accessing pro-life websites like Feminists for Life and AbortionFacts more frequently than pro-choice websites such as Women’s Health Matters.

Another contrast between the pro-life and pro-choice websites sampled in this study is found in their engagement with the history and cultural impact of abortion. Women’s Health Matters does not include any information on the history of the political or cultural struggle in which the women’s movement engaged to ensure that women in Canada have access to safe and legal abortion services, although it is possible to find this information using the hyperlinks on Women’s Health Matters to alternative pro-choice websites. In comparison, pro-life websites include volumes of information on the history and cultural impact of abortion, including the role of the women’s movement. The volume of text which discusses the link between contraception and feminist activism is greater than that which presents information on the abortion procedure or where to find safe and legal abortion services. It is important to note that pro-life websites, such as Feminists for Life, are more likely to conflate feminist values of equity and empowerment with pro-life and traditional patriarchal values, most often by valuing the interests of a fetus over the woman who carries it. Pro-choice websites provide primarily information on

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5 A link embedded in text on a website to an external website, which allows internet users access to web pages without having the full URL.
the physical aspect of abortion, while pro-life websites provide primarily information on the history and cultural impact of abortion on women, their families, and their communities.

**Abortifacient**

As discussed in Chapter 3, the two subcategories in this node with which text could be coded were Medical Definition and Anything that Stops Pregnancy. These subcategories were identified during the sampling phase. A search of Scholars Portal, specifically Medline and CINAHL, did not reveal any references to the use of the term “abortifacient” in academic, peer-reviewed literature used by health care professionals. The only references in academic literature were found in veterinary resources.

**Anything that Stops Pregnancy**

All texts coded with the Abortifacient node were found on websites that expressed a pro-life position on abortion. The following passage is from the Center for Bio-Ethical Reform and is coded as Anything that Stops Pregnancy:

Abortifacient Facts: *The Physician’s Desk Reference* lists the above hormonal contraceptives as having three mechanisms of action: 1) Prevent ovulation, 2) Thicken the cervical mucous to prevent sperm from entering the uterus and fallopian tube, and 3) Alter the lining of the uterus so implantation cannot take place. The third action, if and when it occurs, is abortifacient (meaning a human life has begun but cannot continue to develop without the nourishment provided through the mother’s uterine wall). Although pro-life physicians continue to
debate if and how often hormonal contraceptives interfere with the implantation of an embryo, it is important to educate ourselves and our clients about this potential action of the Pill. Those who seek to protect the sanctity of human life from the point of fertilization should be cautious about taking any drug which could end the developing child’s life. For further research, download or purchase the helpful booklet *Does the Birth Control Pill Cause Abortions?* (CCBR.org – Abortion Facts)

This passage reveals the CBR’s attempt to support its argument with credible evidence, in addition to its perspective on the reproductive role of women. At the beginning of this passage, the CBR uses the well-known text *The Physician’s Desk Reference* to legitimize its pro-life lens on hormonal birth control methods. By referencing this text at the beginning of the passage, the CBR implies that its criticisms of these contraceptive methods are reflected in such academic, peer-reviewed literature. This passage discourages the viewer’s critical analysis by linking its definition of “abortifacient” to a source of expert health care professionals, the authors of *The Physician’s Desk Reference*. Beginning with the definition of “abortifacient” and ending with “[…] end the developing child’s life”, the passage establishes that an embryo is a distinctly different person from its mother while in utero. This is a defining characteristic of the pro-life movement (Feldt, 2004; IPPF, 2006). Since there is no peer-reviewed literature pertaining to health care in humans which agrees with the CBR’s definition of “abortifacient”, the CBR juxtaposes the title of *The Physician’s Desk Reference* into this passage and then references a publication called “Does the birth control pill cause abortions?” utilizing a classic pro-life argument against abortion: that the right of a woman to sovereignty over her body is trumped by the embryo/fetus’ right to life (Feldt, 2004; IPPF, 2006; PCAN, 2006).
Another passage coded as Anything that Stops Pregnancy on the Canadian Centre for Bio-Ethical Reform’s website reveals a consistency with sister organization Centre for Bio-Ethical Reform’s view on “abortifacients”:

If [obstetricians/gynecologists] were to admit that the pill is an abortifacient, they would be admitting that they had likely aborted hundreds of tiny preborn children. Surely it would be difficult for a pro-life obstetrician to fairly evaluate the abortifacient nature of the pill given these circumstances. (CCBR.org – Abortion Facts)

The above passage depends upon assumptions that are not supported by evidence. It does not clarify what a “pro-life obstetrician” is; however it can be reasonably concluded that the term refers to an obstetrician whose professional practice reflects pro-life beliefs. In Canada, a medical student interested in specializing in obstetrics/gynecology must complete several years of formal and practical instruction. Since women’s reproductive health is central to the work carried out by OB/GYNs and access to abortion is not restricted by law in Canada (Canadians for Choice, 2007), it would be difficult for a licensed OB/GYN to practice in Canada in accordance with the pro-life beliefs espoused by the CCBR. Without support from academic, peer-reviewed medical literature to support their criticism of contraceptive methods, the CCBR argues that “hundreds of tiny preborn children” who have been aborted by OB/GYNs prescribing hormonal methods of birth control should have enjoyed the same rights to security of the person enjoyed by born individuals. As in the passage from the Center for Bio-Ethical Reform, this reflects a basic tenet of the pro-life belief system (Feldt, 2004; IPPF, 2006; PCAN, 2006).
Medical Definition

The term “abortifacient” does appear in peer-reviewed academic literature, albeit in the veterinary field. It is possible that it could be referenced within context in sampled websites, so Medical Definition was included as the second subcategory in the Abortifacient node. The only text coded with this node occurred on the Canadian Centre for Bio-Ethical Reform website:

[The physicians] write: “We know of no existing scientific studies that validate the ‘hormonal contraception is partly abortifacient’ theory. ‘On-pill’ pregnancy rates roughly parallel ‘on-pill’ ovulation rates (about 3-5 percent on the 35 mcg pill). Increased spontaneous abortion of on-pill pregnancies is not noted.”
(CCBR.org – Abortion Information)

Since the “personhood” argument (Feldt, 2004; IPPF, 2006) relies on the possibility of a woman ovulating while on the birth control pill and the subsequent fertilization of the egg, the conclusion drawn by practicing OB/GYN professionals cited by the CCBR does not support the CCBR’s own argument that the birth control pill is responsible for abortions. The evidence above is clear, concise and reliable, as the source is OB/GYN professionals in practice. It is important to note that this paragraph is placed at the very end of the CCBR’s verbose argument that hormonal methods of contraception are tantamount to abortions.

Conclusion

The use of the term “abortifacient” in reference to women’s reproductive and sexual health is not consistent with its use in peer-reviewed medical literature. A comprehensive search
of this literature yields results within the veterinary field only. Through textual repetition and
the juxtaposition of academic, peer-reviewed texts such as The Physicians’ Desk Reference, pro-
life websites such as The Center for Bio-Ethical Reform and the Canadian Centre for Bio-Ethical
Reforms’ use of the term encourages the reader to link the term “abortifacient” to the terms
“contraception”, “birth control” attempting to legitimize this distortion. The term “abortifacient”
does not appear on the Women’s Health Matters family of websites.

**Parenting**

This node has been divided into three categories: Pro-Heterosexual, Responsible
Parenting, and Adoption Information. Pro-Heterosexual is defined as “any information that
privileges heterosexual relationships as preferable for parenting”. Responsible Parenting is
defined as “any information that encourages and/or privileges parenting and/or adoption in the
case of unplanned pregnancy”. Adoption Information is defined as “any information pertaining
to adoption”.

There were no passages coded solely as Pro-Heterosexual. This category always
occurred along with another category. An example of this is found in the following passage,
which is coded as Pro-Heterosexual, Adoption Information/Factual, and Adoption
Information/Value-Laden:

In recent years we’ve learned a lot about early bonding between parents and child.
The father in the delivery room, the baby “rooming in” with the mother,
immediate breast feeding, etc., are all part of this creating that very special and
truly unbreakable emotional tie with this tiny one and her parents.
(AbortionFacts.com – Adoption Info)

This passage emphasizes that the idea environment for a baby is with a set of heterosexual parents. Despite the fact that pro-life websites encourage women who do not wish to have a relationship with the baby’s father to parent as single parents, this passage reinforces the heterosexist notion that children need the influence of both a male and female parent in their lives to function “normally”.

Responsible Parenting followed the same pattern as the Pro-Heterosexual node, occurring concurrently with other categories. Examples of these are found below:

Few in the general public realize it but Planned Parenthood “counselors” and the rest of the pro-abortion, anti-child activists have for 3 decades been waging a quiet but successful war against adoption. This is evident in the pregnant girl who would rather have her baby killed than the alternative of “a fate worse than death”. (AbortionFacts.com – Abortion Info)

Here, society as a whole is accused of condoning access to the undesirable practice of abortion. According to this perspective, the responsibility of providing parenting resources to women with unintended pregnancies and their families is placed upon the individual women and communities who experience unintended pregnancy. It is important to note that this passage also includes terminology associated with the pro-life movement including “pro-abortion”, “anti-child” and “baby kill[er]” (Feldt, 2004) – all of these terms define abortion as damaging to individuals and communities.

Feminists for Life appeals to an individual woman’s identification with feminist values on its webpage encouraging adoption instead of abortion:
Adoption is one way to affirm the early feminists’ position on voluntary motherhood. If a woman chooses not to parent, there are a variety of adoption options that she can explore (open or closed, direct or indirect updates with photos). Feminism has long championed the strength and dignity of women and equality. Women are capable of making the decision to parent or place a baby for adoption. (Feminists for Life.org – Pregnancy in Marriage)

While this passage utilizes the language of choice (“adoption options”) to present options to a woman facing an unintended pregnancy, it contravenes the definition of “choice” according to feminist activists and scholars (Feldt, 2004; IPPF, 2006; PCAN, 2006). The “long championed” feminism used by Feminists for Life to justify a patriarchal view of the role of women is that of Susan B. Anthony and other first wave feminists, who viewed personal and social consequences of unintended pregnancy in a late Victorian historical context in which women were unable to access safe and effective methods of contraception or earn their own wages (Mandelis, 2009).

The Adoption Information category was further subdivided into Factual Information and Value-Laden Information. Factual is defined as “information presented as fact”. An example of a passage coded as Adoption Information/Factual may be found below:

There are about two million couples waiting. Furthermore, each of these couples would want two or three, if available. Many will take hard-to-place children with special needs. (AbortionFacts.com – Adoption Info)

This passage from AbortionFacts does not cite any specific sources for the figures cited. It is an excerpt from a passage coded with “6 Years or Older” in the Age of Source node. Even if this passage reflected true statistical findings with regard to the number of parents who are willing to
adopt children with special needs, its data is too old to be considered acceptable to inform the practice of sexual and reproductive health care practitioners (Clark et al., 2006).

The other subcategory of Adoption Information is Value-Laden. Value-Laden is defined as “information presented as opinion or otherwise value-laden”. The Factual and Value-laden categories are not mutually exclusive, and while not all text coded as Factual was also coded as Value-Laden, Value-Laden always occurred concurrently with Factual. An example of a passage coded as Adoption Information/Factual/Value-Laden is presented below:

The problem with not terminating a neglecting [sic] or abusive parent’s rights is an overemphasis on “family preservation”. This well-meaning goal too often has sent children back to an abusive parent and delayed or prevented adoption. (AbortionFacts.com – Adoption Info)

The dual coding of Adoption Information and Value-Laden is of particular importance in the above passage, as it deftly demonstrates that anyone with authority (parent, doctor, social worker or other) who is in a fiduciary relationship with a woman experiencing an unintended pregnancy has a responsibility to ensure that the fetus is carried to term and is placed under appropriate guardianship. This value contravenes that to which social workers are bound under the CASW (2005) Code of Ethics which calls for client (i.e. the pregnant woman’s) self-determination.

Conclusion

The Parenting node revealed identifiable patterns in pro-life websites sampled for this study. Within the context of the coding scheme developed during the course of this study, there
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were no passages coded within this node from the Women’s Health Matters website, the one pro-choice website sampled. All data coded with the Parenting node was found within the pro-life websites sampled. This suggests that pro-choice resources such as Women’s Health Matters are much less likely than pro-choice websites to offer information on parenting and adoption. It is a significant finding because it means that women who are seeking information on parenting and adoption are more likely to turn to sources such as Feminists for Life or other adoption and parenting information websites hyperlinked from pro-life sources to inform their decisions.

Contraception

In order for women to participate in society as individuals, they must have options for the timing, spacing and number of their pregnancies. Access to comprehensive sexual health information and the full range of contraceptive options are essential if women are to exercise and benefit from this opportunity (Our Bodies Our Selves, 1998). Within this node, texts were coded as Factual and/or Safer Sex. It is important to note that this node did not include a Value-Laden category. Within the context of pro-life beliefs, some methods of contraception are tantamount to abortion (Feldt, 2004; IPPF, 2006; PCAN, 2006) – a tenet so central that it is addressed separately under the Abortifacient node of this study. For this reason, the majority of text from pro-life websites that would have fit this theme was identified and coded elsewhere in the study (e.g. in the nodes Abortifacient and Abortion Information). In critically evaluating these passages, I reference Brown & Brown’s (2002, cited in Mangiardi, 2008) criteria by which to evaluate websites that present sexual health information; in particular the age of the source(s)
cited and a critical evaluation of who (individual and/or organization) benefits from the presentation of the information within its context. Analysis of the Factual and Safer Sex categories are below.

**Factual**

Factual information was found on all five websites sampled, however, there were differences in its presentation between pro-choice and pro-life websites. Pro-choice and pro-life websites were differentiated by the context in which the information was presented, and the age of the source(s) cited. Information presented by pro-life websites was likely to be unclear, assume an informal tone and use fear of pregnancy complications or sexually transmitted infections to discourage responsible use of contraceptives, and cite sources dated prior to December 2004. The following passage presents one such example.

How effective are condoms in preventing AIDS? Actually, they are not very effective at all. Undoubtedly because a condom retains the bulk of the discharge of semen, the rate is cut down. To become infected with any disease, two things are relevant in terms of the offending, invasive agent. One is the presence of some of those viruses, or germs, itself. The other is the quantity of that agent entering the body. If there are only a few bugs, the average human will kill them off. If there’s a very heavy dose, the chance for an infection succeeding is greater. Therefore, by cutting down on the volume of semen, a condom certainly reduces the chance for AIDS. But AIDS viruses do get through the condom. (AbortionFacts.com – Contraception)

According to the World Health Organization (2004), “the male latex condom is the single, most efficient, available technology to reduce the sexual transmissions of HIV and other sexually
transmitted infections”. However, AbortionFacts does not reference this passage with a citation dated on or after December 2004. Factual information presented by this website that “AIDS viruses do get through [the] condom” and are “not very effective at all” are thus false and the negative assessment of the effectiveness of condoms may discourage readers from using them. From a critical feminist perspective, it is important to question this. Disseminating misleading and incorrect information about the use of condoms is not consistent with the goal of reducing the number of abortions by reducing the number of unplanned pregnancies. It is, however, consistent with discouraging the use of condoms for the purpose of planning timing, spacing and family size.

In contrast, a passage from a pro-choice source presents clear factual information:

Condoms are the best way to protect you and your partner against sexually transmitted infections when having intercourse. Learn more about the infections that condoms can prevent in our infections and safer sex section. When a woman also uses a spermicide, condoms are 98 percent effective at preventing pregnancy if used correctly. (Women’s Health Matters.ca – Non-Hormonal Birth Control)

This passage presents clear and concise information, characterized by its brevity, links to further information resources and a source dated April 2009. The tone is informative as opposed to condescending, bringing a sense of positivity to the process of caring for the reproductive and sexual wellbeing of oneself and one’s partners. The reader is provided with basic factual information and empowered to seek further information on the condom, STIs and pregnancy if necessary. According to Brown & Brown’s (2002, cited in Mangiardi, 2008) critical evaluation of websites that offer sexual health information, the only “agenda” that is promoted is the
feminist-supported use of contraceptives such as condoms by women to plan the timing and spacing of their pregnancies and size of their families (Our Bodies Our Selves, 1998).

Safer Sex

Textual passages coded with Safer Sex were concurrently coded with Factual in the Contraception node. All of these passages were found on the Women’s Health Matters website. The passages are brief and collectively encourage the use of male and female condoms with spermicidal agents and/or hormonal contraceptive methods in order to practice safer sex.

If a condom does break you may wish to contact your doctor or clinic for emergency contraception or to be tested for sexually transmitted infections. […] Spermicides may have some protective effect against sexually transmitted infections. Vaginal irritation can increase your risk of some sexually transmitted or vaginal infections. (Women’s Health Matters.ca – Birth Control)

Like other resources on the Women’s Health Matters family of websites, this passage is up to date as of April 2009. It is presented in a clear and concise manner and presents factual and empowering information. These passages explain the risks associated with unsafe sex practices, and inform users of how they may protect themselves using safer sex practices. Users of this website are encouraged to consult their health care provider or seek services from other licensed health care professionals if they suspect they have had exposure to any STIs and/or if they have any further questions about their own and/or their partner(s)’ sexual health.
Conclusion

According to feminist sources such as *Ms. Magazine*, *Bust Magazine* and Jezebel.com, in addition to national as well as international health care professionals (Society of Obstetricians and Gynaecologists of Canada, 2010; World Health Organization, 2010) access to the full range of contraception options is essential to women if they are to decide the timing and spacing of their pregnancies, in addition to their family size. As demonstrated in the analyses of the above passages, a pro-life source is more likely to present information with outdated and uncited sources, contextualized by a condescending presentation which maintains and reinforces the patriarchal status quo of traditional gender roles within which women in 21st century Canada must negotiate. In comparison, a pro-choice resource reflects feminist values and provides citations that are valid according to Clarke et al.’s (2006) criteria. From a critical feminist perspective (Lazar, 2001; Lazar, 2007; Shaw, 2004), I argue that it is imperative that health care professionals such as social workers be capable of carrying out a critical assessment of contraception information available on the internet to which clients report being exposed or to which they may be exposed.
Age of Source

The education and professional certification required for becoming a licensed health care practitioner in Canada requires a demonstrated knowledge of objective, evidence-based scientific research specific to the field (i.e. obstetrics/gynecology, nursing, social work). Our collective valuation of certain health care practitioners’ knowledge and power legitimizes them as experts in their fields of practice. Health care practitioners are generally expected to effectively critically examine and apply new knowledge that is produced in their field into practice. This is reflected and further perpetuated within the hierarchical structure of the institutions in which health care practitioners practice and patients seek care (Foucault, 1976). It is within this context that we will examine the age of sources cited on sampled websites.

This node coded the sources cited in the websites sampled for their age. Clarke et al. (2006) demonstrate that an article in the medical literature which is older than 5.8 years since publication may require a critical update to ensure that it espouses best practices. Using this guideline, I have divided sources used in website samples into two self-explanatory, mutually exclusive categories: Age of Source – 6 Years or Older and Age of Source- 6 Years or Newer. The cutoff date used to evaluate into which category each website fell into is December, 2009. For the purposes of this thesis, academic research is considered out of date if it was published before December, 2004 (Clarke et al., 2006).

The sources that were dated prior to 2004 were exclusively pro-life websites. These were coded as 6 Years or Older. Web pages that did not cite a source were not coded with this node.
Web pages included passages that may have been alternately coded as 6 Years or Newer/6 Years or Older, however each citation is mutually exclusive. Findings are displayed in Figure 5 below:

<table>
<thead>
<tr>
<th>Website</th>
<th>Number of sources cited dated prior to December, 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion Facts – Adoption Info</td>
<td>9</td>
</tr>
<tr>
<td>Abortion Facts - Contraception</td>
<td>7</td>
</tr>
<tr>
<td>Abortion Facts - Discrimination</td>
<td>4</td>
</tr>
<tr>
<td>Abortion Info – Quick Facts</td>
<td>4</td>
</tr>
<tr>
<td>CBR Abortion Facts</td>
<td>4</td>
</tr>
<tr>
<td>CBR Adoption Info</td>
<td>7</td>
</tr>
<tr>
<td>CCBR Abortion Facts</td>
<td>67</td>
</tr>
<tr>
<td>Feminists for Life – Answers to Pro-Choice</td>
<td>3</td>
</tr>
</tbody>
</table>

*Fig. 5: Cited sources dated prior to December 2004, organized by website*

Sources dated after December 2004 included both pro-life and pro-choice websites. These were coded as 6 Years or Newer. Web pages that did not cite a source were not coded for this node. Web pages included passages that may have been alternately coded as 6 Years or Newer/6 Years or Older, however each citation is mutually exclusive. Findings are summarized in Figure 6:

<table>
<thead>
<tr>
<th>Website</th>
<th>Number of sources cited after December, 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBR – Abortion Facts</td>
<td>1</td>
</tr>
</tbody>
</table>
According to Clarke et al. (2006), most clinical practice guidelines may be considered out of date if they are older than 5.8 years. They recommend that health care practitioners routinely conduct literature reviews to determine whether their clinical practice is up-to-date. As noted in Chapter 3, the phenomenon of young people accessing online resources to answer their questions about sexuality has not replaced traditional classroom sexual health education. However, an increasing number of young people, particularly females, are turning to the virtual world to find answers to their real-world questions (Shpritz, 1997; Gotlib & Fagan, 1997; Roffman, Shannon & Dwyer, 1997; Borzekowski & Rickert, 2001; Williams & Bonner, 2006). To this end, Brown & Brown’s (2002) set of evaluation criteria requires that the website viewer “[ascertain] the accuracy of the information by taking note of the Web site posted date and if it has been recently reviewed” (cited in Mangiardi, 2008).
6 Years or Older

Sampled websites that were coded as 6 Years or Older were exclusively pro-life. Four sampled websites in total cited sources that were dated before December 2004. These websites were: Abortion Facts (Abortion Quick Facts, Adoption Information, Contraception, Discrimination); Centre for Bio-Ethical Reform (Abortion Facts, Adoption Information); Canadian Centre for Bio-Ethical Reform (Abortion Facts); and Feminists for Life (Pro-Life Answers to Pro Choice Questions). The number of citations ranged from 4 to 67, with a median value of 6.

6 Years or Newer

Sampled text coded with 6 Years or Newer included only two websites; one pro-life and one pro-choice sample. Respectively, these samples were: Centre for Bio-Ethical Reform (Abortion Facts, Testimony); and Women’s Health Matters (Abortion, Hormonal Birth Control, Non-Hormonal Birth Control, Permanent Birth Control and Reversible Birth Control). The number of citations ranged from 1 to 110, with a median value of 4.

Conclusion

As Mangiardi (2008) notes, it is very important to take into account the age of sources cited for sexual health information available on the internet, as well as to question in whose interest is the information being presented. As demonstrated by Figure 1 and Figure 2 above, the only sample texts which included both peer-reviewed academic as well as other sources
coded as 6 Years or Older were pro-life websites. The only pro-life website sampled which contained text coded as 6 Years or Newer was the Center for Bio-Ethical Reform’s. One hundred and ten out of 111 total citations were on the Testimonials page, and consisted of quotes from individuals who had viewed the CBR’s materials and subsequently confirmed or changed their views on abortion. While the CBR presents these citations in the Testimonials section in an effort to demonstrate that its pro-life position is shared by others, they do not constitute information from an academic, peer-reviewed source such as those examined in Clarke et al.’s (2006) literature review. As discussed in the Abortion Information section, these citations often occur concurrently with Value-Laden text, requiring another level of critical analysis.

The pro-choice website sampled for this project as an outlier, Women’s Health Matters, was the only site to present information cited by a source dated after December 2004. Between all of its individual web pages sampled, there were 18 citations dated April 2009. According to the findings of this project, a pro-choice website is likely to cite its information to a source dated within the past 5.8 years. In comparison, a pro-life website is likely to cite sources older than 6 years; and may cite sources newer than 6 years in an effort to demonstrate that its view on abortion is shared among certain constituencies, such those who have viewed its materials on- or offline. Brown and Brown’s (2002, cited in Mangiardi 2008) guideline that young people searching for sexual health information online evaluate in whose interests is the information presented is useful here. I argue that the presentation of sexual health information by organizations such as the CBR, CCBR, AbortionFacts and Feminists for Life is not to provide progressive and comprehensive sexual health information, but to perpetuate adhesion to traditional gender roles and maintain the status quo of patriarchal domination in the global West.
Summary and Conclusion

The findings cited above emphasize the complex relationship between the social and political context within which pro-life and pro-life resources are published to and viewed on the internet, and the way the explicit and implicit messages of each are interpreted by internet users. They highlight the intersections between the historical and current discourse taking place on abortion in Canada and the United States today (Feldt, 2004; IPPF, 2006; PCAN, 2006) with the social and political impact of the internet (McLuhan, 1968; Shpritz, 2001; Mangiardi, 2008).

Taking into consideration that the Abortion Information and Abortifacient nodes both refer to the concept of abortion, and the prevalence of codes that did not occur (e.g. Pro-Heterosexual) or occurred concurrently with other nodes, the categorical findings of this study may be broken down into three main categories: abortion, contraception and parenting. This has serious implications for the future of sexual health education in Canada. In Chapter 6, I offer a detailed analysis of the categories that emerged from these findings, as well as suggestions for social work policy and practice, for those whose clients/patients include women, families and communities which experience instances of unintended pregnancy.
CHAPTER 6: DISCUSSION

It is important to note that it was not possible to answer the original research question. As data collection and analysis began, it became clear that it was beyond the scope of this project to be able to fully address the question. There are three reasons for this:

1. **Degree of influence:** It is not possible to determine if there is a difference in the influence on individuals searching for this information between material on websites and material found in other sources (printed and other sources e.g. books);

2. **Privacy:** Due to privacy legislation under which Internet Service Providers are bound, it is not possible to release information on which websites are viewed by individual internet subscribers;

3. **Sampling:** the use of a non-probability sampling method (purposive sampling) means that it is difficult to generalize findings and implications for other sets of websites which contain information on abortion, contraception and parenting.

Despite the inability to fully answer the main research question of this study, it was retained as it proved valuable in providing insight and guiding development of the study’s sub-questions. As data was collected and analyzed, it became clear that the study’s sub-questions led to significant and important findings, which are discussed in detail in Chapter 5 (Findings).

Women in Canada seeking sexual health information on the internet using search engines such as Google, Bing or Yahoo! will find a number of pro-life and pro-choice websites with information on abortion, contraception, and parenting options. These websites are based in
either the United States or Canada. Findings from the current study point to significant and disturbing trends in how this information is disseminated vis-à-vis the Internet. The ways in which the web-sites are constructed in terms of information is far from unbiased, yet these biases are not made transparent in the information delivered. Additionally there is no peer-review or regulatory process for web-sites or what they post for public consumption. My findings have serious implications for the sexual health of young women in Canada for several reasons primarily because viewers would not have the tools readily necessary for establishing the credibility and accuracy of the web-site information.

First, young Canadians are likely to access the internet to seek sexual health information (Mangiardi, 2008). Second, it is likely that when researching abortion, contraception and parenting options, they will find web-sites such as those sampled for this project that contain misinformation and reinforce the traditional and sexist notion that a woman’s primary role is to procreate and raise children. Information provided on pro-life websites is presented in a combination of contradictory, value-laden and out-of-date statements and sources. Third, based on my analysis, information provided on pro-choice websites is presented more often with concise, factual and up-to-date statements and sources. It is important to note that clicking through search results when the term “abortion” is entered on Google or Bing demonstrates that there are significantly fewer pro-choice web-sites available for viewing by those seeking information on abortion, contraception and parenting.
Sexual Health Education and the Internet in Canada

The internet offers two related and compelling “pull” factors: a cornucopia of easily accessible information, and the opportunity to explore it without the embarrassment of approaching a parent, teacher or other individual with a personal sexual health question. This is important because there are few other alternative sources of information on reproductive health. The provision of sexual health education in Canadian schools has historically been subject to public debate. A recent example of this took in place in Ontario, where the provincial government announced a comprehensive, thoroughly-researched sexual health component to the Ministry of Education’s new health curriculum package. Topics addressed were based on research on the needs of youth and included recommendations made by Planned Parenthood Toronto’s Toronto Teen Survey Research Report (Planned Parenthood Toronto, 2010). Despite support from parents and recent graduates of the Toronto District School Board (The Toronto Star, 2010), the sexual health education component of the curriculum was shelved pending further review in the wake of criticism from socially conservative groups and Ontario Progressive Conservative Leader Tim Hudak (The Toronto Star, 2010). Until a review and revision of the curriculum is carried out, public school students in Ontario will rely on an outdated and increasingly irrelevant sexual health education curriculum. Moreover, there is evidence that sexual health education delivered in Canadian schools does not meet the needs of students. A groundbreaking 2004 study which assessed the attitudes of teachers on the quality of sexual health education in New Brunswick schools found that 65% of teachers had not received training in delivering sexual health education (Cohen, Sears, Byers & Weaver, 2004). This suggests that the needs of young people in Canada for sexual health information are not being
Wealth and Stealth: The 21st Century Challenge to Comprehensive Reproductive Health Education and Services in Canada

adequately met within the provincial public school systems. Therefore, when information is not readily available in obvious forums, then the Internet becomes a source of information. Although it is a relatively new medium, the internet has become an indispensable research and communications tool for people in Canada: a natural “global village” progression of 20th century media as demonstrated by Marshall McLuhan in *The Medium is the Massage* (1967). My findings demonstrate that there are significantly more pro-life than pro-choice websites available for viewing by internet users in Canada. Social workers and other health care professionals who work in the field of women’s reproductive and sexual health in Canada must advocate for online resources which present factual, up-to-date information presented within an accessible, user-friendly, anti-oppressive and client-centred context that better meets the needs of women and individuals seeking sexual health information on the internet.

**Pro-life Websites**

The websites sampled for this study were identified as either pro-choice or pro-life. The organizations that maintain the websites may not state explicitly their stance on the abortion issue. A viewer can discern whether a website is pro-choice or pro-life by examining textual content. Two characteristics common to all pro-life websites sampled in the study were use of the term “abortifacient” and references to outdated and/or inaccurate sources of information. If one or both of these characteristics are found in a website’s text, it is very likely that the information has been placed there by a pro-life organization.
Information provided on pro-life websites is presented in a combination of contradictory, value-laden and out-of-date statements and sources. The way this information is presented is important to understand. The websites are constructed in ways that sound information based but are actually filled with biased messaging specifically acting against choosing abortion as a woman’s right and freedom of choice.

Based upon analysis of the findings, three major themes emerge on pro-life websites: abortion is morally and physically dangerous to individuals, groups and society and women who choose abortion are weak, uneducated victims; all reversible contraceptive methods are ineffective against pregnancy and STIs and hormonal contraceptive methods are equivalent forms of abortion; responsible parenting begins as soon as an egg is fertilized, and adoption, marriage and single parenthood are encouraged as options when a woman experiences an unplanned pregnancy.

The first of these themes posits that termination of a pregnancy is dangerous and women are vulnerable to this physical and moral risk. The assumptions about women’s agency and self-determination underlying this assertion are based upon a traditional, sexist view of women as weak and unable to control themselves physically and emotionally. This assertion is applied to all scenarios in which a woman may experience an unplanned pregnancy, including failure of contraception and rape/sexual assault. According to sources such as Women’s Health Matters (2009) and Planned Parenthood (2010), legal abortion in the first trimester of pregnancy is safer than full-term delivery. This means that with the assistance of a health care provider, a woman is at less physical risk terminating a pregnancy conceived through rape than carrying the pregnancy to term and delivery. While pro-life sources may recognize the trauma of rape and the desire of a woman who has experienced it to heal physically and emotionally so that she may move
forward from the horrific act, they assert that the trauma associated with rape is re-experienced and compounded by terminating a pregnancy conceived through rape. Although they may recognize the gravity of sexual assault, the tone is judgmental with the suggestion that a woman might desire to terminate a pregnancy resulting from rape. By asserting that a woman is irrevocably changed by being raped, and refusing to recognize that women have the right to decide whether or not to continue an unplanned pregnancy, pro-life sources ignore a woman’s right to decide the outcome of a pregnancy and therefore her future. By misrepresenting the safety of abortion and reinforcing the sexist assumption that a woman’s primary role is to produce and raise children, presentation of information in this manipulative manner demonstrates how information about abortion on pro-life websites attempts to discourage viewers from considering abortion by misrepresenting the safety of the procedure and accusing the woman of complicity with murder if she chooses abortion as opposed to carrying the pregnancy to term and delivering the baby.

It is critical to note that pro-life websites blame abortion (and by extension the women who choose them) for conspiring to perpetuate the marginalization and/or destruction of entire communities or groups of individuals. The group most commonly cited on the pro-life websites studied for this objective is African-Americans. The history of legal abortion and the status of African-Americans in the United States are linked through the rhetoric and practice of eugenics which gained notoriety in Europe and North America during the 20th century. However, the ways in which pro-life sources engage with this history is more exploitative than supportive. Pro-life sources accuse the International Planned Parenthood Federation of systematically encouraging African-Americans to have abortions because they have observed that there are more Planned Parenthood clinics in areas with a high population of African-Americans as
opposed to other groups. Planned Parenthood, therefore, is accused of a conspiracy to commit genocide against African-Americans. This analysis ignores the historical and current socio-economic circumstances of the African-American community, which in some individual cases may have an influence on a woman’s choice on whether or not to have an abortion. By presenting information that suggests organizations such as Planned Parenthood provide abortion services to African-American women as part of a genocidal conspiracy, pro-life websites do not recognize a woman’s right to sovereignty over their bodies. Moreover, the pro-life rhetoric used in this assertion is based upon Western patriarchal values, those which historically and currently victimize African-American women through the intersection of sexism, racism and classism.

It would make intuitive sense that pro-life websites which discourage abortion would encourage the use of contraceptives among people who do not wish to become pregnant in order to prevent unplanned pregnancies and therefore, abortion. However, pro-life websites present misleading and out-of-date information on contraceptive methods in an effort to deter women from using them. Across pro-life websites sampled for this study, this was achieved by comparing safe and effective hormonal contraceptive methods to abortion, and misrepresenting the effectiveness of condoms in preventing pregnancy and sexually transmitted infections.

The tactic favoured by pro-life websites to compare safe and effective hormonal contraceptive methods to abortion is to label as “abortifacients” hormonal contraceptives (e.g. the Pill, the IUD, the patch, etc.) and emergency contraception/the “morning-after” pill. As demonstrated in this study the term “abortifacient” occurs only on pro-life websites and its use is not reflected within the academic literature on women’s reproductive health. The term

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6 Critical race studies offers theoretical models with which to consider white privilege and the oppression that results in the marginalization of people of colour.
“abortifacient” is used only in veterinary literature, however this discrepancy is not clear from the use of the term on pro-life websites. The context in which the term “abortifacient” appears on pro-life websites suggests that it is used to establish a link between the abortion procedure and hormonal contraceptive methods. Similar terms, such as “mini-abortion”, “early abortion” and “micro-abortion” appear as well to further establish a link between hormonal contraceptive methods and their ability to cause abortions. The assertion that hormonal contraceptive methods cause abortion (and can therefore be considered “abortifacient” agents) is based upon the Pro-life tenet that life begins at the moment of conception. A zygote (fertilized egg) is considered to enjoy the same legal status as a born person, reflecting a belief espoused primarily by faith institutions such as the Roman Catholic Church. According to this belief system, any attempt to prevent the fertilized egg from attaching to the uterine wall and developing is tantamount to murder of a born person (Feldt, 2004; IPPF, 2006). While there are a wide range of divergent views on abortion within faith institutions and individuals who are active in their faith communities, pro-life groups enjoy a much higher profile in mainstream media than do pro-choice groups (Ms. Magazine, 2010). This trend in the mainstream media is reflected on the internet by the number of user-friendly, easily accessible pro-life websites which appropriate the term “abortifacient” so as to misrepresent the physical and psychosocial effects of using safe and effective methods of hormonal contraception.

Since pro-life sources view hormonal methods of contraception as tantamount to abortion, it would be logical if they encouraged the use of non-hormonal methods of birth control such as the male/female condom, diaphragm/cervical cap and spermicide, and the contraceptive sponge so as to reduce the likelihood of unplanned pregnancy. The use of condoms is essential
not only for preventing pregnancy but for reducing the risk of transmission of sexually
transmitted infections between partners (Women’s Health Matters, 2009). The results from the
study have produced different findings. While non-hormonal methods of contraception are not
labeled as “abortifacients”, information provided follows a similar pattern to information on
abortion: contradictory, value-laden and factually incorrect.

Pro-life websites contained very little information on non-hormonal contraceptives. Methods aside from the condom were not mentioned on the pro-life websites selected for
analysis. Condoms were cited as a method of contraception, however the accompanying
information misrepresented the risks associated with condom use. Pro-life sources are likely to
argue that a male’s sperm can fit through microscopic holes in the latex material of condoms,
emphasizing unplanned pregnancy and transmission of STIs including HIV/AIDS as distinct
possible outcomes of using them. Pro-life websites did not provide referral to sources from
which viewers may obtain condoms, despite the fact that they are widely available at sexual
health clinics, pharmacies and convenience stores. According to Women’s Health Matters
and Planned Parenthood (2010), correct and consistent use of condoms reduces the risk of STI
transmission and pregnancy. In order to discourage engaging in sexual intercourse for any
purpose other than reproduction, pro-life sources ignore the guidelines set out by these
organizations in favour of frightening people away from using condoms. I argue that this tactic
is an example of the “abstinence-only” sexual health education that flourished in public schools
throughout the United States under the socially conservative George W. Bush administration
(Feldt, 2004). The purpose of the “abstinence-only” movement in sexual health education is to
encourage young people to delay becoming sexually active until marriage, a value based upon the Western tradition of monogamous, heterosexual marriage. Individuals who do not or cannot partake in traditional marriage are not recognized as having legitimate sexual and reproductive health needs by pro-life sources, and are therefore denied accurate information with which to make informed decisions which account for the needs of themselves and their families.

Within the context of pro-life information on abortion and contraception, it is not surprising then that a similarly inflexible and socially conservative perspective is deployed in the content produced for women who are facing an unplanned pregnancy. Parenting is considered to have begun from the moment that the zygote is fertilized, legitimizing the view that terminating the pregnancy is tantamount to murder. In order to fulfill parenting duties appropriately, a woman or couple facing an unplanned pregnancy must deliver and parent the baby, or must deliver and place the baby for adoption. Pro-life websites provide information on each of these choices.

Pro-life websites assume that because a viewer is sexually active and experiencing an unplanned pregnancy, she is therefore ready to become a parent. A number of suggestions are made to women seeking further information once their pregnancy tests have been confirmed positive. Marrying the father of the baby is considered the ideal choice in this situation. If a woman does not consider that possible, she is encouraged to embrace single parenthood. Women who seek information on parenting from these websites will find the contact information for local faith-based and charitable organizations that offer assistance to women experiencing an unplanned pregnancy. While these resources may provide emotional, physical and financial support to a young woman who has decided to parent her baby, typically they do not offer
similarly comprehensive services for women with older children (such as child care and employment support). Although this support is provided by individuals who hold good intentions, its delivery is couched in a, traditionally patriarchal belief system that valorizes individual self-sufficiency and women’s self-sacrifice. Women who accidentally became pregnant and have children before having established a means of self-sufficiency (through marriage or through a career) are thus “punished” for not conforming to this ideal. They are likely condemned to a life of poverty, scapegoating and stereotyping as a “poor single mother” – despite the personal sacrifices involved with carrying and keeping an unplanned child. A critical difference is found between Feminists for Life and other pro-life websites sampled for this project. Feminists for Life states that one of its missions is to support the choice of lone female parenthood as a feminist choice. Feminists for Life claims that their pro-life stance is grounded in feminist beliefs because in 1889, Susan B. Anthony spoke out against the then physically dangerous and illegal abortion procedure (Feminists for Life, 2008). Through this rhetoric, Feminists for Life valorizes the reproductive role held by women, and repackages it as feminist. While recognition for the unpaid physical, emotional and financial labour involved with childrearing is a central tenet of Marxist feminism, I argue that it is a perversion of these tenets of feminist belief to use them within texts on a website which is explicit about its mission to restrict reproductive rights afforded to women that are enshrined in Roe v. Wade.

For a woman who cannot or will not parent the child either by herself or with the father, adoption is suggested as an alternate option. In contrast to pro-choice websites, pro-life websites contain a lot of information on adoption. Much of this information is statistical and is used to argue that there are many infertile couples who are desperate to adopt a baby. Some websites
provide information on the number of children of colour and/or children with special needs who are awaiting adoption. Open adoption\(^7\) is often suggested as an attractive option, encouraging women to maintain a relationship with their child after s/he has been adopted. The adoption information made available on pro-life websites valorizes women who are magnanimous enough to give up their children for adoption instead of choosing abortion. Within the traditional patriarchal context in which this text is based, this creates a hierarchy among pregnant women. Those who adopt out are better fulfilling the natural reproductive role of women than those who choose abortion. Moreover, analysis of the text suggests that able-bodied, middle-class white women are at the top of this hierarchy as their babies are deemed more in demand than babies of colour or babies with disabilities. Although pro-life websites may provide a starting point of research for women who are considering putting their babies up for adoption, it is important to note that the purpose is not to provide information with which women may make informed decisions about their bodies, but to encourage women to conform to their “natural” reproductive role. Within the worldview of pro-life websites, the sexual and reproductive rules according to gender are rigid and the stakes are high: abortion is morally wrong and dangerous for women and their families/communities; hormonal contraceptive methods cause abortions and condoms do not provide protection against unplanned pregnancy or transmission of STIs; and women assume the responsibilities of parenthood the moment the egg and sperm have fused.

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\(^7\) An adoption in which the birth parent and adopted child maintain a relationship while the child is reared by his/her adoptive parents.
Pro-Choice Websites

In order to provide a point of comparison and to reach saturation in the data collection process, Women’s Health Matters was analyzed according to the design described in Chapter 4. The findings demonstrate that information provided on the pro-choice websites reviewed is presented with concise, factual and up-to-date statements and sources. The themes that emerged from this pro-choice website may be summarized by the following: abortion is presented as a safe and legal procedure and a personal decision made by a woman with her health care provider; there is a range of contraceptive methods with varying effectiveness and risks and the use of condoms is encouraged as a part of safer sex practice; and parenting is one of several options a woman may choose when experiencing an unplanned pregnancy - women are encouraged to consider their support systems and personal/professional goals when in this situation, and to contact a health care provider to offer assistance in putting a plan in place.

In contrast to pro-life websites, pro-choice websites present information on abortion in a non-judgemental, client-centred and factual manner. Information on abortion is available separately from information on hormonal and non-hormonal methods of birth control. It is not conflated with methods of contraception that are used to avoid pregnancy. Detailed information on all methods of abortion that are available in Canada are presented using proper medical terminology such as “vacuum aspiration” and “dilation and curettage”. The use of this sophisticated terminology assumes that website viewers have the resources to incorporate it into decision making about their sexual and reproductive health. While the information is provided within the context of supporting a woman’s right to choose from the full range of options in the event of an unplanned pregnancy, full comprehension may be beyond the capacity of people under the age of 18, who are most likely to access the internet to obtain sexual health information.
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according to Mangiardi (2008). This suggests a need for more online user-friendly, accessible information on abortion be presented by pro-choice sources for the consumption of young internet users in Canada.

In addition to information on abortion, Women’s Health Matters presents detailed and comprehensive information on the full range of hormonal and non-hormonal methods of contraception, as well as emergency contraception/the “morning-after” pill. Factual information presented is up-to-date, and viewers are encouraged to consult a health care provider in order to determine which method(s) of contraception are best suited to their needs. Women’s Health Matters also emphasizes that the correct and consistent use of condoms reduces the risk of transmission of STIs. The use of condoms as a part of safer sex practice is encouraged separately from encouraging the use of contraception to prevent unplanned pregnancy. This information is thus applicable to a wider range of internet users than the information provided on pro-life websites, which assume that condoms are used exclusively by heterosexual couples and misrepresent their effectiveness in reducing the risk of STI transmission. Links to other pro-choice resources based in Canada are not readily available on Women’s Health Matters, which means that an internet user must use alternate resources to access further information than that which is available on this website.

In contrast with pro-life websites that may be accessed by internet users in Canada, Women’s Health Matters contains very little information on parenting and adoption. Similar to the pattern noted above in the discussion of contraception, women who are seeking information on their sexual and reproductive health including an unplanned pregnancy are advised to consult with a health care provider in order to determine the course of action that best meets their needs.
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when taking into account their personal and professional goals. As noted in the literature (Shpritz, 1997; Gotlib & Fagan, 1997; Roffman, Shannon & Dwyer, 1997; Borzekowski & Rickert, 2001; Williams & Bonner, 2006) young people are using online resources to research and make decisions about their sexual and reproductive health, including parenting and adoption options. It is likely that this trend will continue to grow as long as sexual health education curricula in the Canadian public education systems are not effectively researched, implemented and delivered to students as occurred in the spring of 2010 in Ontario (The Toronto Star, 2010).

Public and private adoptions are available in Ontario and there are agencies which facilitate them; however, there is no information available on Women’s Health Matters on the legal adoption procedure and agencies which facilitate connections between prospective adoptive parents and women who are willing to give up their babies for adoption. When seeking information about adoption online, women in Canada are more likely to find information provided by pro-life websites discussed earlier in this chapter. These sources do not reflect established law and procedure in Canada nor do they present relevant factual, up-to-date and client-centered information on adoption for internet users in Canada. Women in Canada seeking information on adoption who are unable to access a health care provider with which to discuss parenting and adoption options are thus more likely to access these websites which contain irrelevant and value-laden information. This means that organizations which host websites such as Women’s Health Matters and Planned Parenthood Toronto will need to ensure that information available online reflects and meets the needs of young people in Canada who are seeking information on the full range sexual and reproductive health options including supports available if their decision is to parent or put the baby up for adoption. Based on Women’s Health Matters, pro-choice websites based in Canada present up-to-date information on sexual
health interventions available from health care providers. It is difficult to access detailed information on parenting and the process of adoption from this websites, which means that internet users seeking information on these topics from sites such as this one may be driven to alternate pro-life websites for information.

Limitations

Limitations to this research may be evaluated with regard to the range of sampled websites, and the theoretical underpinnings of the study, which influence the transferability of findings.

It is clear from the number of pro-life websites sampled as opposed to the one pro-choice website sampled that an emphasis was placed on websites which were classified as “pro-life” according to the study’s inclusion criteria. Although this does not accurately represent the proportion of pro-life websites available for viewing vis a vis pro-choice websites, it reflects the greater visibility of pro-life websites over pro-choice in search results offered by search engines such as Google and Bing. Thus, it better reflects internet users’ true experiences with searching for key terms such as “abortion”, “contraception” and “adoption”. A more comprehensive feminist critical discourse analysis of pro-choice websites available for viewing by Canadians is needed to determine which themes occur most frequently, and can thus be used by social workers and other health care providers to better meet the needs of young people seeking online sexual health information provided by pro-choice sources. This textual analysis does not constitute an impact analysis. Thus, the next step in this research will need to involve human subjects.
Another area in which this study is limited is within its theoretical base, as well as design and methodology. In choosing to evaluate only websites that fulfill particular inclusion criteria, I have excluded many media sources that may also provide information on and thus influence young people’s knowledge and views on topics such as abortion, contraception and adoption. It would be inappropriate to assume that the presence and consumption of these materials online occurs within a comparable context in print and other traditional media. It would not be appropriate therefore to extrapolate findings of textual analysis to other forms of media. Moreover, I have conducted this research with the sexual health education and health care needs of young people, particularly young women who have not yet carried a pregnancy to term in mind. For this reason, it may be inappropriate to view this study’s findings as illuminating the unique needs of women who have already been pregnant and/or carried a pregnancy to term, or women who are experiencing a pregnancy later in life (e.g. over the age of 35). Another significant challenge is identified with the qualitative research tradition of the research as an instrument of data collection. Discussions of different interpretations of the terms used in N*Vivo node categories (e.g. “pro-choice”, “pro-life”, “parenting”) as well as some concepts revealed during data collection (e.g. “abortifacient”, “micro-abortion”) helped me to examine my own biases as a pro-choice, feminist researcher. This assisted in maximizing trustworthiness during the bracketing (epoche) and data collection stages, however absolute objectivity is not possible. It is important that the reader of this study exert her/his own critical analysis while reviewing all aspects of the study findings.
Implications for Social Work Practice and Policy

This research has implications for Canadian social workers who work in the field of women’s health, particularly women’s reproductive health. Despite there being no legislation on abortion, it remains inaccessible for many women in Canada (Canadians for Choice, 2007). The following sections will discuss some of the ways that professional social workers can use relevant theory to inform direct and indirect social work practice. Social workers can improve accessibility to the reproductive health services to which women in Canada are entitled by providing direct service to clients and/or engaging in social justice advocacy consistent with the Canadian Association of Social Workers’ Code of Ethics (2005) and Alzate’s (2009) framework for sexual and reproductive rights.

Practice/Clinical Level

Because abortion is a sensitive issue which may arouse intense personal and passionate feelings, it is critical that a social worker who is working with clients in pre- and/or post-abortion counseling examine her own biases and beliefs about abortion and women’s reproductive rights. While practitioners may privately and personally disagree with abortion as a part of the range of safe and legal reproductive health options, it is imperative that this not interfere with a social work intervention delivered from an anti-oppressive perspective that a respects a client’s right to self-determination. Although her personal beliefs may be classified as “pro-life”, this social worker’s practice interventions would be grounded appropriately in a pro-choice philosophy, and would uphold professional obligations of the CASW Code of Ethics (2005).
Social workers need to increase their awareness of the information and accompanying value-laden information on abortion, contraception and parenting that is available on the internet. The internet remains a very popular tool used by young people who are accessing information (Mangiardi, 2008), and it can be expected that this trend will continue. In order to maintain awareness of the pro-choice and pro-life websites that may be viewed by clients, a social worker can perform a Google or Bing search for terms such as “abortion”, “birth control”, “contraception”, “parenting”, “adoption” accompanied by relevant regional terms (e.g. “Toronto, Ontario”, “Charlottetown, PEI”). While respecting a client’s right to self-determination (CASW, 2005) and honouring best practice clinical guidelines, a social worker can assess whether or not a client has viewed websites which contain information about abortion, contraception and parenting options. For example, clinicians may inquire whether the client has been researching information for herself. This can be followed up by further discussion on which websites were viewed in order for the clinician to determine and/or research for herself the nature of internet content viewed by the client. This will assist the social worker in assessing the individual psychosocial and educational needs of the client. Social workers who provide both pre- and post-abortion counseling should ask these questions as a part of the intake assessment. If it is determined that a client has viewed pro-life websites to obtain information on abortion, contraception and/or parenting options, the social worker can provide referrals to appropriate reproductive health services and/or assist the client in researching and selecting an adoption agency. For social workers whose clients may have been exposed or may in the future be exposed to pro-life materials online, a list of up-to-date pro-choice resources such as Women’s Health Matters can be maintained and distributed to clients who are researching abortion,
contraception and parenting options. This resource could be distributed via pamphlets in the waiting room, and may be posted on the agency’s website with hyperlinks to sites that have been critically assessed by the social worker. This proactive strategy may reduce the chance that client(s) will use online search engines (e.g. Google and Bing) and generic search terms (e.g. “abortion”, “contraception”, “adoption”) that may lead to a number of links to pro-life websites. The abovementioned direct social work practice intervention fulfills the obligation of social workers to their clients to support the full range of reproductive choices and freedoms, according to Alzate (2009). These rights are: right to health and reproductive health; right to decide the number and interval of children; right to physical integrity and a life free from violence and right to education.

Indirect/Policy Level

Social workers who do not work directly with clients may also respond to the trend of young people seeking sexual health information online. This is an essential part of challenging the dominance occupied by pro-life websites which carry misleading and false information on issues of abortion, contraception and parenting. The recent debate over the updated sexual education curriculum in Ontario has revealed that students are receiving increasingly irrelevant and outdated information every year – increasing the likelihood that they will turn to alternate sources such as the internet to find information.

Social workers who advocate for social justice through public education, raising awareness and working with elected/public officials can contribute by using research and advocacy skills based upon an anti-oppressive framework. This can take the form of advocating
for new, innovative and comprehensive sexual health education curricula that use websites and other media to create and promote a pro-choice, feminist space which young people can use as a starting point or a supplement to formal sexual health education and/or consultation with a health care professional. Social workers may use this research as a starting point to determine topics on which young people are likely to search online. For example, this research revealed that searching for information on adoption from a computer in Toronto is likely to return a list of search results which contain some pro-life websites based in the U.S. This information is most likely irrelevant and constructed using language which creates a moral hierarchy based on a traditionally Western patriarchal view of the choices a woman faces when an unplanned pregnancy occurs – parenting is the most moral choice, adoption is slightly less moral because the woman chooses not to parent, and abortion is entirely immoral because it represents the end of a born human being. In order to reclaim space on the internet and improve access to relevant, accurate sources of information presented within an anti-oppressive, client-centred context, social workers in indirect practice may work with agencies such as the International Planned Parenthood Federation, Planned Parenthood of Toronto, Abortion Rights Coalition of Canada, Pro-Choice Action Network, Adoption Council of Canada and others to build and maintain partnership between agencies which share a common vision for assisting women and families in Canada. If internet users find it easier to connect to a list of Canadian adoption sites hyperlinked from an international or national sexual health education website, they are less likely to use Google or other search engines to find this information and consequently be exposed to websites such as the Canadian Centre for Bio-Ethical Reform or Feminists for Life.

Another way in which social workers can advocate for improved accessibility to relevant online sexual health education resources is by supporting the status quo of Canada’s current
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legislation on abortion – there is none. As noted in Chapter 1, the rise of a minority Conservative government under Stephen Harper has increased the amount of pro-life rhetoric recorded in House of Commons’ Hansard debates since 2006 (McDonald, 2010; National Abortion Federation, 2010). Since I began collecting and analyzing data on this project, the federal government under Stephen Harper has announced that its signature maternal/child health initiative foreign aid plan, revealed at the Toronto G20 summit in June 2010, does not include funding for abortions where they are legal. This policy has been identified as being ideologically similar to the Mexico City Policy which denied USAID funding to agencies which provided abortions or referrals to services which provide abortions, such as the International Planned Parenthood Federation or Marie Stopes International. In early 2010, controversy over this policy made its way into the House of Commons in a failed motion to include comprehensive reproductive and sexual health services which includes access to legal abortion (National Abortion Federation, 2010). At the same time, increasing numbers of U.S. states have been passing legislation which restricts access to abortion (Ms. Magazine, 2010) which often contravene Roe v. Wade. Here on the north side of the border, the increasing involvement of the socially conservative Christian right in federal and provincial politics and in using the internet to garner support from young people has been chronicled in Marci McDonald’s 2010 publication, The Armageddon Factor: The Rise of Christian Nationalism in Canada.

All of this serves as a two-pronged reminder for advocates of access to comprehensive sexual and reproductive health education and services in Canada: it means that the proliferation of U.S.-based pro-life materials online into Canada will continue, and it serves as a cautionary tale of the power individual states and provinces may have in passing and enforcing conflicting
legislation. In order to ensure that women continue to enjoy unrestricted access to abortion according to the letter of the law, social workers in indirect practice need to stay updated on current popular and political discourses around access to comprehensive sexual health education and services. By becoming a member of organizations such as the National Abortion Federation, Canadians for Choice, Abortion Rights Coalition of Canada, Pro-Choice Action Network, Ontario Coalition for Abortion Clinics and others, social workers can keep abreast of developments in the pro-life movement, network and collaborate with other social justice activists and workers and contribute to raising awareness around the issues through organized political activism and/or events, writing letters to the editor of popular newspapers and magazines, and publications on popular media (blogs, Twitter, Facebook).

**Suggestions for Future Research**

The findings of this study confirm that there are significant differences in the content and accuracy of information offered on pro-life and pro-choice websites on the topics of abortion, contraception and parenting. Due to the unregulated nature of information available on the internet, the results of the study highlight the need for social workers and other professionals in the field of women’s sexual and reproductive health to be aware of the potential impact on clients. Individual clients, families, groups and women in Canada may have been or are at risk of exposure to inaccurate reproductive health information which is based upon traditional patriarchal views of the role of women. This information is presented using interactive, user-friendly format from pro-life websites based both in and outside of Canadian borders. The
greater number of pro-life websites returned using a Google search for the term “abortion” suggests that the pro-life movement currently benefits from greater visibility from internet users searching for abortion information than does information offered by pro-choice sources. Social workers and professionals who work in women’s sexual and reproductive health need to respond by screening clients for exposure to these materials, in addition to advocating for the production of websites which present accurate sexual and reproductive health information based upon an anti-oppressive, feminist framework.

The results of this study demonstrate the need for further research to understand the impact of information offered on both pro-life and pro-choice websites on women who are researching abortion, parenting and contraception. Due to time and resource constraints, in addition to the lack of previous research on this topic, the study is exploratory in nature. The findings offer a starting point for further research into the way that exposure to pro-life and pro-choice websites influence the decisionmaking process for women who are experiencing an unplanned pregnancy or researching contraceptive options.

While this study revealed significant and fundamental differences in the quality of information and the political underpinnings of both pro-life and pro-choice websites, it did not measure the impact of this information on young women in Canada seeking information about abortion, contraception and parenting online. To provide further insight into the impact of these websites on individuals and communities, it is necessary to triangulate the findings of this study through the use of human subjects. This research could include using focus groups and interviews to gain insight into how information on both pro-life and pro-choice websites is received and understood by young women.
In addition, the results of the study highlight the need for further research into the use of the internet as a source of information on reproductive and sexual health. It is necessary to recognize that the interactive aspects of accessing and using websites differs from research and information gathering from traditional, non-interactive media sources (e.g. books and television). Further research into the impacts of interactive online media on internet users is needed to broaden the understanding of social workers and other professionals working in sexual and reproductive health if they are to effectively work with individuals and communities to improve access to accurate information presented from an anti-oppressive, feminist framework that supports client self-determination and adheres to the CASW Code of Ethics (2005).

Conclusion

Two-thousand ten marks 22 years since the Supreme Court of Canada ruled that existing barriers to accessing abortion services contravened the Canada Charter of Rights and Freedoms (Canadians for Choice, 2007). Despite this, it remains difficult for many women to access the abortion services to which they are entitled, as rural communities to large city centres across Canada lack access to safe and legal medical abortion services (PCAN, 2006; Canadians for Choice, 2007). Yet, women’s right to sovereignty over their bodies is under attack more than ever under Prime Minister Stephen Harper’s Conservative minority government. Feminists and activists are engaged in raising public awareness around government policies that undermine the progress to date in the reproductive rights movement, including the failure of the House of
Commons to pass a motion ensuring access to the comprehensive range of reproductive health options including abortion and an announcement that the Government of Canada’s policy on foreign aid would not include funding for abortions which drew international criticism (National Abortion Federation, 2010).

In light of these ominous developments in social policy, we must not ignore the impact of the presence of the international pro-life movement on the internet, which utilizes its “wealth and stealth” to create online spaces in which women are subject to misleading and value-laden information on abortion and contraception, and where feminism is used as a tool to justify the agenda of the right-to-life movement. It is essential to educate and empower young women in Canada with accurate, user-friendly online information which is based upon an anti-oppressive, feminist framework if social workers, sexual and reproductive health care providers and feminist activists are to work towards building the capacity of women, their families and their communities to ensure that every child in Canada is a wanted child.
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